

| SNo | Page No. (tender Ref) | Clause (tender Ref) | Description in the Tender (tender Ref) | Query | NIA Remarks |
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| 1 | 1 | Bid Document | Bid End Date/Time | We kindly request an extension of the bid submission deadline by two weeks. | No |
| 2 | 3 | Introduction | The data flows to NIACL through web-services in four stages i.e. claims intimation, modification/enhancement, claim upload for payment and rejections/ UTR. | At what stage all claim documents are received by NIA from TPAs ?,Are all claim documents centrally and digitally stored with claim number tagging ?What is the average claim value (ACS)? | At present documents are sent to NIA by the TPAs, Only structured data is sent to NIA through API. In the proposed solution NIA needs to get all the data structured, semi-structured and unstructured data |
| 3 | 8 | Scope of work | The bidder should provide a Unified front end which will enable claims intake from various channels like emails, TPA front end, inward of physical documents, FTP documents, NHCX intake, WhatsApp channels and any other channels as deemed necessary for servicing customers as needed. | How can physical documents be converted into digital format?Are claim documents received by NIA /TPA over whatsapp stored centrally with claim number identification ? If yes, at what stage of claim lifecycle such claim documents digitised and stored currently ? | Physical documents are not stored in digitised format currently. Wherever documents are received digitally by NIA, those are either sent to the TPA or stored in our Core/Email system. |
| 4 | 8 | Scope of work | It should support seamless integration with New India's existing Core applications or other systems | Please provide a list of claims processing / management and investigation softwares being used by NIA currently | New India Uses highly customized TCS bancs for its Core Insurance requirements it includes underwriting/ claims/ accounting/ Reports etc |
| 5 | 8 | Scope of work | Creation of Data Lake on a Meity approved Private cloud platform for ingesting structured, semi-structured and un-structured data from various sources | More Clarification required on the requirement ?Cloud space would be procured by the client? | Cloud space to be provided by the bidder. |
| 6 | 8 | Scope of work | Data lake should have an integrated Document Management and Document Processing System to intake, store and process the documents as well as clinical images/other relevant file/images received as part of claims. | Is NIA using a claims management and document management system currently which can be leveraged or integrated or It intends to implement a new document management system for claims management process ? | We have an existing claims management and document management system. |
| 7 | 9 | Scope of work | The solution Provider shall ensure deployment, management and maintenance of various security components/features/solutions in the proposed identified cloud infrastructure, including but not limited to Network security, Data Security, Application security, Endpoint/Host level security, Vulnerability Management, Centralized log monitoring for all the environments (Development, Testing, Data Centre and Disaster Recovery) etc | Will the Bidder be directly responsible for monitoring the claims flagged by the AI/ML system? | No. Claims monitoring will be done by NIA/TPAs |
| 8 | 9 | Scope of work | The Solution provider shall ensure Independent External Audits to be conducted as per the regulatory requirements and should facilitate in closure of the audit points. | Which type of external audit is being referred here ? Is it security audit or something else ? | IT Security Audit |
| 9 | 9 | Scope of work | The Solution Provider should follow and comply with all the regulatory/statutory circulars/Master directions applicable to the company like IRDAI, MeITY, CERT, RBI, SEBI, Ministry circulars, DPDP, IT Outsourcing (RBI Master Circular), NIACL IT Security Policy etc. as applicable. | Are we required to submit our reports to a regulatory authority? | No |

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| 10 | 9 | New Data Models | The vendor should provide comprehensive data models relevant to the general insurance industry, both in India and globally. If needed, NIACL may request the bidder to create or modify data models to suit specific requirements | Is it right to assume that it is fraud risk data model being referred here and not overall general insurance data model | Yes, only fraud risk data model |
| 11 | 10 | Scope of work | Policyholder/Insured Onboarding and Underwriting Decision Support | Is customer policy underwriting validation support capability also expected as part of the solution ? | Yes. |
| 12 | 10 | Scope of work | Hospital Master Maintenance and Blacklisting | Hospital networking module is entirely separate from claim model and requires extra effort other than main purpose of this RFP | It should be part of the modeule and integrated for fraud analysis |
| 13 | 8 | Scope of work | The processing capacity should be at least 2000 claims per hour on day 1 with future scalability options. The solution must provide analytical dashboards that offer comprehensive insights, including drill-down capabilities for identified suspicious transactions. | Are there any deviations/relaxation in the process for cashless claims or reimbursement claims?What is the current average volume of daily claims that NIA is processing ?What is the current rate/ratio of claims investigated out of total claims received? | This is the esimateion based on the current claims volume per year. There may not be any devision for cashless or reimburment claims. For volumetrics details please refer the addendum. At present around 10 percent of the claims go into investigation based some outliers or any other findings. |
| | 10 | Scope of work | Language Translation | Please Provide a list of language majorly required to translate? | All official Indian languages |
| 16 | 11 | Scope of work | Digitized Contracts with Hospitals | Hospital contracting module and ratelist updation is entirely separate from claim model and requires extra effort other than main purpose of this RFP,How are the existing NIA contracts with hospitals currently available and maintained in i.e. scanned / PDF / Digital format / physical document and are these available in a central repository ? | Contracts will be provided by NIA/TPAs. The solution should have the capability to digitise it in such a format which aids in the overall fraud monitoring and deviations. |
| 17 | 11 | Scope of work | The bidder should be able to configure various alerts and dashboards, regulatory and compliance reports/MIS as may be required by NIACL | Is there a sample available for the regulatory report, or will bidders be exempt from participating in any regulatory audits? | We will provide samples. Bidders are not required to participate in regulatory audit unless specifically asked to. |
| 18 | 12 | SPECIFIC TERMS & CONDITION S13.22.2 | No data will be shared with any third party or for any publications etc., unless written permission has been obtained from the Competent Authority in NIACL. | How should we share data with the Third Party Administrator (TPA) processing claims? Is a separate Non-Disclosure Agreement (NDA) or a tripartite agreement necessary? | TPAs will be given role based access. To be finetuned with the winning bidder. |
| 19 | 12 | Scope of work | Audit of Claim: The FWA Solution should provide an Auditing interface for the Doctors from New India /Internal Auditors /Statutory Auditor to do the audit of the claims by accessing the information and relevant documents through an authorized access by the administrator. In addition, it should be able to integrate the investigation details and report from TPA investigation. A front-end facility is also to be there in the solution under the Audit interface to input the findings of tele-investigations or any other investigation conducted by NIACL/ TPA /any other party on behalf of NIACL such that it becomes part of information being processed for the approval of the claim. | Is bidder expected to conduct manual investigations or audits based on system-generated alerts? | The soultion should have the capability which is to be used by NIA/TPAs or any other party authorised by NIA. |

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| 20 | 12 | Scope of work | Audit of Claim: The FWA Solution should provide an Auditing interface for the Doctors from New India /Internal Auditors /Statutory Auditor to do the audit of the claims by accessing the information and relevant documents through an authorized access by the administrator. In addition, it should be able to integrate the investigation details and report from TPA investigation | Does NIACL require the creation of a dedicated Project Management Unit (PMU) comprising functional and technical experts to support the project? | Initial walkthrough is required. |
| 21 | 8 | Scope of work | It should support seamless integration with New India's existing Core applications or other systems of the TPAs and any other systems as and when needed and is to include a customizable rules engine to adapt to evolving fraud detection needs in a dynamic manner | Will Bidder be involved in defining business rules and triggers for fraud detection? | No. NIA/TPAs will provide the rules and triggers. However, suggestions from bidders based on their experience will be welcomed. |
| 22 | 41 | Annexure II | Technical specification:The proposed solution should enable officers to identify areas of scrutiny and further questioning during the pre-audit preparation through desk audit | Is bidder be responsible for maintaining audit trails or investigation summaries? | Yes |
| 23 | 12 | Scope of work | Audit of Claim: The FWA Solution should provide an Auditing interface for the Doctors from New India /Internal Auditors /Statutory Auditor to do the audit of the claims by accessing the information and relevant documents through an authorized access by the administrator. In addition, it should be able to integrate the investigation details and report from TPA investigation | Will Bidder interact with TPAs, hospitals, or other third-party entities during investigations? | No |
| 24 | 13 | IMPLEMENTATION AND INTEGRATION N 16.2 | Delay in integration - In case bidder is not able to complete required integrations within the stipulated period of 4 calendar Months from the date of order, a penalty of Rs. 1,00,000/- per day subject to a maximum of Rs 1,00,00,000/- shall be imposed. The amount will be recovered by forfeiting the Performance bank guarantee. | Are there any deviation or relaxation of deployment time provided ? | No |

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| 25 | 14 | 19. RIGHT TO AUDIT | NIACL shall also have the right to conduct, either itself or through another agency as it may deem fit, an audit to monitor the performance/security controls by the Bidder of its obligations/functions in accordance with the standards committed to or required by NIACL and the Bidder undertakes to cooperate with and provide to NIACL or any other agency appointed by NIACL, all documents and other details as may be required by them for this purpose. Any deviations or contravention identified as a result of such audit/assessment would need to be rectified by the Bidder failing which NIACL may, without prejudice to any other rights that it may have, issue a notice of default. | We have concerns about an audit being conducted by a third party, especially since the solution is deployed on your premises. Could you clarify what our role would be in such an audit? | To facilitate and assist during the course of the audit by providing all relevant information related to the solution. |
| 26 | 34 | Annex II, point # 40 | The solution should provide safe string encode/decode capabilities | Can you please explain the objective behind the functionality | The bidder should go by the standard functionality for the same . NIACL expects same transportation of the strings using these capabilities. |
| 27 | 33 | Annex II, point # 37 | The proposed solution shall support correction logic for Indian names, addresses, phone numbers, other identification proof documents and demographic details . The solution should have the ability to identify gender of individuals using the INDIA specific vocabularies | Could you please confirm if the language used will be limited to Hindi and English only? | It may be regional languages. However, those can be converted into Hindi or English initially and then the correction logic be applied. |
| 28 | 35 | Annex II, point # 61 | The solution should provide for model selection based on either the training, validation (default) or test data using several criteria such as profit or loss, AIC, SBC, average square error, misclassification rate, ROC, Gini, or KS (KolmogorovSmirnov) | What is the purpose of this model selection capability to the end user ? Models are pre-trained and selected while deploying the solution. Is that not sufficient ? | This clause stands deleted, Please refer addendum |
| 30 | 35 | Annex II, point # 65 | The proposed solution should support profile matching through user-defined (configurable) business rules through ad-hoc querying across multiple fields of entity-wise information from in-house and external agency data all support ad-hoc querying of the data | Are we looking for search applicability in existing data only? | Yes |
| 31 | 37 | Annex II, point # 101 | The proposed solution should provide built in features to apply an appropriate disposition of the alert - such as closing, suppressing, moving to another queue (such as high or low priority), linking to a different object, and sending the alert information to an external system after a decision is reached about how to handle the alert | Are we looking for the alert management like solution | The alert management should be integral to the solution. |

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| 32 | 37 | Annex II, point # 105 | The proposed solution should enable the investigator to Prioritize alerts, , Visualize alerts in different views to gain context., Enhance alerts by adding entities and integrating and connecting data., Escalate by routing alerts or changing their priorities, Create manual alerts., Manage multiple alert domains., Designate an alert to prompt a deeper investigation through its alerts and event management capabilities | More Clarification required on the requirement ? | This clause stands deleted,Please refer addendum |
| 33 | 38 | Annex II, point # 115 | The proposed solution should come in with in-built feature of workspace for interactive intelligence analysis, which will provide an investigator work area that enables the investigator to gather objects of interest - such as entities and alerts, to the investigation from the data repository. | More Clarification required on the requirement ? | ***** |
| 34 | 38 | Annex II, point # 122 | Administrators should be able to configure the following, based on the relationship or entity data: line color, style, and weight icon, node color, node border color, node shape, node border width, node scale, additional label, and indicator icon, all through Graphical User Interface | Is the team looking for a GUI-based drag-and-drop functionality? | Yes |
| 35 | 39 | Annex II, point # 132 | The proposed solution should allow additional links and entities which are external to the network data, to be added to the network | More Clarification required on the requirement ? | Any additional link or entity which facilitates the scoping of the data. This can be finalised with the winning bidder/OEM. |
| 36 | 39 | Annex II, point # 136 | The proposed solution should provide the ability for administrators to monitor and administer workflows. This includes the ability to: | Is this workflow working like drag and drop functionality? | This is to record the audit trail. |
| 37 | 41 | Annexure II point # 164 | The proposed solution should enable officers to identify areas of scrutiny and further questioning during the pre-audit preparation through desk audit | Will Bidder be involved in supporting internal or external audits related to fraud detection and claim processing? | No. |
| 38 | 46 | Annex II, Integration requirements, point # 8 | Ability to integrate with GIC (General Insurance Council) & IIB to identify claims with multiple insurance companies for same accident or injury to receive multiple payouts | NIA shall be responsible to get approvals for integrating data from these sources . Pls confirm | Yes |
| 39 | 57 | Term | The obligation of non-disclosure of Confidential Information shall bind both parties, and also their successors, nominees and assignees for the term of the assignment and for a period of two years thereafter | We request to reduce the survival period of confidentiality obligations to one year post expiry or termination. | Not Agreed |
| 40 | 12 | Clause 14 | NIACL may, at any time, terminate the contract by giving written notice to the Bidder, without any compensation to the Bidder | To uphold the principles of natural justice, we request to notify us and give us a rectification period of at least 30 days, prior to invoking this clause. | Ok |

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| 41 | 16 | Clause 29.2 | If the bidder fails to maintain guaranteed up-time of 99.95% on quarterly basis, NIACL shall impose a penalty. If the up-time is below 97%, the NIACL shall have full right to terminate the contract under this RFP. The penalty shall be deducted on quarterly basis from Financial Quarter ending month's billing | We request client to consider the penalties cumulatively to 5% . | Not agreed |
| 42 | 27 | Clause 7 | If at any point of time, the services of vendor are found to be non-satisfactory the contract will be terminated. | Is there any time period to evaluate the progress as per the provided parameter to reach at the satisfaction of NIA? | 30 days |
| 45 | No | Limitation of Liability | No clause in RFP | We are requested to add the language like "Purchaser/Client agrees that Consultants total liability for all claims connected with the services or this agreement (including but not limited to negligence), whether in contract, tort, statute, indemnities or otherwise, is limited to one time the professional fees paid / payable for the services. Purchaser/Client agrees that Consultant will not be liable for (i) loss or corruption of data from your systems, (ii) loss of profit, goodwill, business opportunity, anticipated savings or benefits or (iii) indirect or consequential loss." | Will put standard clause |
| 46 | 19 | PART A - TECHNICAL BID (ONLINE) | Integrity pact (Duly signed and stamped) as per Annexure XI | Annexure XI is missing However Integrity pact is on X , please provide the same if any change? | Will do |
| 47 | 28 | Enclosures | Annexure XII | Format of Annexure XII is missing , please provide ? | Will provide |
| 48 | 6 | REJECTION OF TENDER: | If it is not accompanied by the requisite Tender Fee. | what is the tender fees and how to submit the same ? | The clause will be removed. |
| 49 | 32 | Annexure II point # 6 | The proposed solution platform must be cloud-agnostic and must support all major public cloud and private cloud ecosystems namely but not exhaustive AWS, GCP, Azure, etc. | our interpretation of private cloud is servers with major CSP(Azure or AWS or GCP) with private end points. Kindly confirm if the understanding is correct | Yes |
| 50 | 10 | 13.12 Optical Character Recognition (OCR): | 13.12.4 Language Translation:The solution should be capable of translating the various languages into English which should also include the capability of translation from any structured or unstructured document. The solution should be a proven one and readily available for deployment. A reputable and tested COTS platform will be given preference. | The stated OCR scope (handwriting, multilingual translation, adaptive improvement, and end-to-end claims integration) is typically delivered through a combination of a proven OCR platform and NIACL-specific configuration/ integration layers. A purely off-the-shelf deployment without tailoring is unlikely to meet the operational workflows and data controls required. Kindly confirm that bidders may propose a COTS base platform with necessary NIACL-specific customization and integration. | Yes. COTS with tailoring as per NIA needs. |
| 51 | 11 | User privilege Management System | The system should provide role-based access into the solution with roles such as super user, admin, guest users etc. (the roles shall be decided in consultation with the successful bidder). | How many users are expected in total? | Approximately 200 users |

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| 52 | 12 | Training | <p>Bidder shall provide user training to the optimal number of personnel identified by NIACL on functional and technical operational aspects of the solution and analysis of the claims based on certain alerts, navigations in the software solution and customization of the dashboard. At the end of each training session, an evaluation test needs to be conducted in coordination with NIACL to ascertain the effectiveness of the training. Training Material (in English) for Health Department as well as IT dept. users will be provided by the bidder. Training courses are to be organized on a half-yearly basis.</p> | What would be the frequency of such trainings? | Half-yearly |
| 53 | 3 | 1. Introduction | <p>At NIACL all health insurance claims are processed by TPAs using the claim processing software solution of their own. The data flows to NIACL through web-services in four stages i.e. claims intimation, modification/enhancement, claim upload for payment and rejections/ UTR.</p> | <p>At what stage of claim NIACL wants this AI/ML Based solution to be applied? Will it be applies before TPA/Parallel to TPA/Post TPA?</p> | Both the options |
| 54 | 7 | 13. Scope of Work | <p>The scope of the work would include the supply, installation, configuration, customization, integration, deployment on premise and maintenance of an end to end AI/ML enabled Fraud, Waste and Abuse Control solution for the Health Insurance Claims which is scalable in nature and must integrate with the existing Insurance Software Solution of NIACL.</p> | <p>Kindly clarify the existing architecture of NIACL's current insurance software solution (including technology stack, database engine, image repository type, and access protocols). Will the bidder be provided access to staging/ production environments or APIs for integration?</p> | To be provided subject to signing of NDA |

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| 55 | 8 | ii.Unified Intake Frontend | The bidder should provide a Unified front end which will enable claims intake from various channels like emails, TPA front end, inward of physical documents, FTP documents, NHCX intake, WhatsApp channel and other channels as deemed necessary for servicing customers where they are. This enables immediate claims data, documents and images intake from TPAs as well enables future onboarding of claims directly. The intake process should be AI/ML driven with auto classification and auto extraction of information. | Kindly clarify the expected authentication or input protocols for each channel (e.g., email server access, WhatsApp Business API, FTP credentials, NHCX integration specs). Will NIACL provide access/configuration support for these external systems (e.g., shared inboxes, FTP folders, WhatsApp numbers)? Additionally, please confirm if the bidder is expected to provision and host this unified frontend, and whether the AI/ML pipeline should run at ingestion or post ingestion stage. | To be provided subject to signing of NDA. The external data would be provided by NIA in a central repository to be maintained by the Bidder. |
| 56 | 10 | Vii.Clinical journey extraction | The primary goal of this system is to automatically extract comprehensive timelines of patient clinical experiences from various data sources using advanced large language models (LLMs) and vision-language models (VLMs). This would involve processing unstructured clinical notes, medical images, and potentially other forms of patient data to reconstruct the sequence of diagnoses, treatments, and outcomes. | Kindly confirm whether NIACL will provide access to historical clinical notes, diagnosis/treatment records, and imaging data required to train and fine-tune the LLM/VLM models for accurate patient journey extraction. Additionally, please specify if NIACL will provide standard treatment protocols for comparative analysis or if the bidder is expected to source or develop these protocols independently. Also NIACL empaneled hospitals use HMIS? Please explain data points to be captured under patient clinical experience? Example: Only clinical outcomes like Recovery, morbidity, or mortality etc. or detailed experience of the patient including parameters like patient satisfaction | For Points 1 & 2, Yes. |
| 57 | 10 | Handling Structured and Unstructured Formats: | It must be capable of processing both structured documents (e.g., invoices) and unstructured documents (e.g., handwritten notes), enabling the extraction of relevant information from a variety of formats. | While it is understood that a mix of structured and unstructured documents will be provided, please specify the relative proportion or volume expected across formats (e.g., % of handwritten notes vs. invoices) to optimize processing strategies accordingly. | Depends from case to case. However, majority would be 80-20. |
| 58 | 10 | Handwriting Recognition | The solution should support handwriting recognition, a key feature for health-related documents (e.g., prescriptions, doctor's notes), ensuring accurate data extraction from non-standard, handwritten text. | please clarify how model performance for handwriting recognition will be evaluated — e.g., character-level accuracy, field-level accuracy, or end-to-end extraction accuracy. | character level accuracy. |
| 59 | 10 | Hospital Master Maintenance and Blacklisting | The system should facilitate the maintenance of Hospital Master Records, ensuring that each hospital's status whether part of the Preferred Provider Network (PPN), Third-Party Network (TPN), or a non-network hospital – is accurately tracked and updated. | Kindly confirm whether NIACL will provide an existing hospital master register (including current PPN/TPN statuses and blacklist/watchlist flags) as a baseline, or if the bidder is expected to build this from scratch. | NIACL to provide. |

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| 60 | 11 | Drug Data Repository Maintenance and Pharmacy Leakage Prevention | <p>The vendor must provide/create and maintain the drug data repository. The vendor should ensure that the drug data repository is continuously updated in accordance with industry standards, including critical details such as pricing, manufacturing brand, the ailment for which it is primarily prescribed and other relevant information. This information shall be used by FWA Solution to identify and avoid the pharmacy leakages if any. Additionally, solution should also be able to applicability of a medicine for a particular ailment, its dosage, prices etc. through machine learning of the solution. In addition, system should allow flagging of high-cost drugs and their utilization.</p> | <p>Since drug prescription with respect to dosage and use in ailments vary from State to State, are there any Drug standards that NIACL empaneled hospitals are supposed to follow?</p> | No. |
| 61 | 14 | RIGHT TO AUDIT | <p>NIACL shall also have the right to conduct, either itself or through another agency as it may deem fit, an audit to monitor the performance/security controls by the Bidder of its obligations/functions in accordance with the standards committed to or required by NIACL and the Bidder undertakes to cooperate with and provide to NIACL or any other agency appointed by NIACL, all documents and other details as may be required by them for this purpose. Any deviations or contravention identified as a result of such audit/assessment would need to be rectified by the Bidder failing which NIACL may, without prejudice to any other rights that it may have, issue a notice of default.</p> | <p>We cannot grant open-ended audit rights to the client as we are required to maintain confidentiality for all our clients, not just one. In this regard, we request the following safeguard to be appended to the clause</p> <p>"Notwithstanding the above any audit conducted shall be restricted to the physical files in relation to this Agreement only and shall be subject to NIACL agreeing to maintain confidentiality of these documents. No access to Selected Agency's systems or hands on or intrusive testing will be permitted. Any third parties employed to conduct such audit shall not be a competitor of Selected Agency and shall agree to confidentiality obligations with Selected Agency"</p> | Audit will be restricted to the facility used by NIACL. Regarding the competition, we will evaluate and issue an addendum, if necessary |
| 62 | 15 | SERVICE LEVEL AGREEMENT (SLA) & PENALTY | <p>The successful bidder shall also sign a Service Level Agreement (SLA) with the NIACL to ensure the up-time of 99.50% on quarterly basis which shall be calculated as accessibility to the FWA Solution and other associated components implemented by the bidder as part of the RFP requirement.</p> | <p>please confirm whether scheduled maintenance windows are excluded from uptime calculations and if any penalties are excluded for maintainance.</p> | Yes |

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| 63 | 17 | AGREEMENT | The successful bidders shall enter into a detailed Agreement with the Company. The contract period for providing Integration & Implementation of Web & Mobile Applications and related services will be for a period of Three Years from the date of Agreement. SLA mentioned in the RFP will cover performance and availability of the solution deployed for Integration & Implementation of portals/apps and related services | Is mobile application expected? If Yes, what would be it's purpose, who will be using it? What would be the traffic rate? Whether it would be for android or IOS or both? | It would be a desktop solution. However, accessible through mobile on URL based access |
| 64 | 32 | Technical Specifications | The proposed solution platform must be cloud-agnostic and must support all major public cloud and private cloud ecosystems namely but not exhaustive AWS, GCP, Azure, etc. | since the RFP already states that the bidder must procure the infrastructure, and that it must be deployed on a MeitY-approved private cloud, the "cloud-agnostic" clause seems contradictory, can you please clarify the need of cloud agnostic platform? | This is to ensure that if in future NIACL decides to move out of Meity approved cloud, the solution should work seamlessly |
| 65 | 37 | Technical Specifications | The proposed solution shall have the capability to correct mistakes in spellings, inconsistencies, casings, and abbreviations | Does this required on data extracted post OCR? | Yes |
| 66 | 32 | CONTRACT EXPIRY/TERMINATION | Any product related details and information like digital product library ratings, infographics, documents etc., shall be the Intellectual property of NIACL | Kindly clarify whether the clause on intellectual property applies only to components, configurations, documentation, and deliverables developed specifically for NIACL under this engagement. In case the bidder uses any pre-developed or existing proprietary components, frameworks, models, or platforms as part of the solution, we request confirmation that the underlying IPR of such reusable components shall remain with the bidder, and only the outputs or configuration specific to NIACL shall be transferred. | The understanding is correct. |
| 67 | | | | Please share monthly and yearly claim volumes, segmented into cashless and reimbursement claims, to help in defining svstem capacity and estimating cost. | Ok to provide. |
| 68 | Page 22 | Section 3.1 - TPA Data Sources | Solution should read and import data from multiple TPA and insurance sources | Please provide list data formats (API/File/FTP), data refresh frequencies, and sample data schemas/dictionaries. This is required to design appropriate data connectors and ETL mappings for each TPA source | The same will be shared with the successful bidder |
| 69 | Page 46 | Section 3.2 - Existing System Integration | Integration with NIACL's CAS, CRM, PAS, DMS systems required | Please provide technical details of existing systems: (1) CAS/CRM/PAS/DMS platform vendors and versions, (2) Available API documentation, (3) Authentication mechanisms, (4) On-premise vs cloud hosted, (5) Technical contacts for integration coordination. Its Essential for planning integration approach and effort estimation | To be provided on signing of NDA |
| 70 | Page 23 | Section 3.3 - Historical Data Volume | Solution must handle 1 million+ claims per month | Please provide: (1) Historical claims volume for last 3 years (month-wise), (2) Peak processing periods, (3) Average claim document size, (4) Total historical data volume to be migrated, (5) Expected growth rate (%) for next 3-5 years. This is required for infrastructure sizing, storage capacity planning, and scalability design | Please refer addendum for Volumetrics of policy and claims data |
| 71 | Page 46 | Section 3.4 - External Portal Access | Integration with UIDAI, CIBIL, PEP, LexisNexis, Sanchar Sathi, Central Fraud Registry required | Does NIACL have existing subscriptions/ API access to these services? If yes, please share: (1) Current subscription details, (2) API credentials/access levels, (3) Transaction limits, (4) Cost per API call. If no, should vendor procure these subscriptions? | NIA don't have existing subscription. The vendor should have the capability to integrate if needed subscription to be procured NIA if needed. |
| 72 | Page 33 | Section 3.6 - Data Retention Policy | Solution must store and process historical claims data | What is NIACL's data retention policy for: (1) Claims data (hot/warm/cold storage timelines), (2) Fraud investigation case files, (3) Audit logs, (4) Archived documents? Any regulatory requirements for data retention duration? | 7 years. |

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| 73 | Page 33 | Section 3.7 - Document Formats | ETL for printed/scanned documents, x-rays, prescriptions, KYC documents | Please provide: (1) Sample documents in various formats currently received, (2) Languages used in documents (English, Hindi, Regional), (3) Percentage of handwritten vs printed documents, (4) Image quality standards, (5) Current OCR solution if any. | The same will be shared with the successful bidder |
| 74 | Page 33 | Section 3.8 - Data Quality Issues | Automated data quality checks and de-duplication required | What are the known data quality issues in current TPA data? Please share: (1) Common data inconsistencies, (2) Missing data patterns, (3) Duplicate record percentage, (4) Data standardization challenges, (5) Current data quality rules applied. | The bidders should consider the industry standard for this. |
| 75 | Page 33 | Section 3.10 - Master Data Management | Provider data, hospital data, policy data integration required | Does NIACL have a centralized Master Data Management (MDM) system for: (1) Hospital/Provider registry, (2) Blacklist/Whitelist management, (3) ICD-10/CPT code masters, (4) Geographic hierarchies? Please provide access to master data sources. | The record for Hospital/Provider registry, Blacklisted hospital/ provided in excel format/physical document, bidder will have to create various masters which will be integrated with proposed FWA solution. |
| 76 | Page 25 | Section 4.1 - Historical Fraud Data | ML models require supervised learning with labeled fraud cases | Please provide: (1) Historical confirmed fraud cases (last 2-3 years) with labels, (2) Fraud typology distribution, (3) Average fraud detection time, (4) Fraud loss amounts, (5) Current fraud detection rate (%). This labeled data is essential for model training. | Historical claims data for 3 years shall be provided to the successful bidder for machine learning purpose |
| 77 | Page 24,25 | Section 4.2 - Fraud Scenario Priorities | At least 6 pre-configured fraud scenarios required | Please prioritize fraud scenarios by business impact: (1) Which fraud types cause maximum financial loss? (2) Most frequent fraud patterns, (3) Hardest to detect manually, (4) Regulatory reporting requirements for specific fraud types. | The bidders should consider the industry standard for this. The bidder may also take reference from the triggers provided as part of RFP annexure. |
| 78 | Page 24,25 | Section 4.3 - False Positive Tolerance | Solution should minimize false positives while detecting fraud | What is the acceptable false positive rate for fraud alerts? (1) Current false positive rate in existing process, (2) Investigator capacity to handle alerts per day, (3) Tolerance for missing frauds (false negatives) vs false alarms, (4) Auto-rejection rules if any. | NIA don't have any existing solution for fraud detection. The Fraud, Waste and abuse scenarios will be configured by the bidder. The tolerance will be decided with the successful bidder. |
| 79 | Page 24,25 | Section 4.4 - Fraud Investigation Process | Solution must support fraud investigation workflow | Please describe current fraud investigation process: (1) How are fraud cases identified today? (2) Investigation team structure and size, (3) Average investigation time per case, (4) Investigation stages and approvals, (5) Evidence collection methods, (6) Reporting to regulators. | The claims are processed by TPAs and they have their own fraud indifying mechanism. The bidder should assume team structure and size as per industry standard for the volume of the claims. |
| 80 | Page 24,25 | Section 4.5 - Model Performance Expectations | Model evaluation criteria including ROC, Gini, KS metrics specified | What are the target performance benchmarks expected? (1) Minimum acceptable ROC-AUC score, (2) Expected fraud detection lift compared to current process, (3) Precision-Recall trade-off preferences, (4) Model refresh frequency requirements. | The bidders should consider the industry standard for this. |
| 81 | Page 34 | Section 4.6 - Business Rules Ownership | GUI-based Business Rules Engine for scenario authoring by users | Who will be the business users creating/modifying fraud rules? (1) Team composition and technical expertise level, (2) Training expectations, (3) Rule approval workflow, (4) IT vs Business ownership of rules, (5) Change management process. | The bidder will have to create / modify fraud rules aligning to the policy terms and conditions for various Health Products of NIA in consultation with NIA |
| 82 | Page 34 | Section 4.8 - Model Explainability Requirements | Solution should explain why a claim is flagged as fraudulent | What level of explainability is required? (1) Should every fraud alert show reason codes? (2) Required for regulatory audit trails? (3) Need model documentation for compliance? (4) Business user understanding of ML concepts, (5) Explainability vs accuracy trade-off preference. | The solution should be able to show /record the reason for alert based on rules in relation with policy terms and conditions and triggers as provided part of RFP. It should maintain the audit trail and the documentation for compliance which may be needed in case of dispute. |
| 83 | Page 34 | Section 4.9 - Graph Analytics Use Cases | Graph analytics and SNA for detecting fraud rings and networks | What specific network fraud patterns are of interest? (1) Provider-patient collusion, (2) Pharmacy-doctor kickback networks, (3) Patient identity fraud rings, (4) Hospital billing cartels, (5) Agent fraud networks. Please provide examples if available. | All of the them plus anythings involving the collusion between stakeholder such as TPA, Provider, Agent, Doctor, other related entities etc. |
| 84 | Page 34 | Section 4.10 - AI/ML Model Governance | Continuous model improvement and lifecycle management required | What are NIACL's expectations for: (1) Model retraining frequency (monthly/quarterly?), (2) Model approval process, (3) Model versioning and rollback procedures, (4) A/B testing requirements, (5) Model risk management framework, (6) Documentation for audits. | The solution should follow the industry standard models for the same. |

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| 85 | Page 24,25 | Section G1 - PoC Data Provision | PoC using sample or real TPA claims data demonstrating ≥5 fraud scenarios | Will NIACL provide real claims data for PoC? If yes: (1) Data volume, (2) Data masking requirements, (3) NDA/DPA formalities, (4) Timeline for data sharing, (5) Known fraud cases in sample data. If no, should vendor use synthetic data? | The vendor should arrange for the sample data. NIA may provide the data dictionary for minimum fields required. |
| 86 | Page 24,25 | Section G1 - PoC Fraud Scenarios | ≥5 fraud scenarios to be detected and demonstrated end-to-end | will NIACL provide the sample data | The vendor should arrange for the sample data. NIA may provide the data dictionary for minimum fields required. |
| 87 | Page 24,25 | Section G2 - PoC Timeline | PoC demonstration as part of technical evaluation | What is the timeline for PoC? (1) How many days/weeks from data receipt to demo? (2) Is PoC before or after technical presentation? (3) Can multiple demo sessions be scheduled? (4) Advance notice period for scheduling, (5) Time allocated for demo presentation. | PoC during presentation. Data will be provided on signing of NDA. Single demo session. & days in advance. 90 minutes for presentation. |
| 88 | Page 24,25 | Section 4.12 - PoC Success Criteria | PoC evaluation scoring: 20 marks for ≥5 scenarios, 20 marks for live demo | Please clarify PoC scoring methodology: (1) How are the 5 fraud scenarios individually scored? (2) What constitutes "end-to-end" demonstration? (3) Is accuracy of fraud detection scored? (4) Partial marks for 3-4 scenarios? (5) Bonus marks for exceeding requirements? | Internal |
| 89 | 13 | 16.2 Delay in Integration | In case bidder is not able to complete required integrations within the stipulated period of 4 calendar Months from the date of order, penalty of Rs. 1,00,000/- per day subject to a maximum of Rs 1,00,00,000. The amount will be recovered by forfeiting the Performance bank guarantee. Penalty is not applicable for the reasons attributable to the NIACL or force Majeure. | Requesting NIA to kindly modify as mentioned below. In case bidder is not able to complete required integrations within the stipulated period of 4 calendar Months from the date of order, penalty of Rs. 50,000/- per day subject to a maximum of Rs 50,00,000 . The amount will be recovered by forfeiting the Performance bank guarantee. Penalty is not applicable for the reasons attributable to the NIACL or force Majeure. | Not agreed |
| 90 | 13 | 16. IMPLEMENTATION AND INTEGRATION | 16.1 The delivery of all products and/or systems and/or services and/or functionalities covered under this bid to be completed within a period not exceeding 4 months of issuance of Purchase Order. | We request NIA to please provide 8 months for implementation & intergration. | Not agreed |
| 91 | | General - Volumetrics | User Roles and concurrency | Could you please specify the different types of users who will interact with the AI/ML based solution (e.g., advanced analytics, power users, model developers, API clients)? | The bidders will build and configure solution to provide final desired outcome through dashboard/reports to NIACL's Health Managers and Doctors and Claims admins for their consumption |
| 92 | What are the expected workloads and interaction patterns for each user group? | | | To be decided in consultation with successful bidder | |
| 93 | How many concurrent users are expected for each user type during: Peak usage and Average usage | | | We anticipate approximately 200 users with concurrency at 50 | |
| 94 | 7 | 13) SCOPE OF WORK: | Claim Processed | What are the approximate proportions of health claims processed as cashless vs. reimbursement? For cashless claims, on average, how many times are documents submitted/updated before the claim is fully adjudicated and paid? (e.g., multiple document uploads, interim approvals, final submission) On average, how many pages or documents are typically associated with a single health claim file (for both cashless and reimbursement claims)? Are the documents submitted in a single batch or through multiple stages during the lifecycle of a claim (especially for cashless)? | The approximate proportion of Cashless to Reimbursement is 65:35. Average 2 times documents are submitted before settlement. The pages or documents for a single health claim ranges from 25-40. Average for submission is 2 times during the lifecycle of claim |

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| 95 | | General - Volumetrics | Please advise on the number of Users as per below | Number of investigators users Number of total users who will access the Dashboard Number of concurrent users who design the dashboard Total number of data which would be consumed for the dashboards Average size of the data/files consumed by each dashboard | Total user would be around 200. The bifurcation may be decided after discussion with successful bidder aligning to the industry practices |
| 96 | | | | 1.How many beneficiaries are involved annually? | Please refer addendum for Volumetrics of policy and claims data |
| 97 | | | | 2.What is the total number of policies covered annually? | Please refer addendum for Volumetrics of policy and claims data |
| 98 | | | | 3.What is the total number of applications received or processed annually? | Please refer addendum for Volumetrics of policy and claims data |
| 99 | | | | 4.What is the number of supporting documents submitted with claims? Structured documents (e.g., PDFs): Structured documents (e.g., PDFs): Count per claim? Average file size (in MB)? Unstructured documents (e.g., scanned images, photos): Count per claim? Average file size (in MB)? | Please refer addendum for Volumetrics of policy and claims data |
| 100 | | | | 5.What is the total number of policies covered annually? | Please refer addendum for Volumetrics of policy and claims data |
| 101 | | | | 6.How many hospitals are part of the network or data ecosystem? | 25000 + hospitals |
| 102 | | | | 7.What is the count of ICD codes and test procedures typically handled? | There are around 70000-71000 codes and procedures, but around 5000 are used most commonly. |
| 103 | | | | 8.How many associates are involved, including Third Party Administrators (TPAs)? | 17 |
| 104 | | | | 9.How many doctors are part of the process or system? | from New India side approximately 150 (100 at present +50 shall be recruited in near future) |
| 105 | | | | 10.What is the number of branches operating? | The access will be restricted to HO and regional level. The count would be around 50 |
| 106 | | | | 11.What is the total number of employees or processors involved in operations? | Approximately 200 nos. |
| 107 | | | | 12.What is the total number of transactions processed annually (including renewals and payments)? | 66,00,000 |
| 108 | | General - Volumetrics | Fraud, Waste, and Abuse (FWA) Monitoring Solution | 13.How many unique bank accounts are involved (for payout, refund, or beneficiary validation purposes)? | Please refer addendum related to Volumetrics for claims and policy data |
| 109 | 24 | G. Proof of Concept & Product Demonstration (50 Marks) | G1 Mandatory PoC Demonstration using sample or real TPA claims data, showing fraud detection, dashboards, | Is the expectation from the OEM to demonstrate the use cases and rule library using Mock data ? Hope there is no expectation to load NIA data for the demo. | Yes. If required, NIA will provide masked data |
| 110 | 24 | E. Fraud Analytics & Case Management | Solution should come with ready-to-use fraud scenarios, reducing time to detect known patterns. | Can the pre-configured rules be an accelerator from other implementation sites specific to India clients ? | Yes |
| 111 | 29 | Experience Criteria - Solution Implementation Experience | The Bidder/ Proposed technology partner/OEM Partner shall have successfully executed at least one Project of minimum value INR 5 Cr related to supply and implementation of Fraud, Waste and Abuse control/monitoring solution and other related modules specifically in Health Insurance in the last Five (5) years. | We request clarification on whether relevant global experience in Health Insurance (outside India) can also be considered for meeting this requirement, provided supporting documents and client references are submitted. Request your confirmation/clarification. We request clarification on whether experience in implementing similar solutions for large Government-sponsored health assurance / public health insurance schemes involving health claims processing, fraud detection and analytics would be considered as meeting the Health Insurance experience requirement. | Yes |

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| 112 | C4 | Proven Scale | Solution should be able to handle large volumes of claims and users without performance issues. | We request clarification on whether beneficiary disclosure, anonymized performance statistics, or redacted client references (where explicit client certificates are restricted due to confidentiality or NDA obligations) would be considered acceptable as supporting evidence for demonstrating the required scale. | No |
| 113 | 13.1 | Deployment mentions integration with existing systems and cloud hosting | Please confirm final deployment architecture – fully cloud, on-prem, or hybrid? | Impacts infra sizing, security design and cost model | Fully Cloud |
| 114 | 13.1.3 | Minimum processing capacity 2000 claims/hour | Please confirm expected peak and future volumes beyond baseline | Needed for scalability design | Peak varying from 80-100% on Mondays and after continuous holidays. Bidder may consider YoY growth of 20% |
| 115 | 13.1.4 | Monitoring across claim lifecycle stages | Are all TPAs capable of real-time API integration? | Determines integration complexity | Yes |
| 116 | 13.1.5 | Integration with TPAs & other systems | Is bidder responsible for TPA-side integration changes? | Impacts effort and responsibility boundaries | Yes |
| 117 | 13.2 | Unified intake from multiple channels | Will NIACL provide channel-wise volume estimates? | Required for OCR & ingestion sizing | Yes |
| 118 | 13.3 | Creation of Data Lake | Please share estimated initial data volume (TB) and annual growth | For storage & compute planning | Please refer addendum for Volumetrics of policy and claims data |
| 119 | 13.3.3 | Data to reside within India | Any preferred MeitY empanelled CSP? | Impacts hosting selection | Yes |
| 120 | 13.3 | ETL/ELT and data repositories | Will NIACL provide standardized data dictionaries? | Needed for faster onboarding | No |
| 121 | 13.1.2 | Real-time tagging using triggers | Will NIACL provide initial fraud typology library? | Helps baseline model accuracy | No |
| 122 | 13.11 | Clinical journey extraction using LLMs/VLMs | Is private LLM hosting mandatory? | Impacts infra and compliance | Vendor may use a commercial LLM which is used in a "private cloud" environment. Use of services available through Amazon Bedrock, Google Vertex AI, Azure OpenAI Service, will be permitted. |
| 123 | 13.11 | Comparison with standard protocols | Should mapping align with Indian treatment guidelines? | Needed for rule modelling | Yes |
| 124 | 13.12 | OCR incl. handwriting recognition | Expected % of handwritten documents? | Impacts OCR model selection | 20%. |
| 125 | 13.12.4 | Language translation capability | List of languages required beyond English | Model training requirement | All Indian regional languages |
| 126 | 13.1 | Image similarity & tamper detection | Estimated number of images per day? | Infra sizing | As per latest trend in large insurance company |

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| 127 | 13.4 | Security components in cloud | Is SIEM integration required with NIACL SOC? | Affects security architecture | Yes |
| 128 | 13.5 | Regulatory compliance | Will NIACL provide latest IT Security Policy? | Compliance alignment | Yes |
| 129 | 20 | VAPT twice a year | Any mandated empanelled auditor? | Cost consideration | No |
| 130 | 13.7 | DR drills every 6 months | RPO/RTO expectations? | DR architecture design | 0 min/ 20 min |
| 131 | 16.1 | 4-month implementation timeline | Does timeline include integrations, DR and AI model training? | Schedule feasibility | Yes |
| 132 | 16.2 | Penalty for delay | Are delays due to TPA dependencies excluded? | Risk allocation | Depends from case to case |
| 133 | 29 | 99.95% uptime | Is uptime measured for UI only or AI processing layer too? | SLA interpretation | Both the options |
| 134 | 29 | Penalty structure | Are CSP outages excluded? | Fair SLA treatment | No. The bidder is expected to select a CSP with minimal/no outage |
| 135 | 13.2 | Audit interface | Will audit users require external access? | Security design | auditors will use NIA network to access |
| 136 | 13.17 | Custom dashboards | Will regulatory report formats be shared upfront? | Build vs config effort | Yes. With the successful bidder |
| 137 | 13.14 | Hospital scoring & blacklisting | Is existing hospital master digitized? | Data readiness | Responsibility of the Bidder |
| 138 | 13.16 | Drug data repository | Will NIACL provide licensed drug database? | Scope clarity | No |
| 139 | 13.21 | User training | Approx. number of users to be trained? | Training effort | 100 |
| 140 | 24 | TCO pricing | Should infra costs be quoted separately? | Pricing structure | Yes |
| 141 | 25 | Payment milestones | Hypercare completion acceptance criteria? | Payment clarity | 3 months |
| 142 | 23 | Data ownership | Clarify IP ownership of AI models trained on NIACL data | Legal clarity | NIA |
| 143 | 30 | Subcontracting limit | Clarify whether 10% limit applies to value or scope | Contractual interpretation | Scope |
| 144 | 14 | Termination | Is source code escrow required? | Business continuity | Yes |
| 145 | 13.3.5 | Data lake as integration layer | Will bidder get direct API access to NIACL core? | Integration feasibility | Yes |
| 146 | 13.3 | Data engineering tasks | Who is responsible for data quality correction? | Scope boundary | Bidder |
| 147 | 13.1 | AI/ML solution | Expected model retraining frequency? | MLOps planning | 3 moths. |
| 148 | 13.1.3 | Scalability | Future scalability target (claims/hour)? | Capacity planning | Depends on business accretion level. |
| 149 | 13.17 | Self-service reporting | Is data export outside system allowed? | Security governance | Yes. By NIA or TPAs. Based on user access roles |
| 150 | 13.19 | Role-based access | Will NIACL provide user directory (AD/LDAP)? | Integration planning | Yes |
| 151 | 19 | Right to audit | Expected audit frequency? | Resource planning | Annual |
| 152 | – | End-to-end solution | Is phased rollout acceptable vs big-bang go-live? | Implementation risk reduction | Single Go-Live |

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| 153 | Scope of Work 13.1.1 | The proposed software solution should be able to perform ETL (Extract, Transform and Load) functions on provided health claims data(including both metadata and documents) | What are the major source systems expected to integrate with the ETL Tool? Apart from TPA, do we need to consider any other core insurance module backed by data source (E.g Integration Layer, Vendor systems) ? | The major source systems would be TPAs (17 at present, may increase or decrease in future). Apart from this, the bidders need to consider NIACL's Core Insurance Solution/ODS system, IIB, NHA's NHCC. These are the known sources till date. |
| 154 | Scope of Work 13.1.1 | The proposed software solution should be able to perform ETL (Extract, Transform and Load) functions on provided health claims data(including both metadata and documents) | Is the expectation is to build the ETL with the relevant modules, only to enable the AI/ML based Fraud, Waste and Abuse Control solution? Is there any larger vision by NIACL in future to integrate with larger data modules, to build the holistic cloud based data platform? This is to understand from the platform scalability and flexibility in the service choice. | Currently only point number 1 |
| 155 | Scope of Work, 13.1.2 | The tool should be able to deliver real-time claims tagging for various outliers based on use-cases, scenarios, industry standard triggers for Health claim adjudication, | Are you expecting the tool should be able to label the extracted data during the ETL process itself in real-time, before loading it to the landing layer. + Can NIACL provide the master reference to the "tags" during the implementation to derive the dynamic ETL logic. | A COTS should have the capability and then customisable to NIA requirement. |
| 156 | 13.3 Data Lake (Storage and Processing platform): | Creation of Data Lake on a MEITY approved cloud platform for ingesting structured, semi-structured and un-structured data from various sources (various Third-Party Administrators through API integration, NIACL ODS for policy/other requisite data or any other sources as required) viz. simple data, printed and Scanned hospital documents, x-ray, films, prescriptions, bills, invoices, KYC documents, stickers, logs, metadata etc. The list is not exhaustive, and any other type of document related to health claims may be included. | Please mention the tech stack used by the TPA or any other core transactional system mentioned "13.3 section" to be integrated. 1. ODS Database type - (Oracle, PostgreSQL) ? 2. Any file server used to store scanned documents? 3. logs data source? | To be provided subject to NDA |
| 157 | Scope of Work, 13.1.1 | The proposed software solution should be able to perform ETL (Extract, Transform and Load) functions on provided health claims data, including both metadata and documents | The requirement is to ingest the metadata as well. Is there a separate master table where all the metadata reference stored? Please mention the tech stack for the same. | To be provided subject to NDA |
| 158 | Scope of Work, 13.1.1 | The proposed software solution should be able to perform ETL (Extract, Transform and Load) functions on provided health claims data, including both metadata and documents | As requested in the requirement section, the ingestion tool is expected to ingest the documents as well. 1. Can you please elaborate on the document file formats here? 2. Existing location where the documents are stored? 3. Avg incremental number of documents to be considered | File formats are as given in RFP. At present the documents are stored on respective systems of TPAs. Volumetrics to be considered as per Addendum |
| 159 | Scope of Work, 13.1.1 | The proposed software solution should be able to perform ETL (Extract, Transform and Load) functions on provided health claims data, including both metadata and documents | On a high level, Can you please provide the number of tables to be sourced from the source systems, and expected to land in the initial data lake foundational layer? This is critical to estimate the scope and effort required, and to understand the ETL complexity. | ETL Complexity may be considered in line with 13.1.3 of the RFP, which states that 2000 claims handling per hour is the requirement. |
| 160 | 13.3 Data Lake (Storage and Processing platform): | Third-Party Administrators through API integration | Will NIACL provide access to ingest the historical data of TPA and transactional systems for training and processing? What is the historical data volume(In GBs/TBs) to be considered the platform? | The historical data to be sourced from TPAs through APIs |

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| 161 | Scope of Work, 13.1.2 | The tool should be able to deliver real-time claims tagging | Can you provide the details on the velocity of the ETL? Should we need to consider all the processing should happen in real-time or is there any scenario where batch/micro-batch is expected? | The processing is expected to happen in realtime. |
| 162 | 13.1.3 | The processing capacity should be at least 2000 claims per hour on day 1 with future scalability options. | Can you please provide an estimate of the incremental data volume for processing 2000 claims | Bidder may consider YoY growth of 20% |
| 163 | 13.3 Data Lake (Storage and Processing platform): 13.3.4 | Data Lake should have an integrated Document Management and Document Processing System to intake, store and process the documents which will include text, clinical images, other relevant files, and other images received as part of claims. | Do you have any existing data governance tools in place to identify the data quality or any other data governance best practices? | NIA doesn't have any data governance tool |
| 164 | 13.3 Data Lake (Storage and Processing platform): 13.3.4 | Data Lake should have an integrated Document Management and Document Processing System to intake, store and process the documents which will include text, clinical images, other relevant files, and other images received as part of claims. | Should the tool need to handle the known data issues (missing ICD codes, invalid provider IDs, duplicates) or any data standardization? Please define. | The tool is expected to handle these |
| 165 | Scope of Work, 13.1.2 | The proposed software solution should be able to perform ETL (Extract, Transform and Load) functions on provided health claims data, including both metadata and documents | Do we have to enable the PII information / masking sensitive data during the ETL process? How many such incidents will arise/ attributes to be considered ? | Yes, Bidder will have to enable the same. The data dictionary for claims as per Addendum |
| 166 | 13.3 Data Lake (Storage and Processing platform): 13.3.2 | Perform data engineering tasks including ETL/ELT and develop various data repositories as part of the overall data lake. | What might be the approximate scale of the platform(Data Lake) in GBs/TBs? | The bidder to estimate the same based on the volumetric details provided in addendum and scope of work |
| 167 | 13.3.4 | Data Lake should have an integrated Document Management and Document Processing System to intake, store and process the documents which will include text, clinical images, other relevant files, and other images received as part of claims. | Is there any expectation of data retention for audit/ archive storage. Please provide the percentage breakdown of active and archive storage expected, approximate number is acceptable | Data retention for 7 years as per NIA policy |
| 168 | 13.8 | New Data Models: The vendor should provide comprehensive data models relevant to the general insurance industry, both in India and globally. If needed, NIACL may request the bidder to create or modify data models to suit specific requirements. | Will the NIACL support with the domain SMEs to assist with the Data models to be planned before implementation? This is to align with the industry standard domains, data models and any explicit compliance requirements | The bidders to consider Industry standards in consultation with NIACL |
| 169 | 13.4 | environments (Development, Testing and Disaster Recovery) etc. | Please provide the total number of environments to be considered | Prod, DR, UAT,SIT,Pre-PROD |
| 170 | 13.1.2 | The tool should be able to deliver real-time claims tagging for various outliers based on use-cases, scenarios, industry standard triggers. | Does NIACL define "real-time" as synchronous (blocking the claim processing workflow until a score is returned) or asynchronous (providing a score within a few minutes/ seconds without stopping the flow)? What is the maximum acceptable latency (in seconds) for the AI model inference per claim? | Vendor can consider it as asynchronous and the latency should be as per the latest market trend. |
| 171 | 13.1.3 | The processing capacity should be at least 2000 claims per hour on day 1 with future scalability options. | Is this throughput of 2,000 claims/hour a steady-state requirement or a peak burst rate? Does this volume include only new incoming claims, or does it require re-scoring of open claims every time a new document is added to the file? | It is a steady state requirement |

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| 172 | 13.3.1 | Ingesting structured, semi-structured and un-structured data... x-ray, films, prescriptions, bills, invoices, KYC documents. | 1. What is the approximate ratio of image-based data (X-rays/scans) versus text-based documents (PDFs)? 2. Are X-rays/films provided in standard DICOM format, or will the system need to process non-standard image formats (JPEG/PNG) of physical films? This significantly impacts the Computer Vision model selection. | Ratio scanned image to text based pdfs 90:10 |
| 173 | 13.9.1 | ...sending real time alerts to NIACL and concerned TPA for pre-processing decision making based on risk scoring (high, medium, low)... | Does NIACL require the AI model to provide a single aggregate risk score per claim, or separate risk scores for different risk categories (Ex: one score for medical necessity, another for financial integrity, another for network behavior)? | Single aggregate risk score however bifurcation under difference categories will be preferred |
| 174 | 13.10.3 | Metadata analysis is to be also implemented for identifying images that have been altered after capture... | Since Clause 13.2 mentions intake via WhatsApp (which typically strips EXIF metadata), how should the Image Forensic solution handle cases where metadata is naturally absent? Should the model rely solely on pixel-level tampering detection (Error Level Analysis) in these cases? | WhatsApp is one of the probable intake method for inwarding of the claims. In the absense of metadata, advanced visual and AI-based fraud detection may be considered for analysis. |
| 175 | 13.11 | ...using advanced large language models (LLMs) and vision-language models (VLMs)... to reconstruct the sequence of diagnoses, treatments, and outcomes. | 1. Given the "Data Residency Clause", can the vendor use enterprise public APIs (Ex; Azure OpenAI, Vertex AI Gemini) if hosted in India regions, or is there a strict requirement to host open-source LLMs (like Llama/Mistral) privately within the NIACL VPC? 2. As this has significant cost implications for GPU infrastructure, please clarify the deployment model preference. | NIACL is agnostic in these options provided the DPDP Act is conformed with. And no data is utilised for external model training or benchmarking. |
| 176 | 13.12.3 | The solution should support handwriting recognition... ensuring accurate data extraction from non-standard, handwritten text. | 1. Can NIACL specify which Indian regional languages are mandatory for handwriting recognition on Day 1? 2. What is the minimum acceptable accuracy (%) for handwritten text extraction, given the high variability in doctor prescriptions? | All Indian regional languages. Market standard acceptability % |
| 177 | 13.12.3 | ...include adaptive learning algorithms that improve handwriting recognition accuracy as more documents are processed... | Does NIACL currently possess a ground-truth dataset (labeled handwritten documents) to seed the initial training of the adaptive algorithms, or is the vendor expected to start with pre-trained models and label data during the implementation phase? | Vendor to initiate |
| 178 | 13.16 | ...identify applicability of a medicine for a particular ailment... through machine learning of the solutions. | Is the vendor expected to train the ML model on NIACL's historical claims data to learn these medical correlations, or is the vendor responsible for bringing an external "Standard Treatment Guideline" (STG) knowledge base/Medical Knowledge Graph to validate the prescriptions? | Vendor to initiate |
| 179 | 13.22.1 | All the data collected (raw and processed) in the entire exercise will be the sole property of NIACL. | While the data belongs to NIACL, does NIACL also claim ownership of the ML Model Weights and Hyperparameters tuned during the project? If the vendor uses a proprietary pre-trained foundation model, how is the IP separation managed? | Only pre-trained foundation mode is the proprietary of Vendor. Rest are proprietary of NIACL. |
| 180 | Annexure II, F1 | Solution should include multiple AI/ML techniques such as supervised learning, unsupervised learning... | For Supervised Learning to be effective on Day 1, a labeled dataset of historical confirmed frauds is required. Does NIACL have a tagged dataset of fraud vs. non-fraud claims? If not, will the initial phase rely only on Unsupervised Learning (Anomaly Detection)? | Emphasis is on multiple techniques capabilities of the solution. What techniques will actually be used will depend on availability of necessary data. |
| 181 | Annexure II, G1 | Mandatory PoC... Demonstration using sample or real TPA claims data. | 1. Will NIACL provide the anonymized data for the PoC, or is the vendor expected to generate synthetic data? 2. If providing data, what is the volume (number of claims) and format (structured vs. images) that will be shared for the PoC? | Synthetic and masked data of NIACL combined |
| 182 | Annexure II, A1 | Commercial Off-the-Shelf Product... Live product used by >=5 Health insurance clients. | If the proposed solution utilizes a core AI platform (COTS) but requires custom ML model training for NIACL's specific geography and policy terms, will this still be considered a COTS solution for scoring purposes? | Solution not to be build up from scratch |
| 183 | 16.2 | Delay in Integration... penalty of Rs. 1,00,000/- per day... | AI/ML model training often requires iterative tuning based on data quality feedback. Does the Integration timeline (4 months) include the full maturation/accuracy stabilization of the AI models, or is the deadline specifically for the technical deployment of the pipeline? | technical deployment and a substantial maturation |
| 184 | Clause 22 | Data Residency Clause: Any data pertaining to NIACL's related operations must be hosted in India only. | Does this restriction apply to the training phase as well? If the vendor has a centralized R&D AI lab outside India, can anonymized/de-identified feature vectors (not PII) be processed there for model improvement, or must all computation occur strictly within Indian borders? | No, no data should be transferred outside India. |

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| 185 | 13.0 vs 13.1.8 | Clause 13.0 mentions "deployment on premises" while 13.1.8 states "hosted in a cloud environment". | Critical: Please clarify the deployment model. Is the solution to be hosted strictly on a MeitY-approved Cloud, or is there an On-Premise requirement? If Cloud, please confirm if the "On Premises" mention in clause 13.0 is a typo. | The term mentioned in 13.0 is used to include Private cloud deployment |
| 186 | Annexure VI (Item 2) vs 13.1.8 | Clause 13.1.8 states "subscription... will be in the name of NIACL", but Commercial Bid Item 2 asks the bidder to quote "Infrastructure Cost (Cloud Platform)". | If the subscription is in NIACL's name, will NIACL pay the Cloud Provider directly? Should the bidder only estimate the cost for NIACL's budgeting, or should this cost be part of the bidder's commercial total (TCO)? | TCO |
| 187 | 13.1.5 (Integration) | Integration with NIACL's existing Core applications. | Please provide details of the How many Core Insurance System (e.g., is it TCS BaNCS, proprietary, etc.) and the connectivity protocols available (REST API, SOAP, DB links). | Application team to confirm |
| 188 | 13.3 (TPAs) | Integration with various Third-Party Administrators (TPAs). | How many unique TPAs are currently empaneled with NIACL that require integration? Are standard APIs available for all TPAs, or will the bidder need to build custom connectors for each? | At present total 17 TPAs are empaneled that require integration. The bidders will have to build standard APIs for all TPAs based on the RFP requirements. |
| 189 | 13 (Scope of Work) | End-to-end AI/ML enabled FWA solution with dashboards and workflows | Is NIACL expecting a single integrated web-based application for intake, investigation, audit and dashboards, or are multiple logically integrated applications acceptable? | Single |
| 190 | 13.2 (Unified Intake Frontend) | Unified front end for intake from email, TPA UI, FTP, WhatsApp, NHCX | Is a responsive web application sufficient, or is mobile application support (Android/iOS) expected for investigators/doctors? | Responsive web application |
| 191 | 13.19 (User Privilege Management System) | Role-based access with roles defined in consultation | Please confirm Day-1 user roles (Admin, Investigator, Doctor, Auditor, Management) and whether custom role creation via UI is required. | To be discussed with the successful bidder |
| 192 | 13.19 | Role-based access control | Is integration with NIACL IAM/SSO (AD/LDAP) expected, or should the application manage authentication independently? | Manage independently |
| 193 | 13.20 (Audit of Claim) | Audit interface for doctors, auditors with investigation inputs | Is a dedicated audit-only UI required, or will read-only access to investigation screens suffice for auditors? | Read-only access |
| 194 | 13.17-13.18 (Dashboards & Reporting) | Configurable dashboards, MIS, regulatory reports | Are dashboards expected to be fully configurable by business users (drag & drop), or is limited configuration (filters/date ranges) acceptable? | Full configuration |
| 195 | 13.17 | Reports and MIS for regulators | Will regulatory report formats be provided by NIACL, or should the vendor design formats based on requirements? | Formats to be provided by NIACL |
| 196 | 13.9 (Deployment & Configuration) | Configuration of rules and triggers | Is a standard investigation workflow acceptable at Go-Live, or is a fully configurable workflow (status, approvals, assignments) mandatory from Day-1? | Fully configurable |
| 197 | 13.14-13.16 (Masters Management) | Hospital master, drug repository, contracts | Which master data entities are expected to be managed via application UI at Day-1 (Hospital, Drug, Tariff, Policy Rules, User Master)? | All relevant masters required for the fraud detection |
| 198 | 13.14-13.16 | Maintenance of master data | Will initial master data (hospital list, drug data, tariffs) be provided by NIACL, or is data creation/migration part of vendor scope? | Vendor scope |
| 199 | 13.17-13.18 | Dashboards & analytics | Is export of reports required in both PDF and Excel, and should scheduled/email distribution be included? | Yes |
| 200 | 13.1.5 / 13.5 | Integration with TPAs and core systems | Are real-time callbacks/APIs expected from application to TPAs for risk flags and decisions, or are batch notifications acceptable? | Real-time |
| 201 | 17-20 (Security, Audit, VAPT) | Security, audit and logging | What is the retention period required for application audit logs and user activity logs? | 7 years. |

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| 202 | | 16 (Implementation & Integration) | 4-month implementation timeline | Are there any UI performance benchmarks defined (e.g., dashboard load time, claim search response time)? | As per SLA |
| 203 | | 13.21 (Training) | User training and evaluation | Should application user manuals and SOPs be provided role-wise (Admin/Investigator/Doctor/Auditor)? | Yes |
| 204 | | 13.17 | Dashboards | Is multilingual UI support required at application level, or is English-only acceptable? | English and Hindi |
| 205 | | 25 (Payment & Support) | Subscription and support | Post Go-Live, are functional enhancements and new dashboards included as part of subscription without additional cost? | If material change is required. CRs to be raised. For bugs and errors, bidder's responsibility |
| 206 | Pg 30 | Eligibility criteria for OEM. Pt 3 | to deploy on MEITY approved cloud platform | As the project will leverage AI ML services its important that CSP has ISO 42001 certification for AI management process. Kindly change to " to deploy on MEITY approved cloud platform with ISO 42001 Certification" | Please adhere to RFP |
| 207 | Pg 32 | Annexure 2. Technical Specifications. Pt 9 | A centralized data store in form of data Lakehouse to handle future data requirements | As object store will be the key component of the architecture. Kindly add capability " The CSP should have availability of different tier of managed Object storage service including class/tier that intelligently and automatically migrates data between classes/tiers based on usage pattern of the objects in the storage and ability to scale IOPS and throughput of high performance block storage independent of storage capacity. " | As per RFP |
| 208 | Pg 36 | Annexure 2. Technical Specifications. Pt 84 | The proposed solution shall support ad-hoc querying of the data | Also add a relevant capability that " CSP should also have serverless federated query engine which can query across data stores and cloud " | As per RFP |
| 209 | Pg 34 | Annexure 2. Technical Specifications. Pt 52 | The proposed solution should help analysts to visualize complex network of relationships between entities - such as people, places/ locations, things and events over time and across multiple dimensions | Also add a relevant capability that " CSP should have purpose built object store with native support to store and query vectors " | As per RFP |
| 210 | Pg 33 | Annexure 2. Technical Specifications. Pt 23 | The proposed solution should support the delivery of data to, and the access of data from, a wide variety of data stores, repositories, and data management tiers in application deployments, | Also add a relevant capability "CSP should have cloud object store with built-in Apache Iceberg support and streamline storing tabular data at scale" | As per RFP |
| 211 | Pg 33 | Annexure 2. Technical Specifications. Pt 18 | The proposed solution shall contain the data, software, processes needed to cleanse, consolidate, and transform the data from their source system format to the data warehouse format. | Also add a relevant capability " CSP should have first party datawarehouse service offering native finegrained workload management and query monitoring rules to optimize performance " | As per RFP |
| 212 | Pg 43 | Annexure 2. Technical Specifications. Pt 213 | Standard encryption/decryption techniques/policies should be enabled | Add relevant capability that " CSP should provide FIPS 140-2 Level 3 compliance for key management service | As per RFP |
| 213 | 21 | 2. Technical Evaluation - Marking Scheme for Technical Evaluation - AI Commercial Off-the-Shelf Product | The solution should be a ready-to-use product, not a custom-built prototype, proven in production with multiple clients. | Requesting NIA for changing it from ready to use product (Commercial Off the Shelf product) to a custom made solution using a platform for this particular technical evaluation to maximize the participants. Platform solutions offer superior scalability, lower long-term costs through shared infrastructure, and faster time-to-market for new features via modularity compared to standalone COITS. Also platform can be used to add/modify Business cases and requirements as per evolving needs. | A readymade solution is mandatory. Not to be built from scratch |

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| 214 | 21 | Product Versioning & Roadmap- A2 | The product should have formal version releases, updates, and a clear roadmap, ensuring stability and continuous improvement. | Requesting NIA for changing it from Product to Platform | As per RFP |
| 215 | 30 | Annexure - I - ELIGIBILITY CRITERIA FOR OEM | The OEM should have a ready and tested Health Claim Fraud Analytics solution which can be further customised as per the need of NIACL | Requesting NIA to change the clause from 'have a Ready and tested health Claim Fraud Analytcis solution to 'have a platform capability on which Health Claim fraud Analytcis solution' can be built and customised as per need to NIACL. | As per RFP |
| 216 | 47 | Deliverables expected by NIACL for Fraud Detection and Investigation | Point 5 , 6 , 7, 8 - 1. Multi level Network exploration , 2. Community Detection, 3. Network Time travel 4. Entity Linkage Strength Scoring. | Requesting NIA to kindly elaborate on these. | The solution should be capable to establish and show the connection between multiple network, entities, communities based on similar types of frauds, waste and abuse and common linkages between these frauds so as to break the nexus if any. |
| 217 | 3 | Section 1 Introduction | "tagging of claims should be at real time with a minimum capacity of up to 2000 claims per hour." +1 | To size the compute/concurrency: What is the average number of documents (PDFs, images) per claim? What is the expected peak volume (claims/hour) beyond the 2000 minimum? | Please refer addendum for Volumetrics of policy and claims data |
| 218 | 8 | 13.3.1 | "Creation of Data Lake... for ingesting structured, semi-structured and un-structured data from various sources... Scanned hospital documents, x-ray, films, prescriptions..." | What is the total estimated volume of historical data to be ingested (in TB)? What will be the split of structured, semi structured and unstructured data? | Please refer addendum for Volumetrics of policy and claims data |
| 219 | | | | What is the anticipated YOY growth rate of all type of data (structured, semi-structured, unstructured)? | The bidder may consider 20% YoY growth |
| 220 | | | | What is the volume of active data that will be queried? | The latest 3 years data may be queried for FWA purpose |
| 221 | | | | What will be daily data ingestion and peak data ingestion volume (per hour) for ETL? | Please refer addendum for Volumetrics of policy and claims data |
| 222 | | | | Apart from ETL, what other style of integration is required (e.g real time, micro-batch, etc.)? Specify volumes wrt ingestion | Both real-time and micro batch. Volume to be discussed with the successful bidder |
| 223 | | | | What are the source databases? Please provide the details for the same such as name, volume, type of data, purpose, hosted environment, etc.. | To be provided subject to NDA |
| 224 | 29 | Experience Criteria - Solution Implementation Experience | The Bidder/ Proposed technology partner/OEM Partner shall have successfully executed at least one Project of minimum value INR 5 Cr related to supply and implementation of Fraud, Waste and Abuse control/monitoring solution and other related modules specifically in Health Insurance in the last Five (5) years. The condition of prior turnover and prior experience may be relaxed for | Requesting to please consider BFSI sector also rather only Health Insurance for experience of execution | As per RFP |
| 225 | 29 | Experience Criteria - Solution Implementation Experience | Purchase Order and letter of satisfaction in the name of the Bidder or Contract copy | Requesting to please allow to consider email reference or declaration on letter head or allow declaration without naming the client credentials as in certain case a confidentiality clauses may be involved | NDA may be signed with NIA, but disclosure is mandatory |

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| 226 | 31 | Note | Details of clients and relevant contact details are mandatory. Bidders may take necessary approval of the clients in advance before submission of related information. NIA will not make any separate request for submission of such information. | Requesting to please allow to consider email reference or declaration on letter head or allow declaration without naming the client credentials as in certain case a confidentiality clauses may be involved | NDA may be signed with NIA, but disclosure is mandatory |
| 227 | Page 11 | Clause 13.16 - Drug Data Repository Maintenance and Pharmacy Leakage Prevention | Vendor must provide/create & maintain a complete drug data repository with pricing, brands, ailment mapping, dosage relevance, ML-driven applicability validation, and high-cost drug flagging. | Kindly clarify whether NIACL will provide the master drug dataset (drug codes, pricing, ailment mapping, etc.) or whether the complete drug repository is expected to be created and maintained entirely by the bidder. | No. Bidder responsibility |
| 228 | Page 52 | Annexure VI - Commercial Bid - Infrastructure Cost (Cloud platform) Production, DR, UAT | Commercial bid requires cost breakup for Production, DR, and UAT cloud environments. No mention of Development environment. | Please confirm whether NIACL also requires a separate Development environment for build/configuration activities, and if so, whether its cost should be included under the commercial bid. | NIA does not require any separate build environment |
| 229 | Pages 8 & 52 | Clause 13.1.3 (Processing Throughput), Clause 13.1.8 Solution to be hosted in cloud environment, Commercial Bid format - Infra Cost | System must process ≥2000 claims/hr with future scalability. Commercial bid requires infra sizing for cloud environments. | To enable accurate cloud sizing and cost estimation, request NIACL to provide key sizing parameters such as current/past claim volumes, policy counts, projected year-wise growth, peak throughput expectations, and storage estimates. | Please refer addendum for Volumetrics of policy and claims data |
| 230 | Pages 1 & 6 | Last date of submission of RFP & The Tender Offer Clause 6.5 and 6.6 | The clarifications/addendum, if any, issued by the Company at any time before the due date of submission of the bid will become part of the tender document and would be notified on the GEM portal as well as on official website of NIACL i.e https://www.newindia.co.in/tender-notice 6.6 No bid shall be accepted after the due date & time. | We request an extension of the bid submission deadline by 3 weeks to allow adequate time for detailed solutioning, partner alignment, and internal approvals. | 1 week |

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| 231 | Page 10 | Clause 13.14 - Hospital Master Maintenance and Blacklisting | "The system should facilitate the maintenance of Hospital Master Records... enabling scoring or rating of hospitals... capability to integrate with the third-party maintained hospital register... enable suspension, watchlist and blacklist of hospitals." | Request NIACL to confirm whether the initial Hospital Master dataset (PPN/TPN/non-network hospitals, addresses, accreditation details, blacklisted/red-flagged entities, etc.) will be provided by NIACL. Additionally, please specify the structure, format, and frequency of updates. Also, kindly clarify which "third-party maintained hospital register" is referred to (e.g., NABH, ROHINI, Insurance Information Bureau, any TPA registry)., whether NIACL will provide API access/credentials. | The record for Hospital/Provider registry, Blacklisted hospital/provided in excel format/physical document, bidder will have to create various masters which will be integrated with proposed FWA solution. |
| 232 | Page 11 | Clause 13.15 - Digitized Contracts with Hospitals | "The vendor shall digitize and store digitized contracts for all paneled hospitals... including Schedule of Charges/Packages... ability to capture modified tariffs at renewal." | Kindly clarify whether NIACL will provide existing hospital contracts and PPN tariffs in soft copy/scanned formats for digitization, or whether the bidder is expected to collect and digitize these contracts independently from NIACL offices. | The existing Hospital Contracts and PPN tariff will be provided in scanned format for digitization. |
| 233 | Page 7, Page 8, Page 30 | Clause 13 (Scope of Work), Clause 13.1.8, OEM Eligibility Criterion 3 | (1) Page 7 - Clause 13: "The scope of the work would include the supply, installation, configuration, customization, integration, deployment on premises and maintenance of an end-to-end AI/ML enabled solution..." (2) Page 8 - Clause 13.1.8: "The solution is to be hosted in a cloud environment, the subscription of which will be in the name of NIACL." (3) Page 30 - OEM Criteria number 3: "Solution should be deployable on any MeitY-approved private cloud and be cloud vendor-agnostic." | Request NIACL to clarify the intended hosting architecture for the FWA solution. The RFP specifies (i) deployment on-premises (Clause 13), (ii) hosting on a cloud environment (Clause 13.1.8), and (iii) requirement for deployment on a MeitY-approved private cloud (OEM Criterion 3). To avoid ambiguity in design, sizing, infrastructure planning, compliance assessments, and costing, please confirm: a) Is the solution expected to be deployed entirely on cloud? b) If yes, should hosting be exclusively on a MeitY-approved private cloud, or is any MeitY-approved cloud (public/private) acceptable? c) Does NIACL require any component (data lake, integration layer, application servers, storage, document processing, analytics engines, etc.) to remain on-premises? d) If a hybrid deployment is expected, kindly specify which components should be cloud-hosted and which must remain on-premises. | any MeitY-approved cloud (public/private) |
| 234 | Page 52 | Commercial Bid Format - Infrastructure Cost | "Infrastructure Cost (Cloud Platform): Production, DR and UAT environment." | Request NIACL to kindly confirm the expected user load for the FWA solution, specifically the total number of NIACL users, concurrent users, and user roles anticipated. The earlier pre-bid responses (previous RFP) indicated ~100 users with ~50 concurrent users. Since this information is not present in the revised RFP, please clarify the updated expected user and concurrency volumes for accurate sizing, cloud estimation, and licensing. | same as previous one |
| 235 | Page 24 | Technical Evaluation - G1: Mandatory PoC | "PoC demonstration using sample or real claims data... fraud scenarios detected and demonstrated end-to-end." | Request clarification on the Proof of Concept (PoC) expectations. Specifically, is the PoC required to be deployed in NIACL's environment (on-premises or NIACL cloud) using NIACL-provided claims data, or will a demonstration using sample/anonymized data be acceptable for evaluation? If NIACL data is required, kindly specify the dataset volume, structure, and access mechanism. | demonstration using sample/anonymized data will be acceptable for evaluation |
| 236 | Pages 10-11 | 13.14 - Hospital Master Maintenance & Blacklisting | "System should facilitate maintenance of Hospital Master Records... scoring, integration with third-party hospital register... ability to suspend, watchlist, blacklist hospitals." | Request NIACL to clarify the intended functional scope of the Hospital Master Maintenance module. Is the system expected solely to maintain hospital master records, perform hospital scoring/rating, and enable integration with NIACL's hospital management system? Or are additional workflows expected? Kindly confirm whether the hospital registry is intended only as a master-data repository or whether broader operational functionality is expected. | Currently to be used as Master data repository. Solution should be capable to cater to broader operational functionality when expected. |
| 237 | Page 21 | Technical Evaluation - A1 (Commercial Off-the-Shelf Product) | "The solution should be a ready-to-use product, not a custom-built prototype, proven in production with multiple clients." | The RFP states that the FWA solution should be a ready-to-use, proven product. Request NIACL to clarify whether bidders may propose a modular, multi-component solution architecture comprising best-in-class integrated technologies, provided it functions as a unified end-to-end FWA solution, or whether NIACL requires a single OEM product delivering all components natively within one product suite. | Single OEM product delivering all components within one product suite |

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| 238 | Page 13, Page 21 - 22 | Clause 16.2 - Delay in Integration, A4 Implementation on Time to Go-Live | 16.1 The delivery of all products and/or systems and/or services and/or functionalities covered under this bid to be completed within a period not exceeding 4 months of issuance of Purchase Order. The bifurcation of the delivery schedule and project plan will have to be provided by the successful bidders. The implementation shall comprise of system configuration, customization, pilot implementation, integration with the NIACL applications, UAT and system roll out, training etc. Delay in Integration - In case bidder is not able to complete required integrations within the stipulated period of 4 calendar Months from the date of order, penalty of Rs. 1,00,000/- per day subject to a maximum of Rs 1,00,00,000. The amount will be recovered by forfeiting the Performance bank guarantee. Penalty is not applicable for the reasons attributable to the NIACL or force Majeure. | 1. Given the scale of implementation and the extensive scope of requirements, we believe the proposed four-month timeline is overly optimistic. We strongly recommend extending the timeline to six months to ensure a thorough, high-quality implementation. 2. Additionally, we request a reconsideration of the penalty provisions related to delays 3. we propose that implementation timelines not be included as part of the scoring criteria | As per RFP |
| 239 | Page 8 - 9 | Section I, 13.3 & 13.9; Clause 22 (Data Residency) | Cloud hosting in MeitY-approved regions; data residency in India; deployment guidance | Please confirm the preferred cloud regions within India (e.g., Mumbai, Delhi). Is NIACL open to multi-region deployment for DR within India? | Yes |
| 240 | Page 9 | Section I, 13.7 (BCP/DR) | Implement BCP/DR and conduct DR drills | Does NIACL require active/active or active/passive DR architecture? | Active/Passive |
| 241 | Page 9 | Section I, 13.7 (BCP/DR) | BCP/DR practices and drills; RPO/RTO to be defined | What are the required RPO and RTO values for the DR environment? | 0 and 20 mins |
| 242 | Page 8 | Section I, 13.1.8; 13.3 (Data Lake) | Solution to be hosted in cloud; cloud-agnostic and compliant | Is the cloud provider expected to be MeitY-approved public cloud only, or is hybrid allowed? | No hybrid |
| 243 | Page 8 | Section I, 13.1.8 | Cloud subscription to be in NIACL's name | Should the vendor provision NIACL-owned cloud subscription, or will NIACL provision the tenant themselves? | Vendor to provide |
| 244 | Page 14 - 15 | Section I, 17 (Information Security); 29 (SLA) | Security controls & encryption expectations | Is NIACL expecting HSM-based encryption, or is CMEK (Cloud KMS) acceptable? | HSM based |
| 245 | Page 7 - 8 | Section I, 13.1.3 (2000 claims/hour); 13.2 (Intake) | Throughput beyond minimum and intake volumes | Please share the estimated daily/monthly claim volume beyond the minimum 2,000 claims per hour requirement. | This is the maximum claims per hour. The bidder may consider 20% YoY growth |
| 246 | Page 8 - 10 | Section I, 13.3 (Data Lake) & 13.10 (Image Forensics) | Document/image ingestion and storage | What is the average size of claim documents, including medical images (X-rays, films, PDFs)? | Please refer addendum for Volumetrics of policy and claims data |

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| 247 | Page 9, Page 14 - 15 | Section I, 13.3.6 (Compliance); 21 (Business Continuity); 22 (Data Residency) | Retention & compliance expectations | What are NIACL's expectations for data retention periods for: (a) Raw data (b) Processed claims (c) Logs (d) Backups? | 7 years. |
| 248 | Page 8 - 9 | Section I, 13.3 (Data Lake) | Lifecycle & archival expectations | Are there any requirements for archival tiers (e.g., Coldline/Archive) for long-term data storage? | Not required, Standard backup facilities must be provided which serves regulatory compliance |
| 249 | Page 7 - 8, Page 11 | Section I, 13.1.3; 13.17-13.18 (Dashboards/MIS) | Real-time dashboards and latency | Should the solution support real-time dashboards (target latency)? If yes, please specify the expected latency target in minutes. | Real-time dashboards with Latency less than a minute |
| 250 | Page 7 - 8, Page 23 -26 | Section I, 13.1.5; Annexure II (Integration reqs) | TPA list and modes of integration | Please provide the list of all TPAs with preferred integration mode (API/ File/ SFTP / Web services). | There are 17 TPAs at present and only structured data is trasfered into NIACL's Core Insurance through Webservices. The successful bidder will have to build API to trasfer structured, unstructured and semi structured data to proposed data lake |
| 251 | Page 7 - 8, Page 46 | Section I, 13.1.5; Annexure II (Internal integrations) | Core/DMS/CRM/CAS/PAS integration | Will NIACL provide API specifications for integrations with Core Insurance, ODS, DMS, CRM, CAS/PAS? | Yes |
| 252 | Page 8 | Section I, 13.2 (Unified Intake incl. NHCX) | NHCX intake channel | Is NHCX integration required in Phase-1 or later? | Required |
| 253 | Page 46 | Annexure II - Integration requirements | External registries connectivity | For external systems (UIDAI, CIBIL, LexisNexis, IIB, GIC, LIC, geo-tagging), will NIACL provide API access, authentication tokens and connectivity details? | Yes |
| 254 | Page 46 | Annexure II - Integration requirements | Connectivity preference to on-prem | For on-prem to cloud connectivity, does NIACL prefer IPsec VPN or Partner Interconnect/Direct Connect? | IPsec VPN |
| 255 | Page 14 - 15 | Section I, 17 (Information Security); Annexure II (Security) | PII/PHI protection controls | Is NIACL mandating data perimeters (e.g., VPC-SC or equivalent) for PII/PHI data? | VPC-SC or equivalent |
| 256 | Page 14 - 16 | Section I, 19-20; Annexure II (Security/Logging) | SIEM/logging posture | Should the SIEM be cloud-native (e.g., Chronicle/Splunk) or integrated with NIACL's existing SIEM? | Cloud-native |
| 257 | Page 14 - 16 | Section I, 17-20; Annexure II (Security/Logging) | Audit log retention expectations | What is the mandated audit log retention period (e.g., 1 year hot + 6 years archive)? | 7 Years, Health dept to confirm |

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| 258 | Page 15 | Section I, 20 (VAPT twice a year) | VAPT frequency | Does NIACL mandate quarterly VAPT or the RFP-specified bi-annual frequency is sufficient? | Bi-annual |
| 259 | Page 14 - 16 | Section I, 19 (Right to Audit) & 20 (VAPT) | Audit agency responsibility | Should the vendor arrange external CERT-In empanelled auditors, or will NIACL nominate the auditor(s)? | NIA will arrange |
| 260 | Page 10 - 12, Page 32 - 44 | Section I, 13.12 (OCR); Annexure II (Text/Image analytics) | OCR approach options | Please confirm NIACL's preference for OCR: COTS OCR, cloud-managed OCR, or custom OCR models? | Any OCR module, which conforms to point number 13.12 of the RFP is preferred. Currently NIACL doesn't have any other preference |
| 261 | Page 10 - 11, Page 42 - 43 | Section I, 13.10 (Image forensics); Annexure II (Image Analytics) | Image forensics capabilities | For image forensics, which capabilities are mandatory: pixel-level tamper detection, near-duplicate detection, metadata manipulation detection? | Vendors may propose a tool which satisfies all the criteria mentioned in 13.10 of the RFP. |
| 262 | Page 10 - 11 | Section I, 13.11 (Clinical journey extraction using LLM/VLM) | LLM/VLM requirements | For Clinical Journey Extraction using LLM/VLM, what are: expected daily document volume, required inference latency, and languages to support? | Please refer addendum for Volumetrics of policy and claims data. Major regional languages support would be required. |
| 263 | Page 8, Page 32 - 41 | Section I, 13.1.8; Annexure II (Platform/Runtimes) | Model hosting options | Should models be deployed on cloud (managed), self-hosted on Kubernetes, or hybrid? | Fully Cloud |
| 264 | Page 10 - 12, Page 42 - 43 | Section I, 13.11-13.12; Annexure II (Text/Image analytics) | Embeddings & feature storage | Any restrictions on storing OCR/LLM intermediate embeddings and features in cloud storage? | No till the time it confirms to DPDP Act. To be used only for NIACL's FWA solution and no data should be stored outside India. |
| 265 | Page 11 - 12, Page 41 | Section I, 13.17-13.21; Annexure II (User/Reporting) | Concurrent user sizing by role | Expected number of concurrent users for dashboards, case management, and audit workflows (by role). | 50 concurrent users |
| 266 | Page 7 - 8, Page 22 - 24 | Section I, 13.1.3; Section III Technical Eval (C2, C4) | API TPS expectations | Expected peak API calls per second from TPAs and other integrations. | ABCD team |
| 267 | Page 16 | Section I, 29 (SLA & Penalties) | SLA/maintenance windows | Confirm whether NIACL requires zero-downtime maintenance windows for major/minor releases. | Maintenance window will not be included for SLA calculation |

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| 268 | Page 28 | Section III, 10 (Enclosures) – No explicit CI/CD mention | CI/CD tooling preference | Any preference or restriction for CI/CD tooling (NIACL-approved tools vs cloud-native)? | NIACL Doesn't have any preference or restriction, any cloud-native tool is acceptable |
| 269 | Page 11, Page 14 | Section I, 13.19; 17 (InfoSec) | Identity integration | Should user authentication integrate with NIACL AD/LDAP/IDP, or is standalone IAM acceptable? | Should be integrated with NIACL AD |
| 270 | Page 8 – 9, Page 15 | Section I, 13.9; 16; 29 | Environment landscape | Confirm the required environments: Prod, DR, UAT, SIT, Pre-Prod (please list). | Prod, DR, UAT,SIT,Pre-PROD |
| 271 | Page 9 | Section I, 13.7 (BCP/DR) | Warm vs cold DR | Will DR be a warm or cold standby? | Active/Passive |
| 272 | Page 15 – 16 | Section I, 29 (SLA – Response/Resolution) | L1/L2/L3 expectations | What is the expected L1/L2/L3 support split between NIACL and the vendor (and hours of operation)? | To be discussed with the successful bidder |
| 273 | Page 15 | Section I, 29 (Uptime 99.95%) | 24x7 operations | Should the solution support 24x7x365 operations, or only business hours? | 24x7x365 operations |
| 274 | Page 7 – 8, Page 22 – 24 | Section I, 13.1.3; Technical Eval C4 | Auto-scaling for peaks | Should the vendor plan for horizontal auto-scaling for peak loads beyond 2,000 claims/hour? | Yes |
| 275 | Page 32 – 46 | Annexure II (Technical Specs) | Open-source component policy | Any restrictions on the use of open-source components within the solution stack? | open-source components provide it is conforming to NIACL CISP |
| 276 | Page 11, Page 44 | Section I, 13.18; Annexure II (Reporting/Notifications) | Notification gateways | Will NIACL provide SMS/Email gateways for notifications, or should the vendor provision managed services? | Application team to confirm |
| 277 | Page 8 – 9, Page 14 – 16 | Section I, 13.3, 13.4, 17–21 | On-prem appliances for hybrid | Please confirm if NIACL requires any on-prem appliances (e.g., HSM, firewall) for hybrid connectivity. | This should be deployed on Cloud |
| 278 | Page 9, Page 14 – 16 | Section I, 13.3.6; 17–23 | Additional regulatory guidelines | Any additional regulatory guidelines (beyond IRDAI & DPDP Act 2023) that NIACL intends to impose on this engagement? | Please refer RFP for the same |
| 279 | Page 10 | Clause 13.12 Optical Character Recognition | The solution should be a readily integrate-able or modular solution designed for seamless integration with the proposed FWA solution for digitizing health claims documents, such as invoices, bills, handwritten notes, prescriptions, discharge summaries | Kindly clarify if NIACL has any existing OCR application or any particular expectation on a solution | NIACL doesn't have an OCR application currently |

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| 280 | Annexure 1 | Eligibility (Pre-Qualification) Criteria for Bidders and OEM | Experience Criteria - Solution Implementation Experience | Please confirm whether NIACL will allow joint credentials of OEM + SI for eligibility & experience. | It's individually applicable. |
| 281 | | General - Volumetrics | User Roles and concurrency | Could you please specify the different types of users who will interact with the AI/ML based solution (e.g., advanced analytics, power users, model developers, API clients)? | The bidders will build and configure solution to provide final desired outcome through dashboard/reports to NIACL's Health Managers and Doctors and Claims admins for their consumption |
| 282 | What are the expected workloads and interaction patterns for each user group? | | | To be decided in consultation with successful bidder | |
| 283 | How many concurrent users are expected for each user type during: Peak usage and Average usage | | | We anticipate approximately 200 users with concurrency at 50 | |
| 284 | Page 7 | 13) SCOPE OF WORK: | Claim Processed | What are the approximate proportions of health claims processed as cashless vs. reimbursement? For cashless claims, on average, how many times are documents submitted/updated before the claim is fully adjudicated and paid? (e.g., multiple document uploads, interim approvals, final submission) On average, how many pages or documents are typically associated with a single health claim file (for both cashless and reimbursement claims)? Are the documents submitted in a single batch or through multiple stages during the lifecycle of a claim (especially for cashless)? | The approximate proportion of Cashless to Reimbursement is 65:35. Average 2 times documents are submitted before settlement. The pages or documents for a single health claim ranges from 25-40. Average for submission is 2 times during the lifecycle of claim |
| 285 | | General - Volumetrics | Please advise on the number of Users as per below | Number of investigators users Number of total users who will access the Dashboard Number of concurrent users who design the dashboard Total number of data which would be consumed for the dashboards Average size of the data/files consumed by each dashboard | Total user would be around 200. The bifurcation may be decided after discussion with successful bidder aligning to the industry practices |
| 286 | | | | 1.How many beneficiaries are involved annually? | Please refer addendum for Volumetrics of policy and claims data |
| 287 | | | | 2.What is the total number of policies covered annually? | Please refer addendum for Volumetrics of policy and claims data |
| 288 | | | | 3.What is the total number of applications received or processed annually? | Please refer addendum for Volumetrics of policy and claims data |
| 289 | | | | 4.What is the number of supporting documents submitted with claims? Structured documents (e.g., PDFs): Structured documents (e.g., PDFs): Count per claim? Average file size (in MB)? Unstructured documents (e.g., scanned images, photos): Count per claim? Average file size (in MB)? | Please refer addendum for Volumetrics of policy and claims data |
| 290 | | | | 5.What is the total number of policies covered annually? | Please refer addendum for Volumetrics of policy and claims data |
| 291 | | | | 6.How many hospitals are part of the network or data ecosystem? | 25000 + hospitals |
| 292 | | | | 7.What is the count of ICD codes and test procedures typically handled? | 70,000 ICD codes and 79000 PCS codes |
| 293 | | | | 8.How many associates are involved, including Third Party Administrators (TPAs)? | 17 at present |
| 294 | | | | 9.How many doctors are part of the process or system? | from New India side approximately 150 (100 at present +50 shall be recruited in near future) |
| 295 | | | | 10.What is the number of branches operating? | The access will be restricted to HO and regional level. The count would be around 50 |
| 296 | | | | 11.What is the total number of employees or processors involved in operations? | Approximately 200 nos. |
| 297 | | | | 12.What is the total number of transactions processed annually (including renewals and payments)? | Please refer addendum related to Volumetrics for claims and policy data |

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| 298 | | General - Volumetrics | Fraud, Waste, and Abuse (FWA) Monitoring Solution | 13.How many unique bank accounts are involved (for payout, refund, or beneficiary validation purposes)? | 30-35 lacs |
| 299 | Page 24 | G. Proof of Concept & Product Demonstration (50 Marks) | G1 Mandatory PoC Demonstration using sample or real TPA claims data, showing fraud detection, dashboards, | Is the expectation from the OEM to demonstrate the use cases and rule library using Mock data ? Hope there is no expectation to load NIA data for the demo. | Demo should be on Mock data |
| 300 | Page 24 | E. Fraud Analytics & Case Management | Solution should come with ready-to-use fraud scenarios, reducing time to detect known patterns. | Can the pre-configured rules be an accelerator from other implementation sites specific to India clients ? | Yes |
| 301 | Page 29 | Experience Criteria - Solution Implementation Experience | The Bidder/ Proposed technology partner/OEM Partner shall have successfully executed at least one Project of minimum value INR 5 Cr related to supply and implementation of Fraud, Waste and Abuse control/monitoring solution and other related modules specifically in Health Insurance in the last Five (5) years. | We request clarification on whether relevant global experience in Health Insurance (outside India) can also be considered for meeting this requirement, provided supporting documents and client references are submitted. Request your confirmation/clarification. We request clarification on whether experience in implementing similar solutions for large Government-sponsored health assurance / public health insurance schemes involving health claims processing, fraud detection and analytics would be considered as meeting the Health Insurance experience requirement. | Can be accepted provided the experience is in similar scale. |
| 302 | C4 | Proven Scale | Solution should be able to handle large volumes of claims and users without performance issues. | We request clarification on whether beneficiary disclosure, anonymized performance statistics, or redacted client references (where explicit client certificates are restricted due to confidentiality or NDA obligations) would be considered acceptable as supporting evidence for demonstrating the required scale. | NIA will need client refernces, NIA will be signing NDA if required |
| 303 | Page 1 | Pre-bid meeting | Last date for submission of queries | Based on the size of the implementation, we strongly recommend a pre-bid meeting for joint clarifications and therefore request a pre-bid meeting for discussing the queries | Will review |
| 304 | 26 | Appendix-C, 1.5 Deployment Models | <u>"The solution must support on-prem, cloud-based and hybrid deployment options."</u> [SBI_EOI fo...r_02022026 PDF] | Please clarify SBI's preferred deployment model for the proposed solution (On-prem / Private Cloud / Public Cloud), as this impacts architecture, cost modelling, and implementation timelines. | Irrelevant to this RFP |
| 305 | 27-28 | Appendix-C, 1.7 High Availability & DR | <u>Solution must support "Active-Active DC/DR" with replication, failover, load balancing, minimized RTO/RPO.</u> [SBI_EOI fo...r_02022026 PDF] | Kindly specify SBI's expected RTO & RPO benchmarks , and whether DC/DR will be provided by SBI or needs to be provisioned by the bidder. | Irrelevant to this RFP |
| 306 | 27 | Appendix-C, 1.4 Platform Integrations | <u>Integrations required with CRM, LAMS, YONO, EIS, Analytics and other interfaces.</u> [SBI_EOI fo...r_02022026 PDF] | Request details on API availability , including: (a) API type (REST/SOAP), (b) authentication method, and (c) availability of test/sandbox environments. | Irrelevant to this RFP |
| 307 | 26 | Appendix-C, 1.1 Core Infrastructure | <u>Includes SBC, PSTN gateways, SIP/PRI trunks, dialer platforms.</u> [SBI_EOI fo...r_02022026 PDF] | Kindly clarify existing telephony infrastructure (SBC brands, SIP trunk specifications). Will SBI provide the telecom infra, or must the bidder provision/expand it? | Irrelevant to this RFP |
| 308 | 29-30 | Appendix-C, 3.5 AI, Automation & Model Governance | <u>AI models must be explainable, auditable, non-self-learning; bank-controlled rules required.</u> [SBI_EOI fo...r_02022026 PDF] | Request SBI to specify: (a) Approved AI governance frameworks , (b) Whether SBI permits LLM-based GenAI for Agent Assist, (c) Allowed scope for anonymized data usage for model tuning. | Irrelevant to this RFP |
| 309 | 29 | Appendix-C, 3.3 Security Management Integration | <u>Mandatory integration with SIEM, EDR, DLP, PAM, TACACS, NMS, etc.</u> [SBI_EOI fo...r_02022026 PDF] | Please confirm if SBI's security tools are agent-based or agentless , and whether installation of these agents is permitted at all layers (dialer, IVR, app servers, DB servers). | Irrelevant to this RFP |

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| 310 | 30 | Appendix-C, 3.6 Other Compliances | Must close all VAPT findings, comply with SCD controls, BCP, backups. [SBI_EOI fo...r_02022026 PDF] | Request SBI to define the maximum timeline allowed for VAPT closure for Critical, High, Medium & Low severity observations. | Irrelevant to this RFP |
| 311 | 28 | Appendix-C, 2.1 Service Availability | "24x7 multilingual operations across omnichannel platforms including voice, video, email, SMS, social media, chatbots, AI voice bots..." [SBI_EOI fo...r_02022026 PDF] | Kindly clarify if SBI intends to expand future omnichannel scope to Instagram, Facebook Messenger, UPI notifications, or bot-to-bot integrations. | Irrelevant to this RFP |
| 312 | 31 | Appendix-C, 4.1 On-site Technical Support Team | 24x7 on-site technical support with system, DB, network, security, app support roles. [SBI_EOI fo...r_02022026 PDF] | Please specify the expected minimum FTE count per shift , and confirm whether L2/L3 support can be delivered remotely from a secured NOC. | Irrelevant to this RFP |
| 313 | 25 | Appendix-B, Eligibility Criteria (Seat Handling) | Proposed tech should have handled at least 1000 active agent seats in BFSI. [SBI_EOI fo...r_02022026 PDF] | Request clarity on SBI's expected Phase-1 & Phase-2 seat volumes to size solution accurately, including peak concurrency expectations. | Irrelevant to this RFP |
| 314 | 10 | Clause 9, Bid Preparation & Submission | "Literature on proposed solution should be segregated." "Solution document will be evaluated." [SBI_EOI fo...r_02022026 PDF] | Kindly specify if SBI expects only architecture documents , or also demo videos / sandbox access / configuration guides as part of EOI submission. | Irrelevant to this RFP |
| 315 | 34-35 | Technical Evaluation Criteria | Includes scoring for BFSI projects, technology capability, AI, turnover, technical support, and presentation. [SBI_EOI fo...r_02022026 PDF] | Please confirm if bidders will be allowed to demonstrate a live POC during the presentation stage, or only provide a static presentation. | Yes |
| 316 | 18 | Clause 18, Exemption of EMD/Tender Fee | Startups are exempt from some eligibility criteria. [SBI_EOI fo...r_02022026 PDF] | Please clarify whether the ₹100 Cr turnover requirement is included in the relaxed criteria for startups or only technical experience criteria (Sl. No. 2-5). | Applicable relaxation for startups as per GOI guidelines will be provided |
| 317 | 29 | Appendix-C, 3.3 SBOM Requirements | "SBOM in latest CERT-IN format must be submitted." [SBI_EOI fo...r_02022026 PDF] | Please confirm whether SBI will accept CycloneDX or SPDX SBOM formats in addition to CERT-IN templates. | Irrelevant to this RFP |
| 318 | 28 | Appendix-C, 2.1 Recording Requirements | Includes "Voice and Screen Recording." [SBI_EOI fo...r_02022026 PDF] | Please confirm whether SBI requires 100% screen recording , or only for selected agent profiles (risk-based). | Irrelevant to this RFP |
| 319 | 11 | 13.12 (OCR) | OCR should handle invoices, bills, handwritten notes; translate languages to English. [NIA_Fraud...022026.pdf PDF] | Please confirm languages/scripts required at go-live (e.g., English, Hindi, Tamil) and whether regional medical abbreviations/shorthand must be normalized. | All official Indian languages |
| 320 | 11 | 13.12.3-13.12.4 (OCR) | Handwriting recognition & translation; "proven COITS platform preferred." [NIA_Fraud...022026.pdf PDF] | Kindly specify accuracy benchmarks for handwriting (e.g., WER/CER %) and acceptance test process/dataset to validate performance. | 10%/5% |
| 321 | 11 | 13.12 (OCR) | Digitizing claims docs incl. prescriptions, discharge summaries. [NIA_Fraud...022026.pdf PDF] | Confirm document mix & volumes: avg. pages/claim, % handwritten vs printed, % scanned vs native PDF, image DPI/bit-depth standards. | All of these |
| 322 | 10 | 13.10 (Image forensics) | De-duplication, similarity, tampering, metadata checks. [NIA_Fraud...022026.pdf PDF] | Should OCR preserve source coordinates (word/line bounding boxes) to assist forensic overlays (clone/splice detection) in the viewer? | Yes |
| 323 | 10-11 | 13.11 (Clinical journey) | LLM/VLM based extraction from notes/images. [NIA_Fraud...022026.pdf PDF] | Is OCR-to-LLM pipeline expected to output structured timelines (FHIR resources) or free-text summaries? Please confirm SOP/ICD mapping scope. | FHIR resources are preferred. To be discussed with the successful bidder |

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| 324 | 43-44 | Annexure-II "Portal & Dashboard" | "Create web portal... 50 standard reports/dashboards." [NIA_Fraud...022026.pdf PDF] | For UI/UX , please confirm whether WCAG 2.1 AA conformance is required for all user roles , and whether keyboard-only/ARIA support is mandatory. | WCAG 2.1 AA conformance is required for all user roles |
| 325 | 46-47 | Annexure-II "UI/UX Requirements" | AI-driven, tailored, intuitive interfaces for investigators & case Mgmt. [NIA_Fraud...022026.pdf PDF] | Share user personas & counts (investigator, auditor, doctor, admin, TPA user) and critical tasks to prioritize in UX (e.g., triage in < 3 clicks). | Approximately 200 users |
| 326 | 46-47 | Annexure-II "UI/UX Requirements" | "Configure case workflows; visually engaging dashboards." [NIA_Fraud...022026.pdf PDF] | Should the UI support bilingual labels/reports (English + one local language) at go-live? If yes, specify target languages and font standards . | English only for dashboards/reports |
| 327 | 41-42 | 187-201 (Alert perf & text analytics) | "Assess true/false positives; text mining, topics, concepts." [NIA_Fraud...022026.pdf PDF] | Confirm if UI must expose model explainability (e.g., rules fired, SHAP factors) on the alert/claim page for reviewer transparency. | Only to be available to the admin user |
| 328 | 9 | 13.3.1-13.3.3 (Data Lake) | MeitY-approved cloud; data residency in India. [NIA_Fraud...022026.pdf PDF] | Please confirm approved clouds (NIC, Azure, AWS, GCP India) and whether single-tenant VPC & private peering to TPAs are mandatory. | Meity Approved Cloud |
| 329 | 9-10 | 13.3.4-13.3.6; 13.5 | Integrated DMS, compliance with DPDP/IRDAI/CERT-In. [NIA_Fraud...022026.pdf PDF] | Should we reuse NIACL's existing DMS or deliver a new DMS ? If reuse, please share APIs/metadata model and retention/legal hold policies. | Application has to be integrated with NIACL DMS for SSO |
| 330 | 7-8 | 13.1.1, 13.1.5 | ETL on health claims; integrate with TPAs via existing systems. [NIA_Fraud...022026.pdf PDF] | Provide TPA list, integration modes (NHCX/API/file/SFTP), field dictionaries , and error-handling SLAs for upstream feeds. | At present 17 TPAs are empaneled. |
| 331 | 8 | 13.1.3-13.1.4 | ≥ 2000 claims/hour; monitor pre/while/post processing. [NIA_Fraud...022026.pdf PDF] | Please share concurrency/throughput targets, average payload size (docs per claim), and latency expectations for real-time risk scoring. | Maximum claim per hour would be 2000 claims per hour at peak load, Documents per claims ranges from 25-40. |
| 332 | 22-23 | C1-C4 (APIs/Interoperability/Scalability) | REST/JSON, HL7/FHIR mentioned; ≥1M claims/month proof. [NIA_Fraud...022026.pdf PDF] | Confirm standards to adopt at integration layer (e.g., FHIR resources, NHCX specs) and API security (OAuth2, mTLS, IP allowlists). | FHIR resources, NHCX specs) and API security (OAuth2, mTLS, IP allowlists) |
| 333 | 14-15 | 24-25 (Price & Payment) | Year-wise TCO; milestone-based payments. [NIA_Fraud...022026.pdf PDF] | Since 13.1.8 says cloud subscription in NIACL's name, confirm if cloud costs are pass-through at actuals , incl. auto-scaling overages . | NO, it should be fixed. |
| 334 | 13 | 16.1 (Implementation) | Delivery of all products/services within 4 months of PO including config, integration, UAT, rollout, training. [NIA_Fraud...022026.pdf PDF] | Please provide a milestone plan with UAT duration, data provisioning dates , and confirm that client/TPA delays extend schedule without LD . | To be discussed with the successful bidder |
| 335 | 13 | 16.2 (Penalty) | Delay in integrations: ₹1,00,000/day (cap ₹1 Cr). [NIA_Fraud...022026.pdf PDF] | Kindly list integration endpoints in scope at the time of award and confirm freeze date/change control for any additions that affect LD. | To be discussed with the successful bidder |
| 336 | 12 | 13.21 (Training) | Half-yearly trainings; English training material. [NIA_Fraud...022026.pdf PDF] | Share batch size, role-wise hours , delivery mode (onsite/remote), and evaluation criteria (quiz pass %) for training sign-off. | To be decided in consultation with successful bidder |
| 337 | 15-16 | 29 (SLA & Penalty) | 99.95% uptime (quarterly); severity matrix; NIACL may modify times. [NIA_Fraud...022026.pdf PDF] | Define what's in-scope for uptime (app, APIs, OCR/forensics services, data lake), maintenance windows , and evidence for excluding third-party outages. | Uptime during maintenance window will not be included in calculation 0 and 20 mins |
| 338 | 9 | 13.3.6; 13.5; 20-21 | Compliance & audits (DPDP, IRDAI, CERT-In), VAPT twice a year, BCP/DR. [NIA_Fraud...022026.pdf PDF] | Confirm RPO/RTO, DR location (India), DR drill frequency, log retention (days/months/years), and SIEM integration format (CEF/Syslog). | DR drill will be annually, Log retention is for 7 years |
| 339 | 9 | 13.3.1 | Creation of Data Lake on MeitY-approved cloud for structured, semi-structured, unstructured data ingestion. [NIA_Fraud...022026.pdf PDF] | Request NIACL to share expected historical data volume , daily incremental volume from TPAs, and average document payload per claim. | Please refer addendum for Volumetrics of policy and claims data |

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| 340 | 9 | 13.3.1 | Data Lake to ingest x-ray, documents, images, metadata, logs, etc. [NIA_Fraud...022026.pdf PDF] | Kindly confirm document formats & DPI standards to be supported (PDF, JPG, PNG, TIFF) and % of scanned vs native digital documents. | The bidder will have to support PDF and all known document formats for images. The percentage of scanned to native digital documents would be 85:15 |
| 341 | 9 | 13.3.2 | Perform ETL/ELT and develop repositories. [NIA_Fraud...022026.pdf PDF] | Please clarify whether NIACL prefers any specific ETL/ELT technology stack (Spark/Databricks/Synapse/Glue/Hadoop, etc.) aligned with NIACL cloud policies. | NO specific technology stack requirement |
| 342 | 9 | 13.3.3 | Create data models and schemas; data must remain in India. [NIA_Fraud...022026.pdf PDF] | Kindly confirm if NIACL expects adoption of FHIR R4, ICD-10 , or any standardized industry schema , or whether a custom NIACL-specific model is to be created. | Custom NIACL specific models to be created. NIACL also expect adoption of FHIR, ICD 10 and any standardized Industry schema as and when mandated by regulatory bodies. |
| 343 | 9 | 13.3.4 | Data Lake to include integrated DMS & document processing system. [NIA_Fraud...022026.pdf PDF] | Please confirm whether NIACL currently has an enterprise DMS to reuse or whether the bidder must supply a new DMS completely. | NIACL has enterprise DMS |
| 344 | 9 | 13.3.5 | Data Lake acts as middleware between NIACL and TPAs. [NIA_Fraud...022026.pdf PDF] | Kindly clarify whether Data Lake is expected to serve as a transactional mediation layer, passive repository, or active data exchange hub . | passive repository |
| 345 | 8-9 | 13.1.5 & 13.3.5 | Seamless integration with NIACL core systems & TPA systems. [NIA_Fraud...022026.pdf PDF] | Request list of TPA partners, API/file formats , expected ingestion frequency (real-time/hourly/daily), and push vs pull data flow. | At present 17 TPAs are empaneled. New APIs will have to be build by bidder to ingest structured and unstructured data. The frequency may be decided in order to achieve RFP objectives and scope of work. It is push data flow from TPAs |
| 346 | 9 | 13.3.6 | Compliance with DPDP Act 2023, IRDAI, CERT-In, etc. [NIA_Fraud...022026.pdf PDF] | Kindly confirm expected security control baselines : encryption standards (AES-256/TLS1.2+), KMS/HSM ownership, log retention period, and SIEM integration format. | All Security controls as per DPDP, IRDAI and other GOI Guidelines |
| 347 | 12 | 13.7 | DR/BCP requirements with DR drills every 6 months. [NIA_Fraud...022026.pdf PDF] | Please specify RPO/RTO expectations and whether an active-active, active-passive, or cold standby DR model is required. | Active-Passive |
| 348 | 9 | 13.3.1 | Data Lake on MeitY-approved cloud environment. [NIA_Fraud...022026.pdf PDF] | Request clarity on permitted cloud providers (NIC, AWS India, Azure India, GCP India) and whether NIACL mandates single-tenant VPC . | Any MeitY approved cloud providers |
| 349 | 9 | 13.3.2 | Data engineering tasks including ETL/ELT. [NIA_Fraud...022026.pdf PDF] | Kindly confirm if vendor must also develop data quality frameworks , profiling rules, and standardized cleansing logic across all TPAs. | Yes |
| 350 | 9 | 13.8 | Vendor to create or modify data models. [NIA_Fraud...022026.pdf PDF] | Please confirm if NIACL will provide reference designs , or whether vendor is expected to conceptualize complete analytical, operational, and master data models. | Vendor to do |
| 351 | 8-9 | 13.1.1 & 13.3.5 | ETL on health claims & TPA ingestion. [NIA_Fraud...022026.pdf PDF] | Kindly specify expected data validation rules , mandatory fields, and error-handling procedure where TPAs provide incomplete/incorrect data. | Rules, mandatory field vary product to product. There are around 23 Health Products. The bidder will have to build validations around these products and trigger for finding out outliers |
| 352 | 9-10 | 13.3.4-13.3.6 | Data Lake security & compliance. [NIA_Fraud...022026.pdf PDF] | Please confirm if NIACL requires end-to-end lineage tracking , dataset versioning, and auditability for all transformations. | Yes |
| 353 | 9 | 13.3.1 | Ingestion of multiple document/media types. [NIA_Fraud...022026.pdf PDF] | Kindly confirm whether any media types (e.g., videos, voice recordings) may need to be supported in future phases, and whether architecture should be future-proofed. | Not at Present, but may be required in future |
| 354 | 9-10 | 13.3 + 13.10 | Data Lake + Image Forensics dependency. [NIA_Fraud...022026.pdf PDF] | Please confirm if OCR outputs + image forensic metadata must be stored as separate layers or unified under a single claim-linked object schema. | Single object schema traceability, integrity and performance requirements are met |
| 355 | 9 | 13.3.2 | ETL & repository creation. [NIA_Fraud...022026.pdf PDF] | Request NIACL to clarify if incremental ingestion and CDC (Change Data Capture) mechanisms need to be implemented for TPAs. | Yes |
| 356 | 9-10 | 13.3.4 & 13.5 | Storage & compliance for sensitive data. [NIA_Fraud...022026.pdf PDF] | We request clarity on PII masking requirements for non-production environments (Dev, QA, UAT). | As per DPDP Act |
| 357 | 9-10 | 13.3.1-13.3.4 | Full-spectrum data ingestion & analytics. [NIA_Fraud...022026.pdf PDF] | Kindly confirm if vendor must provide a data catalog with search, lineage, glossary, and stewardship capabilities. | Yes |
| 358 | 9-10 | 13.3.1 | Data ingestion from "any other sources as required." [NIA_Fraud...022026.pdf PDF] | Request confirmation whether NIACL expects social media, government registries, or external APIs to be integrated via the Data Lake in future phases. | Solution should be capable to handle Social Media, Government registries or external APIs if mandated by te regulatory bodies in future. |

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| 359 | | | | Could you please specify the different types of users who will interact with the AI/ML based solution (e.g., advanced analytics, power users, model developers, API clients)? | The bidders will build and configure solution to provide final desired outcome through dashboard/reports to NIACL's Health Managers and Doctors and Claims admins for their consumption |
| 360 | | | | What are the expected workloads and interaction patterns for each user group? | To be decided in consultation with successful bidder |
| 361 | | General - Volumetrics | User Roles and concurrency | How many concurrent users are expected for each user type during: Peak usage and Average usage | We anticipate approximately 200 users with concurrency at 50 |
| 362 | 7 | 13) SCOPE OF WORK: | Claim Processed | What are the approximate proportions of health claims processed as cashless vs. reimbursement? For cashless claims, on average, how many times are documents submitted/updated before the claim is fully adjudicated and paid? (e.g., multiple document uploads, interim approvals, final submission) On average, how many pages or documents are typically associated with a single health claim file (for both cashless and reimbursement claims)? Are the documents submitted in a single batch or through multiple stages during the lifecycle of a claim (especially for cashless)? | The approximate proportion of Cashless to Reimbursement is 65:35. Average 2 times documents are submitted before settlement. The pages or documents for a single health claim ranges from 25-40. Average for submission is 2 times during the lifecycle of claim |
| 363 | | General - Volumetrics | Please advise on the number of Users as per below | Number of investigators users Number of total users who will access the Dashboard Number of concurrent users who design the dashboard Total number of data which would be consumed for the dashboards Average size of the data/files consumed by each dashboard | Total user would be around 200. The bifurcation may be decided after discussion with successful bidder aligning to the industry practices |
| 364 | | | | 1.How many beneficiaries are involved annually? | Please refer addendum for Volumetrics of policy and claims data |
| 365 | | | | 2.What is the total number of policies covered annually? | Please refer addendum for Volumetrics of policy and claims data |
| 366 | | | | 3.What is the total number of applications received or processed annually? | Please refer addendum for Volumetrics of policy and claims data |
| 367 | | | | 4.What is the number of supporting documents submitted with claims? Structured documents (e.g., PDFs): Structured documents (e.g., PDFs): Count per claim? Average file size (in MB)? Unstructured documents (e.g., scanned images, photos): Count per claim? Average file size (in MB)? | Please refer addendum for Volumetrics of policy and claims data |
| 368 | | | | 5.What is the total number of policies covered annually? | Please refer addendum for Volumetrics of policy and claims data |
| 369 | | | | 6.How many hospitals are part of the network or data ecosystem? | 25000 + hospitals |
| 370 | | | | 7.What is the count of ICD codes and test procedures typically handled? | 70,000 ICD codes and 79000 PCS codes |
| 371 | | | | 8.How many associates are involved, including Third Party Administrators (TPAs)? | 17 at present |
| 372 | | | | 9.How many doctors are part of the process or system? | from New India side approximately 150 (100 at present +50 shall be recruited in near future) |
| 373 | | | | 10.What is the number of branches operating? | The access will be restricted to HO and regional level. The count would be around 50 |
| 374 | | | | 11.What is the total number of employees or processors involved in operations? | Approximately 200 nos. |
| 375 | | | | 12.What is the total number of transactions processed annually (including renewals and payments)? | Please refer addendum related to Volumetrics for claims and policy data |
| 376 | | General - Volumetrics | Fraud, Waste, and Abuse (FWA) Monitoring Solution | 13.How many unique bank accounts are involved (for payout, refund, or beneficiary validation purposes)? | 30-35 lacs |

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| 377 | 24 | G. Proof of Concept & Product Demonstration (50 Marks) | G1 Mandatory PoC Demonstration using sample or real TPA claims data, showing fraud detection, dashboards, | Is the expectation from the OEM to demonstrate the use cases and rule library using Mock data ? Hope there is no expectation to load NIA data for the demo. | Mock data for Demo |
| 378 | 24 | E. Fraud Analytics & Case Management | Solution should come with ready-to-use fraud scenarios, reducing time to detect known patterns. | Can the pre-configured rules be an accelerator from other implementation sites specific to India clients ? | Yes |
| 379 | 29 | Experience Criteria - Solution Implementation Experience | The Bidder/ Proposed technology partner/OEM Partner shall have successfully executed at least one Project of minimum value INR 5 Cr related to supply and implementation of Fraud, Waste and Abuse control/monitoring solution and other related modules specifically in Health Insurance in the last Five (5) years. | We request clarification on whether relevant global experience in Health Insurance (outside India) can also be considered for meeting this requirement, provided supporting documents and client references are submitted. Request your confirmation/clarification. We request clarification on whether experience in implementing similar solutions for large Government-sponsored health assurance / public health insurance schemes involving health claims processing, fraud detection and analytics would be considered as meeting the Health Insurance experience requirement. | Can be accepted provided the experience is in similar scale. |
| 380 | C4 | Proven Scale | Solution should be able to handle large volumes of claims and users without performance issues. | We request clarification on whether beneficiary disclosure, anonymized performance statistics, or redacted client references (where explicit client certificates are restricted due to confidentiality or NDA obligations) would be considered acceptable as supporting evidence for demonstrating the required scale. | No |
| 381 | Pg 30 | Eligibility criteria for OEM. Pt 3 | to deploy on MEITY approved cloud platform | As the project will leverage AI ML services its important that CSP has ISO 42001 certification for AI management process. Kindly change to " to deploy on MEITY approved cloud platform with ISO 42001 Certification" | Please adhere to RFP |
| 382 | Pg 32 | Annexure 2. Technical Specifications. Pt 9 | A centralized data store in form of data Lakehouse to handle future data requirements | As object store will be the key component of the architecture. Kindly add capability " The CSP should have availability of different tier of managed Object storage service including class/tier that intelligently and automatically migrates data between classes/tiers based on usage pattern of the objects in the storage and ability to scale IOPS and throughput of high performance block storage independent of storage capacity. " | As per RFP |
| 383 | Pg 36 | Annexure 2. Technical Specifications. Pt 84 | The proposed solution shall support ad-hoc querying of the data | Also add a relevant capability that " CSP should also have serverless federated query engine which can query across data stores and cloud " | As per RFP |
| 384 | Pg 34 | Annexure 2. Technical Specifications. Pt 52 | The proposed solution should help analysts to visualize complex network of relationships between entities - such as people, places/ locations, things and events over time and across multiple dimensions | Also add a relevant capability that " CSP should have purpose built object store with native support to store and query vectors " | As per RFP |
| 385 | Pg 33 | Annexure 2. Technical Specifications. Pt 23 | The proposed solution should support the delivery of data to, and the access of data from, a wide variety of data stores, repositories, and data management tiers in application deployments, | Also add a relevant capability "CSP should have cloud object store with built-in Apache Iceberg support and streamline storing tabular data at scale" | As per RFP |
| 386 | Pg 33 | Annexure 2. Technical Specifications. Pt 18 | The proposed solution shall contain the data, software, processes needed to cleanse, consolidate, and transform the data from their source system format to the data warehouse format. | Also add a relevant capability " CSP should have first party datawarehouse service offering native finegrained workload management and query monitoring rules to optimize performance " | As per RFP |

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| 387 | Pg 43 | Annexure 2. Technical Specifications. Pt 213 | Standard encryption/decryption techniques/policies should be enabled | Add relevant capability that " CSP should provide FIPS 140-2 Level 3 compliance for key management service | As per RFP |
| 388 | Pg 30 | Eligibility criteria for OEM. Pt 3 | to deploy on MEITY approved cloud platform | As the project will leverage AI ML services its important that CSP has ISO 42001 certification for AI management process. Kindly change to " to deploy on MEITY approved cloud platform with ISO 42001 Certification" | As per RFP |
| 389 | Pg 32 | Annexure 2. Technical Specifications. Pt 9 | A centralized data store in form of data Lakehouse to handle future data requirements | As object store will be the key component of the architecture. Kindly add capability " The CSP should have availability of different tier of managed Object storage service including class/tier that intelligently and automatically migrates data between classes/tiers based on usage pattern of the objects in the storage and ability to scale IOPS and throughput of high performance block storage independent of storage capacity. " | As per RFP |
| 390 | Pg 36 | Annexure 2. Technical Specifications. Pt 84 | The proposed solution shall support ad-hoc querying of the data | Also add a relevant capability that " CSP should also have serverless federated query engine which can query across data stores and cloud " | As per RFP |
| 391 | Pg 34 | Annexure 2. Technical Specifications. Pt 52 | The proposed solution should help analysts to visualize complex network of relationships between entities - such as people, places/ locations, things and events over time and across multiple dimensions | Also add a relevant capability that " CSP should have purpose built object store with native support to store and query vectors " | As per RFP |
| 392 | Pg 33 | Annexure 2. Technical Specifications. Pt 23 | The proposed solution should support the delivery of data to, and the access of data from, a wide variety of data stores, repositories, and data management tiers in application deployments, | Also add a relevant capability "CSP should have cloud object store with built-in Apache Iceberg support and streamline storing tabular data at scale" | As per RFP |
| 393 | Pg 33 | Annexure 2. Technical Specifications. Pt 18 | The proposed solution shall contain the data, software, processes needed to cleanse, consolidate, and transform the data from their source system format to the data warehouse format. | Also add a relevant capability " CSP should have first party datawarehouse service offering native finegrained workload management and query monitoring rules to optimize performance " | As per RFP |
| 394 | Pg 43 | Annexure 2. Technical Specifications. Pt 213 | Standard encryption/decryption techniques/policies should be enabled | Add relevant capability that " CSP should provide FIPS 140-2 Level 3 compliance for key management service | As per RFP |
| 395 | 21 | Commercial Off-the-Shelf Product | The solution should be a ready-to-use product, not a custom-built prototype, proven in production with multiple clients. | Please clarify whether the solution can be a platform with multiple COTS components or has to be a single COTS solution. | It can be both but if multiple COTS are involved then the components should be readily available and not custom built |
| 396 | 20 | SECTION III | 2.TECHNICAL EVALUATION | Please provide a timeline / calendar of evaluation for each the items mentioned under technical evaluation and marking scheme. When is this technical evaluation planned after opening the bid? | Technical evaluation is internal process which starts soon after the bid submission end date, bidders will be informed during Presentation phase and the final results will be published. |
| 397 | 21 | Commercial Off-the-Shelf Product | Live product used by... | Is this applicable for the entire solution under the scope of this RFP or part(s) of the scope of the RFP can be eligible for qualification? | Entire solution under the scope of this RFP |

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| 398 | 7 | 13) SCOPE OF WORK: | The scope of the work would include the supply, installation, configuration, customization, integration, deployment on premises and maintenance of an end-to-end AI/ML enabled Fraud, Waste and Abuse Control solution for the Health Insurance Claims which is scalable in nature and must integrate with the existing Insurance Software Solution of NIACL. | Is the deployment of the solution expected to be on NIA's on-premise infrastructure or on vendor's Cloud Infrastructure as mentioned in Annexure-VI of the RFP? | Fully Cloud |
| 399 | 7 | 13) SCOPE OF WORK: | The scope of the work would include the supply, installation, configuration, customization, integration, deployment on premises and maintenance of an end-to-end AI/ML enabled Fraud, Waste and Abuse Control solution for the Health Insurance Claims which is scalable in nature and must integrate with the existing Insurance Software Solution of NIACL. | On-premise or cloud, is the bidder expected to procure, provision and / or manage the infrastructure and environments of deployment? Please be specific to the scope of work / services with respect to the infrastructure for this solution. | Yes |
| 400 | 13 | 16 - IMPLEMENTATION AND INTEGRATION | The delivery of all products and/or systems and/or services and/or functionalities covered under this bid to be completed within a period not exceeding 4 months of issuance of Purchase Order | Is this 4 months the total elapsed time of full implementation or a timeline for the first go-live with onboarding of a pilot set of TPAs or other similar channels? | Full implementation |
| 401 | NA | Generic | Generic | "Can you please publish calendar of the RFP evaluation process (comprising of the milestones including but not limited to the below ones): - Date for Response to Bidder queries - Technical Evaluation of the Response to RFP - Proof of Concept & Product Demonstration - Commercial Evaluation - Bid Awarding " | Will be published during every phase |
| 402 | Pg 30 | Eligibility criteria for OEM. Pt 3 | to deploy on MEITY approved cloud platform | As the project will leverage AI ML services its important that CSP has ISO 42001 certification for AI management process. Kindly change to " to deploy on MEITY approved cloud platform with ISO 42001 Certification" | As per RFP |
| 403 | Pg 32 | Annexure 2. Technical Specifications. Pt 9 | A centralized data store in form of data Lakehouse to handle future data requirements | As object store will be the key component of the architecture. Kindly add capability " The CSP should have availability of different tier of managed Object storage service including class/tier that intelligently and automatically migrates data between classes/tiers based on usage pattern of the objects in the storage and ability to scale IOPS and throughput of high performance block storage independent of storage capacity. " | As per RFP |
| 404 | Pg 36 | Annexure 2. Technical Specifications. Pt 84 | The proposed solution shall support ad-hoc querying of the data | Also add a relevant capability that " CSP should also have serverless federated query engine which can query across data stores and cloud " | As per RFP |
| 405 | Pg 34 | Annexure 2. Technical Specifications. Pt 52 | The proposed solution should help analysts to visualize complex network of relationships between entities - such as people, places/ locations, things and events over time and across multiple dimensions | Also add a relevant capability that " CSP should have purpose built object store with native support to store and query vectors " | As per RFP |

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| 406 | Pg 33 | Annexure 2. Technical Specifications. Pt 23 | The proposed solution should support the delivery of data to, and the access of data from, a wide variety of data stores, repositories, and data management tiers in application deployments, | Also add a relevant capability "CSP should have cloud object store with built-in Apache Iceberg support and streamline storing tabular data at scale" | As per RFP |
| 407 | Pg 33 | Annexure 2. Technical Specifications. Pt 18 | The proposed solution shall contain the data, software, processes needed to cleanse, consolidate, and transform the data from their source system format to the data warehouse format. | Also add a relevant capability " CSP should have first party datawarehouse service offering native finegrained workload management and query monitoring rules to optimize performance " | As per RFP |
| 408 | Pg 43 | Annexure 2. Technical Specifications. Pt 213 | Standard encryption/decryption techniques/policies should be enabled | Add relevant capability that " CSP should provide FIPS 140-2 Level 3 compliance for key management service | As per RFP |
| 409 | 30 | Annexure - I | The OEM for Insurance Claim Fraud Analytics solution should have an office in India as on date of tender submission AND having operating revenue of more than INR 200 Crore per year in India for the last three financial years. (2022-23, 2023-24, 2024-25) | In the RFP Document it's mentioned that the OEM must have Operating Annual turnover of INR 200+ Cr. But, in the GeM Bid document it's written for the MSE & Startup there is Complete Relaxation in Turnover criteria. So, we understand that MSE/Startups are relaxed from this criteria, please confirm. | MSE & Startup bidders are relaxed as per GeM guidelines |
| 410 | 30 | Annexure - I | The Bidder shall have following Certifications valid at the time of submission of bid: 1. ISO 9001 for quality management or equivalent 2. ISO 20000 for IT Service Management or equivalent certification 3. ISO 27001 for Information Security Management System or Equivalent certification 4. CMMI Level 3 Certificate or higher | The Eligibility criteria for Bidder and OEM mentions to submit ISO & CMMI certifications. Please provide MSE or Startup relaxation from this criteria. | MSE startup relaxation is not provided for certifications, only Experience and turnover relaxation is provided. |
| 411 | 60 | Annexure - X | Clause Related Query | In RFP Document Annexure X is mentioned as Integrity Pact but there is no Annexure XI after it. When we go to Eligibility Criteria on Section II; Page No.-19 it is mentioned as Annexure XI for Integrity Pact. Please confirm what needs to come on Annexures X & XI. | Will update |

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| 412 | 21 | A2 | Product Versioning & Roadmap - The product should have formal version releases, updates, and a clear roadmap, ensuring stability and continuous improvement. (Document to be submitted Version release history for the last 2 Years. (STQC certified)) | There are no specific certifications focused around FWA products listed on the site. Please give relaxation on this criteria for OEMs. | The equivalent ISO certificate for the tool is acceptable |
| 413 | 24 | E2 | Case Management & Audit Trail - Solution should support end-to-end case workflow, including investigation tracking and immutable audit trail | Please help in defining the full end to end workflow | End to end workflow should initiate from Identifying till investigation and retention for audit trail |
| 414 | 24 | G1 | Mandatory PoC - Demonstration using sample or real TPA claims data, showing fraud detection, dashboards, and case creation. | Should we expect sample documents from the NIA for POC, or does the OEM have to arrange the documents from their end? What are the minimum number of documents required to perform the POC? What are the POC timelines? | Bidder should use Mock data for Demo |
| 415 | 7 | 13.1.3 | Processing capacity should be at least 2000 claims per hour. | Does this capacity refer to the ingestion and ETL processing of raw data, or the full AI/ML analysis and tagging of documents? Please clarify if this includes OCR processing time. | It is not just the "raw data" speed but the time to a "fully analyzed" state. |
| 416 | 8 | 13.1.5 | Seamless integration with New India's existing Core applications or other systems of the TPAs. | Could the Company provide the number of TPAs currently integrated and specify the preferred integration method (e.g., REST/JSON APIs, SOAP, or SFTP)?. | will be provided |
| 417 | | 13.2 | Unified front end for claims intake from emails, WhatsApp, NHCX, and physical documents. | For physical documents and WhatsApp images, is the bidder responsible for providing the communication gateway (API) or only the frontend for processing the received data?. | Both API and front end |
| 418 | | 13.3.1 | Creation of Data Lake on a MEITY approved cloud platform. | While the subscription will be in NIACL's name, is the bidder expected to manage the cloud billing and architectural setup, or will NIACL provide a pre-configured environment?. | Bidder is expected to Manage under NIACL name |

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| 419 | 13.11 | Clinical journey extraction using advanced LLMs and VLMs. | Will NIACL provide the standard treatment protocols/procedures required for comparative analysis, or is the vendor expected to source these globally?. | The bidder should provide accuracy matching with the proven industry standards.The expectaton otherwise is 100% accuracy. |
| 420 | 13.12.3 | Handwriting Recognition for prescriptions and doctor's notes. | Are there specific minimum accuracy (Confidence Score) requirements for handwriting extraction, given the variability in medical notes?. | The bidder should provide accuracy matching with the proven industry standards.The expectaton otherwise is 100% accuracy. |
| 421 | 13.12.4 | Language Translation to English from various languages | Please provide a list of the specific regional languages that the solution must support for translation into English. | All official Indian languages |
| 422 | 13.15 | Digitized Contracts for all paneled Hospitals (PPN). | What is the total number of existing hospital contracts that need to be digitized and stored in the Data Lake as part of the initial implementation?. | 5218 PPN Hospital |
| 423 | 13.21 | Training courses to be organized on a half-yearly basis | What is the estimated number of NIACL personnel to be trained per session, and will these sessions be conducted on-site or virtually?. | To be decided in consultation with successful bidder |
| 424 | 16.1 | Implementation completed within a period not exceeding 4 months. | Does the 4-month timeline include the time required for third-party system integrations (TPAs), and is historical data for model training available immediately upon PO issuance?. | Yes |
| 425 | Tech Eval (A1) | Live product used by ≥5 Health insurance clients for ≥2 years. | Will NIACL consider experience with General Insurance FWA solutions that include health portfolios, or must the experience be exclusively for health-only insurance entities?. | Will be considered |
| 426 | 217 | Provide 50 standard reports / dashboards of varying complexity. | Is the list of 50 reports fixed, or will the specific requirements for these be defined during the "Requirement Sign off" milestone?. | To be shared with successful bidders |

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| 427 | 13.1.5 | It should support seamless integration with New India's existing Core applications or other systems of the TPAs and any other systems as and when needed and is to include a customizable rules engine to adapt to evolving fraud detection needs in a dynamic manner. | Data is expected to be extracted from how many sources? | Around 25 sources (17 TPAs, IIB, NHCX, NIACL Core Insurance Solution/ODS etc) |
| 428 | | It should support seamless integration with New India's existing Core applications or other systems of the TPAs and any other systems as and when needed and is to include a customizable rules engine to adapt to evolving fraud detection needs in a dynamic manner. | Can NIACL mandate TPAs to maintain or share data in a specific format prescribed by NIACL to ensure integration? | Yes, NIACL will mandate specific format to be decided in consultation with successful bidder. At present also NIA has mandate a standard format for claims data upload. |
| 429 | | Also, if in case, in future, NIACL decides to move/change its Core Insurance Software to a cloud platform / or any other existing platform, the software solution proposed for the FWA should be able to integrate with the same seamlessly. | Can the model be built on cloud platform directly as a software as a service (Saas)? | Yes. As long as it gets integrated |
| 430 | | The tool should be able to deliver real-time claims tagging for various outliers based on use-cases, scenarios, industry standard triggers for Health claim 7 adjudication, validation for policy terms and condition pertaining to the claim processing. | Should the system send outliers to TPAs or will the information be consumed only NIACL? | Both with NIACL and TPAs |
| 431 | | The tool should be able to deliver real-time claims tagging for various outliers based on use-cases, scenarios, industry standard triggers for Health claim 7 adjudication, validation for policy terms and condition pertaining to the claim processing. | Will NIACL provide any historic data pertaining to identified fraudulent claims? | NIACL do not have labelled Historical fraudulent data |
| 432 | | The solution should be able to monitor claims for Fraud, Waste and Abuse throughout the entire journey of claims, broadly in stages viz. pre-processing (on intimation), while processing the claim, post processing of the claim. | Should the model support in adjudication of claims by NIACL team or monitor the claims adjudicated by TPAs and flag outliers? | At present, the solution should monitor the claims adjudicated by TPAs and flag outliers. But going forward, the solution should be capable to support adjudication of claims by NIACL. |

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| 433 | | <p>olicyholder/Insured Onboarding and Underwriting Decision Support: The system should facilitate comprehensive policyholder onboarding, capturing both policy level and member-level details, including coverage, limits, exclusions, special riders and other relevant information. It should also track claims trends that are linked to specific underwriting parameters, allowing this data to be made available through an intuitive user interface to support informed underwriting decisions. The triaging process for policy underwriting may be driven by a risk score, which is determined based on these trends and other material factors relevant to the policy's underwriting profile.</p> | <p>Should the model support in detecting FWA at the stage of issuance of policy?</p> | <p>Not at Present, but in future the reverse feed of claim experiene/ risk score may be used for underwriting and issuance of the policy</p> |
| 434 | | <p>Hospital Master Maintenance and Blacklisting: The system should facilitate the maintenance of Hospital Master Records, ensuring that each hospital's status – whether part of the Preferred Provider Network (PPN), Third-Party Network (TPN), or a non-network hospital – is accurately tracked and updated. The system should enable scoring or rating of hospitals to decide on the straight though processing or interventions needed. Additionally, the bidder must ensure that records of blacklisted or red 10 flagged hospitals are consistently updated and maintained in real-time to prevent fraudulent claims and mitigate risks. The system should have capability to integrate with the third party maintained hospital register with relevant details. System should enable suspension, watch list and blacklist of hospitals</p> | <p>Should the model integrate hospitals blacklisted by TPAs as well? If yes, can NIACL mandate TPAs to share such information on a real time basis?</p> | <p>Yes, NIACL shall mandate to share such details .</p> |

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| 435 | | <p>Drug Data Repository Maintenance and Pharmacy Leakage Prevention: The vendor must provide/ create and maintain a drug data repository. The vendor should ensure that the drug data repository is continuously updated in accordance with industry standards, including critical details such as pricing, manufacturing brand, the ailment for which it is primarily prescribed and other relevant information. This information shall be used by the FWA Solution to identify and avoid pharmacy leakages, if any. Additionally, the solution should also be able to identify applicability of a medicine for a particular ailment, its dosage, prices etc. through machine learning of the solutions. In addition, system should allow flagging of high-cost drugs and their utilization.</p> | <p>Can NIACL or their partners provide support in building the repository specifically in terms of dosages, applicability etc ?</p> | <p>NIACL do not have any repository on drug, dosages, prices etc. The bidder will have to build that from the resources in the market.</p> |
| 436 | | <p>Data Lake (Storage and Processing platform):</p> | <p>Does NIACL have an existing data lake ? If yes, please provide details and can the platform be utilized as base by the bidder or a separate data lake is required for health insurance claims?</p> | <p>NIACL don't hve existing data lake</p> |
| 437 | | <p>Image forensic solution The bidder shall provide a readily integrated or modular to be ready to integrate with the proposed solution for checking de-duplication of the documents related to the claims along with similarity checks with, but not limited to, date, document number, hospital or diagnostic centers, health vitals, health reports, treating doctors, labs etc</p> | <p>Will NIACL provide any historic data pertaining to claim documents?</p> | <p>NIACL plans to provide historical claims data from all TPAs at proposed data lake to be used for machine learning and other potential use cases.</p> |
| 438 | | <p>The solution should be able to perform similar checks to detect images that, while not identical, are sufficiently similar to raising suspicion. This includes identifying images with subtle alterations, such as watermarks, seals, or logos being tampered with, as well as detecting document content (e.g., identical text or forms) reused across different claims.</p> | <p>Should this be detected and flagged in real time?</p> | <p>On batch basis should be okay</p> |

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| 1 | 21 | Marking Scheme for technical evaluation | Parameter-Scoring criteria | Are OEM/COTS product client references and experience documents is acceptable for the technical scoring or will NIACL consider only the SI or Prime bidder Clients reference only | Will be accepted |
| 2 | 29 | Experience Criteria - Solution Implementation Experience | The Bidder/ Proposed technology partner/OEM Partner shall have successfully executed at least one Project of minimum value INR 5 Cr related to supply and implementation of Fraud, Waste and Abuse control/monitoring solution and other related modules specifically in Health Insurance in the last Five (5) years. | Request to consider the supply and implementation of Fraud, Waste and abuse control/monitoring solution and other related modules in Insurance sector in the last five years | Technical committee will take decision on this |
| 3 | Bid Document | Bid End date | Bid End Date | Considering the comprehensiveness of the scope and requirements kindly consider the extension of atleast 20 days for the bid submission. Please consider bid submission deadline to 20th March | No |
| 4 | 13 | 16.1 | End-to-end delivery within 4 months from PO (config, customization, integration, pilot, UAT, training, rollout) | Considering multiple TPA integrations, cloud landing zone, security hardening, and PoC + data standardization, request confirmation that parallel workstreams are acceptable and to consider 8-10 months overall with intermediate integration milestones. | No |
| 5 | 15-16 | 29 | SLA uptime 99.95% (quarterly); penalties quarterly; termination if below 97% | Please share SLA penalty rate card (slabs/percentage or absolute deductions) and cap per quarter. Confirm whether SLA penalties are capped at 10% of quarterly fees (Support period) and whether LD and SLA are concurrent but within overall cap. | Please follow RFP |
| 6 | 8 | 13.3.3 | Data must reside in India at all times | Kindly confirm whether MeitY-approved CSP regions within India suffice and if Cross-region DR (India-India) is acceptable. Please share approved list of MeitY CSPs for alignment. | Within India |
| 7 | 8-9 | 13.3.1-13.3.6 | Creation of Data Lake on MeitY cloud; integrated DMS & document processing | Request expected initial data volumes (claims/day, docs/claim, average file sizes, historical years to ingest), growth projections, and throughput requirements to size compute/storage and design ingestion SLAs. | Please refer addendum for Volumetrics of policy and claims data |
| 7 | 7-8 | 13.1.2-13.1.4 | Real-time tagging; 2000 claims/hour Day-1; pre/while/post-processing | Please confirm real-time definition (e.g., <5 min end-to-end), the batch window (if any), and whether 2000 claims/hour refers to continuous sustained throughput or peak. | <5 mins is acceptable - |
| 8 | 9-12 | 13.10-13.12 | Image forensics; OCR with handwriting recognition & translation | Please confirm if NIACL expects COTS components or is open to OEM + SI assembly; confirm language coverage (regional languages), target accuracy KPIs (field-level), and who provides ground-truth sets for tuning. | COTS Components |
| 9 | 10-11 | 13.14-13.16 | Hospital Master, Digitized contracts, Drug Repository & Pharmacy leakage | Kindly confirm whether reference lists (e.g., NHA/NPPA drug pricing, PPN/TPN master) will be provided by NIACL or sourced by bidder. For bidder-sourced data, please confirm licensing and cost pass-through policy. | NIACL do not have any repository on drug, dosages, prices etc. The bidder will have to build that from the resources in the market. |
| 10 | 11-12 | 13.18 | Extensive dashboards + regulatory MIS | Please share regulatory reporting templates (IRDAI formats, fraud registers, internal MIS) to pre-configure datasets and visuals. Confirm self-service BI tool preferences (if any). | Will be shared |
| 12 | 14-15 | 25.4 | Milestone payments in Year-0 | Kindly confirm evidence required at each milestone (e.g., SRS/FRS/HLD/LLD sign-offs, SIT/UAT reports, production cutover certificate), and whether hypercare (3 months) acceptance can overlap with start of Support billing. | Please follow RFP |
| 15 | 21-25 | Tech Eval Tables | Extensive documentary proofs | For Client certificates, will self-attested copies of redacted SoWs + Go-Live mail + invoice be acceptable if NDAs restrict details? Please clarify format of the "satisfactory letter." | Satisfactory letter should be on letter head clearly stating RFP wordings |
| 16 | 24-25 | G1-G2 | Mandatory PoC and Live Product Demo | Please share PoC data schema, data size, KPIs (precision/recall/TPR/FPR thresholds), PoC timeline, and environment (NIACL-provided or bidder cloud) to estimate PoC effort. | POC should be conducted using bidder generated Mock Data |

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| 17 | 19 | Section II (offline docs) | NDA & Integrity Pact offline originals at bid stage | Please confirm if NDA and Integrity Pact must be submitted offline in original at bid stage or only for L1. Also confirm if e-sign is acceptable for online copies. | IP has to be submitted offline at the address specified in the RFP |
| 19 | 29-31 | Annexure-I (OEM) | OEM India office + ₹200 Cr revenue (3 FYs) | Please confirm if global OEM with Indian subsidiary can meet this by consolidated India entity revenue; also clarify if audited FY2024-25 is mandatory or provisional allowed (as mentioned for bidder). | Please follow RFP |
| 20 | 32-46 | Annexure-II | Very extensive Technical Specs | Kindly confirm which items are “mandatory” vs “good-to-have”. If all are mandatory, please allow “partial now / within 90 days from Go-Live” commitments on niche features (without impacting technical compliance marks). | Please follow RFP |
| 21 | 15 | 29.1-29.3 | SLA table shows Severity 3/4 TBD | Please provide response & resolution targets for Sev-3 / Sev-4 to calculate staffing & run rates, and confirm service window (24x7 or 8x5) per severity. | To be discussed with the successful bidder |
| 22 | 52 | Commercials / Annexure-VI | Total cost for Year 0-3 for evaluation; Year 4-5 optional | Please confirm price hold for optional Years 4-5 (e.g., fixed or indexation %). Also confirm cloud costs: whether billed at actuals (pass-through) or fixed price in commercial. | TBD with IT team |
| 23 | 52 | Annexure-VI (CR rates) | Additional man-month costs table | Please clarify if on-site/off-site mix is permitted for CR work and whether weekend/after-hours support attracts differential rates. | It is permitted. No differential rates. |
| 24 | 9 | 13.4-13.7 | Security stack, audits, BCP/DR drills | Please confirm which security controls are bidder-managed vs NIACL managed (e.g., WAF, EDR, SIEM, KMS/HSM) and the audit baselines (e.g., CERT-In empanelled VAPT, ISO27001, SOC2). | NIACL is currently managing bidder has to cooperate during Audit, BCP/DR drills |
| 25 | 10 | 13.13 | Underwriting decision support scope | Kindly confirm the underwriting UI scope – whether it’s analytics-only or includes transactional/decisioning within core PAS (which may require PAS customization). | It will be analytics only. NIAC, in future would like to use the reverse feed of claim experience/ risk score for underwriting and issuance of the policy |