

Dr. Indu Bhushan

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भारत सरकार
राष्ट्रीय स्वास्थ्य अभिकरण
नई दिल्ली-110011
Government of India
National Health Agency
New Delhi-110011

Dated: 17th September, 2018

Dear PM-JAY Partner,

As part of the comprehensive health care vision of the Government of India, the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) aims to provide financial coverage up to five lakh rupees to 10 crore poor and vulnerable households (approx. 50 crore beneficiaries), with the choice of accessing services at both public and private providers across the country.

In order to ensure quality health services, the government is committed to developing a strategic partnership with providers of the highest standard. Empanelment of **National Institutes of Excellence (NIEs)** is a key aspect of this partnership and the realization of AB-PMJAY's vision. The NIEs identified to be brought under the scheme are establishments that provide high quality of care, including the treatment of rare diseases and complex patients alongside provision of specialized services. Further they could serve as knowledge hubs for generating evidence and informing policy inputs for AB-NHPM.

The National Health Agency has conducted multiple orientations of senior officials and several hands-on trainings of Arogya Mitras from such establishments. On the basis of such consultations and feedback, a detailed set of guidelines and protocols applicable for NIEs have been developed and provided in this document herein.

In pursuance of the same, kindly accord highest priority to this task and ensure participation of your institution from day one of the Mission. You may please write to us for any further clarification in this regard. Looking forward in collaborating successfully for implementation of AB-PMJAY.

Sincerely,


(Dr. Indu Bhushan)

To:

Director, AIIMS (Delhi, Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur, Rishikesh)

Director (Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), National Institute of Mental Health and Neurosciences (Bangalore), Postgraduate Institute of Medical Education and Research)

CC:

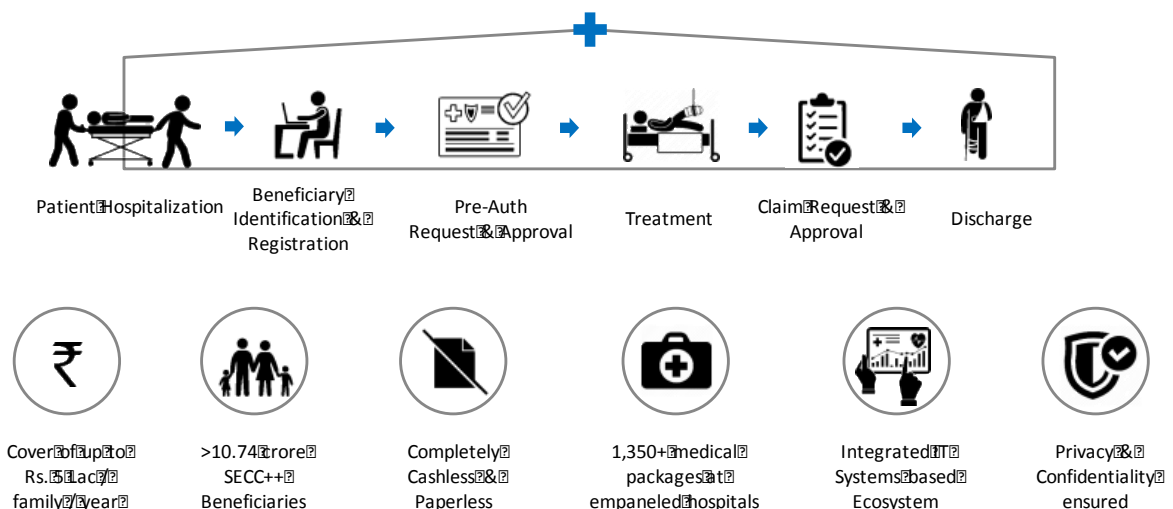
Secretary, Ministry of Health and Family Welfare

Guidance for National Institutes of Excellence (NIE)

Background

1. As part of the comprehensive health care vision of the Government of India, the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides financial coverage related to hospitalization up to five lakh rupees to over 10 crore poor and vulnerable households (approx. 50 crore beneficiaries). With the choice of accessing services at both public and private providers across the country, this ambitious mission aids in protecting beneficiary households against health-related contingencies across the life cycle.
2. To operationalize the scheme at the National level, and to rollout the scheme in alliance with the various State Governments, the National Health Agency (NHA) has been established. Further NHA will serve as the apex body for setting policy for the scheme.
3. Ensuring access to and delivery of safe, quality health services to its beneficiaries is core to the vision of AB-PMJAY. Health care services under AB-PMJAY will be provided through a network of public hospitals and empaneled private providers. The government is committed to developing a strategic partnership with providers so that the vision of AB-NHPM becomes a reality. Empanelment of health care providers and institutions is a key aspect of this partnership.
4. In the above regard, it has been decided to bring all medical establishments having inpatient hospitalizations under MoHFW including institutions of national significance into the provider network of AB-PMJAY to strengthen service delivery under mission. These institutions provide high quality of care, including the treatment of rare diseases and complex patients, the provision of specialized services and advanced technology, and the conduct of biomedical research, including innovations in clinical care.
5. All such institutions under MoHFW will serve as National Health Care Providers (NIE), empaneled directly to the NHA. NIE will be portable to provide services for all States irrespective of its home state of location.

Overview



Registration into the AB-PMJAY provider network

1. NIE needs to provide information about the establishment online at the nation-wide empanelment interface to be registered into the AB-PMJAY provider network. This portal can be accessed at:
<https://hospitals.pmjay.gov.in/empApplicationHome.htm?actionVal=loginPage>
2. Upon accessing the portal, the NIE is required to “Create an Account” by filling necessary information. NIEs are to select the label “NHA” (National Health Agency) under the “Hospital State” tab and “Public” as the hospital type.
3. Upon submitting the application, hospital ID and user login details will be furnished to the hospital by NHA.
4. Thereafter, NIEs are required to access the Hospital Empanelment Application Form and provide mandatory information under the following tabs:
Hospital Basic Information, Financial Details, Specialties Offered and Manpower Details.
5. Upon successful completion of the process, the institute will be assigned a Hospital ID by NHA.
6. User manual to fill in the application form can be found in the landing page for hospital empanelment.

Requirements at NIE

1. Human Resources: NIE needs to assign Medical Coordinator/s (point of contact for clinical clarifications), appoint Non-Medical Coordinators (round the clock) to facilitate beneficiary management and assign a Nodal officer (preferably from Medical Administration).
 - a) Non-medical coordinator/ Arogya Mitra:
 - i. Will execute a helpdesk role for the patients visiting the hospital, acting as a facilitator for beneficiaries and are the face of interaction for the beneficiaries.
 - ii. Is the primary contact for the beneficiaries at every NIE.
 - iii. Their role will include helping in beneficiary identification & verification at reception, handling the transaction management system/ AB-PMJAY interface for preauthorization, claim settlement, follow-up and Kiosk-management (including proper scheme IEC).
 - Operating the Beneficiary Identification System to identify and verify the beneficiaries entitled under AB-NHPM
 - Undertaking Transaction Management such as submitting requests for Pre-Authorization and Claims
 - Guiding the Beneficiary about the overall benefits under AB-NHPM and providing information about receiving prompt treatment at NIE
 - b) The medical coordinator/s will be identified doctors in the hospital or from clinical departments who will facilitate submission of online pre-authorization and claims requests, follow up for meeting any deficiencies and coordinating necessary and appropriate treatment in the hospital.

- c) Nodal officer for AB-PMJAY will be the single point of contact for all matters related to AB-PMJAY from the NIE
2. Structural Requirements: The following requirements need to be in place at the NIE towards service delivery:
- a) Kiosk: Provide space for a kiosk for AB-PMJAY beneficiary management at the hospital reception. A help desk/ kiosk in a standardized form will need to be mandatorily set up by each NIE. This is mainly to assist an AB-PMJAY beneficiary in completing required formalities & obtain treatment and also assist hospitals by facilitating beneficiary identification and verification, selection of packages, and seeking authorizations whenever required.
- b) These kiosks need to be equipped with IT Hardware requirements such as desktop/laptop with internet, printer, webcam, scanner/ fax, bio-metric device etc. as mandated by the NHA.
- c) Ensure appropriate promotion of AB - PMJAY in and around the hospital (display banners, brochures etc.) towards effective publicity of the scheme.
- d) Standard Kiosk, standee & backdrop designs can be found at <https://www.abnhpm.gov.in/iec-material>.
- e) Hardware Requirements:

S. No	Device	Specifications
1	Computer	
	- Operating System (32/64 bit)	Recommended Windows 10 Minimum Windows 8.1
	- RAM	Minimum 4 GB or above
	- Hard disk (HDD)	Minimum 250 GB
	- USB Ports	Minimum 6 ports
	- Web Browser	Preferably Google Chrome latest version
2	Internet	Dedicated connection with 2 Mbps download/upload.
3	Web Camera	Minimum 2 megapixels or higher compatible with OS.
4	Flatbed document scanner	Minimum 200 dpi A4 size scan
5	Printer	Preferably Colour Printer
6	QR Code Reader	2D QR Code Reader
7	Finger Print Device (for Aadhaar authentication)	UIDAI complaint devices and tested with AB-NHPM IT systems.
8	IRIS Device (for Aadhaar authentication)	
9	UPS System	Power backup of 30 minutes supporting computer, printer, scanner etc.

- f) Biometric devices- The detailed set of biometric devices required under PMJAY can be accessed at: <https://www.abnhpm.gov.in/sites/default/files/2018-08/RD%20Services-2.pdf>
- g) A standard uniform shall also be provided to the Arogya Mitra (AM) so that they are identified easily by the beneficiaries in the hospital. Kiosk shall be manned by AM 24/7. Designs for the same are available at the website <https://www.abnhpm.gov.in/>
- h) Availability of printed booklets (manuals), in abundant quantities at the helpdesk, which will be given to beneficiaries along with the AB-PMJAY e-cards, if beneficiary has not been issued the AB-PMJAY e-card earlier
Detailed set of requirements can be accessed at: <https://www.abnhpm.gov.in/iec-material>

Identification of beneficiaries (BIS)

1. Beneficiaries will be identified using the online module prepared by NHA. This can be accessed at: <https://bis.pmjay.gov.in/BIS/mobileverify>
2. Identification process can be undertaken using Aadhaar and/or Ration Card and/ or any other specified identification document produced by the beneficiary at the point of contact.
3. This would undergo pre-authorization from the Source State of the AB-PMJAY beneficiary online. Details of pre-authorization are provided later in the document.
4. The detailed guidelines for the beneficiary identification process including steps, requirements and workflows can be accessed at: https://www.abnhpm.gov.in/sites/default/files/2018-07/GuidelinesonProcessofBeneficiaryIdentification_0.pdf
5. There is further 'Am I Eligible portal', which can be used to expedite the process of identifying beneficiaries/ to reducing patient ques/ better kiosk management at AB-PMJAY kiosks. This portal can be accessed at <https://mera.pmjay.gov.in/search/>.
6. Under this indicative process, beneficiary eligibility can first be checked on the 'Am I Eligible' portal and process of beneficiary identification through BIS module can be initiated once it is confirmed that the beneficiary requires in-patient care.
7. Required training on the BIS process is a strong component of Arogya Mitra training.

Service provision

1. AB-PMJAY beneficiaries shall be provided treatment free of cost for all such ailments covered under AB-PMJAY within the limits/ sub-limits and sum insured.
2. National benefits package and rates will be applicable for NIEs for beneficiaries treated under AB-PMJAY. Benefits packages and rates can be accessed at <https://www.abnhpm.gov.in/sites/default/files/2018-07/HBP.pdf>.

3. The NIE shall be reimbursed as per the package cost applicable specified in the ‘AB-PMJAY benefits manual’ for such treatments and pre-authorized amount in case of unspecified packages.
4. Treatment packages includes consultation, medicine, diagnostics, implants, food, hospital charges etc. In other words, the package should cover the entire cost of patient from date of reporting to his discharge from hospital 15 days after discharge, making the transaction truly cashless to the patient.
5. As per the policy of AB-PMJAY under no circumstances any money extra should be charged within the treatment period of the package. NIEs need to create strong procurement systems to provide cashless services to AB-PMJAY beneficiaries inclusive of diagnostic services
6. Existing systems of NIEs in respect to in-patient bed allocation, waiting lines for elective treatments etc. would be applicable for AB-PMJAY beneficiaries.
7. Further NIE will need to receive AB-PMJAY beneficiaries upon referral from other Empaneled Healthcare Provider (EHCP) within the AB-PMJAY provider network.
8. Final package rates applicable for NIE will be need to be displayed on their respective websites.
9. The complete process at the hospital for transaction (TMS) of AB-PMJAY beneficiaries can be accessed at https://www.abnhpm.gov.in/sites/default/files/2018-07/GuidelinesonProcessesforHospitalTransaction_0.pdf. This includes the steps involved for selecting packages, pre-authorization, balance Check, treatment, discharge and claim request.
10. Arogya Mitras/ non-medical coordinators would be trained and well equipped to undertake these functions.
11. Arogya Mitras will be using the transaction management system, for patient registration and processing of treatment steps. This can be accessed at: <https://abtms.pmjay.gov.in/NTMS>
12. Required training on the TMS process is a strong component of Arogya Mitra training.

National Portability

1. The NHA has laid down the process and terms for extending portability of benefits to all AB-PMJAY beneficiaries across the provider network in India. The will be applicable to all NIEs.
2. Following are the provisions for portability of benefits:
 - a) Package list and package rates as per National Package List will be applicable
 - b) The payment of claim to the hospital will be made by Trust/ Insurance Company implementing AB-PMJAY in the home state to which the beneficiary belongs
 - c) The timelines for processing of claim and payment to the hospital would be the same as other claims, i.e., within 30 days of receiving the claim

- d) Case of dispute, if any, with respect to treatment sought or taken in NIE, will be taken up as per the grievance redressal process. Detailed process for the same has been provided under point 4 of the Grievance Redressal section.

Pre-Authorization

1. As per current rules, pre-authorization is mandatory by the source state. However, in order to expedite the process of providing treatment, NIEs will be exempted from pre-authorization requirements. This customization will be taken-up exclusively for NIEs in the software, until then, the following rules apply:
2. All procedures shall be subject to mandatory pre-authorization by the source State. Approval for pre-authorization will be coordinated online.
3. NIEs will need to send defined information and accompanying documentation (as indicated) through the AB-PMJAY portal. Supporting information, such as a request form, pre/ post-operative investigations etc. would be used for this purpose. For certain conditions like Cancer the whole treatment plan will be pre-approved by a medial/ tumor board on the best course of patient management (relevant formats can be found in the AB-NHPM benefits manual)
4. Pre-authorization will need to be provided within a 6-hour timeframe after receipt of all the relevant information and documents in case of elective treatments. All related queries on a request should be completed within this time-frame and approvals must be issued not later than 6 hours.
5. If pre-authorization will not be provided within the decided timeframe then it will be deemed to be given.
6. In case of emergencies, NIE need not wait till pre-authorization to initiate treatment. However, it shall necessarily obtain a regular pre-authorization retrospectively within 6 hours.
7. In such areas where there is issue of internet connectivity, approval can be taken through the assigned hotline number.

Claims utilization by NIE

1. The claim amount earned by NIEs under AB-PMJAY shall be retained locally at the hospital level. The hospital level committees shall be responsible for utilization of this claim amount. The amount can be spent on improvement of the infrastructure and services in the hospital itself whereby improving the overall infrastructure and quality of care.
2. NIE shall maintain a dedicated bank account and books for the amount accrued as claim under the scheme, as per NHM norms. The bank account opening, and maintenance shall be as per the general applicable rules in this matter and shall not require any special approval.
3. All the withdrawals and reimbursements from the account for all AB-PMJAY related matters shall be done by approved banking instrument (Cheque/draft/bank order, etc.) only. Cash payments should not be done.

4. Up to 25% of the total claim amount can be earmarked for payment of incentive to the hospital staff.
5. The remaining claims can be used for improving the overall infrastructure (critical gap funding), functioning of the hospital, quality of services and delivery of services.
6. This claim amount can be used for the following but not limited to the following:
 - Payment of remuneration of Arogya Mitra.
 - Local purchase of consumables and medicines which is not available at the NIE department supply (to the extent possible only generic medicines should be prescribed and procured)
 - Local purchasing of services related to diagnostics and investigations which are not available in the NIE
 - Hiring of services of clinical specialists and non-clinical man power such as technicians, computer operators, etc.
 - Any other clinical or non-clinical services of patient centric nature.
7. All local purchasing must be done by entering well negotiated rates with the supplier as per the applicable rules in this matter. All hiring should be done as per the NHM rules as far as possible.
8. The NIE can modify and add to the guidelines for specific use of the utilization of the claim amount.
9. NIEs can formulate specific committees / guidelines for utilization of amount for payment of incentive to hospital staff. An indicative list for the team of clinical and non-clinical specialist that shall be rewarded with incentive for service delivery under PMRSSM is as below:
 - Surgeon/Medical Specialist/Physician, the principal person treating the patient
 - Assistant Surgeon/ other medical specialist involved (such as pediatrician in delivery cases).
 - Anesthetists/ Other specialists which are involved in the care
 - On call/ on roster physician
 - Staff nurse and nursing assistants
 - Lab technicians or technicians of imaging or rehabilitative departments
 - Others (such as involved in ancillary patient care).
10. NIE may like to formulate specific guideline for distribution of incentive amount based on their local condition.
11. As an indicative reference, a Government Order from the state of Kerala for use of claim incentives has been annexed.

AB-PMJAY software & Technical support:

1. The NHA shall provide an IT platform with functional modules for identification of eligible beneficiaries, transaction and claim management and provision of all services under AB-PMJAY.
2. These portals can be accessed at the following links:

- a) Hospital Empanelment Portal:
<https://hospitals.pmjay.gov.in/empApplicationHome.htm?actionVal=loginPage>
 - b) Beneficiary Identification: <https://bis.pmjay.gov.in/BIS/mobileverify>
 - c) Transactions and claims management: <https://abtms.pmjay.gov.in/NTMS>
3. A national helpline number (14555), has been made available for technical support.
 4. Further, contact details for specific technical coordinators have been provided on each portal for additional support.
 5. The NHA will also support in requisite training for the assigned personal within the NIE for the same.

Information, Education and Communication (IEC) materials

1. The NHA shall provide standard designs for IEC material and branding.
2. It is the responsibility of NIEs to ensure printing and placement of adequate material in the hospital premises.
3. The IEC and branding designs can be accessed at: <https://www.abnhpm.gov.in/iec-material>

Training and Capacity Building

1. The NHA shall provide standard training manuals in organizing orientation cum sensitization workshops for NIEs.
2. Further, NHA will conduct regular trainings for Arogya Mitras (AM), hospital medical coordinators (MEDCOs) and other relevant staff to equip them to utilize the software for the scheme.
3. The focus of such workshops will be to orient AM on the entire lifecycle of beneficiary validation and providing treatment services in hospital, grievance redressal systems and empathetic service to beneficiaries.
4. Further MEDCOs will be equipped to fulfil clinical documentation requirements and process guidelines to reduce the number of rejections and for faster claim settlement.
5. Following are some of the aspects for which trainings will be conducted: Programme features, beneficiary rights, BIS, TMS, basic hardware troubleshooting, grievance redressal system, penalties, financial settlement tracking and soft-skills. Treatment service process, documentation required for pre-authorization, change in line of treatment, claim submission and appeal to rejections.

Grievance Redressal

1. Complaints and grievance redressal management system for NIEs will be handled by the respective State/ UT ISA/insurance company and the NHA.
2. NHA would establish a specific pathway for grievance redressal for NIEs which would have the authority to immediately redress the grievance and recommend action to be undertaken within a stipulated time-period.

3. A major change will be affected with the introduction of a National Call Center. Complaints from various stakeholders including hospital authorities and beneficiaries will be logged at the call centre and the call centre shall direct these complaints to the intended authorities. Each complaint/grievance shall be closely monitored by a dedicated team at NHA to check resolution times and intervene when unresolved. Guidelines on the same will be communicated by NHA including the channels through which complaints/ grievances can be registered, acknowledged, monitored and resolved at various levels.
4. If a NIE has any grievance with respect to Beneficiary, Payment, SHA, intermediaries of SHA, their representatives or any other functionary, the NIE can approach the ISA/insurance company through the grievance portal.
 - i. A NIE may lodge a complaint either through the online portal, Call Center (14555) or by email to NHA.
 - ii. NIE shall register the complaint through the Grievance process and generate a Unique Complaint Number (UCN) and thereafter share an acknowledgement via e-mail & SMS to NIE.
 - iii. The complaint shall be investigated & reviewed by ISA/insurance company/NHA/State Health Agency (SHA) /State Grievance Redressal committee (SGRC).
 - iv. The investigating committee shall raise the request for explanation from the concerned stakeholder and resolve the grievance within 30 days.
 - v. If either of the parties is not satisfied with the decision, they can go to the national Grievance Redressal Committee (NGRC) within 30 days of receipt of decision, which shall take a decision within 30 days of receipt of appeal. The decision of NGRC shall be final.

Applicable Incentives

1. NIEs are eligible for incentives based on the below criteria:
 - i. Hospitals will be encouraged to attain quality milestones by making NABH pre-entry level accreditation mandatory for all the empaneled hospitals to be attained within 1 year with 2 extensions of one year each. Hospitals with NABH entry level accreditation will receive a 10% premium on the package rates.
 - ii. Hospitals with NABH accreditation will be given a 15% premium on package rates.
 - iii. Hospitals in aspirational districts will be given a 10% premium on package rates.
 - iv. PG/DNB hospitals to be given a 10% premium on package rates.
 - v. The NIE has to specify their status with respect to the above incentive requirements and package rates will be auto-enabled accordingly.
 - vi. Applicable incentives will be compounded dependent on institutes fulfilling respective criteria with total possible incentives equaling 35% on package rates.

Billing & Payment cycle

1. NIE shall maintain a dedicated bank account and books for the amount accrued as claim under the scheme, as per NHM norms. The bank account opening, and maintenance shall be as per the general applicable rules in this matter and shall not require any special approval.
2. NIE shall be obliged to submit their claims in the format prescribed by NHA online. Arogya Mitras manning AB-PMJAY kiosks will be duly trained in this process.
3. The payment of claim to NIE will be made by Trust/ Insurance Company implementing AB - PMJAY in the home state to which the beneficiary belongs.
 - i. If its trust, the SHAs will directly reimburse as per package rates applicable.
 - ii. If it's through an intermediary, insurance companies assigned to the respective SHAs will reimburse as per package rates applicable.
 - iii. The Source State of the AB-PMJAY beneficiary will be responsible for payments for care accessed in a NIE. This will be coordinated online.
4. The timelines for processing of claim and payment to NIE would be within 30 days of receiving the claim.
5. Case of dispute, if any, with respect to treatment sought or taken in NIE, will be taken up through the grievance redressal process as mentioned. Detailed process for the same has been provided under point 4 of the Grievance Redressal section.
6. Detailed guidelines (portability aspect only will be applicable) could be accessed at: https://www.abnhpm.gov.in/sites/default/files/2018-07/GuidelinesonClaimSettlement_0.pdf

Confidentiality

1. The NIE shall maintain the confidentiality of all patient health information and medical records in accordance with applicable guidelines set by the NHA from time to time.
2. Guidelines for data privacy and confidentiality can be accessed at: Data Privacy Policy- <https://www.abnhpm.gov.in/sites/default/files/2018-08/NHA-Data-Privacy-Policy.pdf>
3. Fundamentals on Security & Privacy- https://www.abnhpm.gov.in/sites/default/files/2018-09/Security%20Handbook%20For%20States_ver%201.0.pdf



GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department – Implementation of Rashtriya Swasthya Bima Yojana (RSBY) and Comprehensive Health Insurance Scheme (CHIS) – Utilisation of the insurance money by the HMC/ HDS and enhanced incentives to the staff – modification - Orders issued.

HEALTH & FAMILY WELFARE (M) DEPARTMENT

GO(MS) No.569 /2010/H&FWD. Dated, Thiruvananthapuram 31.08.2010

- Read:
1. G.O.(MS)No.540/2008/H&FWD dated 16.10.2008.
 2. G.O.(MS) No.51/2010/H&FWD dated 08.02.2010.
 3. G.O.(Rt)No.1395/2010/H&FWD dated 30.03.2010.
 4. Letter No.NRHM/3810/RSBY/2010/ SPMSU dated 23.06.2010 of SMD NRHM.

ORDER

In the guidelines specified under item (C) of the Government Order read as first paper above, government have earmarked 85% of the insurance amount coming into the account as HMC / HDS share and the remaining 15% as the incentive share of staff. As per Government Order read as second paper above Government have enhanced the incentive share payable to the staff from 15% to 25%. As per Government Order read as third paper above Government have sanctioned the break up of division of incentive in the category of "others if any" in the guidelines specified under item (f-10) of the Government order read as first paper above.

2. The State Mission Director, National Rural Health Mission, in the reference read as fourth paper above has informed that clarification is required in the Government Order read as third paper above as there is chances of misinterpretation of the above Government Order.

3. Government have examined the matter in detail and are pleased to order the following with effect from 08.02.2010.

4. 25% of the revenue received from insurance share earmarked as the staff incentive share would be distributed as per the following general guideline.

Incentive break up as percentage of total incentive amount per case

- | | | |
|--|---|-----|
| 1. Surgeon / main physician / doctor treating the case | : | 30% |
| 2. Surgeon assisting the surgery / other physician / doctors / involved in treating the case | : | 10% |
| 3. Anesthetist / doctors of other department actively involved in case management of medical cases | : | 20% |
| 4. Consultations / call duty etc. | : | 5% |

(If this amount is not sufficient, amount may be taken from unspent money from item 3)

5. Staff Nurses	12%
6. Nursing Asst. & Hospital Attendant Gr.I & 2	8%
7. Lab Technician	2%
8. X-Ray / Ultra sound CT Scan Technician	2%
9. Record Keeping / System Management	1%
10. Superintendent / MO i/c of the Hospital	3%
11. Lay Secretary	1.5 %
12. Concerned Clerk	1.5%
13. Others if any	4%

- Staff nurses, Nursing Assistants, Hospital Attendants Gr.I & II of IP wards, OT, Post Operative wards, Observation wards etc, will be eligible for the incentive as per the number of the cases managed.
- Incentive for the Lab technicians will be eligible only if the lab investigations are done in the Hospital Laboratory of these cases. The doctors involved in the Ultra sound, CT scan will be covered as the consultation component of the incentive.
- In addition to the specific categories mentioned above, in case if other categories of staff are involved in the case management, fund from the "others if any " category may be taken for providing incentive. Also in case if the specific percentages earmarked for various categories is found insufficient money may be taken from this category.

The Government Orders read as first second and third paper above stand modified to the above extent.

(BY ORDER OF THE GOVERNOR)

Manoj Joshi
Secretary to Government.

To

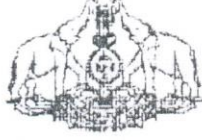
The State Mission Director, NRHM, Thiruvananthapuram.
The Director Health Services, Thiruvananthapuram
The Director of Medical Education, Thiruvananthapuram
The Director of Insurance Department
The Director, Insurance Medical Services
Labour & Rehabilitation Department.
The Executive Director, CHIAK, Trans Towers, Vazhuthacadu,
Thiruvananthapuram

Stock file/Office copy.

Forwarded/by Order

S. Jayakumar
Section Officer.

Copy to : P.S. to Minister (Health & Social Welfare)
P.A to Secretary (Health)



GOVERNMENT OF KERALA
Abstract

Health & Family Welfare Department –Implementation of RSBY/CHIS –
incentive to the staff - Break up of division of incentive in the category others if
any –Orders issued.

HEALTH & FAMILY WELFARE (M) DEPARTMENT

GO(Rt)No.1395/10/H&FWD. Dated, Thiruvananthapuram, 30 .03.2010

Read : 1. G O.(MS)540/2008/H&FWD dated 16.10.2009.
2. G O.(MS)No.51/2010/H&FWD dated 08.02.2010.
3. Lr.No.CHIAK/2010/061/GOK dated 11.02.2010 from the Executive
Director, CHIAK.

ORDER

In the guidelines specified under item (C) of the Government Order read
as first paper above, Government have earmarked 85% of the insurance
amount coming in to the account as HMC:HDS share and the remaining 15%
as the incentive share. As per G.O.read as second paper above, Government
have enhanced the incentive share payable to the Medical Offices and hospital
staff as 25% and interalia ordered that the distribution of the enhance incentive
shall be issued separately. In the said order 10% incentive was earmarked for
the category 'others if any'.

2. The Executive Director, CHIAK in the reference third paper above
has represented Government to sanction the break up of division of incentive
in the category of others, if any in the manner below.

1. Superintendent of the hospital. -30% of the amount under others
2. Lay Secretary - 15% of the amount under others

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3. Concerned Clerk - 15% of the amount under others
4. Others (to be decided by the Technical Committee of the respective Hospitals) - 40% of the amount under others.

3. Government have examined the matter in detail and are pleased to accord sanction for the break up of division of incentive in the category of others, if any, as mentioned above. The G.O. read as first and second papers above stand modified to the above extent.

(BY ORDER OF THE GOVERNOR)

Manoj Joshi
Secretary to Government

To

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The State Mission Director NRHM, Thiruvananthapuram.
The Director Health Services, Thiruvananthapuram
The Director of Medical Education, Thiruvananthapuram
The Executive Director, CHIAK, Thiruvananthapuram
The Director, Insurance Medical Service,
Labour & Rehabilitation Department.
Stock file/Office copy.

②

Forwarded/By Order

J. J. J.
Section Officer.