

# TDEA-Secretariat

## Meeting Minutes

**Date:** May 26, 2016

Start Time: 11:00 am

End Time: 1:00 pm

**Ref. No:** TDEA-M05/16-02

### **Participants:**

1. IGI Insurance Ltd
2. Askari General Insurance
3. East West Insurance Co. Ltd
4. Admin & Procurement Unit, TDEA

### **Objective/Agenda of the Meeting:**

The meeting was conducted to address the queries regarding ITB (ITB No. 114) clarification.

### **Meeting Discussion Points:**

The meeting was started by Mr. Imran Ashraf with a brief background of the "Invitation to Bid (ITB No. 114) for Comprehensive Health Insurance Policy for the Year 2016-17" on the sealed envelope. After that vendors were requested to put forward their queries for clarification.

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## Details of Health Insurance

<b>1. OPD Limit Per Family</b>	20,000 PKR
<b>2. <u>Maternity:</u></b>	
Normal Delivery Limit	50,000 PKR
C- Section	90,000 PKR
<b>3. Daily Room &amp; Board Entitlement</b>	6,500 PKR
<b>4. <u>Major Medical Care</u></b>	3,50,000 PKR Per Person Insured
Hospitalization Care	1,50,000 PKR Per Person Insured
<b>Injuries Hospitalization/ Special Investigations</b>	75,000 PKR Per Person Insured

### **Vendor's query:**

Vendor's query regarding above table, Injuries Hospitalization is already covered under IPD and in case of accidental the limit of IPD automatically increases to 75,000 in addition to IPD limit of 1,50,000 PKR Per Person Insured. The purpose of adding Injuries Hospitalization to Special investigations is not clear.

### **TDEA's Response:**

**Omit Injuries hospitalization and provide facilitation for Special investigations only.** However, injuries hospitalization should be covered under IPD.

## **TECHNICAL SPECIFICATIONS**

S. no.	Specifications for Comprehensive Health Insurance for the year 2016-2017	Vendor's Query	TDEA's Response
1	Direct Bill payments instead of bench-marking process for claims incurred at non-panel hospitals especially in far-flung areas.	Nearest panel rates will be applicable and paid for far-flung areas.	Agreed.
2	Pre-existing condition should be covered fully if addition through endorsements (after policy inception), premium at agreed rate should be charged.	Should make it clear that it is subject to case. If heart or cancer patient then rates cannot be agreed at policy inception.	Rates will be finalized through negotiation before charging. This should be done on case to case basis.

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3	At least 2 medical doctors permanently placed at Rawalpindi / Islamabad to attend medical emergency and hospital admission for counseling and support of TDEA employees.	This is hospitals administrative issue. However Insurance company can just appoint a focal person for facilitation.	The focal person identified with always deals/facilitates TDEA cases and will not further refer TDEA staff to another representative of Insurance company.
4	Should have A+ or above credit rating with PCRA or International rating	Relaxation on A+ rating if services are not compromised.	A+ or above credit rating with PCRA or International rating will be accepted only.
5	Premium should be reimbursed if there are no IPD claims	Refund policy is applicable only in case of exits not for existing staff (even if they have never used IPD). If company wants profit sharing then it should also share loss.	Agreed, this will be applicable on staff leaving TDEA. Refund will be done on quarterly basis.
6	Addition and coverage of members should be accepted for 02 months back-date.	Back-dated bills will not be accepted (before joining date).	Bills before joining TDEA will not be accepted. Addition and coverage of members should be accepted for 1-2 months back-dated. However, it can be negotiable.
7	Tentative additions of employees under probation must be entertained.	Tentative additions will be provided but no claims (OPD/IPD) will be accepted unless permanent. However, for Emergency cases insurance company should facilitate and TDEA will pay premium accordingly.	Agreed. However, at confirmation of employment and permanent addition; all claims from tentative date of addition till confirmation date should be reimbursed.
8	Pre-existing MAT cases should be covered completely at the time of inception of policy, however, additions of pre-existing MAT cases during the year should be charged no more than 20% of N-MAT or 30% of C-MAT.	Fixed %age of charges for cases is not possible.	Pre-existing MAT cases will be covered completely at the time of inception of policy, however, additions of pre-existing MAT cases during the year should be charged no more than 20% of N-MAT or 30% of C-MAT. However, MAT charging can be negotiable on case to case basis.
9	OPD processing fee rate should be agreed before inception of policy.	OPD as pool was not clearly mentioned in tender. Please clearly mention.	OPD facility will be provided by pool amount.
10	Facilitation for new born's will not be done from MAT limit.	Only if new born is registered and requires admission after birth for some problem. Normal Nursery admission will be charged from MAT limit.	Facilitation of new born will be done from new born's' IPD limit.  However, new born's registration will be done and intimated within 1 week of birth. However, if new born is registered and requires admission after birth for some problem, it will be charged from IPD limit of new born. Normal Nursery admission will be charged from MAT limit.

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11	Recovery of credit OPD bills from all panel hospitals should be made within 15 days; In case employee leaves the organization.	It can be done in 01 month period only if TDEA provides details of hospitals visited by exiting staff members.	If TDEA shares information, the Clearance should be done in one month. TDEA will also share list of staff members leaving the organization.
12	In case of continuous medication (allergy cases, diabetics etc.) 03-06 months old <b>invoices</b> should be accepted.	It will be accepted but not older than date of joining the benefit.	In case of continuous medication (allergy cases, diabetics etc.) 03-06 months old <b>prescriptions</b> should be accepted. However, the prescription should be issued within that policy year.
13	Investigations leading to no-disease or diagnosis should not be charged as OPD and categorized as special investigation.	It is not possible however; it is discussable under conservative management. Also mention special investigations instead of investigations.	Company should quote as per their company policy. Also consider these investigations as special investigations.

**Minutes By:**

Admin & Procurement Unit