

PREQUALIFICATION CRITERIA FOR SELECTION OF THIRD PARTY ADMINISTRATOR FOR HEALTH INSURANCE

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1. INSTRUCTION FOR PREPARATION AND SUBMISSION OF BIDS /SCOPE OF REQUIREMENT:

Sindh Insurance Ltd requires the services of Third Party Administrator for Health Insurance Services. Detail of the specifications of related services to be provided are given in the scope of work in Section [2] hereto.

Bidder will be selected under procedure described in this Tender Document (TD), in accordance with the Sindh Public Procurement Rules 2010 (Amended to date), which can be found at <https://portalsindh.eprocure.gov.pk/#/>. For the purposes of this document, any reference to the term "Act" shall mean a reference to the Sindh Public Procurement Act 2009 and any reference to the Rules shall mean a reference to the Sindh Public Procurement Rules 2010 (Amended to date).

This Prequalification Documents includes the following Sections:

- Scope of Work
- Eligibility Criteria
- Mandatory
- Disqualification

Proposals must be submitted at <https://portalsindh.eprocure.gov.pk/#/>

Yours sincerely,

Head HR & Admin
SINDH INSURANCE LIMITED
HEAD OFFICE
01st Floor, Imperial Court,
Dr. Ziauddin Ahmed Road
Karachi.

2. SCOPE OF WORK:

Scope of Work – Health Third Party Administrator (TPA)

Duties of TPA

TPA shall perform the following third party administrator services (the “Services”) in accordance with the Service Level Agreement.

1. TPA shall perform the following services for the CLIENT (“Sindh Insurance Limited”):

1.1 Documents Scanning

TPA will scan all the claims received from the CLIENT and upload them into system. These documents will be available to the CLIENT for retrieval.

1.2 Policy Administration Services

a- Assistance for issuance of Standard Policy and Endorsement documents

TPA shall assist in the maintenance of an up to date database containing details of the Policy Holders and covered persons on the basis of the underwriting data providing by CLIENT and other information submitted electronically via Data Sharing Form by CLIENT. Ownership of such a-data fully rests with CLIENT.

b- Call Center Services for Policy Administration

TPA shall provide call center service to the covered member of CLIENT for:

- Employee status and individual coverage.
- Basic policy coverage and exclusions.
- Status of utilization.
- Pre-Authorized approval.

1.3 Utilization Management

a- Preauthorization and Benefit Approval Review

- Prior to pre-authorization of all inpatient services and specific outpatient services and supplies. TPA will review the request for pre-authorization to determine whether requested benefits are payable based on the coverage Plan provision and eligibility.
- TPA shall respond to pre-authorization request. Pre-authorization request will be received from network hospital. The timeline for the aforementioned written feedback will be extended after working hours/public holidays to 24 hours.
- All special facilitation outside the scope of the policy coverage will be entertained after receiving written request from the authorized personnel of CLIENT.
- **Medical Management Review**

In order to determine whether or not a requested medical treatment is covered under the Health Insurance policy, TPA may use the guidelines and parameters.

Based on this medical management review, in addition to benefit approval review, TPA may authorize or deny the Coverage benefits. A denial of authorization in no way means denial of treatment.

b- Claims Processing

Reimbursement Claims:

- Claims documents for covered benefits must be submitted by each covered person on the Personalized Claim Forms. TPA will determine whether benefit is payable under the Plan provisions and eligibility.

- In applying the Plan's provisions, TPA will use claim procedures and standards that are developed for benefit of claim determination. CLIENT will delegate to TPA the discretion to determine whether a benefit is payable or not in accordance with the policy terms, conditions and exclusions.
- TPA will follow the Turn Around Time (TAT).
- TPA will follow the checklist for all reimbursement and Panel Claims.

Network Claims:

- Claim payments for health care services rendered by Network Providers will be equal to the amounts the Network Providers agreed to accept in the contractual arrangements with CLIENT, governing their participation in the Provider Network.
- TPA will evaluate the said claims on the basis of documents provided and has the right to reject a claim in case of mismanagement of preauthorization and other discrepancies found in the treatment provided in view of the policy restrictions.
- TPA will follow the Turn Around Time (TAT).

c- Claims Payment

- TPA will maintain such record for reconciliation and checking of record by the authorized representative of client.
 - TPA shall provide reconciliation figure with details of the balance at every relinquish of the fund.
 - TPA will make payment of all hospitalized claims to Network Hospitals after approval from client as per agreed schedule.
 - TPA will forward paid claims along with complete documentation to the Company within five days of the payment and quarterly balance reconciliation will be shared by TPA at the end of each quarter within five days of close of each quarter.
 - The authorization is given only for the necessary treatment, cost of the ailment covered and mentioned in the request for hospitalization. Non covered items like Telephone usage, relative food, hospital registration fees etc. must be collected directly from the covered. Any Investigation carried out at the request of the patient but not forming the necessary part of the treatment also must be collected from the patient. Any treatment charges that are not pre-authorized by Insurance company / TPA client(s) under the covered policy shall not be billed to Insurance company. The hospital will be responsible to collect it from the patient.
 - Once the authorization is issued, and the treatment started, Insurance company/ TPA client(s) will not revoke or cancel the guarantee of payment.
- a-

Client Servicing:

- a- Call Centre service (09am to 05pm) for claim queries.
- b- Hotline service 24/7 hrs to facilitate patient for panel hospital.

3. ELIGIBILITY CRITERIA:

Pre-Qualification criteria for selection of Third Party Administrator are as under:-

S. No	Descriptions	Total Marks	Marks Obtained	Remarks	Mandatory Evidence As Annexures
1	Third Party Administration Health Insurance Premium Portfolio	20		Rs. 100 Million & above	Party-wise Insurance Premium Portfolio Annexure-A
		15		Rs. 50 Million to Rs. 99 Million	
		10		Rs. 10 Million to Rs. 49 Million	
2	Number of Corporate Health Insurance Clients	20		08 & above	Corporate Clientele List As Annexure-B
		15		05 to 07	
		10		02 to 04	
3	Experience (Third Party Administration) of Health Insurance	10		05 years & above	TPA License issued by SECP As Annexure-C
		7		03 years to 04 years	
		5		01 year to 02 years	
4	Hospitals on Panel	15		200 & above	List of Hospitals on Company's Letterhead As Annexure-D
		10		150 to 199	
		7		100 to 149	
5	Numbers of Doctors	10		03 & above	List of Doctors on Company's Letterhead As Annexure-E
		5		2	
6	24 Hours Hotline & Call Centre Facility	15		Both	List of Hotline & Call Centre Numbers on Company's Letterhead As Annexure-F
		10		Any one	
7	Paid up Capital	10		Rs. 100 Million & above	Auditor's Certificate or Form-A As Annexure-G
		5		Rs. 50 Million to 99 Million	
Total Marks		100		Qualified / Disqualified	

Mandatory to Enclose

Evidences of all the above descriptions are mandatory. If any of the mentioned documents is missing as per above scoring criteria at the time of bid opening, no marks shall be given for that description and such document will not be accepted by the procurement committee.

Following mandatory documents must be attached (If any of the following is not provided, the bidder shall be disqualified)

- a) Company profile
- b) Complete details of registered office.
- c) Details of authorised person(s)
- d) Bio-Data of key Personnel(s)
- e) Valid TPA License
- f) Affidavit from Authorised Person of the company that the company has never been blacklisted by any Government Procuring Agency (Authority Letter to be attached as well)
- g) NTN & SRB Registration Certificates

Note

- The company acquiring 70% marks of total score will prequalify for future business.

ELIGIBILITY CRITERIA NOTE:

1. There can be subsequent clarification to this specific tender for which it is advised to keep yourself abreast with the notification being hoisted on Sindh Insurance Ltd & SPPRA websites regularly.
2. Attachment of relevant evidence in eligibility criteria is mandatory. In case of non-provision of evidence in any of the requisite, no marks will be awarded.
3. Acquiring of 70% marks are mandatory for enlisting in to panel of **“Pre-Qualified Third Party Administrator for Health Insurance Services.**

4. MANDATORY:

1. Valid TPA License from SECP, working with at least two insurance companies.
2. Income Tax Registration/ Copy of Registration Certificate with Sindh Revenue Board
3. Attachment of Affidavit (specimen attached as Annexure “A”) on stamp paper from the owner of the company.
4. Writing of tender reference as given in the Prequalification Ad on the envelope, carrying tender document is must or the bank will not be responsible if the documents are not received by the Procurement Committee at the time of opening of bids.

5. DISQUALIFICATION:

The bidder will be considered disqualified prior/during technical evaluation process or after award contract if:

1. Blacklisted by SPPRA or any other Insurance Company
2. Issued with two (2) warning letters/emails by any other insurance company in the past to the bidder for unsatisfactory performances.
3. Not SRB/Income Tax Registered.
4. The tender is deposited without tender Fee.
5. If during verification process of the cliental list the response by any of the bank is unsatisfactory on account of previous performance.

6. In the past, the company agreement has been prematurely terminated after due qualification in any of the category of the tender.
7. Attached affidavit that the bidder have never been blacklisted in any organization.
8. Any false documents submitted by the bidders will be blacklisted and disqualified.

(Ann " A ")

To be typed on Rs.50/- Stamp Paper

AFFIDAVIT / DECLARATION

I, _____ S/o _____, Proprietor/Authorized Representative/Partner/Director of M/s _____, having NTN # _____, holding CNIC # _____, do hereby state on solemn affirmation as under:-

1. That the above named firm/company has not been adjudged an insolvent from any Court of law.
2. That no execution of decree or order of any Court remains unsatisfied against the firm/company.
3. That the above named firm/company has not been compounded with its creditors.
4. That my/our firm/company has not been convicted of a financial crime.

That whatever stated above is true and correct as to the best of my knowledge and belief.

City: _____

Dated. _____

DEPONENT

(PROPRIETOR / REPRESENTATIVE)/DIRECTOR

Solemnly affirmed and stated by the above named deponent, personally, before me, on this _____ day of _____ 2025 , who has been identified as per his CNIC.

COMMISSIONER FOR TAKING AFFIDAVIT