

**GOVERNMENT OF HIMACHAL PRADESH  
HIMACHAL PRADESH SWASTHYA BIMA YOJNA SOCIETY**



**Compendium of Rules, Instructions and  
Clarifications relating to Ayushman Bharat-  
Pradhan Mantri Jan Arogya Yojna, Himachal  
Health Care Scheme-HIMCARE and Mukhya  
Mantri Chikitsa Sahayta Kosh**

## Index

<b>Sr. No.</b>	<b>Correspondence Number</b>	<b>Date of Issue</b>	<b>Subject Matter</b>	<b>Number of Pages</b>
1.	No.HFW-H(RSBY) PMRSSM/2018-Loose-1232-65	03/08/2018	Implementation of Ayushman Bharat-Pradhan Mantri Rashtriya Swasthya Suraksha Mission- Instruction thereof. Ayushman Mitra- Terms of Reference.	6
2.	No.HFW-H(RSBY) PMRSSM/2018-1352-81	07/08/2018	Notification-State Empanelment Committee	1
3.	No.HFW-H(RSBY) PMRSSM/2018-1305-51	07/08/2018	Notification-District Empanelment Committee	1
4.	No. HFW-B(F)2-2/2018	28/08/2018	Notification- Mukhya Mantri Chikitsa Sahayta Kosh	3
5.	No. HFW-H(RSBY)PMRSSM/2018 1709-26	25/9/2018	Notification-State Grievance Redressal Committee	1
6.	No.HFW-H(RSBY) PMRSSM/2018-1727-1777	25/09/2018	Notification-District Grievance Redressal Committee	1
7.	No.HFW-H(RSBY) PMRSSM/2018-Loose-1958-1995	26/09/2018	Implementation of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna-Instructions thereof. Regarding BIS, TMS and providing necessary hardware to hospitals	2
8.	No.HFW-H(RSBY) PMRSSM/2018-Loose-1999-2173	29/09/2018	Implementation of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna-Instructions thereof. Guidelines for BIS and TMS under AB-PMJAY	42
9.	No.HFW-H(RSBY) PMRSSM/2018-II-2623-58	11/10/2018	Implementation of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (PMJAY) data privacy policy and data privacy document.	3

10	No.HFW-H(RSBY) PMRSSM/2018-3037-3211	27/10/2018	Regarding the use of Web portal i.e. <a href="http://www.hpsbys.in">www.hpsbys.in</a> for Patient Registration and Claim Management under Mukhya Mantri State Health Care Scheme (MMSHCS) and Himachal Pradesh Universal Health Protection Scheme (HPUHPS).	2
11	No. HFW-B(F) 2-2/2018	07/12/2018	Notification- Mukhya Mantri Chikitsa Sahayta Kosh Notification	2
12	No. HFW-B(F)2-10/2018	29/12/2018	Notification -HIMCARE	11
13	No. HFW-B (F)2-10/2018- Loose	08/01/2019	Notification- HIMCARE regarding Senior Citizens and Disabled persons	1
14	No.HFW-H(HPSBYS)HIMCARE/2 018-7555-7739	10/01/2019	Regarding providing cashless treatment to the beneficiaries of Himachal Health Care Scheme- HIMCARE	2
15	No.HFW-H(HPSBYS)HIMCARE/2 018-7831-7842	15/01/2019	Regarding reporting under Ayushman Bharat and HIMCARE.	2
16	No.HFW-H(RSBY) EC/2017	08/03/2019	Standard operating protocol under Ayushman Bharat Pradhan Mantri Jan Arogya Yojna and HIMCARE	22
17	No. HFW-B(F)2-10/2018	08/03/2019	Notification-HIMCARE regarding MNREGA workers and Outsource employees	2
18	No.HFW-H(RSBY) PMRSSM/2018-III-42-46	06/04/2019	Notification- State Anti Fraud Unit	1
19	No.HFW-H(RSBY) PMRSSM/2018-III-42-46	06/04/2019	Notification- District Anti Fraud Unit	1
20	No.HFW-H(HPSBYS)HIMCARE/2 018-300-336	9/04/2019	Regarding confirmation on follow-up of clauses of Standard Operating Protocol (SOP) under Ayushman Bharat-PMJAY and HIMCARE	1

अतिरिक्त मुख्य सचिव (Health)  
Addl. Chief Secretary  
R.D.Dhiman, IAS



Ellerslie,  
Shimla-171 002.

The Government of Himachal Pradesh is implementing several welfare schemes in the health sector for the benefit of the general population. The Department of Health & Family Welfare is attempting to universalize the health coverage in the State through flagship schemes - Ayushman Bharat and HIMCARE. The schemes are aimed at providing health assurance to the tune of Rs. 5.00 lakh per year per family for hospitalization for secondary & tertiary procedures in empanelled health care providers. The Department is also implementing the Mukhya Mantri Chikitsa Sahayata Kosh for providing monetary support to needy & poor people who are not covered under the schemes or require treatment (including treatment on an outpatient basis) which is not available under the health assurance schemes. The schemes have picked up really well in the recent past and the dream of universal health coverage seems achievable in the near future.

The Himachal Pradesh Swasthya Bima Yojna Society, which is the nodal agency for implementation of these schemes in the State, is contributing immensely for the smooth & effective functioning of these schemes. I am glad that the Society has come up with a compendium of instructions & notifications, which shall be of utmost assistance to both the field level officials who are implementing the schemes as well as to the general public. I hope this effort of the Society shall further the public interest involved in implementation of these schemes.

  
(R.D. Dhiman)

विशेष सचिव(स्वास्थ्य)

Dr. Nipun Jindal, IAS



शिमला- 171 002.

Himachal Pradesh Swasthya Bima Yojna Society, which is a registered Society under Societies Registration Act 2006, is the nodal agency for implementation of Ayushman Bharat- Pradhan Mantri Jan Arogya Yojna, Himachal Health Care Scheme (HIMCARE) and Mukhya Mantri Chikitsa Sahayta Kosh in the State of Himachal Pradesh. To facilitate the implementation of these schemes, the Society has been issuing several notifications, instructions and clarifications over the recent past and a need was felt to compile all these instructions in order to be of assistance to all the stakeholders involved.

This compendium attempts to bring together all the relevant provisions, rules and instructions; and shall serve as a ready reckoner in case any clarification is required by anyone regarding the provisions of the scheme(s). The Society shall endeavor to update this compendium on a half yearly basis for the smooth execution of the scheme.

  
(Dr Nipun Jindal)



Time Bound/Personnel Attention

No.HFW-H(RSBY)PMRSSM/2018-Loose  
HP Swasthya Bima Yojna Society  
Deptt. of Health & Family Welfare

To

All the Hospitals Empanelled under RSBY,  
Himachal Pradesh

Dated: Shimla-9, the 03-08-2018

Subject: Implementation of Ayushman Bharat-Pradhan Mantri Rashtriya Swasthya Suraksha Mission-Instructions thereof.

Sir/Madam,

This is with reference to this office letter of even number dated 13<sup>th</sup> July, 2018 on the subject cited above. Please find enclosed herewith the detailed guidelines regarding recruitment of Ayushman Mitra for implementation of Ayushman Bharat-National Health Protection Mission. You are, therefore, directed to follow the guidelines to complete the process within 15 days positively.

Yours faithfully,

(Dr. Nipun Jindal, IAS)  
Spl. Secy. (Health)-cum-CEO (RSBY)  
HP Swasthya Bima Yojana Society  
Himachal Pradesh

Endst. No. As above-1232-65 dated: Shimla-9, the 03-08-2018  
Copy for information and necessary action to:-

1. All the Deputy Commissioners, Himachal Pradesh for necessary action please.
2. All the Chief Medical Officers, Himachal Pradesh for information and with the request to direct the empanelled hospitals for compliance.
3. All The District Coordinators, HPSBYS for compliance please.

Despatcher,  
HP Swasthya Bima Yojna Society  
Himachal Pradesh.

Date: 03/08/2018

(Dr. Nipun Jindal, IAS)  
Spl. Secy. (Health)-cum-CEO (RSBY)  
HP Swasthya Bima Yojana Society  
Himachal Pradesh

# Ayushman Bharat – National Health Protection Mission

Ayushman Mitra | Terms of Reference

State Health Agency

Himachal Pradesh

## Introduction

As AB-NHPM strives for providing a timely access to affordable healthcare, it is crucial to institutionalize a support system for assisting beneficiaries at Empanelled Health Care Provider (EHCP). Thus, to streamline the health service delivery and provide a seamless experience to the beneficiary, the State Health Agency proposes institutionalization of Ayushman Mitra at EHCP. An Ayushman Mitra (AM) is a certified frontline health service professional who shall be present at the EHCP and shall serve as a first contact for beneficiaries.

## Recruitment Criteria for Selection

The Ayushman Mitras (AMs) will be selected based on the following criteria:

- 1) The Empanelled Health Care Providers (EHCPs) will recruit Ayushman Mitras at their own level.
- 2) Public EHCPs can continue with RSBY operators in case they are found suitable.
- 3) The SHA shall not be responsible for any financial liability arising out of recruitment of Ayushman Mitra.

## Qualification Criteria

1. Preferably Graduation from a recognized University.
2. Completed the Ayushman Mitra Training Course and passed the respective course exam/certification as prescribed by SHA.
3. Having adequate functional computer literacy which shall include understanding of Microsoft Office Suite and navigating through Internet Portals.

## Roles and Responsibilities

The Ayushman Mitra is the primary contact for the beneficiaries at every EHCP. The AM shall be extensively responsible for focusing on three specific areas:

1. Operating the Beneficiary Identification System to identify and verify the beneficiaries entitled under AB-NHPM.
2. Undertaking Transaction Management such as submitting requests for Pre-Authorization and Claims.
3. Guiding the Beneficiary about the overall benefits under AB-NHPM and providing information about receiving prompt treatment at EHCP

For ensuring timely access to medical care, AM is responsible for operating the Beneficiary Identification System (BIS) to identify, authenticate and verify the beneficiaries entitled under the AB-NHPM.

The AM shall work on the BIS as per the process mentioned below.

- i. AM receives the potential Beneficiary visiting an EHCP at the designated kiosk.
- ii. AM collects the AADHAAR Card, Family ID Card or any other Government ID Card from the beneficiary.
- iii. AM searches the beneficiary name/family using different ways/parameters.
- iv. On identification of beneficiary name in database, AM proceeds for beneficiary authentication through the provided Government ID card.



- v. AM either does online authentication using Aadhaar or enter details in case of Non-AADHAAR document and validate beneficiary mobile number. A digital photo of the beneficiary is also taken by the AM.
- vi. Post, beneficiary authentication, AM scans the family card submitted by the beneficiary for establishing the beneficiary relation in the family.
- vii. The AM, after uploading Government ID and Family ID receives a 'name match score' and 'family match' score on the BIS application.
- viii. After the beneficiary verification (personal and family-level) is complete, record gets inserted into the database as a 'silver' record and the AM shall print a Provisional Card mentioning the AB-NHPM ID of the beneficiary.
- ix. The AM, then submits the 'record' to the Approving authorities for further verification and approval. The tentative time required for approval is 30 mins.
- x. If beneficiary gets verified and approved by the Approving Authorities, the beneficiary data will be stored as a golden record and AM will receive the notification.
- xi. AM will then print the AB-NHPM Card for the golden record and give it to the beneficiary.

Along with ensuring a systematic operation of BIS, the AM is also responsible for the following duties:

- To provide all the necessary assistance and details about the scheme to the beneficiaries.
- In case of OPD: If the ailment does not require hospitalization, AMs will have to explain to the beneficiary that the AB-NHPM card does not cover the OPD treatment and hence any cost incurred for treatment under OPD will be necessarily borne by the patient.
- To collect, scan and upload all the necessary documents required for submitting the request for pre-authorization.
- To ensure that the patient, from the time of pre-authorization to discharge, is getting all the benefits as per AB-NHPM norms.
- To liaison with the EHCP for timely admission and availability of bed to patient.
- To help locate facilities and guide a patient in receiving prompt treatment.
- To liaison and coordinate with the Medical officer for collecting, scanning and uploading all the necessary documents required for submitting claim request.
- To ensure that all the facilities that the AB-NHPM cardholder requires are being rendered without charging any amount.
- To verify discharge summary and follow-up details to the discharged beneficiaries.
- In an unlikely scenario of card becoming unreadable due to mishandling or other reasons, AM is to guide the cardholder for obtaining a duplicate card
- To immediately bring all grievances to the notice of Grievance Cell directly or through District Coordinator.
- To facilitate the hospital in giving prior phone intimation to the concerned authority for carrying out the emergency surgeries.
- To track and report refund of any investigation amount collected in contravention to the Scheme Guidelines
- To report any irregularities or inadequacy noticed to the concerned supervisors.

Thus, to ensure that AMs fulfill the responsibilities in a efficient manner, it is important to have a comprehensive monitoring mechanism. The SHA, in coordination with the selected agency shall be responsible for monitoring the performance of AMs. The monitoring of AMs shall include the following parameters.

- Tracking Biometric Attendance of AMs on a daily/weekly basis
- Tracking the number of returns for the Pre-Authorization Requests submitted
- Evaluating the percentage of complete Pre-Authorization Requests at first instance
- Assessing performance in Periodic Trainings
- Analysing Beneficiary Feedback in terms of score rating and qualitative questionnaire
- Evaluating the performance reviews submitted by District Coordinators and Senior AMs
- To conduct refresher training of the AMs ensuring they are aware of any changes in their role

### **Kiosk/Help Desk**

Kiosk is mainly to assist an AB-NHPM beneficiary in completing required formalities & obtain treatment as also assist hospitals by facilitating beneficiary identification and verification, selection of packages, and seeking authorizations whenever required.

The EHCP should establish a Kiosk at the reception of the Hospital. AMs should ensure that they have access to use infrastructure such as PC, Printer, Scanner, Digital Camera, Webcam, QR code Reader, Stationery etc.

The EHCP shall provide a dedicated 2 Mbps or more broadband connectivity to the computer to be exclusively used by the AM. In case if the infrastructure is missing/inadequate, the AM should bring the issue to the notice of District Coordinator.

### **Benefits to Ayushman Mitras**

Ayushman Mitras shall be paid according to the Minimum Wages set for computer operators as per the decision of Finance/Labour & Employment Department from time to time.



HP Swasthya Bima Yojna Society  
Deptt. of Health & Family Welfare  
Thakur Villa, Kasumpti, Shimla-171009

No. HFW-H(RSBY)PMRSSM/2018

Dated: Shimla-9, the 7<sup>th</sup> August, 2018

**NOTIFICATION**

The Government of India has decided to roll out Ayushman Bharat-Pradhan Mantri Rashtriya Swasthya Suraksha Mission (PMRSSM) by replacing Rashtriya Swasthya Bima Yojna (RSBY) from the current financial year. The scheme will provide the cashless treatment coverage of Rs. 5.00 lakh per year on family floater basis. The cashless treatment benefit will be provided in the empanelled hospitals for indoor treatment and day care procedures on the basis of pre-decided package rates by the Government of India and State Government. A Committee comprising of following members is hereby constituted for empanelment of hospitals under PMRSSM at State level, with immediate effect:-

- |   |          |
|---|----------|
| 1. Chief Executive Officer (CEO)  | Chairman |
| 2. Consultant, PMRSSM, HPSBYS   | Member   |
| 3. Director Health Services (DHS) or his Representative                         | Member   |
| 4. Director Medical Education (DME) or his Representative                       | Member   |
| 5. Director Health Safety and Regulation (DHSR)<br>or his Representative-Member | Member   |

The SEC will approve/reject the hospital empanelment request within a week of receiving the recommendation from District Empanelment Committee through web portal by using login credentials on Ayushman Bharat website i.e. [www.abnhpm.gov.in](http://www.abnhpm.gov.in).

By Order

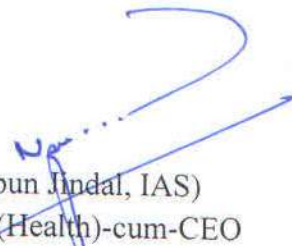
Addl. Chief Secretary (Health) to the  
Government of Himachal Pradesh

Endst. No. as above 1352-1381 Dated: Shimla-9, the

Copy for information & necessary action to:-

1. The Additional Chief Secretary (Health) to the Government of Himachal Pradesh, Shimla-2 please.
2. All the Deputy Commissioners, Himachal Pradesh please.
3. All the Chief Medical Officers, Himachal Pradesh please.
4. All the concerned for information and necessary action please.

Despatcher,  
HP Swasthya Bima Yojna Society  
Himachal Pradesh,  
Date: 08/08/2018

  
(Dr. Nipun Jindal, IAS)  
Spl. Secy (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare



HP Swasthya Bima Yojna Society  
Deptt. of Health & Family Welfare  
Thakur Villa, Kasumpti, Shimla-171009

No. HFW-H(RSBY)PMRSSM/2018

Dated: Shimla-9, the 7<sup>th</sup> August, 2018

**NOTIFICATION**

The Government of India has decided to roll out Ayushman Bharat-Pradhan Mantri Rashtriya Swasthya Suraksha Mission (PMRSSM) by replacing Rashtriya Swasthya Bima Yojna (RSBY) from the current financial year. The scheme will provide the cashless treatment coverage of Rs. 5.00 lakh per year on family floater basis. The cashless treatment benefit will be provided in the empanelled hospitals for indoor treatment and day care procedures on the basis of pre-decided package rates by the Government of India and State Government. A Committee comprising of following members is hereby constituted for empanelment of hospitals under PMRSSM at District level, with immediate effect:-

- |  |          |
|--|----------|
| 1. Chief Medical Officer (CMO)                 | Chairman |
| 2. Medical Officer of Health (MOH)             | Member   |
| 3. Representative of Deputy Commissioner       | Member   |
| 4. District Coordinator of State Health Agency | Member   |

The District Empanelment Committee will recommend/approve/reject the empanelment request received from the hospitals after completing the physical verification of hospital within 15 days of receiving the online empanelment request, by using login credentials on Ayushman Bharat website i.e. [www.abnhpm.gov.in](http://www.abnhpm.gov.in).

By Order

Addl. Chief Secretary (Health) to the  
Government of Himachal Pradesh

Endst. No. as above-1305-1351 Dated: Shimla-9, the 08-08-2018

Copy for information & necessary action to:-

1. The Additional Chief Secretary (Health) to the Government of Himachal Pradesh, Shimla-2 please.
2. All the Deputy Commissioners, Himachal Pradesh please.
3. All the concerned for information and necessary action please.

Despatcher,  
HP Swasthya Bima Yojna Society  
Himachal Pradesh,  
Date: 08/08/2018

*Nipun Jindal*  
(Dr. Nipun Jindal, IAS)  
Spl. Secy (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare

①

**Government of Himachal Pradesh  
Department of Health and family Welfare**

File No.:HFW-B(F)2-2/2018

Dated: 28/8/18

**NOTIFICATION**

The Governor, Himachal Pradesh is pleased to constitute a Mukhya Mantri Chikitsa Sahayata Kosh to provide assistance to needy poor people of the State having serious ailments. The following shall be the detailed guidelines for implementation of the scheme.

**Eligibility Criteria**

- (1) Rashtriya Swasthya Bima Yojna card holders
- (2) Mukhya Mantri State Health Care Scheme (MMSHCS) card holders
- (3) Those poor persons who are not enrolled/covered under RSBY/MMSHCS/HPUHPS, but suffering from serious ailments and are unable to bear medical expenses.

**Diseases to be covered**

The main aim of the Kosh is to provide the assistance to needy poor people of State who are suffering from following serious ailments:

1. The categories of treatment for serious ailments in critical care packages for the state insurance schemes at Annexure A – in total 321 packages.
2. Any other serious ailment or disease.

**Hospitals**

Assistance will be provided for treatment in the following hospitals

1. All Government hospitals in Himachal Pradesh
2. All hospitals empanelled under insurance schemes being run in the state (at present 175)
3. AIIMS, New Delhi

4. PGIMER, Chandigarh
5. GMCH, Sector-32, Chandigarh

### Operational Guidelines

1. The applications will be made either to the Chief Minister's Office or the Health Minister's Office. The beneficiary will have to produce the following documents while applying for assistance under the 'Kosh'.
  - Identity Proof
  - Treatment estimate certificate from the hospital clearly intimating the procedure to be done and expenditure involved
  - BPL/RSBY/UHPM/PMRSSM/MMSHCS card, if any
2. Under the 'Kosh', the assistance shall be granted for following:
  - Funds for inpatient treatment based on the estimates/requirement.
  - Assistance for covering OPD expenses/ miscellaneous expenses to the category of patients as per eligibility criteria who have underwent/are undergoing IPD treatment for critical care and serious ailments in any of the hospital mentioned ibid.
3. The funds under the schemes shall be disbursed by the Himachal Pradesh Swasthya Bima Yojana Society and the CEO of the Society shall be the signatory for the disbursement.
4. The duly approved cases along with sanction of Hon'ble CM shall be forwarded to the society from the Chief Minister's Office and routed through the Health Minister Office.
  - If the applicant is a beneficiary under any of the insurance schemes, the Society shall ensure that cashless treatment of the applicant is carried out in the concerned hospital and if the amount on treatment is exceeding the insurance capping, the additional amount shall be sent directly to the institution through NEFT/RTGS for treatment of beneficiary for inpatient treatment.
  - If the applicant is not covered under any of the insurance schemes, amount as sanctioned shall be disbursed to the hospital.

- In case assistance is sanctioned out of the kosh for outpatient/miscellaneous expenses, the same shall be sanctioned directly to the beneficiary.

By Order

*Baund*

Additional Chief Secretary (Health) to the Government of Himachal Pradesh

Endst. No. HFW-B (F)2-2/2018 Shimla-2 Dated: 28-08-2018  
Copy forwarded for information and necessary action, to:-

1. PS to ACS to CM, Government of Himachal Pradesh
2. PS to Health Minister, Government of Himachal Pradesh
3. PS to Health Minister, Government of Himachal Pradesh
4. CEO, HP Swasthya Bima Yojana Society, Shimla

*N. D. Singh*

Special Secretary (Health) to the Government of Himachal Pradesh

**Through this order**

The state health insurance scheme for people in the state of Himachal Pradesh will be following distribution of assistance as under:

1. The category of assistance for various ailments in critical care packages for the state insurance scheme as Annexure A - as per list of packages.
2. Any other scheme/program for insurance.

**Hospitals**

Assistance will be provided for treatment in the following hospitals:

1. All Government hospitals in Himachal Pradesh
2. All hospitals empanelled under insurance schemes being run in the state list present
3. AIIMS, New Delhi



**NOTIFICATION**

The Government of Himachal Pradesh is implementing Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (AB-PMJAY). The scheme will provide the cashless treatment coverage of Rs. 5.00 lakh per year on family floater basis. The cashless treatment benefit will be provided in the empanelled hospitals for indoor treatment and day care procedures on the basis of pre-decided package rates by the Government of India and State Government. A State Grievance Redressal Committee (SGRC) comprising of following members is hereby constituted at State level for addressing the complaints under various Health Insurance/Protection Schemes, with immediate effect:-

- |  |          |
|--|----------|
| 1. Chief Executive Officer, HPSBYS                                       | Chairman |
| 2. Director Health Services  | Member   |
| 3. State Nodal Officer, SHA  | Member   |
| 4. Consultant, SHA   | Member   |
| 5. The State Coordinator, ISA  | Member   |
| 6. The SGRC may invite other experts for their inputs on specific cases. |          |

In case of any grievance between SHA and ISA, SGRC will be chaired by the Addl. Chief Secretary/Principal Secretary/Secretary of Department of Health & Family Welfare of the State. The SGRC will follow the guidelines issued by the Government from time to time for redressal of complaints.

By Order

Addl. Chief Secretary (Health) to the  
Government of Himachal Pradesh

Endst. No. as above -1709-1726 Dated: Shimla-9, the 25/9/18  
Copy for information & necessary action to:-

1. The Additional Chief Secretary (Health) to the Government of Himachal Pradesh, Shimla-2 please.
2. All the Deputy Commissioners, Himachal Pradesh please.
3. All the concerned for information and necessary action please.

Spl. Secy (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare

Despatcher,  
HP Swasthya Bima Yojna Society,  
Himachal Pradesh,  
Date: 26/9/2018





No. HFW-H(RSBY)PMRSSM/2018

Dated: Shimla-9, the 25/9/18

**NOTIFICATION**

The Government of Himachal Pradesh is implementing Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (AB-PMJAY). The scheme will provide the cashless treatment coverage of Rs. 5.00 lakh per year on family floater basis. The cashless treatment benefit will be provided in the empanelled hospitals for indoor treatment and day care procedures on the basis of pre-decided package rates by the Government of India and State Government. A District Grievance Redressal Committee (DGRC) comprising of following members is hereby constituted at District level for addressing the complaints under various Health Insurance/Protection Schemes, with immediate effect:-

- |   |             |
|---|-------------|
| 1. District Magistrate/Officer of the rank of Addl. District Magistrate   | Chairperson |
| 2. Chief Medical Officer  | Convener    |
| 3. Project Officer, District Rural Development Authority                  | Member      |
| 4. District Coordinator, ISA  | Member      |
| 5. District Grievance Nodal Officer (DGNO), ISA                           | Member      |
| 6. The DGRC may invite other experts for their inputs for specific cases. |             |

DGNO shall try to resolve the complaints by forwarding the same to Action Taking Authority (ATA). If the complaint is not resolved or comments are not received over the same within 15 days of the complaint, then the matter may be referred to DGRC. The DGRC will follow the guidelines issued by the Government from time to time for redressal of complaints.

By Order

Addl. Chief Secretary (Health) to the  
Government of Himachal Pradesh

Endst. No. as above-1727-1777 Dated: Shimla-9, the 25/9/18

Copy for information & necessary action to:-

1. The Additional Chief Secretary (Health) to the Government of Himachal Pradesh, Shimla-2 please.
2. All the Deputy Commissioners, Himachal Pradesh please.
3. All the concerned for information and necessary action please.

Despatcher,  
HP Swasthya Bima Yojna Society  
Himachal Pradesh.  
Date: 26/9/2018

Spl. Secy (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare



**Time Bound/Personnel Attention**

No.HFW-H(RSBY)PMRSSM/2018-Loose  
HP Swasthya Bima Yojna Society  
Deptt. of Health & Family Welfare

To

All the Hospitals Empanelled under AB-PMJAY,  
Himachal Pradesh

Dated: Shimla-9, the 26/9/2018

Subject: Implementation of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna-Instructions thereof.

Sir/Madam,

The State of Himachal Pradesh has launched Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (AB-PMJAB) on 23<sup>rd</sup> September, 2018. Under Ayushman Bharat, the beneficiary family is eligible to avail cashless treatment up to Rs. 5.00 lakh at the time of hospitalization. Your hospital is empanelled under AB-PMJAY for providing the cashless treatment benefit to the beneficiaries. For providing the benefit under the scheme, online TMS system has been started by the Government of India and a training session was organized by the Districts on 14<sup>th</sup>-15<sup>th</sup> September, 2018. Login IDs and Passwords for Beneficiary Identification System (BIS) and Transaction Management System (TMS) have already been shared through email. Following are the link for Beneficiary Identification System and Transaction Management System:-

Beneficiary Identification System: <https://bis.pmjay.gov.in>

Transaction Management System: <https://hptms.pmjay.gov.in>

The 2D QR Code Reader UIDAI compliant and Bio-metric scanners have already been provided to the public empanelled hospitals. In addition, the public hospitals will arrange web cam for capturing the photograph of beneficiary if figure print does not match by using Aadhar authentication and scanner for scanning the ration card and other identity proof of beneficiary at the time of Beneficiary Identification System (BIS). The private hospitals will arrange the 2D QR Code Reader UIDAI compliant and Bio-metric scanners at their own cost alongwith the scanner and web

eam for providing the benefit under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (AB-PMJAY)

It has been noticed that hospitals are not registering beneficiaries under Ayushman Bharat-PMJAY which is cause of concern.

In this context, it is directed to register the beneficiaries under Ayushman Bharat only, with immediate effect. The claims in respect of the patients being registered through RSBY TMS will not be settled/reimbursed from today i.e. 26<sup>th</sup> September, 2018 onwards since the Rashtriya Swasthya Bima Yojna has been closed after launching of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna.

Any dereliction in the matter may lead to serious action.

Yours faithfully,

(Dr. Nipun Jindal, IAS)  
Spl. Secy. (Health)-cum-CEO (RSBY)  
HP Swasthya Bima Yojana Society  
Himachal Pradesh

Endst. No. As above <sup>1958-1995</sup> dated: Shimla-9, the 26/9/2018

Copy for information and necessary action to:-

1. The Additional Chief Secretary (Health) to the Government of Himachal Pradesh, Shimla-2 please.
2. All the Deputy Commissioners, Himachal Pradesh for necessary action please.
3. All the Chief Medical Officers, Himachal Pradesh for information and with the request to direct the empanelled hospitals for compliance.
4. All The District Coordinators, HPSBYS for compliance please.
5. M/s Medsave TPA, New Delhi for information and necessary action please.
6. The New India Assurance Company Limited for information please.

Spl. Secy. (Health)-cum-CEO (RSBY)  
HP Swasthya Bima Yojana Society  
Himachal Pradesh

Despatcher,  
HP Swasthya Bima Yojana Society,  
Himachal Pradesh,  
Date: 26/9/18



From

Additional Chief Secretary (Health) to the  
Government of Himachal Pradesh

To

All the Hospitals Empanelled under AB-PMJAY,  
Himachal Pradesh

Despatcher,  
HP Swasthya Bima Yojna Society  
Himachal Pradesh  
Date: 29/09/2018

Dated: Shimla-9, the 29<sup>th</sup> September, 2018

Subject: Implementation of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna-Instructions thereof.

Sir/Madam,

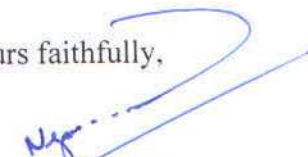
The State of Himachal Pradesh has launched Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (AB-PMJAY) on 23<sup>rd</sup> September, 2018. Under Ayushman Bharat, the beneficiary family is eligible to avail cashless treatment up to Rs. 5.00 lakh at the time of hospitalization. Your hospital is empanelled under AB-PMJAY for providing the cashless treatment benefit to the beneficiaries. For providing the benefit under the scheme, online Beneficiary Identification System (BIS) and Transaction Management System (TMS) has been developed by the Government of India. From the perusal of reports, it has been noticed that progress under the Yojna is not satisfactory as only 187 beneficiaries have been issued Golden Beneficiary Cards and only 41 patients have been registered by the hospitals for treatment. The State was implementing Rashtriya Swasthya Bima Yojna since 2008 and as per reports, the average admissions under RSBY was 120-125 patients per day. All the RSBY card holder families have been covered under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (AB-PMJAY) and beneficiaries may be visiting hospitals for treatment and it is matter of concern that average admissions of such patients has been dropped down to 20 per day. It is understood that there are some glitches in the newly developed software for PMJAY and are being resolved, but due to this, patients should not suffer. The hospitals should ensure the cashless

treatment to the beneficiaries in offline mode after completing the Beneficiary Identification System, if Transaction Management System is not working and keep the proper record i.e. admission paper, clinical notes, USGs, Discharge Card, Clinical photographs, bills and other relevant documents for uploading on TMS. The hospitals will get the reimbursement only after uploading the necessary documents through TMS.

For providing the cashless treatment under AB-PMJAY, all the empanelled hospitals should follow the process through online system developed by the Government of India. The detailed guidelines for Beneficiary Identification System (BIS), Transaction Management System (TMS) alongwith screenshots are enclosed herewith.

All the empanelled hospitals are directed to follow the instructions and provide the cashless treatment to all the eligible beneficiaries under AB-PMJAY visiting hospitals for treatment. Any dereliction in the matter may lead to serious action.

Yours faithfully,

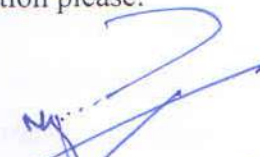
  
(Dr. Nipun Jindal, IAS)  
Spl. Secy. (Health)-cum-CEO  
HP Swasthya Bima Yojana Society  
Himachal Pradesh

Endst. No. As above-2174-2210 dated: Shimla-9, the 29<sup>th</sup> September, 2018

Copy for information and necessary action to:-

1. The Additional Chief Secretary (Health) to the Government of Himachal Pradesh, Shimla-2 please.
2. All the Deputy Commissioners, Himachal Pradesh for necessary action please.
3. All the Chief Medical Officers, Himachal Pradesh for information and with the request to direct the empanelled hospitals for compliance.
4. All The District Coordinators, HPSBYS for compliance please.
5. M/s Medsave TPA, New Delhi for information and necessary action please.

Despatcher,  
HP Swasthya Bima Yojana Society,  
Himachal Pradesh,  
Date: 29/09/2018

  
Spl. Secy. (Health)-cum-CEO  
HP Swasthya Bima Yojana Society  
Himachal Pradesh

## **Guidelines for Beneficiary Identification System and Transaction Management System**

### **Beneficiary Identification System (BIS)**

- a. Identification of AB-PMJAY Beneficiary Family Units will be based on the deprivation criteria of D1, D2, D3, D4, D5 and D7, Automatically Included category and 11 broadly defined occupational un-organised workers (in Urban Sector) of the Socio-Economic Caste Census (SECC) database of the State of Himachal Pradesh along with the existing RSBY Beneficiary Families not figuring in the SECC Database.
- b. The benefits under the AB-PMJAY Risk Cover shall only be available to an AB-PMJAY Beneficiary through an EHCP after Aadhaar based identification as far as possible. In case Aadhaar is not available then other defined Government recognised ID will be used for this purpose. The beneficiaries will be identified at the point of contact through Beneficiary Identification System (BIS) software. Once successfully identified, the beneficiary will be provided with a print of AB-PMJAY e-card which can be used as reference while availing benefits.
- c. Beneficiary identification will include the following broad steps:
  - i. The operator at the hospital searches through the AB-PMJAY list to determine if the person is covered.
  - ii. Search can be performed by Name and Location, Ration Card No or Mobile number (collected during data drive) or RSBY URN.
  - iii. If the beneficiary's name is found in the AB-PMJAY list, Aadhaar (or an alternative government ID) and Ration Card (or an alternative family ID) is collected against the Name / Family.
  - iv. The system determines a confidence score (threshold score defined by the system but not visible to operator/Pradhan Mantri Arogya Mitra) for the link based on how close the name / location / family members between the AB-PMJAY record and documents is provided.
  - v. The operator sends the linked record for approval to the ISA. The patient will be advised to wait for approval from the ISA.
  - vi. The ISA will setup a Beneficiary approval team that shall perform the verification of the data of identified beneficiaries. Approvals shall be provided within 30 minutes back to the hospital operator on 24X7 basis. The AB-PMJAY details and the information from the ID is presented to the

verifier. The ISA can either approve or recommend a case for rejection with reason.

- vii. All cases recommended for rejection will be scrutinized by a SHA. The state team will either accept rejection or approve with reason.
- viii. The e-card will be printed with the unique ID under AB-PMJAY and handed over to the beneficiary to serve as a proof for verification for future reference.

### **Claim Process and Transaction Management**

After successful identification of beneficiary through BIS, the following process will be following for providing the treatment under AB-PMJAY at EHCP.

### **Package Selection**

- A. The treating doctor will provide the detail in the diagnosis sheet if the patient to be hospitalized.
- B. The operator will check for the specialty for which the hospital is empanelled. Hospitals will only be allowed to view and apply treatment package for the specialty for which they are empanelled.
- C. Based on diagnosis sheet provided by doctor, operator should be able to block Surgical or Non-Surgical benefit package(s) using AB-PMJAY IT system.
- D. Both surgical and non-surgical packages cannot be blocked together, either of the type can only be blocked.
- E. As per the package list, the mandatory diagnostics/documents will need to be uploaded along with blocking of packages.
- F. The operator can block more than one package for the beneficiary. A logic has been built in for multiple package selection, such that reduced payment is made in case of multiple packages being blocked in the same hospitalization event.
- G. If a registered mobile number of beneficiary family is available, an SMS alert will be sent to the beneficiary notifying him of the packages blocked for him.
- H. At the same time, a printable registration slip needs to be generated and handed over to the patient or patient's attendant.
- I. If for any reason treatment is not availed for any package, the operator can unblock the package before discharge from hospital.

### **Balance Check, Treatment, Discharge and Claim Request**

- A. Based on selection of package(s), the operator will check from the Central AB-PMJAY Server if sufficient balance is available with the beneficiary to avail services.

- B. If balance amount under available covers is not enough for treatment, then remaining amount (treatment cost - available balance), will be paid by beneficiary (OOP expense will also be captured and stored)
- C. The hospital will only know if there is sufficient balance to provide the selected treatment in a yes or no response. The exact amount will not be visible to the hospital.
- D. SMS will be sent to the beneficiary registered mobile about the transaction and available balance.
- E. List of diagnostic reports recommended for the blocked package will be made available and upload of all such reports will be mandatory before discharge of beneficiary.
- F. Transaction System would have provision of implementation of Standard Treatment Guidelines for providing the treatment.
- G. After the treatment, details will be saved and beneficiary will be discharged with a summary sheet.
- H. Treatment cost will be deducted from available amount and will be updated on the Central AB-PMJAY Server.
- I. The operator fills the online discharge summary form and the patient will be discharged. In case of mortality, a flag will be raised against the deceased member declaring him as dead or inactive.
- J. At the same time, a printable receipt needs to be generated and handed over to the patient or patient's attendant.
- K. After discharge, beneficiary gets a confirmation and feedback call from the AB-PMJAY call centre; response from beneficiary will be stored in the database.
- L. Data (Transaction details) should be updated to Central Server and accessible to Implementation Support Agency for Claim settlement. Claim will be presumed to be raised once the discharge information is available on the Central server and is accessible to the Implementation Support Agency and SHA.
- M. SMS will be sent to beneficiary registered mobile about the transaction and available balance.
- N. After every discharge, claims would be deemed to be raised to the Implementation Support Agency. An automated email alert will be sent to the ISA/SHA specifying patient name, AB-PMJAY ID, registration number & date and discharge date. Details like Registration ID, AB-PMJAY ID, date and amount of claim raised will be accessible to the ISA/SHA on AB-PMJAY System. Also details like Registration-ID, AB-PMJAY-ID, Date and amount of claim raised, date and amount of claim disbursement, reasons for different in claims



raised and claims settled (if any), reasons for rejection of claims (if any) will be retrieved from the Implementation Support Agency through APIs.

- O. Once the claim is processed and the hospital gets the payment, the above-mentioned information along with payment transaction ID will be updated on central AB-PMJAY system by the Implementation Support Agency for each claim separately.
- P. Hospital Transaction Management Module would generate a basic MIS report of beneficiary admitted, treated and claim settled and in process and any other report needed by Hospitals on a regular basis.
- Q. Upon discharge, beneficiary will receive a feedback call from the Call centre where he can share his feedback about his/her hospitalisation experience.

### **Pre-Authorization**

- a. All procedures as defined in the list of notified packages that are earmarked for pre-authorisation shall be subject to mandatory pre-authorisation. In addition, in case of Inter-State portability, all procedures shall be subject to mandatory pre-authorisation irrespective of the pre-authorisation status.
- b. ISA will not allow any EHCP, under any circumstances whatsoever, to undertake any such earmarked procedure without pre-authorisation unless under emergency. Process for emergency approval will be followed as per guidelines laid down under AB-PMJAY
- c. Request for hospitalization shall be forwarded by the EHCP after obtaining due details from the treating doctor, i.e. “request for authorisation letter” (RAL). The RAL needs to be submitted online through the Scheme portal and in the event of any IT related problem on the portal, then through email or fax. The medical team of ISA would get in touch with the treating doctor, if necessary.
- d. The RAL should reach the authorisation department of the ISA within 6 hours of admission in case of emergency.
- e. In cases of failure to comply with the timelines stated in above **Clause**, the EHCP shall forward the clarification for delay with the request for authorisation.
- f. The ISA in all cases of pre-authorisation request related decisions shall communicate to the EHCP within 12 hours for all non-emergency cases and within 30 minute for emergencies. If there is no response from the ISA within 12 hours of an EHCP filing the pre-authorisation request, the request of the EHCP shall be deemed to be automatically authorised.
- g. The ISA will not be liable to honour any claims from the EHCP for procedures, for which the EHCP does not have a pre-authorisation, if prescribed.

- h. Reimbursement of all claims for procedures shall be as per the limits prescribed for each such procedure unless stated otherwise in the pre-authorisation letter/communication.
- i. The RAL form should be dully filled with clearly mentioned Yes or No. There should be no nil, or blanks, which will help in providing the outcome at the earliest.
- j. The ISA shall approve or recommend payment only after receipt of RAL and the necessary medical details. And only after the ISA has ascertained and negotiated the package with the EHCP, shall issue the Authorisation Letter (AL). This shall be completed within 24 hours of receiving the RAL.
- k. In case the ailment is not covered or the medical data provided is not sufficient for the medical team of the authorisation department to confirm the eligibility, the ISA can deny the authorisation or seek further clarification/ information.
- l. The ISA needs to file a report to the SHA explaining reasons for denial of every such pre-authorisation request.
- m. Denial of authorisation (DAL)/ guarantee of payment is by no means denial of treatment by the EHCP. The EHCP shall deal with such case as per their normal rules and regulations.
- n. Authorisation letter (AL) will mention the authorisation number and the amount authorized as a package rate for such procedure for which package has not been fixed earlier. The EHCP must see that these rules are strictly followed.
- o. The authorisation is given only for the necessary treatment cost of the ailment covered and mentioned in the RAL for hospitalization.
- p. The entry on the AB-PMJAY portal for claim amount blocking as well at discharge would record the authorisation number as well as package amount agreed upon by the EHCP and the ISA.
- q. In case the balance sum available is less than the specified amount for the Package, the EHCP should follow its norms of deposit/running bills etc. However, the EHCP shall only charge the balance amount against the package from the AB-PMJAY beneficiary. The ISA upon receipt of the bills and documents would recommend release of the authorized amount.

\*\*\*\*\*



सत्यमेव जयते

**Ministry of Health & Family Welfare  
Government of India**

Ministry of Health and Family Welfare

**APPROVAL USER MANUAL**

**For**

**Transaction Management System**

## Contents

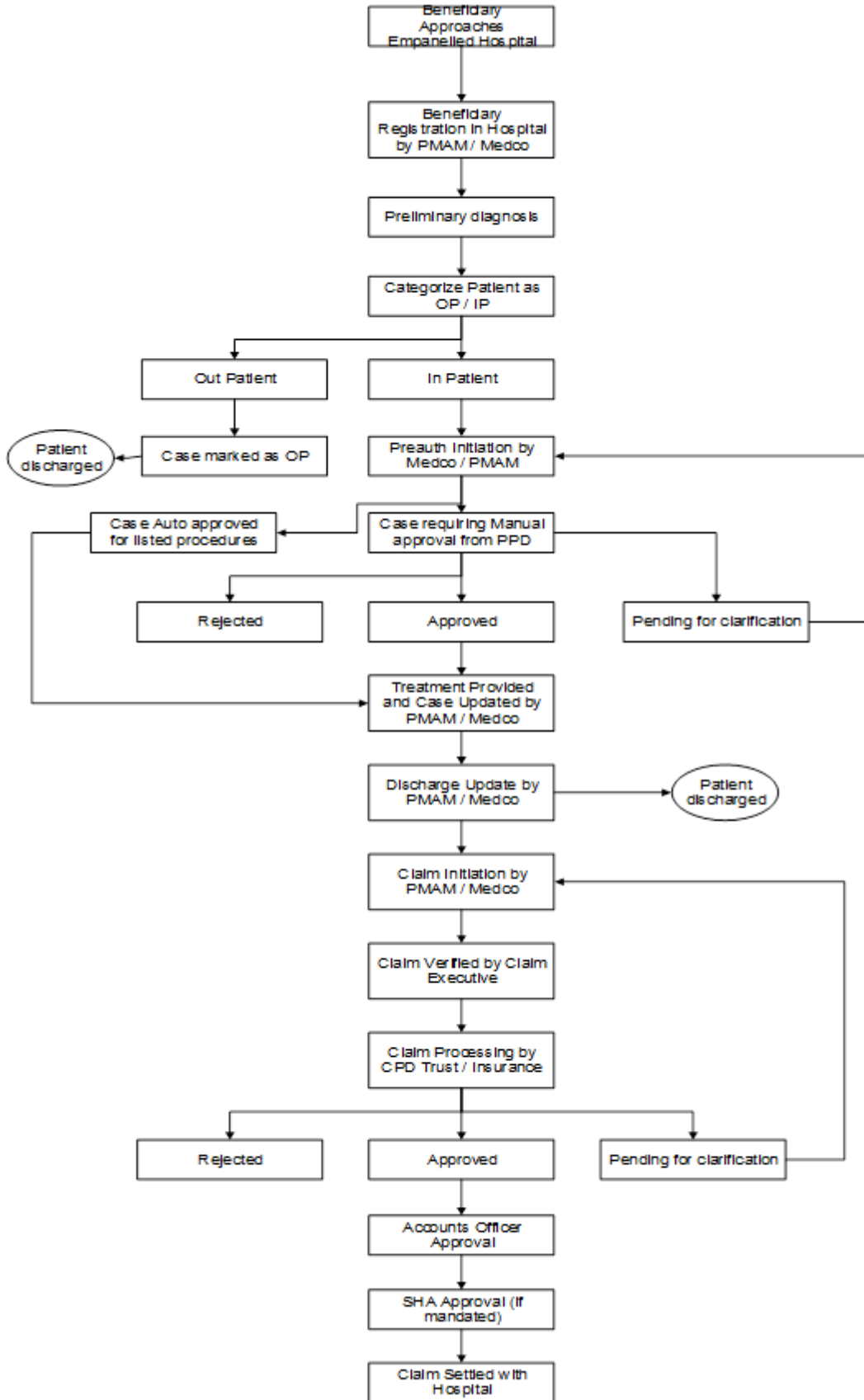
TMS Workflow:.....	4
Preauthorization Workflow: .....	5
Menus and Sub Menus: .....	6
Case Status:.....	6
Pre-Authorization.....	7
1) Preauthorization Approved by PPD.....	8
2) Preauthorization Pending by PPD.....	13
3) Preauthorization Rejecting by PPD.....	16
Claim .....	19
4) Claim Verified by Claim Executive.....	20
5) Claim Approved by Claim Panel Doctor .....	24
6) Claim Pending by Claim Panel Doctor .....	28
7) Claim Rejecting by Claim Panel Doctor .....	29
8) Claim Forwarded by Accounts Officer .....	31
9) Claim Approved by SHA Officer.....	33

**ABBREVIATION:**

<b>TERMS</b>	<b>DEFINITION</b>
PMAM/ AM	Pradhan Mantri Arogya Mitra / Arogya Mitra
MEDCO	Medical Coordinator
PEX	Pre-Authorization Executive
PPD	Pre-Authorization Panel Doctor
CEX	Claim Executive
CPD	Claim Panel Doctor
AO	Account Officer
SHA	State Health Agency

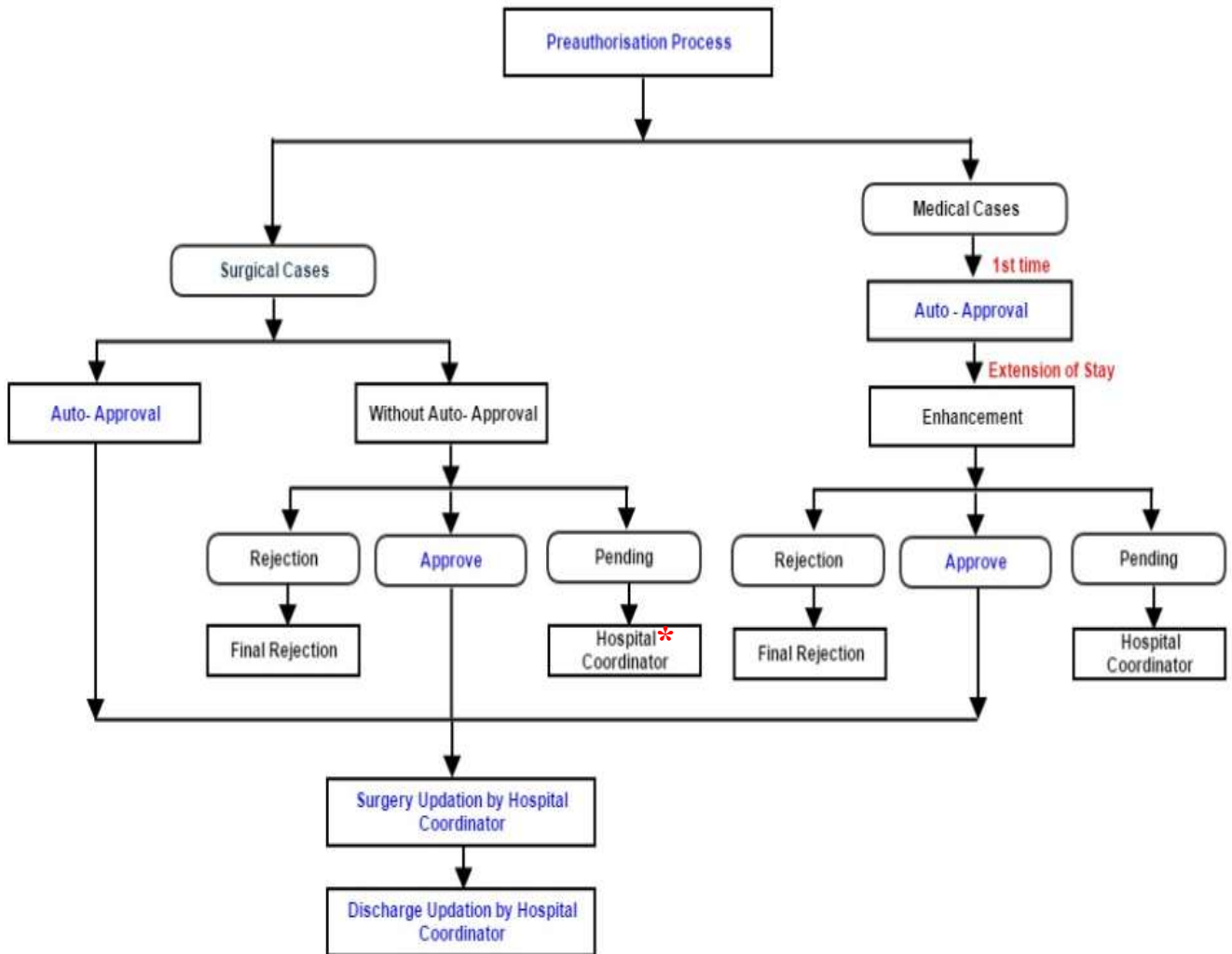
**TMS Workflow:**

TMS Workflow explains all roles and responsibility involved in this process as mentioned below.



**Preauthorization Workflow:**

Preauthorization Workflow explains all roles and responsibility involved in this process as mentioned below.



\* Hospital Co-Ordinator: It could be MEDCO and /or PMAM.

**Menus and Sub Menus:**

Below are the Menus and Sub Menus involved in TMS Application.

s.no	Menus	Sub-Menus
1	Patient	Register Patient
		Register Patient View
		Telephonic Registered patients
		Out patient Registered cases
2	Case Search	NA
3	Pre-Auth	Pre auth Initiation
		Pre auth Updation
		Cases for Surgery Update
		Cases for discharge Update
		Cancel Pre auth
4	Claims	Claims Initiation
		Claims Updation

**Case Status:**

Below are the Case status for all cases involved in TMS Application.

s.no	Case	Case status		
		Current	Previous	Next
1	Out patient	OP case Registered	NA	NA
2	In patient	IP case registered	NA	MEDCO Pre auth initiated
3	Pre auth initiation	MEDCO Pre auth initiated	IP case registered	PPD Approve/PPD rejected/PPD pending
4	Pre auth Updation	PPD Insurer/Trust /Multi Approve	MEDCO Pre auth initiated	Surgery date updated by MEDCO
5	Pre auth Updation	PPD Insurer/Trust /Multi Pending	MEDCO Pre auth initiated	MEDCO Pending Updated
6	MEDCO Updation	MEDCO Pending Updated	PPD Insurer/Trust /Multi Pending	PPD Insurer/Trust /Multi Pending Approved
7	Pre auth Updation	PPD Insurer/Trust /Multi Pending Approved	MEDCO Pending Updated	Surgery date updated by MEDCO
8	Pre auth Updation	PPD Insurer/Trust /Multi Reject	MEDCO Pre auth initiated	NA
9	NA	Procedure Auto Approved	MEDCO Pre auth initiated	Surgery date updated by MEDCO
10	Cancel	Pre auth Cancelled	NA	NA
11	Cases for Surgery updation	Surgery date updated by MEDCO	PPD Approve	Discharge date updated by MEDCO
12	Cases for Discharge updation	Discharge Date updated by MEDCO	Surgery date updated by MEDCO	Claim initiated by MEDCO
13	Claim initiation	Claim initiated By MEDCO	Discharge Date updated by MEDCO	Claim forwarded By CEX
14	Claim Updation	Claim forwarded By CEX	Claim Initiated by MEDCO	Claim approved by Claim Panel doctor
15	Claim Updation	Claim Insurer/Trust /Multi approved by Claim Panel doctor	Claim forwarded By CEX	NA
16	Claim Updation	Claim kept Pending by CPD	Claim forwarded By CEX	Claim Pending Updated by MEDCO to CPD
17	MEDCO Updation	Claim Pending Updated by MEDCO to CPD	Claim kept Pending by CPD	Claim Pending Approved by CPD
18	Claim Updation	Claim Pending Approved by CPD	Claim Pending Updated by MEDCO to CPD	NA
19	Claim Updation	CPD Insurer/Trust /Multi Reject	Claim forwarded By CEX	Claim forwarded to Accounts Officer
20	Claim Updation	Claim forwarded to Accounts officer	CPD Insurer/Trust/Multi Reject	Claim forwarded to SHA
21	Claim Updation	Claim forwarded to SHA	Claim forwarded to Accounts Officer	NA



## **Pre-Authorization**

Pre-Authorization process has to be approved by Pre-Auth Panel Doctor for In-patient registered patients. Before performing surgery, Network Hospital has to get approval from higher authorities whether the surgery is required or not. This process is known as Pre-Authorization.

1. Preauthorization Process Initiated by MEDCO.
2. Preauthorization Verification by Arogya Mitra.
3. Preauthorization Approval by Panel Doctor.

### **Preauthorization Process Initiated by MEDCO:**

MEDCO (Network Hospital doctor) has to initiate the Preauthorization process by submitting all mandatory information like illness details, surgery details and total cost estimation etc. After this action, the case status will be changed to Preauthorization MEDCO Initiated.

### **Preauthorization Verification by Arogya Mitra\*:**

Arogya Mitra will verify the details which was submitted by MEDCO and forward the Preauthorization. Claim number for this case will be generated. After this action, the case status will be changed to 'Preauthorization Forwarded by Arogya Mitra'.

**Note\*:** For some states (on request), if they are having Arogya Mitra, then it will go to Arogya Mitra pool. For the other states, after pre-auth initiation, request will go to Panel doctor directly.

### **Preauthorization Approval by Panel Doctor:**

The Preauthorization will be processed by Panel Doctor. He will retrieve the Cases waiting for Approval based on FIFO Order. Panel Doctor will 'Approve'/'Reject'/'Pending' after checking past history and verifying the case he wants to 'Approve'/'Reject'/'Pending' for Preauthorization by providing fields in Checklist.

### 1) Preauthorization Approved by PPD

Pre-Auth Panel Doctor should be able to Approve/Pending/Reject the Case verified by Mithra as shown in the screen shot.

**AYUSHMAN BHARAT**  
National Health Protection Mission

PPD

---

Case Search

Preauth

Preauth Update 1

Payments

**Patient Details Case No: CASE/CON-RRY/NHPST334I**

Aadhaar No:	786786184757	Relation with Family Head:	Self	Card No:	NO DATA
IP No:	ASE/CON-RRY/NHPST334I	IP No:		IP Registered Date:	2018-07-20 16:35:11.0
Hospital Name:	CONTINENTAL HOSPITALS	Specialist Name:	Dr. Mithra Forwarded	Address:	54 saagar, Amberpet, AMBERPET, HYDERABAD
Coastal No:	8678678686	Slab Type:	Semi Private Ward		

Preauthorization buttons will be enabled in :  
00 : 00  
 minutes : seconds

IP Registration Details
Past History
Clinical Notes
Preauthorization
Attachments
Case Sheet

**NWH Details**

Name	Address
CONTINENTAL HOSPITALS	FLOT NO3, ROAD NO 2, NANAKRAMAGUDA, GACHIBOWLI, SERILINGAMPALLY, HYDERABAD, 9948991143

**Diagnosis and Treatment**

<b>Diagnosis Type</b> Factors influencing health status and contact with health services	<b>Main Category Name</b> Factors influencing health status and contact with health services	<b>Category Name</b> Body mass index (BMI) Kilograms per meters squared
<b>Sub Category Name</b> Body mass index (BMI) 40 or greater, adult	<b>Disease Name</b> Body mass index (BMI) 70 or greater, adult	<b>Disease Anatomical Name</b> Body mass index (BMI) 70 or greater, adult

**Treatment Protocol**

Category Name	ICD Category Name	Procedure Name	Units	Special Investigations	Remarks	Treating Doctor Name	Procedure Amount
ENDOCRINOLOGY(592)	Disorders of other endocrine glands(403)	Hormonal therapy for Pituitary - Acromegaly(292)	-NA-	Clinical Photograph	-NA-	R. BHARATHI	₹ 12140

**Comorbid Conditions**

No comorbid Found

**Admission Details**

<b>Admission Type *</b> <input checked="" type="radio"/> Planned <input type="radio"/> Emergency	<b>Admission Date *</b> 20-07-2018	<b>Procedure Consent *</b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Medical or Cardiology Clearance *</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Blood Transfusion *</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		

**Technical CheckList**

1) Is diagnosis supported by sufficient evidence??  Yes  No

2) Is the Suggested line of Treatment Supported by Sufficient evidence??  Yes  No

Total Package Amount Admissible Under the Scheme Rs \*

Remarks \*

**Work Flow**

S.No	Date and Time	Role Name	Remarks	Action	Amount
1	20-07-2018 16:35:11	MEDCOCON_RRY(MEDCO)	NA	IP Case Registered	19630
2	20-07-2018 17:29:45	MEDCOCON_RRY(MEDCO)	Na	Medco Preauth Initiated	19630
3	20-07-2018 18:08:16	MEDCOCON_RRY(MITHRA)	NA	Preauth Mithra Forwarded	19630

**Action**

--Select--

**AYUSHMAN BHARAT**  
National Health Protection Mission

**Cases Search**

**Prerath**

**Prerath Updation**

**Payments**

**Patient Details Case No: CASE/CON-RRV/NHPS13341**

Aadhaar No:	78678688767	Relation with Family Head:	Self
IP No:	ASE/CON-RRV/NHPS13341	Case Status:	Prerath Mishra Forwarded
ospital Name:	CONTINENTAL HOSPITALS	Prerath Mishra Forwarded Contact No:	8678678686
Card No:	NO DATA		
IP Registered Date:	2018-07-20 16:35:11.0		
Address:	54 sai anagar, Ambepet, AMBERPET, HYDERABAD		

ation buttons will be enabled in :  
10 : 11  
minutes seconds

IP Registration Details
Past History
Clinical Notes
Prerathization
Attachments
Case Sheet

**SWH Details**

Name CONTINENTAL HOSPITALS	Address PLOT NO.3, ROAD NO.2, NANAKRAMAGUDA, GACHIBOWLI, SERILINGAMPALLY, HYDERABAD, 9948991143
-------------------------------	--

**Diagnosis and Treatment**

<b>Diagnosis Type</b> <small>Factors influencing health status and contact with health services</small>	<b>Main Category Name</b> <small>Factors influencing health status and contact with health services</small>	<b>Category Name</b> <small>Body mass index (BMI) Kilograms per meters squared</small>
<b>Sub Category Name</b> <small>Body mass index (BMI) 40 or greater, adult</small>	<b>Disease Name</b> <small>Body mass index (BMI) 70 or greater, adult</small>	<b>Disease Anatomical Name</b> <small>Body mass index (BMI) 70 or greater, adult</small>

**Treatment Protocol**

Category Name	ICD Category Name	Procedure Name	Units	Special Investigations	Remarks	Treating Doctor Name	Procedure Amount
ENDOCRINOLOGY(592)	Disorders of other endocrine glands(403)	Hormonal therapy for Pituitary - Acromegaly(292)	-NA-	Clinical Photograph	-NA-	R. BHARATHI	₹ 12140

**Comorbids Conditions**

No comorbids Found

**Admission Details**

<b>Admission Type *</b> <input checked="" type="radio"/> Planned <input type="radio"/> Emergency	<b>Admission Date *</b> 20-07-2018	<b>Procedure Consent *</b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Medical or Cardiology Clearance *</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Blood Transfusion *</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		

**Technical Checklist**

D1: diagnosis supported by sufficient evidence?  Yes  No

D2: Is the Suggested line of Treatment Supported by Sufficient evidence?  Yes  No

Total Package Amount Admissible Under the Scheme Rs. \*

Remarks \*

---

**Work Flow**

S.No	Date and Time	Role Name	Remarks	Action	Amount
1	20-07-2018 16:35:11	MEDCOCON_RRV(MEDCO)	NA	IP Case Registered	19630
2	20-07-2018 17:29:45	MEDCOCON_RRV(MEDCO)	Na	Medico Prerath Initiated	19630
3	20-07-2018 18-08:16	MEDCOCON_RRV(MITHRA)	NA	Prerath Mishra Forwarded	19630

**Action**

-Select-

Page 9 of 34

Once the timer is completed case will be notified by panel doctor as shown in the screen shot.

## AYUSHMAN BHARAT

National Health Protection Mission

PPD

Cases Search

---

Preauth

---

Preauth Updation 1

---

Payments

Patient Details Case No: CASE/CON-RRY/NHPST3341

Name:	Aadhaar No:	Relation with Family Head:	Card No:
ii	786786886767	Self	NHPS2364/01
Case No:	Case Status:	IP No:	IP Registered Date:
ASE/CON-RRY/NHPST3341	Preauth Mithra Forwarded		2018-07-20 16:35:11.0
Hospital Name:	Contact No:	Slab Type:	Address:
CONTINENTAL HOSPITALS	8678678686	Semi Private Ward	54 sai angar, Amberpet, AMBERPET, HYDERABAD

Notification buttons will be enabled in : 10 : 00

minutes seconds

IP Registration Details
Past History
Clinical Notes
Preauthorization
Attachments
Case Sheet

NWH Details

Name	Name
CONTINENTAL HOSPITALS	HIBOWLI, SERILINGAMPALLY, HYDERABAD,

Diagnosis and Treatment

Diagnosis Type	Main Category Name	Category Name
Factors influencing health status and contact with health services	Factors influencing health status and contact with health services	Body mass index [BMI] Kilograms per meters squared
Sub Category Name	Disease Name	Disease Anatomical Name
Body mass index (BMI) 40 or greater, adult	Body mass index (BMI) 70 or greater, adult	Body mass index (BMI) 70 or greater, adult

Treatment Protocol

Timer completed

OK

Approve the case by verifying below details as shown in the screen shot.

**Cases Search**

**Preauth**

**Preauth Updation** 1

**Payments**

**AYUSHMAN BHARAT**  
National Health Protection Mission

PPD

---

**Patient Details Case No: CASE/CON-RRY/NHPST3341**

<b>ame:</b>	<b>Aadhaar No:</b> 786786886767	<b>Relation with Family Head:</b> Self	<b>Card No:</b> NHP62364/01
<b>ti</b>	<b>Case Status:</b> Preauth Mithra Forwarded	<b>IP No:</b>	<b>IP Registered Date:</b> 2018-07-20 16:35:11.0
<b>ase No:</b> ASE/CON-RRY/NHPST3341	<b>Contact No:</b> 8678678686	<b>Slab Type:</b> Semi Private Ward	<b>Address:</b> 34 sai sangar, Amberpet, AMBERPET, HYDERABAD
<b>ospital Name:</b> CONTINENTAL HOSPITALS			<b>NO DATA</b>

Action buttons will be enabled in : **10** minutes : **00** seconds

IP Registration Details
Past History
Clinical Notes
Preauthorization
Attachments
Case Sheet

**NWH Details**

<b>Name:</b> CONTINENTAL HOSPITALS	<b>Address:</b> PLOT NO3, ROAD NO 2, NANAKRAMAGUDA, GACHIBOWLI, SERILINGAMPALLY, HYDERABAD, 9948991143
------------------------------------	--

**Diagnosis and Treatment**

<b>Diagnosis Type:</b> Factors influencing health status and contact with health services	<b>Main Category Name:</b> Factors influencing health status and contact with health services	<b>Category Name:</b> Body mass index [BMI] Kilograms per meters squared
<b>Sub Category Name:</b> Body mass index (BMI) 40 or greater, adult	<b>Disease Name:</b> Body mass index (BMI) 70 or greater, adult	<b>Disease Anatomical Name:</b> Body mass index (BMI) 70 or greater, adult

**Treatment Protocol**

Category Name	ICD Category Name	Procedure Name	Units	Special Investigations	Remarks	Treating Doctor Name	Procedure Amount
ENDOCRINOLOGY(592)	Disorders of other endocrine glands(405)	Hormonal therapy for Pituitary - Acromegaly(292)	-NA-	Clinical Photograph	-NA-	R. BHARATHI	₹ 12140

**Comorbid Conditions**

No comorbids Found

**Admission Details**

<b>Admission Type *</b>	<b>Admission Date *</b>	<b>Procedure Consent *</b>
<input checked="" type="radio"/> Planned <input type="radio"/> Emergency	20-07-2018	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Medical or Cardiology Clearance *</b>		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Blood Transfusion *</b>		
<input type="radio"/> Yes <input checked="" type="radio"/> No		

**Technical CheckList**

1) Is diagnosis supported by sufficient evidence?  Yes  No

2) Is the Suggested line of Treatment Supported by Sufficient evidence?  Yes  No

**Total Package Amount Admissible Under the Scheme Rs \***

**Remarks \***

**Work Flow**

S.No	Date and Time	Role Name	Remarks	Action	Amount
1	20/07/2018 16:35:11	MEDCOCON_RRY(MEDCO)	NA	IP Case Registered	19630
2	20/07/2018 17:29:45	MEDCOCON_RRY(MEDCO)	Na	Medco Preauth Initiated	19630
3	20/07/2018 18:08:16	MEDCOCON_RRY(MITHRA)	NA	Preauth Mithra Forwarded	19630

**Action**

Approve

After approval, message will be generated as shown in the screen shot

**AYUSHMAN BHARAT**

National Health Protection Mission

PPD ▾

Cases Search

---

Preauth

---

Preauth Updation 1

---

Payments

**Patient Details Case No: CASE/CON-RRY/NHPST3341**

Name:	Aadhaar No:	Relation with Family Head:	Card No:
ii	786786886767	Self	NHPS2364/01
Case No:	Case Status:	IP No:	IP Registered Date:
ASE CON-RRY/NHPST3341	Preauth Mithra Forwarded		2018-07-20 16:35:11.0
Hospital Name:	Contact No:	Slab Type:	Address:
CONTINENTAL HOSPITALS	8678678686	Semi Private Ward	54 sai angar, Amberpet, AMBERPET, HYDERABAD

action buttons will be enabled in : 00 : 00

minutes seconds

IP Registration Details

Past History

Clinical Notes

Preauthorization

Attachments

Case Sheet

**NWH Details**

Name	Address
CONTINENTAL HOSPITALS	HIBOWLI, SERILINGAMPALLY, HYDERABAD,

**Diagnosis and Treatment**

Diagnosis Type	Main Category Name	Category Name
Factors influencing health status and contact with health services	Factors influencing health status and contact with health services	Body mass index [BMI] Kilograms per meters squared
Sub Category Name	Disease Name	Disease Anatomical Name
Body mass index (BMI) 40 or greater, adult	Body mass index (BMI) 70 or greater, adult	Body mass index (BMI) 70 or greater, adult

**Treatment Protocol**

Category Name	ICD Category Name	Procedure Name	Units	Special Investigations	Remarks	Treating Doctor Name	Procedure Amount
ENDOCRINOLOGY(392)	Disorders of other endocrine glands(405)	Hormonal therapy for Pituitary - Acromegaly(292)	-NA-	Clinical Photograph	-NA-	R. BHARATHI	₹ 12140 <span style="color: red; font-weight: bold;">+</span>

Preauthorisation case has been Approved

OK

## 2) Preauthorization Pending by PPD

If Action is pending as shown in the screen shot, Medco has to update the case and Mithra will forward the case and then PPD will approve.

AYUSHMAN BHARAT

National Health Protection Mission

PPD-Insurer

---

**Patient Details**

Name:	Card No:	Case No:	Case Status:
pallavam raju	POB1LMXOK	CASEHSDSP17/S178	Medco Preauth Initiated
IP No:	IP Registered Date:	Contact No:	Hospital Name:
	2018-06-13 16:43:14.0		City Hospital

Address:

Action buttons will be enabled in :  
00 : 00  
minutes : seconds

Photo Not Available

---

IP Registration Details
Past History
Clinical Notes
Preauthorization
Attachments
Case Sheet
Fraud/CR

**NWH Details**

Name	Address
City Hospital	City Hospital, Kotra Road Raigarh , 7995546910

---

**Diagnosis and Treatment**

**Primary Diagnosis**

Certain conditions originating in the perinatal period.

---

**Treatment Protocol**

Category Name	Procedure Name	Units	Special Investigations	Remarks	Treating Doctor Name
Cardiology(11)	Balloon Aortic Valvotomy(S120002 - 325)	-NA-	2D ECHO report	-NA-	ASDF
Cardiology(11)	ASD Device Closure(S120014 - 341)	-NA-	2D ECHO report - TRPG	asdf	asdf

---

**Admission Details**

Admission Type *	Admission Date *	Procedure Consent *
<input checked="" type="radio"/> Planned <input type="radio"/> Emergency	13-06-2018	<input checked="" type="radio"/> Yes <input type="radio"/> No

Medical or Cardiology Clearance \*

Yes  No

Blood Transfusion \*

Yes  No

---

Total Package Amount Admissible Under the Scheme Rs \* ₹ 27500

Remarks \*

---

**Work Flow**

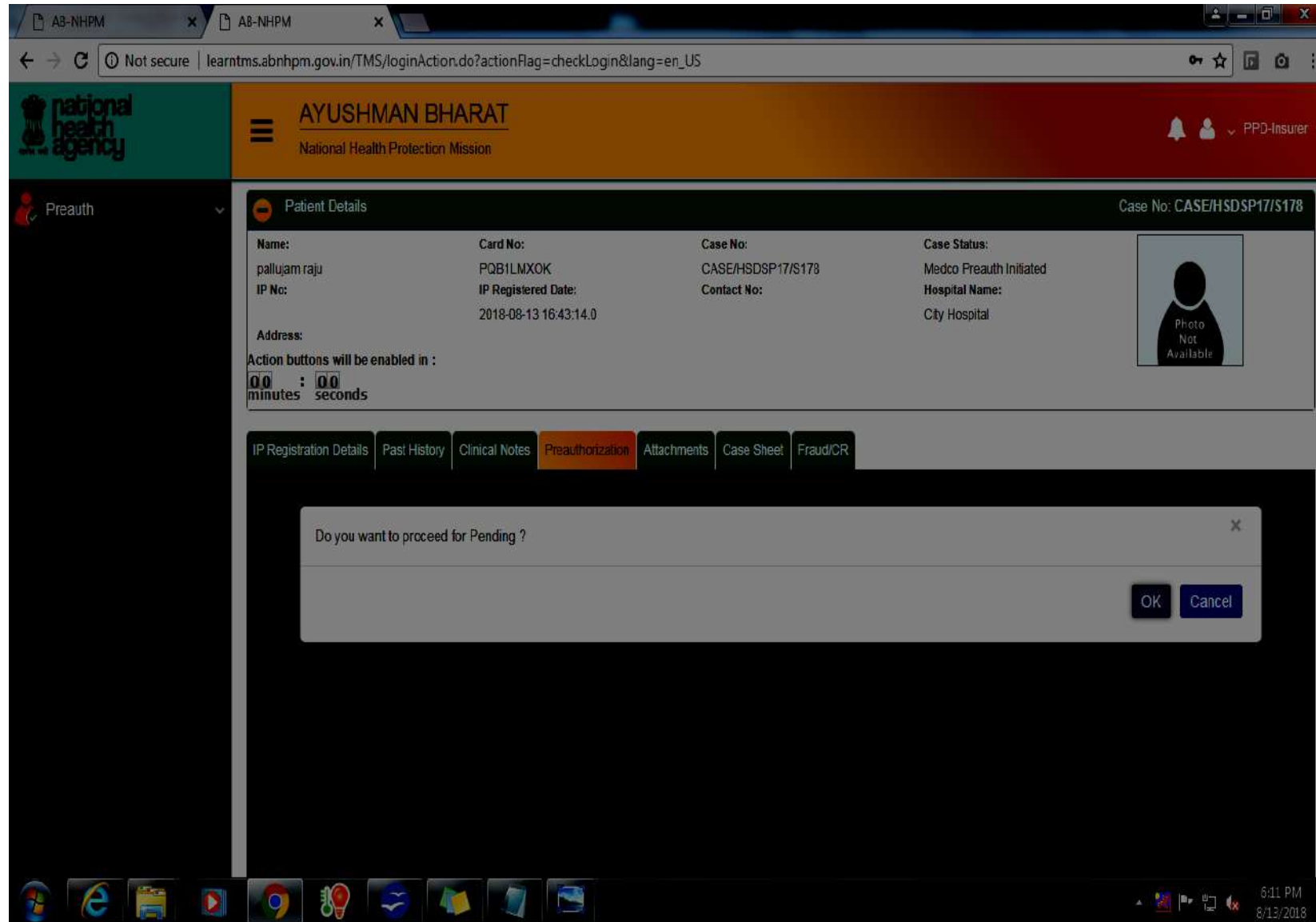
S.No	Date and Time	Role Name	Remarks	Action	Amount
1	13/08/2018 12:37:50	City Hospital MEDCO(MEDCO)	na	Medco Preauth Initiated	27500
2	13/08/2018 16:43:14	City Hospital MEDCO(MEDCO)	NA	IP Case Registered	25000

---

Action

Pending \* Submit

Click on OK button for pending if any additional information is needed as shown in the screen shot.



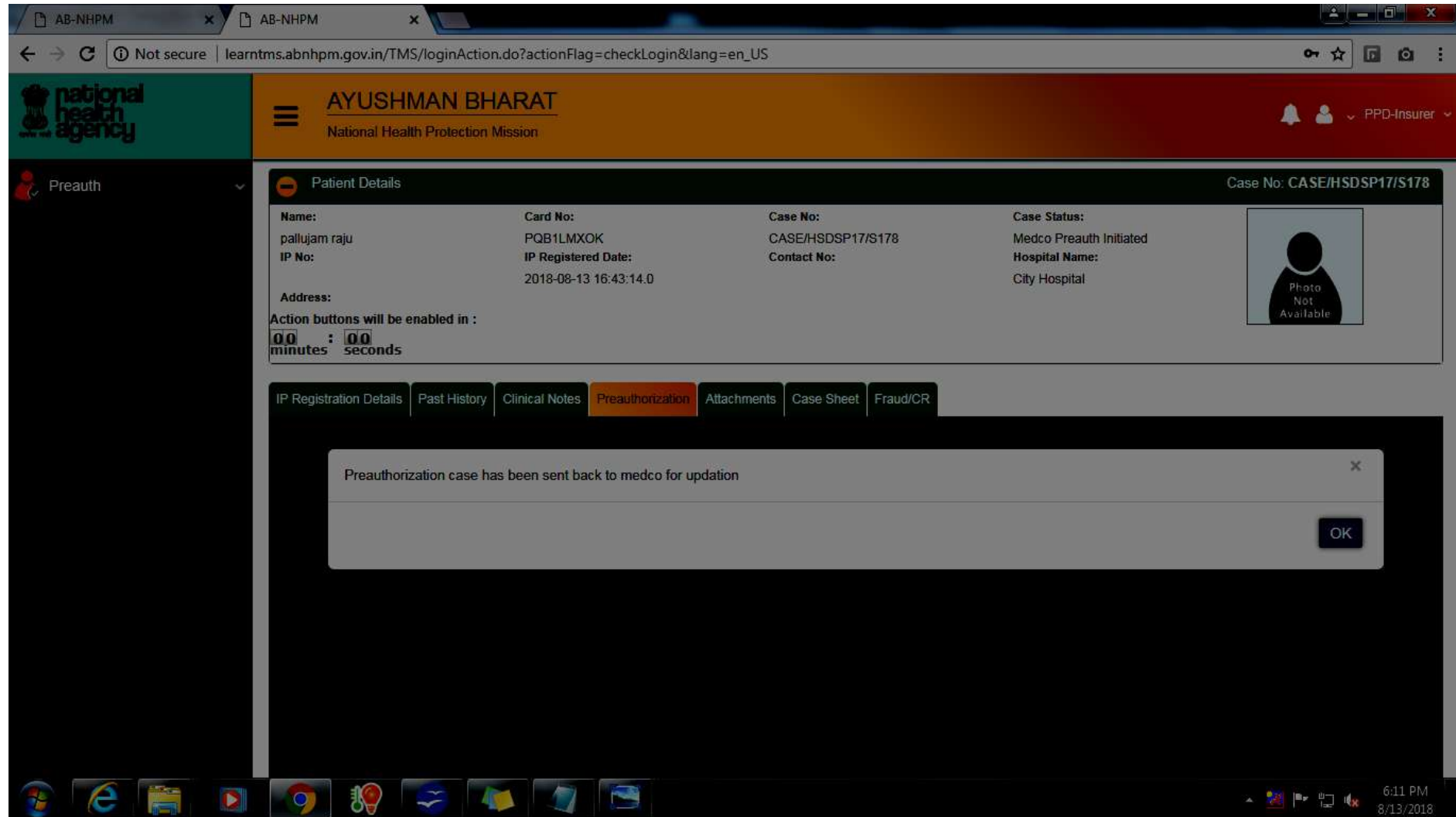
The screenshot displays a web browser window with two tabs labeled 'AB-NHPM'. The address bar shows the URL: `learnrms.abnhpm.gov.in/TMS/loginAction.do?actionFlag=checkLogin&lang=en_US`. The page header includes the National Health Agency logo and 'AYUSHMAN BHARAT National Health Protection Mission'. A user profile dropdown shows 'PPD-Insurer'. The main content area is titled 'Patient Details' and shows the following information:

Name:	Card No:	Case No:	Case Status:
pallujam raju	PQB1LMXOK	CASE/HSDSP17/S178	Medco Preauth Initiated
IP No:	IP Registered Date:	Contact No:	Hospital Name:
	2018-08-13 16:43:14.0		City Hospital
Address:			

Below the patient details, a timer indicates: 'Action buttons will be enabled in : 00 minutes : 00 seconds'. A navigation bar contains tabs for 'IP Registration Details', 'Past History', 'Clinical Notes', 'Preauthorization', 'Attachments', 'Case Sheet', and 'Fraud/CR'. A modal dialog box is open with the text: 'Do you want to proceed for Pending ?' and 'OK' and 'Cancel' buttons.



After Clicking OK, message will be generated as shown in the screen shot.



The screenshot displays a web browser window with the URL `learntms.abnhpm.gov.in/TMS/loginAction.do?actionFlag=checkLogin&lang=en_US`. The page header includes the National Health Agency logo and the text "AYUSHMAN BHARAT National Health Protection Mission". A navigation menu on the left shows "Preauth" selected. The main content area is titled "Patient Details" and shows the following information:

Name:	Card No:	Case No:	Case Status:
pallujam raju	PQB1LMXOK	CASE/HSDSP17/S178	Medco Preauth Initiated
IP No:	IP Registered Date:	Contact No:	Hospital Name:
	2018-08-13 16:43:14.0		City Hospital
Address:			
Action buttons will be enabled in : 00 : 00 minutes seconds			

Below the patient details, there is a tabbed interface with "Preauthorization" selected. A message box is displayed with the text "Preauthorization case has been sent back to medco for updation" and an "OK" button.

### 3) Preauthorization Rejecting by PPD

Reject the case by giving Action as reject as shown in the screen shot. It will be final rejection.


AYUSHMAN BHARAT

National Health Protection Mission

PPD-Insurer

Patient Details

Case No. CASE/HSDSP17/S171

Name: Amrendra	Card No: PVHAFN4CV	Case No: CASE/HSDSP17/S171	Case Status: Medco Preauth Initiated
IP No:	IP Registered Date: 2018-08-13 16:36:16.0	Contact No:	Hospital Name: City Hospital
Address:			

Action buttons will be enabled in : 00 : 00 minutes seconds

IP Registration Details
Past History
Clinical Notes
Preauthorization
Attachments
Case Sheet
Fraud/CR

NWH Details

Name: City Hospital	Address: City Hospital, Kotra Road Raigarh, 7995546910
---------------------	--

Diagnosis and Treatment

Primary Diagnosis: Certain conditions originating in the perinatal period

Treatment Protocol

Category Name	Procedure Name	Units	Special Investigations	Remarks	Treating Doctor Name
Cardiology(11)	Balloon Mitral Valvotomy(S120003 - 330)	-NA-	2D ECHO report	-NA-	dr rahul

Admission Details

Admission Type * <input checked="" type="radio"/> Planned <input type="radio"/> Emergency	Admission Date * 13-08-2018	Procedure Consent * <input checked="" type="radio"/> Yes <input type="radio"/> No
Medical or Cardiology Clearance * <input type="radio"/> Yes <input checked="" type="radio"/> No		
Blood Transfusion * <input type="radio"/> Yes <input checked="" type="radio"/> No		

Total Package Amount Admissible Under the Scheme Rs \* ₹ 27500

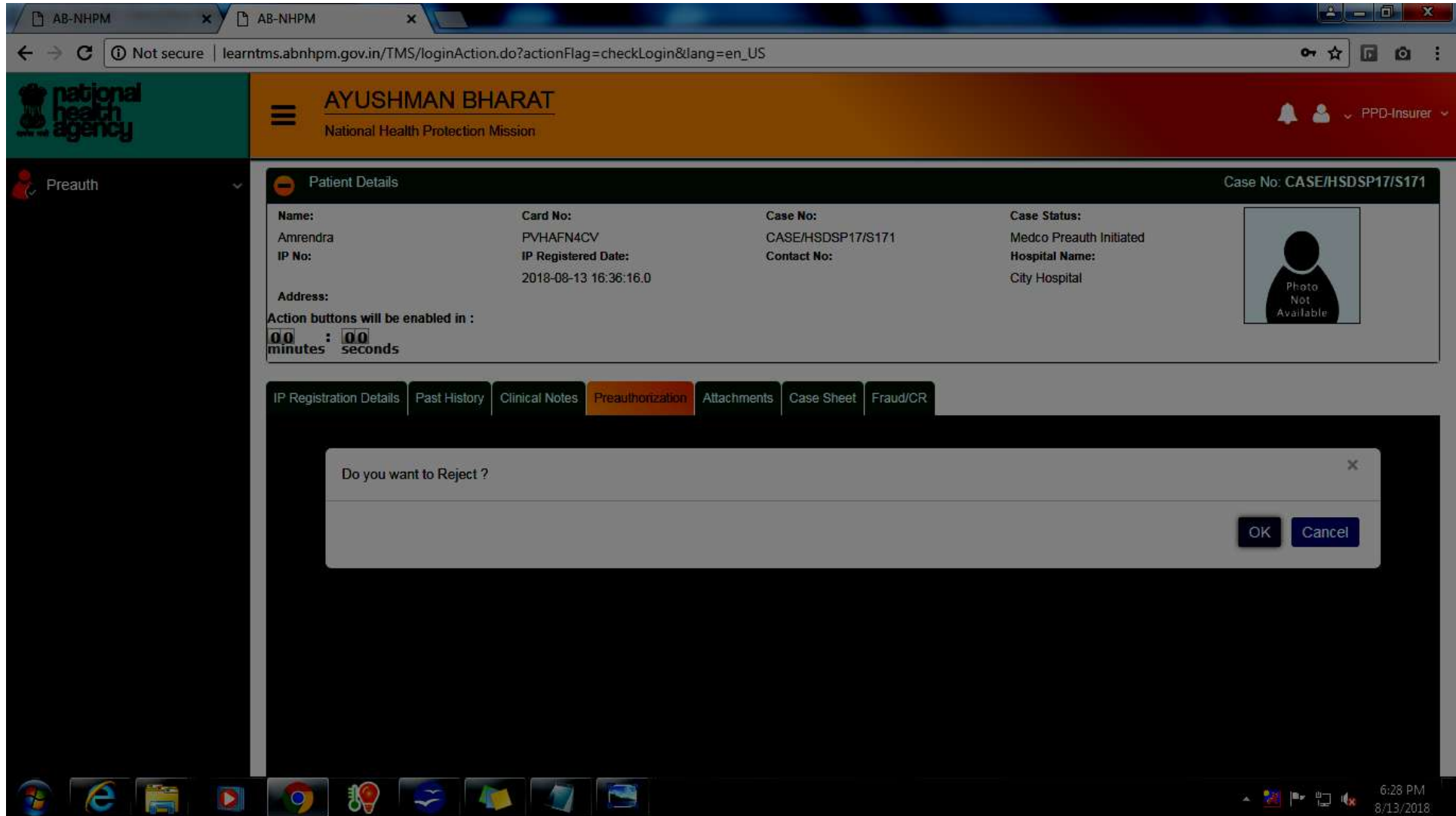
Remarks \* na

Work Flow

S.No	Date and Time	Role Name	Remarks	Action	Amount
1	13/08/2018 12:53:41	City Hospital MEDCO(MEDCO)	NA	Medco Preauth Initiated	27500
2	13/08/2018 16:36:16	City Hospital MEDCO(MEDCO)	NA	IP Case Registered	27500

Action: Reject Submit

Click on OK button for rejecting the case as shown in the screen shot.

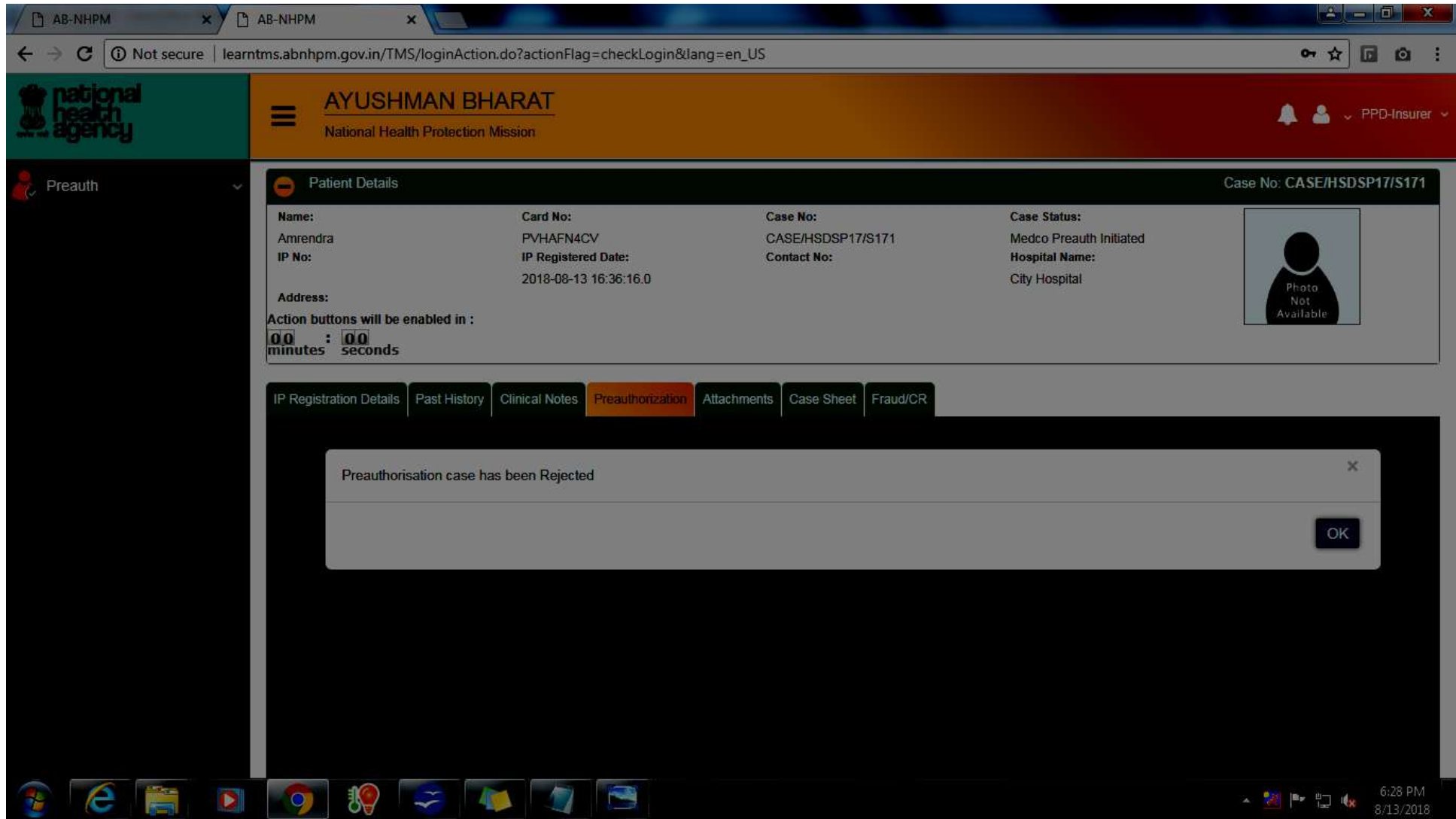


The screenshot displays a web browser window with two tabs labeled 'AB-NHPM'. The address bar shows the URL: `learnmtms.abnhpm.gov.in/TMS/loginAction.do?actionFlag=checkLogin&lang=en_US`. The page header includes the National Health Agency logo and the text 'AYUSHMAN BHARAT National Health Protection Mission'. A user profile 'PPD-Insurer' is visible in the top right. The main content area is titled 'Patient Details' and shows the following information:

<b>Name:</b> Amrendra	<b>Card No:</b> PVHAFN4CV	<b>Case No:</b> CASE/HSDSP17/S171	<b>Case Status:</b> Medco Preauth Initiated
<b>IP No:</b>	<b>IP Registered Date:</b> 2018-08-13 16:36:16.0	<b>Contact No:</b>	<b>Hospital Name:</b> City Hospital

Below the patient details, there is a timer indicating 'Action buttons will be enabled in : 00 minutes : 00 seconds'. A navigation bar contains tabs for 'IP Registration Details', 'Past History', 'Clinical Notes', 'Preauthorization', 'Attachments', 'Case Sheet', and 'Fraud/CR'. The 'Preauthorization' tab is active. A modal dialog box is open with the text 'Do you want to Reject?' and two buttons: 'OK' and 'Cancel'.

After Clicking OK, message will be generated as shown in the screen shot.



## **Claim**

MEDCO should be able to raise Claim after 11days from the date of discharge of the patient by submitting all the relevant documents. Claim Executive will verify and forward the claim. Panel Doctor has to scrutinize the documents submitted by the hospital and process the claim. Once the claim is processed, the claim amount will be directly credited into the hospital account.

1. Claim Initiated by MEDCO.
2. Claim Verification by Claim Executive.
3. Claim Approved by Claim Panel Doctor.
4. Claim Pending by Claim Panel Doctor.
5. Claim Rejected by Claim Panel Doctor.
6. Claim Forward by Accounts Officer.
7. Claim Approved by SHA/CEO

### **Claim Initiated by MEDCO:**

After 11 days from the date of discharge of the patient, MEDCO (Network Hospital Doctor) raise the claim by selecting the Discharge updated cases. He has to submit remarks and initiate the claim. After initiation, claim will come to Claim Executive.

### **Claim Verification by Claim Executive:**

After initiation, claim will come to Claim Executive where he will verify check list and provide his remarks and update the claims. Once the claim is verified, he will forward to Panel Doctor.

### **Claim Processed by Panel Doctor:**

After Verification, claim will come to Panel Doctor where he will verify check list and provide his remarks and update the claims. He can Approve, Pending and Reject the claims. He can keep pending option for one time only. Then hospital has to provide additional information. Once the claim is processed, the claim amount will be directly credited into the hospital account. For Rejected cases process will end.

### **Claim Forward by Accounts Officer:**

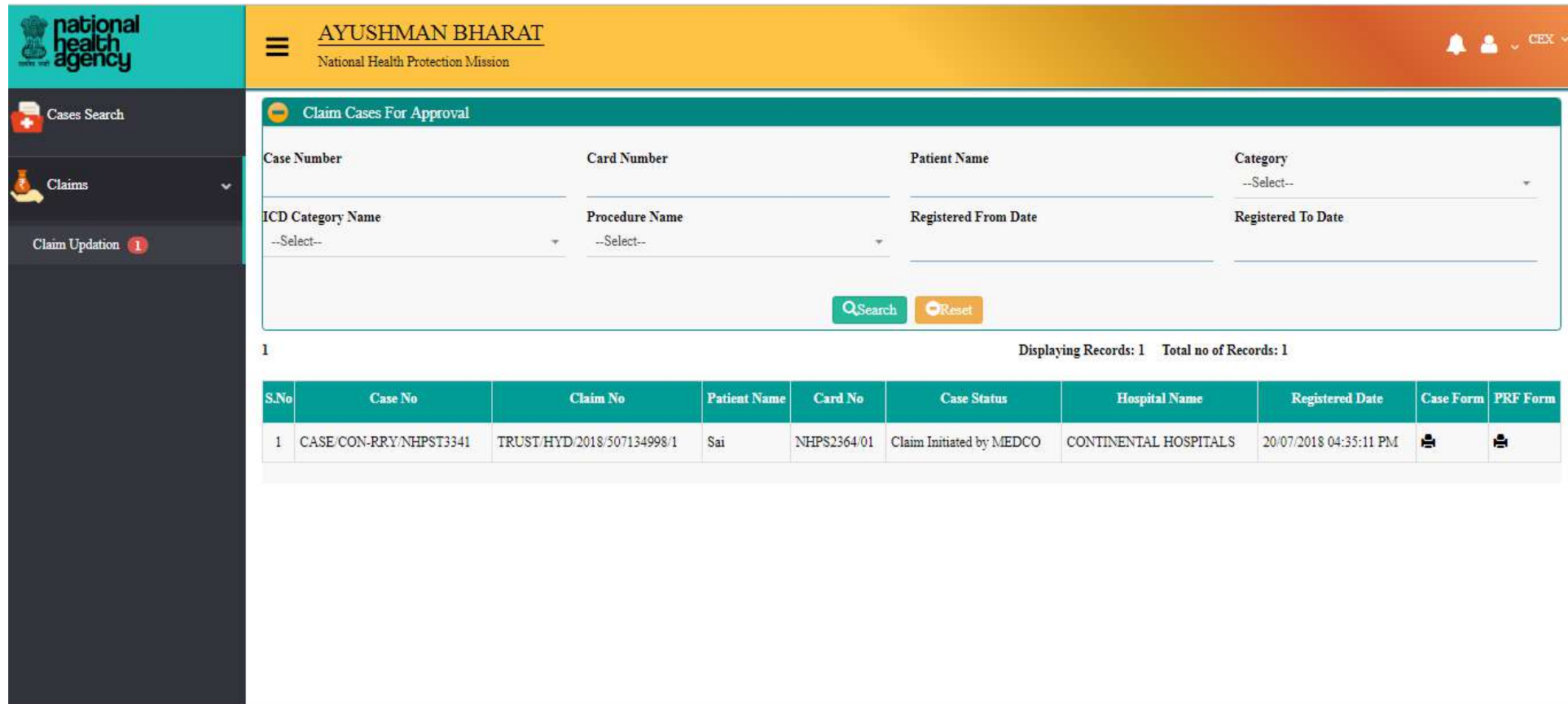
Accounts Officer will receive the claim case after claim accepted by Panel Doctor. Accounts Officer will view the claim case and will forward the case to the SHA.

### **Claim Approval by SHA:**

SHA will verify the claim case forwarded by Accounts Officer and will approve the claim and is the final approval.

#### 4) Claim Verified by Claim Executive

CEX should be able to verify the claim process initiated by Medco in Claim Updation tab as shown in the screen shot.





**Claim Cases For Approval**

Case Number: \_\_\_\_\_ Card Number: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Category: --Select--

ICD Category Name: --Select-- Procedure Name: --Select-- Registered From Date: \_\_\_\_\_ Registered To Date: \_\_\_\_\_

1 Displaying Records: 1 Total no of Records: 1

S.No	Case No	Claim No	Patient Name	Card No	Case Status	Hospital Name	Registered Date	Case Form	PRF Form
1	CASE/CON-RRY/NHPST3341	TRUST/HYD/2018/507134998/1	Sai	NHPS2364/01	Claim Initiated by MEDCO	CONTINENTAL HOSPITALS	20/07/2018 04:35:11 PM		

Click on forward by verifying the Claim Details and giving Remarks in the Claim tab as shown in the screen shot.



The screenshot displays the 'AYURJANAN BHARAT' (Ayushman Bharat) interface. The main content area is divided into several sections:

- Header:** 'AYURJANAN BHARAT' and 'Pradhan Mantri Jan Arogya Yojana'.
- Form Fields:** A grid of input fields for personal and financial details, including:
  - Full Name, Date of Birth, Gender, Marital Status, Religion, Caste, and Family Type.
  - Mobile Number, Email ID, and Aadhar Number.
  - Address, State, District, and Pin Code.
  - Family Income, Family Assets, and Family Health Insurance.
- Buttons:** A row of buttons for 'Progression', 'Save', 'Cancel', 'Print', 'Forward', 'Back', and 'Home'.
- Checklist:** A section titled 'Checklist' with several items to be verified, such as:
  - Is the patient's name and address correct?
  - Is the patient's mobile number and email ID correct?
  - Is the patient's Aadhar number correct?
  - Is the patient's family income and assets correct?
  - Is the patient's family health insurance correct?
  - Is the patient's family type correct?
  - Is the patient's family health insurance correct?
  - Is the patient's family health insurance correct?
  - Is the patient's family health insurance correct?
- Remarks:** A section for entering remarks, with a 'Remarks' label and a text area.
- Footer:** A table with columns for 'Status', 'Action', 'Remarks', and 'Approval Status'.

After forwarding Claim, need to click on 'OK 'button as shown in the screen shot.

**AYUSHMAN BHARAT**

National Health Protection Mission

CEX ▾

Cases Search

Claims

Claim Update 1

**Patient Details Case No: CASE/CON-RRY/NHPST3341**

Name:	Aadhaar No:	Relation with Family Head:	Card No:
u	786786886767	Self	NHPS2364/01
Case No:	Case Status:	IP No:	IP Registered Date:
ASE/CON-RRY/NHPST3341	Claim Initiated by MEDCO	NA	2018-07-20 16:35:11.0
Hospital Name:	Contact No:	Slab Type:	Address:
CONTINENTAL HOSPITALS	8678678686	Semi Private Ward	54 sai angar, Amberpet, AMBERPET, HYDERABAD

IP Registration Details

Past History

Clinical Notes

Preauthorization

Claims

Attachments

Case Sheet

**Claim Details**

Presuth Approved Amount:	Presuth Approved Amount:	Penalty Amount:
19630	20	0
Claim Amount:	Bill Amount:	
19630	19630	

Remarks:\*

NA

---

**Non Technical CheckList**

1) Name in Case Sheet and Consent Forms is Correct *	<input type="radio"/> Yes <input checked="" type="radio"/> No
2) Gender in Case Sheet and Consent Forms is Correct *	<input type="radio"/> Yes <input checked="" type="radio"/> No
3) Is Beneficiary Card Photo is Matching with Discharge Photo and Onbed Photo *	<input type="radio"/> Yes <input checked="" type="radio"/> No

Date Verification

Do you want to Forward?

OK
Cancel



On clicking OK, message will be generated as shown in the screen shot.

## AYUSHMAN BHARAT

National Health Protection Mission

CEX

Cases Search

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Claims

---

Claim Update 1

**Patient Details Case No: CASE/CON-RRY/NHPST3341**

Name:	Aadhaar No:	Relation with Family Head:	Card No:
ii	786786886767	Self	NHPS2364/01
Case No:	Case Status:	IP No:	IP Registered Date:
ASE/CON-RRY/NHPST3341	Claim Initiated by MEDCO	NA	2018-07-20 16:35:11.0
Hospital Name:	Contact No:	Slab Type:	Address:
CONTINENTAL HOSPITALS	8678678686	Semi Private Ward	54 sai angar, Amberpet, AMBERPET, HYDERABAD

IP Registration Details

Past History

Clinical Notes

Preauthorization

Claims

Attachments

Case Sheet

**Claim Details**

Preauth Approved Amount:	Preauth Amount:	Penalty Amount:
19630	10000	0
Claim Amount:	Billed Amount:	
19630	19630	

Remarks:\*

NA

---

**Non Technical CheckList**

1) Name in Case Sheet and Consent Forms is Correct \*  Yes  No

2) Gender in Case Sheet and Consent Forms is Correct \*  Yes  No

3) Is Beneficiary Card Photo is Matching with Discharge Photo and Onbed Photo \*  Yes  No

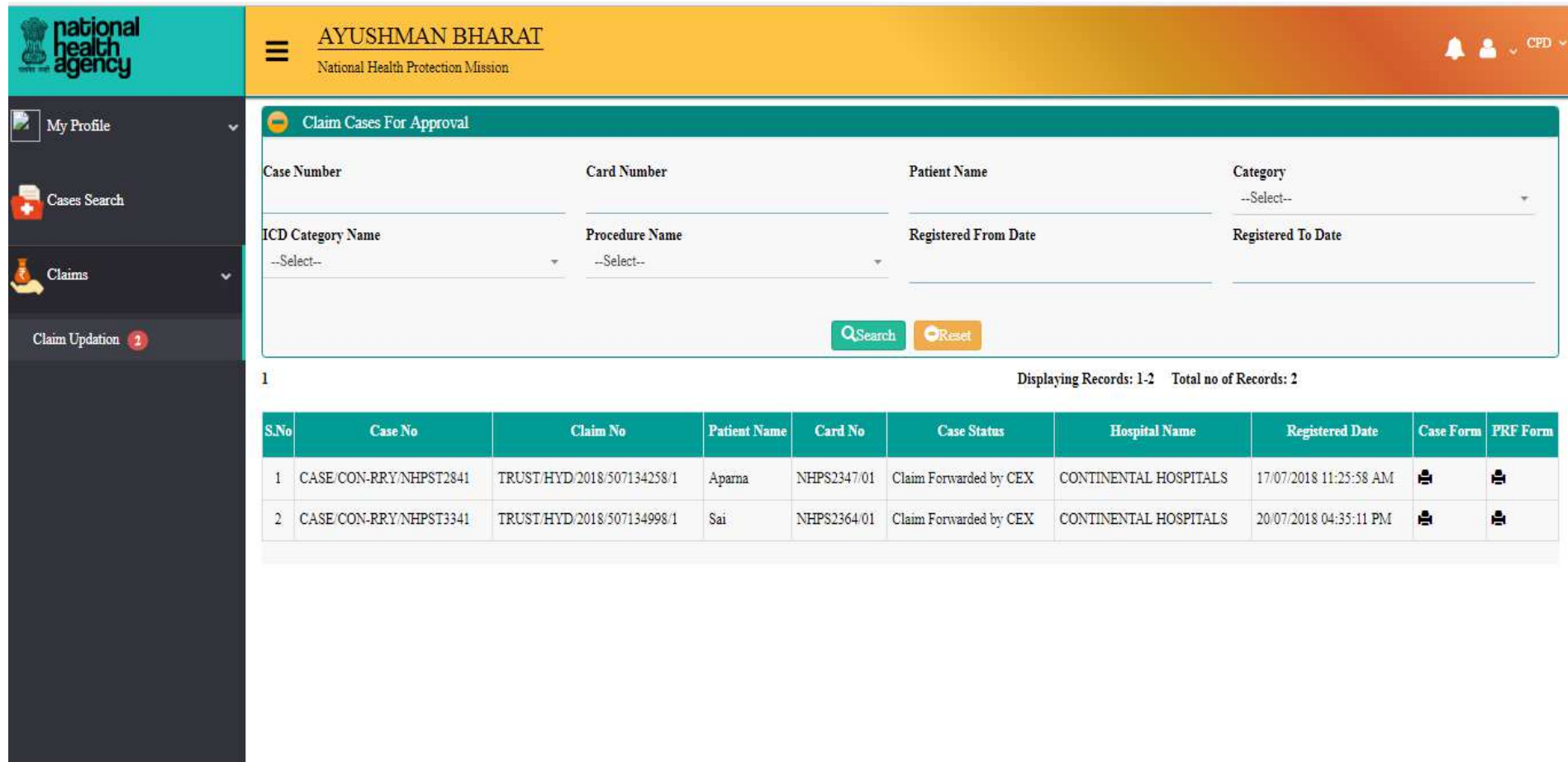
Date Verification

Claim Case has been Forwarded to CPD

OK

### 5) Claim Approved by Claim Panel Doctor

CPD should be able to view claim forwarded cases in Claim Updation tab as shown in screen short.



**AYUSHMAN BHARAT**  
National Health Protection Mission

**Claim Cases For Approval**

Case Number: \_\_\_\_\_ Card Number: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Category: --Select--

ICD Category Name: --Select-- Procedure Name: --Select-- Registered From Date: \_\_\_\_\_ Registered To Date: \_\_\_\_\_

1 Displaying Records: 1-2 Total no of Records: 2

S.No	Case No	Claim No	Patient Name	Card No	Case Status	Hospital Name	Registered Date	Case Form	PRF Form
1	CASE/CON-RRY/NHPST2841	TRUST/HYD/2018/507134258/1	Aparna	NHPS2347/01	Claim Forwarded by CEX	CONTINENTAL HOSPITALS	17/07/2018 11:25:58 AM		
2	CASE/CON-RRY/NHPST3341	TRUST/HYD/2018/507134998/1	Sai	NHPS2364/01	Claim Forwarded by CEX	CONTINENTAL HOSPITALS	20/07/2018 04:35:11 PM		

Claim Panel Doctor should be able to approve the Case verified by Mithra as shown in the screen shot.

**AYUSHMAN BHARAT**  
National Health Protection System

**Case Details**

Patient Approved Amount: 10000      Report Date: 20-07-2018 17:28:47 PM  
 Case Approved: 10000      Bill Amount: 10000      Case Payment Date: 20-07-2018 20:04:18 PM  
 Remarks: Nil

**Case History**

1) Patient is Under Treatment and Treatment Progress is Reported?  Yes  No  
 2) Details in Case Sheet and Current Form is Correct?  Yes  No  
 3) In Mandatory Card Photo is Matching with Biobadge Photo and Output Photo?  Yes  No

**Check Verification**

Field	Value	Case Status	Response
Admission Date	Mithra 20-07-2018	Case Status	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Biobadge/Output Date	Mithra 19-07-2018	Case Status	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Biobadge/Output Date	Mithra 20-07-2018	Case Status	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Document Verification**

1) Patient Signature is Matching with the Form (Including Print, Stamp and Seal and Verification Stamp)?  Yes  No  
 2) Patient Distribution Letter Found in Folder?  Yes  No  
 3) Report are Signed by the Doctor with Registration Number?  Yes  No  
 4) Date and Patient Name are Correctly Match on the Report?  Yes  No  
 Remarks: Nil

**Document Verification (Continued)**

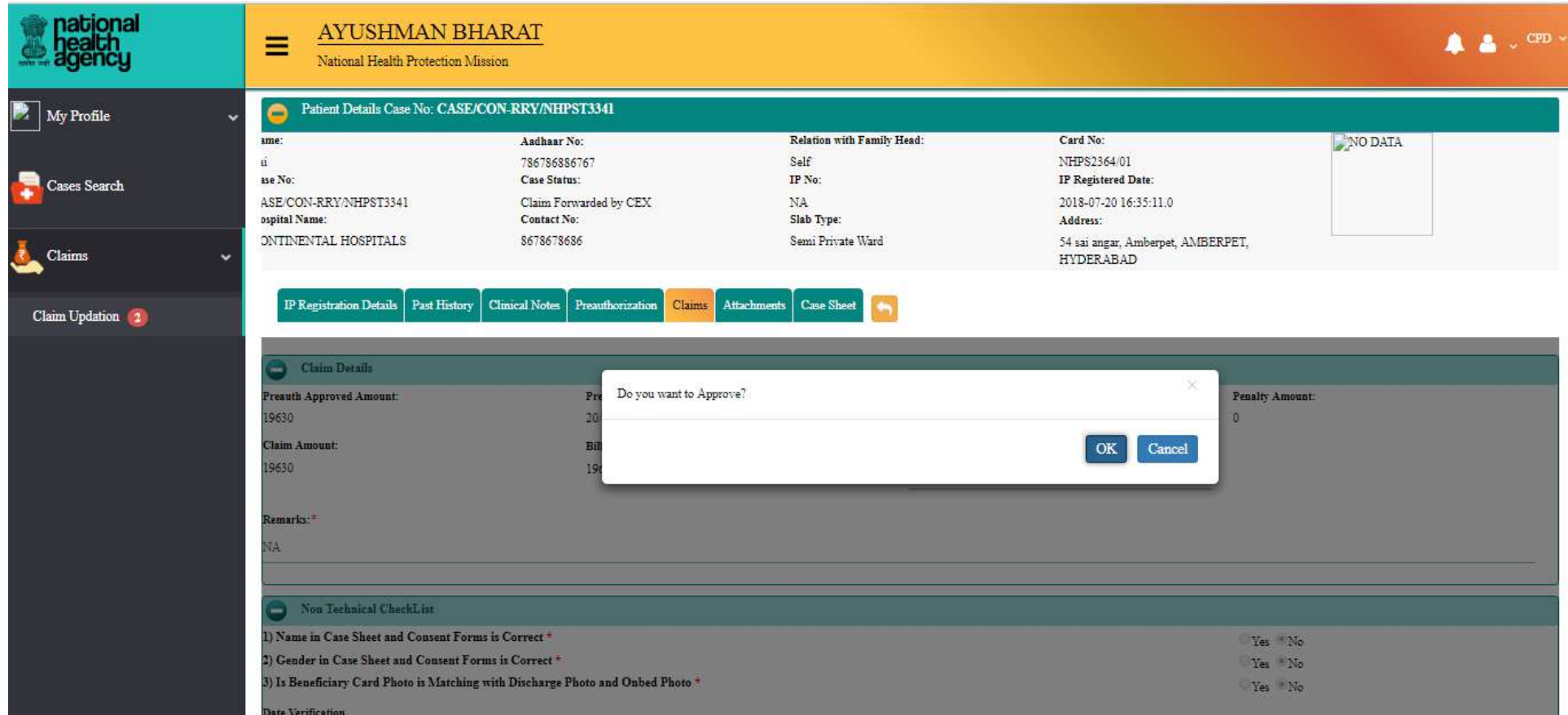
1) Signature is Supported by Evidence?  Yes  No  
 2) Case Management Process is in place as per the Standard Treatment Protocol?  Yes  No  
 3) Evidence of the Therapy being Provided is not found?  Yes  No  
 4) Mandatory Report are Attached?  Yes  No  
 Remarks: Nil

**Work Flow**

ID	Date of Case	Name	Workload	Status	Approved Amount
0	20-07-2018 20:04:18	SRINIVASARAO, SRINIVASARAO	Nil	Case Initiated by MITHRA	10000.0
0	20-07-2018 20:04:18	SRINIVASARAO, SRINIVASARAO	Nil	Case Forwarded by CMC	10000.0

Active Tags:  Approved

After approving the case, need to click on 'OK' button as shown in the screen shot.



The screenshot displays the Ayushman Bharat TMS interface. The top navigation bar includes the National Health Agency logo and the text 'AYUSHMAN BHARAT National Health Protection Mission'. The left sidebar contains menu items: 'My Profile', 'Cases Search', 'Claims', and 'Claim Update' (with a notification badge). The main content area shows 'Patient Details Case No: CASE/CON-RRY/NHPST3341'. A table lists patient information:

Name:	Aadhaar No:	Relation with Family Head:	Card No:	NO DATA
ii	786786886767	Self	NHPS2364/01	
Case No:	Case Status:	IP No:	IP Registered Date:	
ASE/CON-RRY/NHPST3341	Claim Forwarded by CEX	NA	2018-07-20 16:35:11.0	
Hospital Name:	Contact No:	Slab Type:	Address:	
ONTINENTAL HOSPITALS	8678678686	Semi Private Ward	54 sai angar, Amberpet, AMBERPET, HYDERABAD	

Below the table are tabs for 'IP Registration Details', 'Past History', 'Clinical Notes', 'Preauthorization', 'Claims', 'Attachments', and 'Case Sheet'. The 'Claims' tab is active, showing 'Claim Details' with a dialog box overlaying the content. The dialog box asks 'Do you want to Approve?' and has 'OK' and 'Cancel' buttons. The background content shows 'Preauth Approved Amount: 19630', 'Claim Amount: 19630', and 'Remarks: NA'. Below this is a 'Non Technical CheckList' with three items:

- 1) Name in Case Sheet and Consent Forms is Correct \*  Yes  No
- 2) Gender in Case Sheet and Consent Forms is Correct \*  Yes  No
- 3) Is Beneficiary Card Photo is Matching with Discharge Photo and Onbed Photo \*  Yes  No

The bottom of the screen shows 'Date Verification'.

After approval, message will be shown as shown in the screen shot

**AYUSHMAN BHARAT**

National Health Protection Mission

CPD ▾

My Profile ▾

Cases Search

Claims ▾

Claim Update 2

**Patient Details Case No: CASE/CON-RRY/NHPST3341**

Name: <b>ii</b>	Aadhaar No: 786786886767	Relation with Family Head: Self	Card No: NHPS2364/01
Case No: ASE/CON-RRY/NHPST3341	Case Status: Claim Forwarded by CEX	IP No: NA	IP Registered Date: 2018-07-20 16:35:11.0
Hospital Name: MONTINENTAL HOSPITALS	Contact No: 8678678686	Slab Type: Semi Private Ward	Address: 54 sai angar, Amberpet, AMBERPET, HYDERABAD

IP Registration Details
Past History
Clinical Notes
Preauthorization
Claims
Attachments
Case Sheet

**Claim Details**

Preauth Approved Amount: 19630	Penalty Amount: 0
Claim Amount: 19630	

Remarks: <sup>+</sup> NA

**Non Technical CheckList**

1) Name in Case Sheet and Consent Forms is Correct <sup>+</sup>	<input type="radio"/> Yes <input checked="" type="radio"/> No
2) Gender in Case Sheet and Consent Forms is Correct <sup>+</sup>	<input type="radio"/> Yes <input checked="" type="radio"/> No
3) Is Beneficiary Card Photo is Matching with Discharge Photo and Onbed Photo <sup>+</sup>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Claim Case has been Approved by CPD

OK

javascript:fn\_dashboard();

## 6) Claim Pending by Claim Panel Doctor

Claim Panel Doctor should be able to pending the Case verified by Mithra as shown in the screen shot.

AYUSHMAN BHARAT

National Health Protection Mission

CPD Insurance

Patient Details

Case No: CASE:HSDSP17/S178

Name:	Card No:	Case No:	Case Status:
jaliljam raju	POBHLMXOK	CASE:HSDSP17/S178	Claim Forwarded by CEX
IP No:	IP Registered Date:	Contact No:	Hospital Name:
NA	2018-08-13 10:43:14.0		City Hospital
Address:			

Claims Details

Preauth Approved Amount:	Preauth Date:	Claim Submitted Date:	Penalty Amount:
27500		13/08/2018 13:23:46 PM	0
Claim Amount:	Bill Amount:	Bill Date:	
27500	27500	13-08-2018	
Remarks:			
NA			

Non Technical Checklist

1) Name in Case Sheet and Consent Forms is Correct \*  Yes  No

2) Gender in Case Sheet and Consent Forms is Correct \*  Yes  No

3) Is Beneficiary Card Photo is Matching with Discharge Photo and Cabled Photo \*  Yes  No

Date Verification:

Admission Date *	Online	Case Sheet	
	13-08-2018	13-08-2018	<input checked="" type="radio"/> Yes <input type="radio"/> No
Surgery/Therapy Date *	Online	Case Sheet	
	12-08-2018	13-08-2018	<input type="radio"/> Yes <input checked="" type="radio"/> No
Discharge/Death Date *	Online	Case Sheet	
	13-08-2018	13-08-2018	<input checked="" type="radio"/> Yes <input type="radio"/> No

Document Verification

1) Patient Signature is Matching across three Forms (Counseling Form , Consent Letter and Satisfaction Letter) \*  Yes  No

2) Patient Satisfaction Letter Feedback is Positive \*  Yes  No

3) Reports are Signed by Doctors with Registration Number \*  Yes  No

4) Dates and Patient Name are Correctly Stated on the Reports \*  Yes  No

Remarks:

NA

Technical (Specialist) Checklist

Total Claim(Rs.)	Final Approved Amount **
27500	27500

1) Diagnosis is Supported by Evidence \*  Yes  No

2) Case Management Proven to be done as per the Standard Treatment Protocols \*  Yes  No

3) Evidence of the Therapy being Conducted exists beyond Doubt \*  Yes  No

4) Mandatory Reports are Attached \*  Yes  No

Remarks:

NA

Work Flow

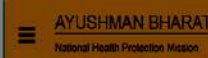
S No	Date & Time	Name	Remarks	Action	Approved Amount
1	13/08/2018 13:23:46	City Hospital MEDCO(MEDCO)	NA	Claim Initiated by Medco	27500.0
2	13/08/2018 13:26:36	Chattisgarh CEX(CEX)	NA	Claim Forwarded by CEX	27500.0

Action Type

Pending

### 7) Claim Rejecting by Claim Panel Doctor

Claim Panel Doctor should be able to reject the Case verified by Mithra as shown in the screen shot.


CPD Insurer

**Patient Details** Case No: CASE/HSD/SP17/S17B

Name: patiham raju	Card No: F0B1LMXGK	Case No: CASE/HSD/SP17/S17B	Case Status: Claim Pending updated by Medco
IP No: NA	IP Registered Date: 2018-08-13 16:43:14 D	Contact No:	Hospital Name: City Hospital
Address:			

**Claim Details**

Preauth Approved Amount: 27500	Preauth Date:	Claim Submitted Date: 13/08/2018 13:33:22 PM	Penalty Amount: 0
Claim Amount: 27500	Bill Amount: 27500	Bill Date: 13-08-2018	

Remarks: NA

**Non Technical Checklist**

1) Name in Case Sheet and Consent Forms is Correct \*  Yes  No

2) Gender in Case Sheet and Consent Forms is Correct \*  Yes  No

3) Is Beneficiary Card Photo is Matching with Discharge Photo and Onbed Photo \*  Yes  No

**Date Verification**

Admission Date *	Online	Case Sheet	
	13-08-2018	13-08-2018	<input checked="" type="radio"/> Yes <input type="radio"/> No
Surgery/Therapy Date *	Online	Case Sheet	
	12-08-2018	13-08-2018	<input type="radio"/> Yes <input checked="" type="radio"/> No
Discharge/Death Date *	Online	Case Sheet	
	13-08-2018	13-08-2018	<input checked="" type="radio"/> Yes <input type="radio"/> No

**Document Verification**

1) Patient Signature is Matching across three Forms (Counseling Form, Consent Letter and Satisfaction Letter) \*  Yes  No

2) Patient Satisfaction Letter Feedback is Positive \*  Yes  No

3) Reports are Signed by Doctors with Registration Number \*  Yes  No

4) Dates and Patient Name are Correctly Stated on the Reports \*  Yes  No

Remarks: NA

**Technical (Specialist) Checklist**

Total Claim(Rs.)	Final Approved Amount *
27500	27500

1) Diagnosis is Supported by Evidence \*  Yes  No

2) Case Management Proven to be done as per the Standard Treatment Protocols \*  Yes  No

3) Evidence of the Therapy being Conducted exists beyond Doubt \*  Yes  No

4) Mandatory Reports are Attached \*  Yes  No

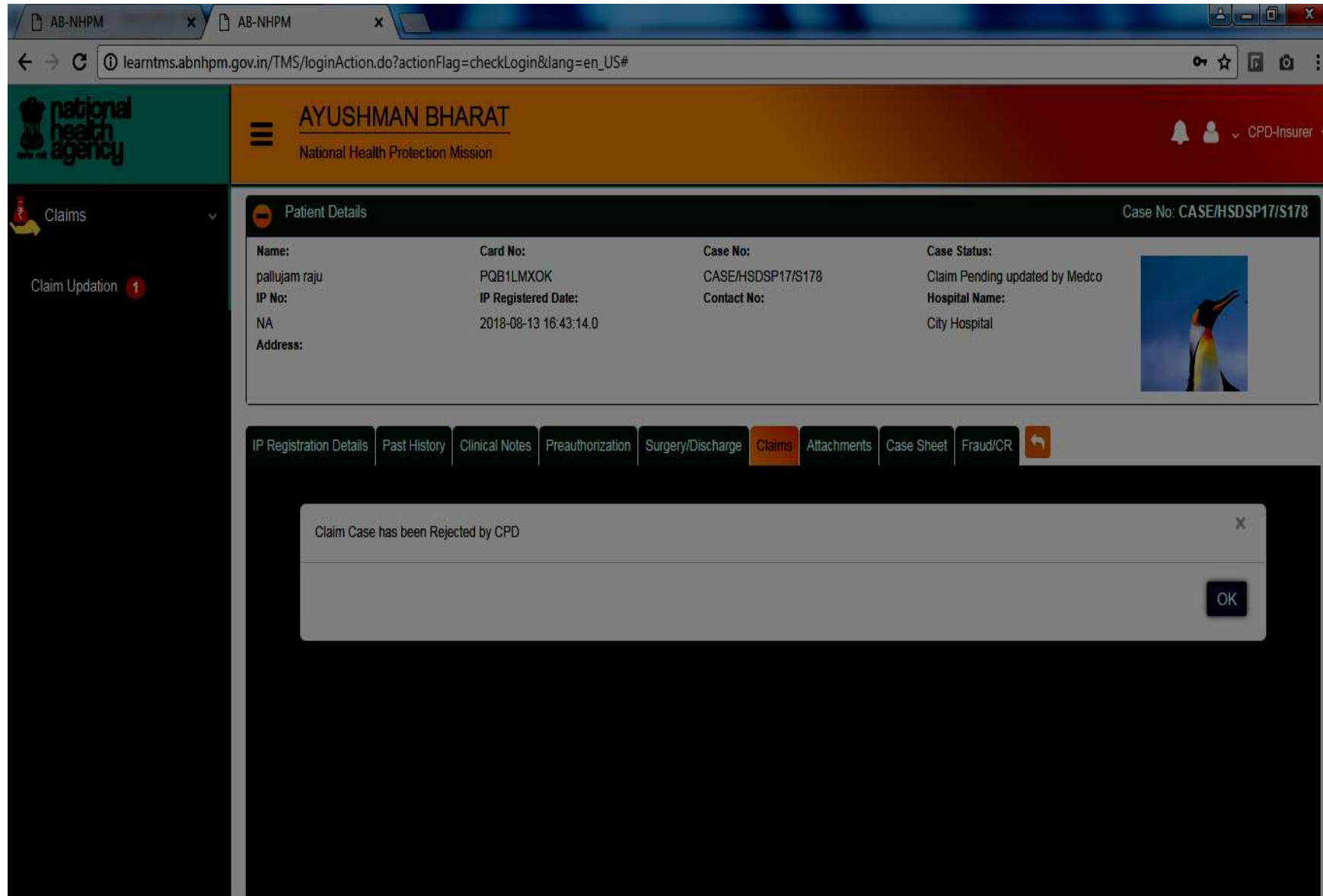
Remarks: NA

**Work Flow**

S.No	Date & Time	Name	Remarks	Action	Approved Amount
1	13/08/2018 12:22:46	City Hospital MEDCO(MEDCO)	NA	Claim Initiated by Medco	27500.0
2	13/08/2018 13:28:36	Chattisgarh CEX(CEX)	NA	Claim Forwarded by CEX	27500.0
3	13/08/2018 13:30:07	Chattisgarh CPD-INS(CPD-INSURER)	NA	Claim kept pending by CPD	27500.0
4	13/08/2018 13:33:22	City Hospital MEDCO(MEDCO)	NA	Claim Pending updated by Medco	27500.0

Action Type: Reject

Below message will be displayed after rejecting the claim and this is final rejection.



The screenshot shows a web browser window with two tabs labeled 'AB-NHPM'. The address bar contains the URL: `learntms.abnhpm.gov.in/TMS/loginAction.do?actionFlag=checkLogin&lang=en_US#`. The page header features the 'national health agency' logo on the left and 'AYUSHMAN BHARAT National Health Protection Mission' in the center. On the right, there are notification and user icons, with 'CPD-Insurer' visible. A left sidebar menu shows 'Claims' with a 'Claim Updation 1' notification. The main content area is titled 'Patient Details' and includes a 'Case No: CASE/HSDSP17/S178'. A table of patient information is displayed:

Name:	Card No:	Case No:	Case Status:
pallujam raju	PQB1LMXOK	CASE/HSDSP17/S178	Claim Pending updated by Medco
IP No:	IP Registered Date:	Contact No:	Hospital Name:
NA	2018-08-13 16:43:14.0		City Hospital
Address:			

Below the table is a navigation bar with tabs: 'IP Registration Details', 'Past History', 'Clinical Notes', 'Preauthorization', 'Surgery/Discharge', 'Claims' (highlighted), 'Attachments', 'Case Sheet', and 'Fraud/CR'. A modal dialog box is open, displaying the message: 'Claim Case has been Rejected by CPD'. An 'OK' button is located at the bottom right of the dialog.



### 8) Claim Forwarded by Accounts Officer

After the Claim Panel Doctor approves the Claim, it can be viewed by Accounts officer. Accounts officer will check the claim and will forward the claim to SHA as shown in the screen shot.

**AYUSHMAN BHARAT**  
National Health Protection Mission

AccountsOfficer

Generate Pay Check

Claims

Claim Updation 5

Payments

Claim Cases For Approval

Case Number

Card Number

Patient Name

Category

--Select--

Procedure Name

Registered From Date

Registered To Date

--Select--

Search

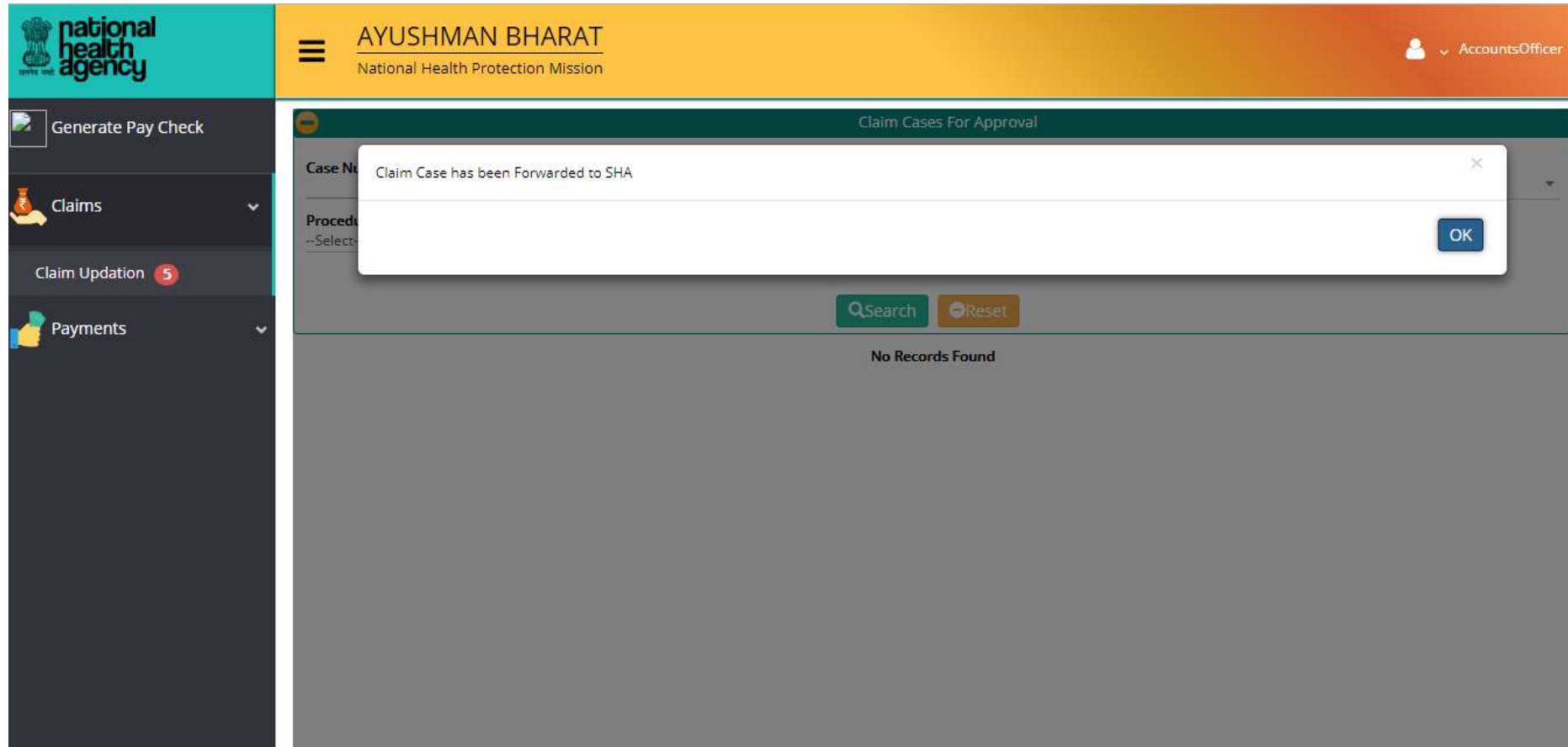
Reset

1 Displaying Records: 1-5 Total no of Records: 5

S.No	Case No	Claim No	Patient Name	Card No	Case Status	Hospital Name	Registered Date	Case Form	PRF Form
1	CASE/HSDSP17/S351	TRUST/KOR/2018/384172/1	Dvarika	L53K9QW	CPD Approved	City Hospital	27/08/2018 04:48:21 PM		
2	CASE/HSDSP17/S402	TRUST/RAI/2018/387208/1	ashutosh	FA5QJ19	CPD Approved	City Hospital	03/09/2018 06:23:51 PM		
3	CASE/HSDSP17/S408	TRUST/KOR/2018/384214/1	Dvarika	L53K9QW	CPD Approved	City Hospital	04/09/2018 11:06:29 AM		
4	CASE/HSDSP17/S413	TRUST/KOR/2018/384217/1	Dvarika	L53K9QW	CPD Approved	City Hospital	04/09/2018 01:04:16 PM		
5	CASE/HSDSP17/S415	TRUST/KOR/2018/384219/1	Dvarika	L53K9QW	CPD Approved	City Hospital	04/09/2018 01:46:03 PM		

Forward

After clicking the forward button the claim case will be forwarded to SHA.



The screenshot displays the user interface of the TMS Approval system. The top navigation bar includes the National Health Agency logo on the left, the text "AYUSHMAN BHARAT National Health Protection Mission" in the center, and a user profile icon labeled "AccountsOfficer" on the right. A dark sidebar on the left contains menu items: "Generate Pay Check", "Claims" (with a dropdown arrow), "Claim Updation" (with a red notification badge showing the number "5"), and "Payments" (with a dropdown arrow). The main content area is titled "Claim Cases For Approval" and features a search bar with "Search" and "Reset" buttons. A white notification box is overlaid on the page, displaying the message "Claim Case has been Forwarded to SHA" and an "OK" button. Below the notification, the text "No Records Found" is visible.

9) Claim Approved by SHA Officer

SH can view the Claim case forwarded by Accounts Officer and will approve the claim as shown in the screen shot

**AYUSHMAN BHARAT**

National Health Protection Mission

Check Balance

---

Claims

---

Claim Updation 4

---

Payments

---

MIS

Claim Cases For Approval

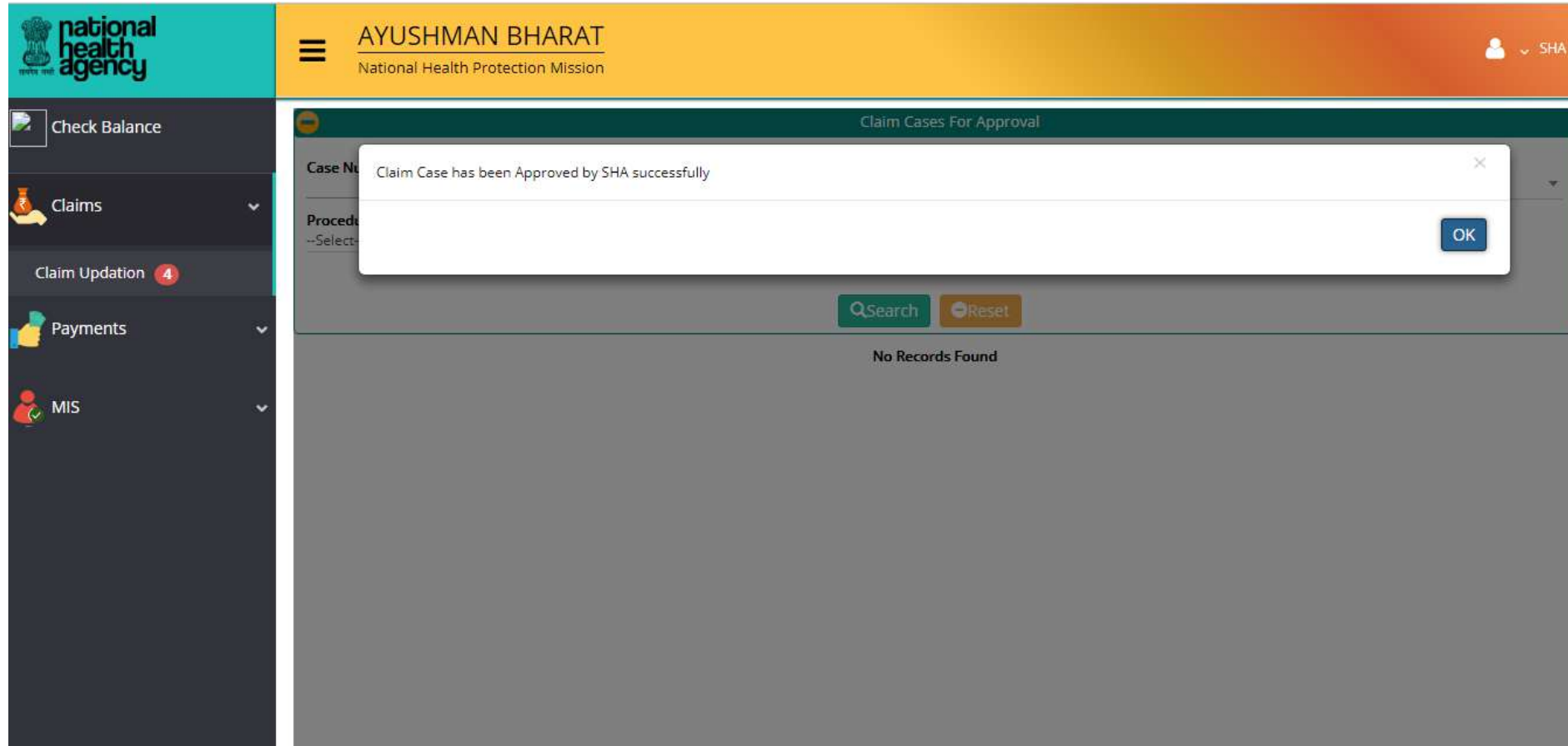
<input type="text" value="Case Number"/>	<input type="text" value="Card Number"/>	<input type="text" value="Patient Name"/>	<input type="text" value="Category --Select--"/>
<input type="text" value="Procedure Name --Select--"/>	<input type="text" value="Registered From Date"/>	<input type="text" value="Registered To Date"/>	

1 Displaying Records: 1-4 Total no of Records: 4

S.No	Case No	Claim No	Patient Name	Card No	Case Status	Hospital Name	Registered Date	Case Form	PRF Form
1	CASE/HSDSP17/S351	TRUST/KOR/2018/384172/1	Dvarika	L53K9QW	Claim Forwarded by ACO	City Hospital	27/08/2018 04:48:21 PM		
2	CASE/HSDSP17/S416	TRUST/KOR/2018/384220/1	Dvarika	L53K9QW	Claim Forwarded by ACO	City Hospital	04/09/2018 01:55:13 PM		
3	CASE/HSDSP17/S418	TRUST/KOR/2018/384223/1	Dvarika	L53K9QW	Claim Forwarded by ACO	City Hospital	04/09/2018 02:42:57 PM		
4	CASE/HSDSP17/S406	TRUST/RAI/2018/387210/1	ashutosh	FA5QJ19	Claim Forwarded by ACO	City Hospital	03/09/2018 07:47:49 PM		

Page 33 of 34

Claim case approved by SHA is the final approval.



The screenshot displays the 'AYUSHMAN BHARAT' National Health Protection Mission interface. The top navigation bar includes the National Health Agency logo on the left, the mission name in the center, and a user profile icon labeled 'SHA' on the right. A left-hand sidebar menu contains options for 'Check Balance', 'Claims', 'Claim Updation' (with a red notification badge showing '4'), 'Payments', and 'MIS'. The main content area is titled 'Claim Cases For Approval' and features a search bar with 'Search' and 'Reset' buttons. A white modal dialog box is overlaid on the page, displaying the message 'Claim Case has been Approved by SHA successfully' and an 'OK' button. Below the search bar, the text 'No Records Found' is visible.



No.HFW-H(RSBY)PMRSSM/2018-II-  
HP Swasthya Bima Yojna Society  
Deptt. of Health & Family Welfare

To

All the Hospitals Empanelled under AB-PMJAY  
Himachal Pradesh

Dated: Shimla-9, the 9<sup>th</sup> October, 2018

Subject: Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (AB-PMJAY) data privacy policy and data privacy document.

Sir/Madam,

I am directed to enclose herewith the copy of D.O. No. S-12012/24/2018-NHA dated 25<sup>th</sup> September, 2018 received from Government of India, National Health Agency, New Delhi, on the subject cited above. In this regard, you are requested to follow the guidelines issued by Government of India.

Yours faithfully,

Chief Executive Officer,  
HP Swasthya Bima Yojna Society,  
Department of Health & Family Welfare

Endst. No. As above-~~2623~~<sup>58</sup> dated: Shimla-9, the 9<sup>th</sup> October, 2018  
Copy for information and necessary action to:-

1. All the Deputy Commissioners, Himachal Pradesh for information please.
2. All the Chief Medical Officers, Himachal Pradesh for information and with the request to follow the guidelines issued by Government of India & also direct the empanelled hospitals regarding the same.
3. All The District Coordinators, HPSBYS for compliance please.
4. M/s Medsave Health Insurance TPA Ltd., New Delhi for compliance please.

Chief Executive Officer,  
HP Swasthya Bima Yojna Society,  
Department of Health & Family Welfare

Despatcher,  
HP Swasthya Bima Yojna Society,  
Himachal Pradesh,  
Date: 11/10/2018

Dr. Indu Bhushan

Chief Executive Officer  
Ayushman Bharat  
National Health Protection Mission  
Tel. : 23061097 / 23063618  
Email : i.bhushan@gov.in



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



D.O. No. S-12012/24 / 2018-NHA  
25<sup>th</sup> September 2018

Dear Colleague,

At the outset, I would like to extend my gratitude to you for a successful roll-out of the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PM-JAY) on Sunday, 23<sup>rd</sup> September 2018.

Given its magnitude and reach, PM-JAY launch has received wide media coverage. As this scheme enters its initial stage of implementation, there is bound to garner large attention and scrutiny from media and public alike. In certain cases, personal details of beneficiaries or treatment availed by them under PM-JAY or confidential data could be released to the media or posted on social media platforms, which could amount to potential data privacy breach.

Protecting individual's personal data and health data through the implementation of appropriate controls for safeguarding privacy of such data is the paramount responsibility of all implementing agencies including National Health Agency (NHA), State Health Agencies (SHAs), Insurance companies and service delivery partners. In this regard, I seek your cooperation in following NHA Data Privacy Policy guidelines as published on the website and sharing it with all your implementation partners.

This Data Privacy Policy document specifies how personal data and health data of the beneficiaries as well as the personal data of its employees and ecosystem partners is to be handled by NHA and SHAs.

I also urge you to review and follow the key points of reference from NHA Data Privacy Policy including the following:

- Ensure that all stakeholders have clearly understood the provisions of the NHA Data Privacy Policy and ensure compliance to all the provisions.
- Do not post any information at social media websites which directly or indirectly discloses beneficiaries' information without their consent.
- Do not store any beneficiaries' information on personal or unprotected end-point devices. (Ex: Beneficiaries data information, any photograph, any ID proof, any video or any other information)
- Do not print/ display out personally identifiable data mapped with any other departmental data such as on ration card/birth certificate/caste certificate/any other certificate/document.
- In cases where Beneficiaries' Aadhaar No. is taken; do not take copy of the Aadhaar card and upload the same in to the system.
- Ensure that all data capture and information dissemination points (website, reports etc.) should comply with NHA Data Privacy Policy.
- Ensure that all access controls to data must be in place for personally identifiable data of the beneficiary.

23/09/18  
SS (Health)  
S. BHASHA

RBB

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BH

- Do not publish any personal identifiable data including Beneficiaries Golden Record number/ Aadhaar/ any patient details in public domain/websites etc.
- Do not capture/store/use Beneficiaries personal data without consent of the individual as per NHA Data Privacy Policy. The purpose of use of Beneficiaries information needs to be disclosed to the beneficiaries'.
- Do not disclose any Beneficiaries related information to any external/unauthorized agency or individual or entity.
- Create internal awareness about consequences of breaches of data as per NHA Data Privacy Policy.
- Ensure that employees and officials understand the implications of the confidentiality and data privacy breach.
- Designate an individual in the organization who shall be responsible for protecting personal data of beneficiaries. That individual shall also be in charge of the security of system, access control, audit, etc.
- Identify and prevent any potential data breach or publication of personal data. Ensure swift action on any breach of personal data.
- Ensure no beneficiaries personal data is displayed or disclosed to external agencies or unauthorized persons.
- Informed consent – Beneficiaries should clearly be made aware of the usage, the data being collected, and its purpose. Consent should be taken from the beneficiary(s) either on paper or electronically before publishing or circulating in the public domain.
- Authentication choice - When doing authentication, agency should provide multiple ways to authenticate (fingerprint, iris scan, OTP) to ensure all Aadhaar holders are able to use it effectively.
- All agencies implementing the scheme must be educated on effective grievances handling mechanism via multiple channels (website, call-center, mobile app, sms, etc.) as specified by NHA

A copy of NHA data privacy policy guidelines are enclosed for your ready reference. They can also be downloaded from the website <https://www.abnhpm.gov.in/policy-and-guidelines>.

I look forward to your commitment to and effective implementation of the above policy with respect to all external communication and publication of PM-JAY beneficiaries.

*with best regards,*

Yours sincerely,



(Dr. Indu Bhushan)

To:  
Chief Secretaries to all states,  
Government of India

With, copy to: Special Chief Secretary (Health) / Additional Chief Secretary ( Health ) / Principal Health Secretary / Secretary(Health) / Commissioner and Secretary Health / Commissioner Health



No. HFW-H(RSBY)PMRSSM/2018-3037-3211  
HP Swasthya Bima Yojna Society  
Deptt. of Health & Family Welfare  
Thakur Villa, Kasumpti, Shimla-171009

To

All the Empanelled Hospitals under Health Insurance/Protection Schemes,  
Himachal Pradesh

Dated: Shimla-9, the 27<sup>th</sup> October, 2018

Subject: Regarding the use of web portal i.e. [www.hpsbys.in](http://www.hpsbys.in) for Patient Registration and Claim Management under Mukhya Mantri State Health Care Scheme (MMSHCS) and Himachal Pradesh Universal Health Protection Scheme (HPUHPS).

Sir/Madam,

As you are aware that the State is implementing Mukhya Mantri State Health Care Scheme and Himachal Pradesh Universal Health Protection Scheme for providing cashless treatment to the beneficiaries in the empanelled hospitals. Under these schemes, State Government has enhanced the per year coverage to Rs. 5.00 lakh. For smooth implementation of both the schemes in the State, a web portal has been designed by the State Nodal Agency in collaboration with CSM Technologies Private Limited. The user ID and password for using the portal has already been shared through email to all the empanelled hospitals. Now, it has been decided that hospital will use the said portal for Patient Registration and Claim Management under MMSHCS and HPUHPS from 1<sup>st</sup> November, 2018 for which following steps are required to be followed:

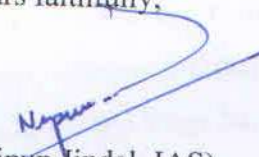
1. Complete the hospital profile by using login credentials.
2. Register the patients through following process:-
  - a. Register the patients through web portal.
  - b. Block the package by uploading necessary documents.
  - c. Provide the cashless treatment.
  - d. Upload the discharge summary on discharge of patients.
3. Raise claims through web portal for which following process needs to be followed:-
  - a. The hospital will raise the claim against each URN/patient after discharge.
  - b. The hospital will upload the discharge card, copy of investigations, copy of bills etc.
  - c. Thereafter, the operator will click on the submit button and claim will be raised to the concerned Agency/SNA automatically.

*N. Sharma*



The hospital has to follow the above mentioned process for registration of patients and raising the claims and will get the reimbursement for only those cases which will be raised using web portal in respect of patients admitted w.e.f. 1<sup>st</sup> November 2018. The detailed SOP and tutorial video for using the web portal has been uploaded on [www.hpsbys.in](http://www.hpsbys.in). All the hospitals are also requested to register the already admitted patients on the said portal for which five days time i.e. w.e.f. 1.11.2018 to 5.11.2018 will be given. Any dereliction in the matter will be viewed seriously and sole liability of non-reimbursement will be of concerned hospital if the proper process is not followed for registration of patients and raising the claims under Mukhya Mantri State Health Care Scheme and Himachal Pradesh Universal Health Protection Scheme. All the hospitals are also requested to deposit their MHC (Master Hospital Card) with the concerned District Coordinator immediately as the RSBY Transaction Management System will not be used w.e.f. 1<sup>st</sup> September, 2018.


Yours faithfully,

  
(Dr. Nipun Jindal, IAS)  
Spl. Secy. (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare

Endst. No. As above-3212-51 Dated: Shimla-9, the 27<sup>th</sup> October, 2018

Copy for information and necessary action to:-

1. The Additional Chief Secretary (Health) to the Government of Himachal Pradesh please.
2. All the Deputy Commissioners, Himachal Pradesh.
3. All the Chief Medical Officers, Himachal Pradesh for information and with the direction to direct the empanelled hospitals for compliance please.
4. All the District Coordinators, HPSBYS, Himachal Pradesh with the directions to collect the MHC and submit at State Nodal Agency immediately.
5. M/s Rural Technologies Solutions Private Limited, Pitampura, New Delhi for information & n/a.
6. M/s Smart Chip Private Limited, New Delhi for information & n/a.
7. M/s CSM Technologies Private Limited, Bhubaneswar for information and necessary action please.

  
Spl. Secy. (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare

\*\*\*\*\*

File No.: HFW-B(F)2-2/2018

Dated: Shimla-2, the 07/12/2018

**NOTIFICATION**

The Governor, Himachal Pradesh is pleased to lay down the guidelines under Mukhya Mantri Chikitsa Sahayata Kosh (MMCSK) in continuation to Notification of even number dated 28-08-2018 to provide assistance to needy poor people of the State having serious ailments:-

**1. Income Criteria:-** Financial assistance will be given to only those persons having annual income up to Rs. 1.50 lakh. The beneficiary will produce the income certificate from the competent authority at the time of submission of application for assistance from Kosh. However, in case of following ailments, there shall be no requirement of income certificate:-

- Cancer.
- Renal transplantation.
- Major heart surgeries.
- ASD, VSD, Valve Replacement, By Pass Surgeries.
- Major Spine Surgeries.
- Major Brain Surgeries.

**2. Document required:-** Following documents are required to be produced at the time of seeking assistance from Kosh:-

- Income Certificate.
- Treatment Cost Estimate from concerned hospital in case the treatment has not been taken.
- Original verified bills from the concerned doctor in case the treatment has already been taken by the beneficiary.
- Ayushman Bharat/ HIMCARE card (if available).
- Photo ID proof.
- Aadhar Card.
- Photocopy of Pass book indicating the bank account detail of beneficiary.

*Signature*

25

3. **Submission of Application:-** The beneficiary will submit the application along with documents mentioned above, to the office of Hon'ble Chief Minister/ Health Minister or the beneficiary can submit the application to the Deputy Commissioner of the concerned district directly or through concerned MLA. The Deputy Commissioner will further forward the application completed in all respects to the office of Hon'ble Chief Minister/ Health Minister.

(By Order)

R.D. Dhiman  
Addl. Chief Secy.(Health) to the  
Government of Himachal Pradesh

**Endst. No.: As above**

**Dated: Shimla-2 the 07/12/2018**

- ❖ Copy forwarded for information and necessary action, to:-
- 1) PS to ACS to CM, Government of Himachal Pradesh.
  - 2) PS to Health Minister, Government of Himachal Pradesh.
  - 3) The CEO, HP Swasthya Bima Yojana Society, Shimla-09.
  - 4) Guard file- 5 spare copies.

*Nipun*  
(Dr. Nipun Jindal)  
Special Secretary(Health) to the  
Government of Himachal Pradesh



(Authoritative English text of this Department Notification No.: HFW-B (B)2-10/2018, dated \_\_\_/12/2018 as required under clause (3) of article 348 of Constitution of India)

Government of Himachal Pradesh  
Department of Health & Family Welfare

\*\*\*\*\*

File No: HFW-B(F)2-10/2018

Dated: Shimla-2,

the

29/12/2018

**NOTIFICATION**

The Governor, Himachal Pradesh is pleased to notify a scheme to provide cashless treatment to the residents of Himachal Pradesh namely 'The Himachal Health Care Scheme' in short HIMCARE as under:-

**1. Short Title**

This policy shall be called 'The Himachal Health Care Scheme' in short HIMCARE.

**2. Commencement**

The scheme shall come into effect from the date of notification.

**3. Benefit Package**

Cashless treatment coverage of Rs. 5.00 lakh per year per family will be provided under the scheme on family floater basis subject to maximum of five members per family unit. In case family size exceeds five members, the remaining members can be enrolled as a separate unit subject to the capping of five members for each such addition unit. The treatment will be provided on the basis of pre-defined package rates in the empanelled hospitals for inpatient/ day care treatment.

**4. Differential premium**

Following premium shall be collected from beneficiaries at the time of enrollment under Him Health Care Scheme based on the categories defined below:

Category	Target group	Premium amount
I	BPL and Registered Street Vendors (Not covered under Ayushman Bharat)	Zero
II	<ul style="list-style-type: none"><li>• Ekal Naaris</li><li>• Disabled &gt;40% (At present &gt;70% Disabled</li></ul>	Rs. 365 per year

*Handwritten signature*



	<p>are covered and it is proposed to cover &gt;40% disabled under the new scheme)</p> <ul style="list-style-type: none"><li>• Sr. Citizens above 70 years of age (At present Sr. Citizens above 80 years are covered and it is proposed to cover Sr. Citizens above 70 years of age under new scheme)</li><li>• Anganwari Workers</li><li>• Anganwari Helpers</li><li>• ASHA workers (Category not included under MMSHCS and it is proposed to include ASHA workers)</li><li>• Mid-Day meal workers</li><li>• Daily Wage Workers (Govt., Autonomous Bodies, Societies, Boards &amp; Corporations etc.),</li><li>• Part Time Workers (Govt., Autonomous Bodies, Societies, Boards &amp; Corporations etc.)</li><li>• Contractual Employees (Govt., Autonomous Bodies, Societies, Boards &amp; Corporations etc.)</li></ul>	
III	<ul style="list-style-type: none"><li>• Beneficiaries not covered under category-I and category-II or who are not govt. servants or their dependent family members.</li></ul>	Rs. 1000 per year

The various beneficiaries shall give proof of concerned category through uploading of relevant document at the time of enrolment and renewal as under:-

Category	Documents required for authentication
BPL	Copy of BPL certificate attested by the Panchayat Secretary within previous one month.
Registered Street Vendors	Registration Certificate attested by the Executive Officer, MC/NP/NAC within previous one month.
Ekal Naaris	Certificate to be issued by Child Development Program Officer (CDPO) of the concerned area and shall include Widows/Divorced/Legally Separated/Unmarried more than 40 years.
Disabled >40%	Medical Disability Certificate showing permanent disability.
Sr. Citizens above 70 years of age	Any valid age proof



Anganwari Workers/Helpers	Certificate from Child Development Program Officer (CDPO) of the concerned area.
ASHA workers	Certificate from Block Medical Officer (BMO) of the concerned area.
Mid-Day meal workers	Certificate from Block Elementary Education Officer of the concerned area, if working in Government Primary School. Certificate from concerned Head of Institution if working in Government Middle/ High/Sr. Sec. School.
Contractual Employees	Certification from concerned Department
Daily Wage Worker	Certification from concerned Department
Part Time Workers	Certification from concerned Department

## 5. Enrolment & Renewal

### 5.1 Enrolment:-

The scheme shall be implemented through e-cards. The enrolment shall be done in a simple way through a user friendly web interface hosted on the website [www.hpsbys.in](http://www.hpsbys.in) capturing Aadhar, Ration Card, Mobile Number and proof of category. The beneficiary will apply through online system directly or through Lok Mitra Kendra/Common Service Centres. He/she will make online payment of premium by using online payment gateway. After the approval of enrolment from back-end, the beneficiary will receive SMS regarding his enrolment and he/she will be able to download/generate the E-Card under the scheme. The CSC/LMK will collect Rs. 50/- per family from the beneficiaries for enrollment and uploading the documents under the scheme. After the approval message is received, the beneficiary can get his/her card printed from the concerned CSC/LMK within the user fee of Rs. 50/- initially given to the CSC/LMK. Option to generate the E-Card at hospital level shall also remain available. The enrollment/renewal shall be open only for three months in a year i.e. from January to March to avoid the issues of adverse selection. The policy period for individual beneficiary household shall commence from the date of approval of enrollment/renewal till the expiry of twelve months.

### 5.2 Existing Schemes:-

This scheme shall subsume Mukhya Mantri State Health Care Scheme (MMSHCS) and Himachal Pradesh Universal Health Protection Scheme



(HPUHPS). The existing beneficiaries under these schemes will continue to avail benefits as per their applicable policy period and the data of the existing beneficiaries shall be ported onto the new system (unique ID will remain same) and they shall automatically receive link for downloading of the e-card on their registered mobile numbers.

#### 5.3 Renewal:-

The beneficiary will be informed through SMS on registered mobile alongwith policy renewal link for renewal of policy 15 days before the expiry of policy period.

#### 5.4 Addition/Deletion of family members:-

Option shall be given to add or delete family members in a particular beneficiary family unit consequent upon the birth/marriage/adoption or death of a family members for which relevant documents like birth certificate, marriage certificate, adoption certificate, death certificate and ration card would be required to be uploaded at the time of addition/deletion of family members.

### 6. **Transaction Management System**

A Card less Transaction Management System will be used at the hospitals for treatment of beneficiaries under the scheme. This system will be used for authentication of beneficiary at hospital and online treatment entries of beneficiaries. The claims will be checked by the support agency through online system and recommended for payment/rejection. Thereafter the society will reimburse the amount to the concerned hospitals through electronic transfer/RTGS/NEFT etc.

### 7. **Empanelment Process & Package rates**

The hospitals empanelled under Ayushman Bharat will stand automatically empanelled for HIMCARE and package rates of Ayushman Bharat (customized for the state by HPSBYS) will be adopted for this scheme.



## 8. Him Care Sathi

Under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna, the hospitals have engaged Pradhan Mantri Arogya Mitra who are responsible for Beneficiary Identification System (BIS) and working on Transaction Management System (TMS) for implementation of Ayushman Bharat. These PMAM will also look after the work of Him Health Care Scheme and they may be designated as HIMCARE SATHI for the said scheme.

By Order,

R.D. Dhiman  
Addl. Chief Secy.(Health) to the  
Government of Himachal Pradesh

Endst. No.: As above

Dated: Shimla-2 the \_\_\_/12/2018


❖ **Copy forwarded for information to:-**

1. The Principal Accountant General, Himachal Pradesh, Shimla-03.
2. The Accountant General (A&E), Himachal Pradesh, Shimla-03.
3. All the Administrative Secretaries, HP, Shimla-171002.
4. All the Deputy Commissioners of Himachal Pradesh.
5. The Chief Executive Officer, Himachal Pradesh Swasthya Bima Yojna Society, Department of Health & Family Welfare, Thakur Villa, Kasumpti, Shimla-9.
6. The Under Secretary(Finance Regulation) to the Govt. of H.P. w.r.t. their U.O. No. Fin(C)B(15)-1/2018 dated 19-11-2018.
7. The Under Secretary(GAD) to the Government of H.P. w.r.t. item No.: 39, Cabinet Meeting dated 20-11-2018.
8. The Principal Private Secretary to the Governor of H.P., Shimla-2.
9. The Principal Private Secretary to Chief Minister, H.P., Shimla-2.
10. All the Private Secretaries of Cabinet Ministers, Government of Himachal Pradesh, Shimla-2.
11. The Senior Special Private Secretary to Health Minister, H.P., Shimla-2.
12. The Senior Private Secretary to Chief Secretary, HP, Shimla-2.
13. All the Heads of Departments in Himachal Pradesh.
14. All the Managing Directors, Boards/ Corporations/ Autonomous Organizations.
15. The Director, Medical Education & Research, Himachal Pradesh, SDA Complex, Kasumpti, Shimla-9 with the request to circulate the same to all the Principals working under your control.
16. The Director, Health Services, Himachal Pradesh, Shimla-9.
17. The Director, Health Safety & Regulation, HP, Shimla-2.
18. The Director, Dental Health Services, H.P., Shimla-9.
19. The Mission Director, National Health Mission, H.P., Shimla-9.
20. The Director, Panchayati Raj Institutions, H.P., Shimla-9.





21. The Controller, Printing & Stationery, Himachal Pradesh, Shimla.
22. All the Project Officers, DRDAs in Himachal Pradesh.
23. All the Sub-Divisional Magistrates (SDMs), Himachal Pradesh.
24. All the Chief Medical Officers (CMOs) in Himachal Pradesh with the directions to circulate the same to all Block Medical Officers and Pradhan, Gram Panchayats in the District.
25. Guard file.

  
(Dr. Nipun Jindal)  
Special Secretary (Health) to the  
Government of Himachal Pradesh



हिमाचल प्रदेश सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग

संख्या:-एच0एफ0डब्ल्यू0 बी(एफ) 2-10/2018 दिनांक: शिमला-2, 29-12-2018

अधिसूचना

राज्यपाल, हिमाचल प्रदेश, प्रदेश के लोगों को निःशुल्क उपचार उपलब्ध करवाने के लिए हिमाचल हैल्थ केयर योजना संक्षेप में हिमकेयर को निम्न प्रकार से सहर्ष अधिसूचित करते हैं:-

1. शीर्षक:-

इस योजना का नाम "हिमाचल हैल्थ केयर योजना" (हिमकेयर) है।

2. आरम्भ:-

यह योजना अधिसूचना की तारीख से लागू होगी।

3. लाभ पैकेज:-

इस योजना के अन्तर्गत एक परिवार को (अधिकतम पांच सदस्य) एक वर्ष में पांच लाख रुपये तक निःशुल्क ईलाज की सुविधा दी जाएगी। यदि एक परिवार में पांच से अधिक सदस्य हैं तो बचे हुए सदस्यों को अलग से पंजीकृत किया जाएगा। इस योजना के अन्तर्गत अंतरंग रोगी विभाग/डे केयर में निःशुल्क ईलाज की सुविधा निर्धारित पैकेज दरों पर पंजीकृत अस्पताल में प्रदान की जाएगी।

4. प्रीमियम:-

इस योजना के अन्तर्गत लाभार्थी से पंजीकरण के समय निम्न श्रेणियों के आधार पर प्रीमियम लिया जाएगा:-

श्रेणी	चयनित समूह	प्रीमियम दर
1.	गरीबी रेखा से नीचे (बी.पी.एल.) और पंजीकृत रेहड़ी-फड़ी वाले (जो कि आयुष्मान भारत में पंजीकृत नहीं हैं)	शून्य
2.	<ul style="list-style-type: none"><li>● एकल नारी</li><li>● 40 प्रतिशत से अधिक दिव्यांग</li><li>● 70 वर्ष की आयु से अधिक वरिष्ठ नागरिक</li><li>● आंगनवाड़ी कार्यकर्ता</li><li>● आंगनवाड़ी सहायिकाएं</li><li>● आशा कार्यकर्ता</li><li>● मिड-डे मील कार्यकर्ता</li><li>● दिहाड़ीदार (सरकारी, स्वायत्त संस्थानों, सोसायटी, बोर्ड एवं निगम के कर्मचारी)</li></ul>	365 रुपये प्रति वर्ष



	<ul style="list-style-type: none"><li>अंशकालिक कार्यकर्ता (सरकारी, स्वायत्त संस्थानों, सोसायटी, बोर्ड एवं निगम के कर्मचारी)</li><li>अनुबन्ध कर्मचारी (सरकारी, स्वायत्त संस्थानों, सोसायटी, बोर्ड एवं निगम के कर्मचारी)</li></ul>	
3.	<ul style="list-style-type: none"><li>जो लाभार्थी श्रेणी 1 एवं 2 में कवर नहीं है या सरकारी कर्मचारी एवं उनके आश्रित नहीं है।</li></ul>	1000 रुपये प्रति वर्ष

लाभार्थी पंजीकरण एवं नवीनीकरण के समय श्रेणी से सम्बन्धित निम्न दस्तावेज वैबसाइट पर अपलोड करेंगे:-

श्रेणी	प्रमाणीकरण के लिए आवश्यक दस्तावेज
गरीबी रेखा से नीचे (बी.पी.एल.)	पिछले एक महीने के भीतर पंचायत सचिव द्वारा प्रमाणित बी.पी.एल. प्रमाण पत्र की प्रति।
पंजीकृत रेहड़ी-फड़ी	पिछले एक महीने के भीतर एम. सी./एन.पी./एन.ए.सी. के कार्यकारी अधिकारी द्वारा प्रमाणित पंजीकरण प्रमाण पत्र की प्रति।
एकल नारी	सम्बन्धित क्षेत्र के बाल विकास कार्यक्रम अधिकारी (सी.डी.पी.ओ.) द्वारा जारी किया गया प्रमाण पत्र। इस श्रेणी के अतर्गत विधवा/तलाकशुदा/कानूनी रूप से पृथक/ 40 वर्ष की आयु से अधिक की अविवाहित महिलाएं पात्र हैं।
40 प्रतिशत से अधिक दिव्यांग	चिकित्सा दिव्यांगता प्रमाण पत्र।
70 वर्ष से अधिक आयु के वरिष्ठ नागरिक	आयु वैधता प्रमाण पत्र।
आंगनवाड़ी कार्यकर्ता/सहायिकाएं	सम्बन्धित क्षेत्र के बाल विकास कार्यक्रम अधिकारी (सी.डी.पी.ओ.) द्वारा जारी किया गया प्रमाण पत्र।
आशा कार्यकर्ता	सम्बन्धित क्षेत्र के खण्ड चिकित्सा अधिकारी (बी.एम.ओ.) द्वारा जारी किया गया प्रमाण पत्र।
मिड-डे मील कार्यकर्ता	यदि राजकीय प्राथमिक पाठशाला में कार्यरत, सम्बन्धित क्षेत्र के खण्ड प्राथमिक शिक्षा अधिकारी द्वारा जारी किया गया प्रमाण पत्र। यदि राजकीय माध्यमिक/उच्च/वरिष्ठ माध्यमिक पाठशाला में कार्यरत, सम्बन्धित संस्थान के प्रमुख द्वारा जारी किया गया प्रमाण पत्र।
अनुबन्ध कर्मचारी	सम्बन्धित विभाग द्वारा जारी किया गया प्रमाण पत्र।
दिहाड़ीदार	सम्बन्धित विभाग द्वारा जारी किया गया प्रमाण पत्र।
अंशकालिक कर्मचारी	सम्बन्धित विभाग द्वारा जारी किया गया प्रमाण पत्र।



## 5. नामांकन एवं नवीनीकरण:-

### 5.1 नामांकन:-

इस योजना के अन्तर्गत ई-कार्ड जारी किए जाएंगे। इस योजना के अन्तर्गत नामांकन/पंजीकरण की प्रक्रिया सरल है लाभार्थी [www.hpsbys.in](http://www.hpsbys.in) वैबसाइट पर आधार कार्ड, राशन कार्ड, मोबाईल नम्बर और श्रेणी प्रमाण पत्र अपलोड (upload) करवा कर नामांकन कर सकता है। यह नामांकन वह स्वयं कर सकता है या लोक मित्र केन्द्र/कॉमन सर्विस सेंटर के माध्यम से भी कर सकता है। वह प्रीमियम का भुगतान ऑनलाईन पेमेंट गेटवे के माध्यम से कर सकता है। लाभार्थी का नामांकन अनुमोदित होने के उपरान्त उसे दिए गए मोबाईल पर संदेश आएगा जिसकी सहायता से वह अपना ई-कार्ड डाउनलोड कर सकता है और प्रिंट कर सकता है। योजना के अन्तर्गत लोक मित्र केन्द्र/कॉमन सर्विस सेंटर नामांकन करने और निर्धारित दस्तावेजों को अपलोड करने के लिए लाभार्थी से 50 रुपये प्रति परिवार एकत्रित करेगा और अनुमोदन का संदेश प्राप्त होने के उपरान्त लाभार्थी को कार्ड प्रिंट करके देगा। अस्पताल में भी ई-कार्ड जारी करने का विकल्प होगा। प्रतिकूल चुनाव से बचने के लिए नामांकन/नवीनीकरण की प्रक्रिया वर्ष में केवल तीन महीने अर्थात् जनवरी से मार्च माह तक ही खुलेगी। लाभार्थी परिवार के लिए पॉलिसी अवधि नामांकन/नवीनीकरण के अनुमोदन की तिथि से बारह माह तक रहेगी।

### 5.2 मौजूदा योजनाएं:-

इस योजना में मुख्य मन्त्री राज्य स्वास्थ्य देख-भाल योजना और हिमाचल प्रदेश यूनिवर्सल हैल्थ प्रोटेक्शन स्कीम को अवशोषित किया जाएगा। इन योजनाओं के अन्तर्गत लाभार्थी लागू नीति अवधि के आधार पर लाभ लेते रहेंगे और मौजूदा लाभार्थियों का डाटा नए सिस्टम में डाला जाएगा और उन्हें ई-कार्ड डाउनलोड करने के लिए उनके पंजीकृत मोबाईल पर लिंक भेजा जाएगा।

### 5.3 नवीनीकरण:-

पॉलिसी अवधि समाप्त होने से 15 दिन पहले लाभार्थी को पॉलिसी का नवीनीकरण करवाने के लिए पंजीकृत मोबाईल पर संदेश एवं लिंक भेजा जाएगा।

### 5.4 परिवार के सदस्यों को जोड़ना और हटाना:-

परिवार के सदस्य के विवाह/जन्म/दत्तक ग्रहण एवं मृत्यु की अवस्था में लाभार्थी का नाम योजना में जोड़ने और हटाने के लिए विकल्प दिया जाएगा। सदस्य का नाम जोड़ते और हटाते समय प्रासंगिक दस्तावेज जैसे जन्म प्रमाण पत्र, विवाह प्रमाण पत्र, दत्तक ग्रहण प्रमाण पत्र, मृत्यु प्रमाण पत्र और राशन कार्ड वैबसाइट पर अपलोड करना होगा।



6. अस्पताल में प्रबन्धन प्रणाली:-

अस्पताल में योजना के अन्तर्गत लाभार्थी के लिए कार्ड रहित प्रबन्धन प्रणाली का उपयोग किया जाएगा। इस प्रणाली का उपयोग अस्पताल में लाभार्थी की पहचान और ऑनलाईन प्रविष्टि के लिए किया जाएगा। सहायक एजेंसी के द्वारा दावों को ऑनलाईन चेक किया जाएगा और अनुमोदित या अस्वीकार किया जाएगा। तदोपरान्त सोसायटी द्वारा सम्बन्धित अस्पताल को दावों का भुगतान ऑनलाईन माध्यम से किया जाएगा।

7. पंजीकरण की प्रक्रिया एवं पैकेज दरें:-

आयुष्मान भारत के अन्तर्गत पंजीकृत अस्पताल हिमकेयर योजना के अन्तर्गत पंजीकृत माने जाएंगे और आयुष्मान भारत (एच0पी0एस0बी0वाई0एस0 द्वारा राज्य के लिए संशोधित) की पैकेज दरें इस योजना के लिए उपयोग की जाएंगी।

8. हिम केयर साथी:-

आयुष्मान भारत-प्रधान मन्त्री जन आरोग्य योजना के अन्तर्गत अस्पताल प्रधान मन्त्री आरोग्य मित्रों की सेवाएं ले रहे हैं जो कि लाभार्थी पहचान प्रणाली एवं लेनदेने प्रबन्धन प्रणाली का कार्य देख रहे हैं। यह प्रधान मन्त्री आरोग्य मित्र हिमकेयर का कार्य भी देखेंगे और इन्हे इस योजना के अन्तर्गत हिमकेयर साथी के रूप में नामित किया जाए।

आदेश द्वारा

आर. डी. धीमान

अतिरिक्त मुख्य सचिव(स्वास्थ्य)

हिमाचल प्रदेश सरकार।

अनुमोदन संख्या:-उपरोक्तानुसार

दिनांक: शिमला-2,


-12-2018

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आगामी कार्यवाही हेतु अग्रेषित की जाती हैं:-

1. वरिष्ठ अकाउंटेंट जनरल, हिमाचल प्रदेश, शिमला-171003
2. अकाउंटेंट जनरल (ए0 एवं ई0), हिमाचल प्रदेश, शिमला-171003
3. समस्त प्रशासनिक सचिव, हिमाचल प्रदेश सरकार, शिमला-171002
4. समस्त उपायुक्त, हिमाचल प्रदेश सरकार।
5. मुख्य कार्यकारी अधिकारी, राष्ट्रीय स्वास्थ्य बीमा योजना, कुसुम्टी, हि0प्र0, शिमला-09
6. अवर सचिव(वित्त विनियमन), हि0प्र0 सरकार को उनके अशासकीय पत्र संख्या:-वित्त (सी)बी(15)-1/2018 दिनांक 19-11-2018 के संदर्भ में सूचनार्थ प्रेषित हैं।
7. अवर सचिव(सामान्य प्रशासन), हिमाचल प्रदेश सरकार को मंत्रीमण्डल बैठक दिनांक 20-11-2018, मद संख्या-39 के संदर्भ में सूचनार्थ प्रेषित हैं।



8. प्रधान निजी सचिव, राज्यपाल, हिमाचल प्रदेश, शिमला-171002
9. प्रधान सचिव(मुख्यमंत्री), हिमाचल प्रदेश, शिमला-171002
10. निजी सचिव, समस्त मंत्री, हिमाचल प्रदेश, शिमला-171002
11. वरिष्ठ विशेष निजी सचिव, स्वास्थ्य मंत्री, हिमाचल प्रदेश, शिमला-171002
12. वरिष्ठ निजी सचिव, मुख्य सचिव, हिमाचल प्रदेश, शिमला-171002
13. समस्त विभागाप्रमुख, हिमाचल प्रदेश सरकार।
14. समस्त प्रबंध निदेशक, बोर्ड/निगम/स्वायत्त संस्थान, हिमाचल प्रदेश सरकार।
15. निदेशक, चिकित्सा शिक्षा और अनुसंधान, कसुम्पटी, हिमाचल प्रदेश, शिमला-171009 के नियंत्रण में आयुर्विज्ञान महाविद्यालयों के समस्त प्रधानाचार्य को आगामी कार्यवाही हेतु प्रेषित करने हेतु प्रस्तुत की जाती है।
16. निदेशक, स्वास्थ्य सेवाएं, हिमाचल प्रदेश, शिमला-171009
17. निदेशक, स्वास्थ्य सुरक्षा और विनियमन, हिमाचल प्रदेश, शिमला-171002
18. निदेशक, दन्त चिकित्सा सेवाएं, हिमाचल प्रदेश, शिमला-171009
19. मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन, हिमाचल प्रदेश, शिमला-171009
20. निदेशक, पंचायती राज संस्थान, हिमाचल प्रदेश, शिमला-171009
21. नियंत्रक, मुद्रण और स्टेशनरी, शिमला, हिमाचल प्रदेश।
22. समस्त परियोजना अधिकारी, डीआरडीए, हिमाचल प्रदेश।
23. समस्त उप-मंडल दण्डाधिकारी (एस0डी0एम0), हिमाचल प्रदेश।
24. समस्त मुख्य चिकित्सा अधिकारी (सी0एम0ओ0) को उनके नियन्त्रण में जिला के सभी खण्ड चिकित्सा आधिकारी और प्रधान, ग्राम पंचायत को प्रसारित करने के निर्देशों के साथ प्रस्तुत हैं।
25. गार्ड फाइल।

  
(डॉ निपुण जिंदल)  
विशेष सचिव (स्वास्थ्य)  
हिमाचल प्रदेश सरकार

**Government of Himachal Pradesh**  
**Department of Health and family Welfare**

File No.: HFW-B(F)2-10/2018-Loose

Dated:

08/01/2019

**NOTIFICATION**

The Governor, Himachal Pradesh is pleased to lay down the additional guidelines under Himachal Health Care Scheme-HIMCARE Notified vide Notification of even number dated 29<sup>th</sup> December, 2018:-

1. The Senior Citizen (above 70 years of age whether Male or Female) and his/her spouse shall be covered under this category by paying a premium amount of Rs 365/-. However, if a family has 5 members including Senior Citizens, it shall be the choice of family to cover the whole family as a single unit by paying Rs 1000/-.
2. If the Head of family (whether Male or Female) is more than 40% disabled, his/her whole family shall be covered under the premium category of Rs 365/-. But if another person of the family (not the HOF) is more than 40% disabled, it is the choice of family to cover the specially abled person in a separate card or along with the whole family by paying premium of Rs 1000/-.

By Order

Addl. Chief Secretary (Health) to the  
Government of Himachal Pradesh

Endst. No. HFW-B(F)2-10/2018-Loose-I

Shimla-2 Dated:

08/01/2019

Copy forwarded for information and similar necessary action, to:-

1. PS to ACS to CM, Government of Himachal Pradesh
2. PS to Health Minister, Government of Himachal Pradesh
3. PS to Health Minister, Government of Himachal Pradesh
4. CEO, HP Swasthya Bima Yojana Society, Shimla

  
Special Secretary (Health) to the  
Government of Himachal Pradesh



No. HFW-H(HPSBYS)HIMCARE/2018 - 7555 - 7739  
HP Swasthya Bima Yojna Society  
Deptt. of Health & Family Welfare  
Thakur Villa, Kasumpti, Shimla-171009

Despatcher,  
HP Swasthya Bima Yojna Society,  
Himachal Pradesh.  
Date: 10/01/2019

To

All the Empanelled Hospitals under Health Insurance/Protection Schemes,  
Himachal Pradesh

Dated: Shimla-9, the 9<sup>th</sup> January, 2019

Subject: Regarding providing cashless treatment to the beneficiaries of Himachal Health Care Scheme-HIMCARE.

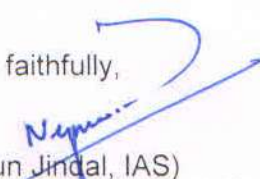
Sir/Madam,

The Department of Health & Family Welfare, Government of Himachal Pradesh has taken a new initiative for universalizing the health coverage in the State by launching Himachal Health Care Scheme-HIMCARE. This scheme has subsumed Mukhya Mantri State Health Care Scheme and HP Universal Health Protection Scheme. The existing 2.71 lakh beneficiary families of above schemes are eligible to avail the cashless treatment under HIMCARE on same Unique Relationship Number (URN). The detailed guidelines of the scheme are annexed with this letter.

All the persons of State who are not covered under Ayushman Bharat or are not regular Government Employees or Retired Pensioners, are eligible under HIMCARE. The Government has decided differential premium slabs starting from Rs. 0.00 to Rs. 1000/- per year per family based on the category for availing medical cover to the tune of Rs. 5.00 lakhs per year. All the hospitals empanelled under Ayushman Bharat are deemed empanelled for providing the treatment under HIMCARE in the State. The treatment will be provided on the basis of E-Card/mobile number/Aadhar card at the time of hospitalization. The TMS i.e. <https://tms.hpsbys.in>, process flow and package rates, which was being used for Mukhya Mantri State Health Care Scheme/HP Universal Health Protection Scheme will be used for providing the treatment to the HIMCARE beneficiary by the empanelled hospitals.

You are, therefore, requested to provide the cashless treatment to the HIMCARE beneficiary visiting hospitals for treatment. Any dereliction in the matter will be viewed seriously.

Yours faithfully,


  
(Dr. Nipun Jindal, IAS)  
Spl. Secy. (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare



Endst. No. As above                      Dated: Shimla-9, the 9<sup>th</sup> January, 2019

Copy for information and necessary action to:-

1. The Additional Chief Secretary (Health) to the Government of Himachal Pradesh please.
2. All the Deputy Commissioners, Himachal Pradesh.
3. All the Chief Medical Officers, Himachal Pradesh for information and with the request to direct the empanelled hospitals for compliance please.
4. All the District Coordinators (HPSBYS), Himachal Pradesh for compliance.
5. M/s Medsave TPA, New Delhi for information and necessary action.

  
Spl. Secy. (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare



No. HFW-H(HPSBYS)HIMCARE/2018-7831-7842  
HP Swasthya Bima Yojna Society  
Deptt. of Health & Family Welfare  
Thakur Villa, Kasumpti, Shimla-171009

To

✓ All the Chief Medical Officers  
Himachal Pradesh

Despatcher,  
HP Swasthya Bima Yojna Socy.  
Himachal Pradesh,  
Date: 15/01/2019

Dated: Shimla-9, the 15<sup>th</sup> January, 2019

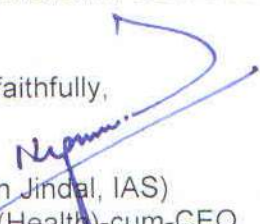
Subject: Regarding reporting under Ayushman Bharat and HIMCARE.

Sir/Madam,

As you are aware that Department of Health & Family Welfare, Government of Himachal Pradesh is implementing Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna and Himachal Health Care Scheme-HIMCARE for providing the cashless treatment coverage to the tune of Rs. 5.00 lakh per year per family on family floater basis. It has been noticed that less number of patients have availed the cashless treatment till date under the above mentioned schemes in the State. The main aim of the above schemes is to provide the cashless treatment to the patients at the time of requirement. Denying treatment or not entertaining the patients is defeating the purpose of implementation of Health Protection schemes in the State.

Keeping in view the above, it has been decided that all the Chief Medical Officers will submit the detailed report on 15<sup>th</sup> and 30<sup>th</sup> of every month on the enclosed proforma so that necessary steps to remove the gaps could be taken. Any dereliction in the matter will be viewed seriously.


Yours faithfully,

  
(Dr. Nipun Jindal, IAS)  
Spl. Secy. (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare

Endst. No. As above Dated: Shimla-9, the 15<sup>th</sup> January, 2019

Copy for information and necessary action to:-

1. The Additional Chief Secretary (Health) to the Government of Himachal Pradesh please.
2. All the Deputy Commissioners, Himachal Pradesh.
3. All the District Coordinators (HPSBYS), Himachal Pradesh for compliance.

  
Spl. Secy. (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare

Format for reporting on 15<sup>th</sup> and 30<sup>th</sup> of Every month in respect of Ayushman Bharat and HIMCARE

Name of District

Total Number of Hospitals Empanelled

Public

Private

**A. Hospital Empanelment:-**

Name of Hospital applied for empanelment	Date of submission of form by the hospital	Date of approval/rejection by the DEC	Reasons, if not approved/rejected

**B. Treatment and Claims:-**

Name of Hospital	Patients registered	Total Pre-Auth Requested	Total Claims submitted	Remarks, if column No. 2, 3 and 4 are Zero
1	2	3	4	5

Dated:

Chief Medical Officer

District:



No.HFW-H(RSBY)EC/2017  
HP Swasthya Bima Yojna Society  
Deptt. of Health & Family Welfare  
Thakur Villa, Kasumpti, Shimla-171009

From

The Addl. Chief Secretary (Health)-cum-Chairman  
HP Swasthya Bima Yojna Society  
Himachal Pradesh

To

All the Public Empanelled Hospitals under Ayushman Bharat/HIMCARE  
Himachal Pradesh

Dated: Shimla-9, the 8<sup>th</sup> March, 2019.

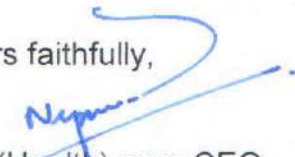
Subject:

Standard Operating Protocol under Ayushman Bharat-Pradhan  
Mantri Jan Arogya Yojna and Himachal Health Care Scheme-  
HIMCARE.

Your hospital is empanelled for providing the cashless treatment under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna and Himachal Health Care Scheme-HIMCARE. Under both the schemes, it is mandatory for empanelled hospitals to provide free of cost consumables/medicines/surgical items etc. to the beneficiary patients for which a Standard Operating Protocol (SOP) is required to be followed by all the public empanelled hospitals. A Standard Operating Protocol has been devised and enclosed herewith.

You are, therefore, requested to follow the Standard Operating Protocol strictly for providing the cashless treatment under both the schemes. Deviation of any kind shall invite strict action.

Yours faithfully,


  
Spl. Secy. (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare

Endst. No. As above

Dated: Shimla-9, the 8<sup>th</sup> March, 2019

Copy for information to:-

1. The Chief Executive Officer, National Health Authority, Ayushman Bharat, Government of India, LIC Building, New Delhi.
2. All the Chief Medical Officers, Himachal Pradesh please

  
Spl. Secy. (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare



Standard Operating Protocol for Hospitals

**Ayushman Bharat**  
**Pradhan Mantri Jan ArogyaYojna**  
**&**  
**Himachal Health Care Scheme (HIMCARE)**  
**Standard Operating Protocol for Hospitals**  
**Himachal Pradesh**

**Issued by:** HP Swasthya Bima Yojna Society, Department of Health & Family Welfare, Thakur Villa, Kasumpti, Shimla-9, Telephone: 01772629840, Fax: 01772629802. Email: [snoabnhpm.hp@gmail.com](mailto:snoabnhpm.hp@gmail.com), website: [www.hpsbys.in](http://www.hpsbys.in)



## Standard Operating Protocol for Hospitals

# CONTENTS

<b>BENEFITS .....</b>	<b>1</b>
<b>PACKAGES .....</b>	<b>5</b>
<b>FACILITIES REQUIRED AT EMPANELLED HEALTH CARE PROVIDER .....</b>	<b>6</b>
<b>CLAIM PROCESS AND TRANSACTION MANAGEMENT .....</b>	<b>7</b>
<b>Consultation by the Doctor .....</b>	<b>7</b>
<b>Registration, Pre-authorization, Treatment &amp; Discharge .....</b>	<b>7</b>
1. Registration & Package selection .....	7
2. Pre-Authorization.....	9
3. Treatment.....	10
4. Discharge.....	12
<b>Claim Raise &amp; Payment.....</b>	<b>13</b>
<b>Reconciliation.....</b>	<b>15</b>
<b>Annexure-A Pamphlet.....</b>	<b>17</b>
<b>Annexure-B Prescription Slip.....</b>	<b>18</b>
<b>Annexure-C Dispensing Slip.....</b>	<b>19</b>



## Standard Operating Protocol for Hospitals

### BENEFITS

The Benefits within the scheme, to be provided on a cashless basis to the beneficiaries up to the limit of their annual coverage, package charges on specific procedures and subject to other terms and conditions outlined herein, are the following

- a. **Benefit Cover** will include hospitalization / treatment expenses coverage including treatment for medical conditions and diseases requiring secondary and tertiary level of medical and surgical care treatment and also including defined day care procedures (as applicable) and follow up care along with cost for pre and post-hospitalisation treatment as defined.
- b. For each AB-PMJAY/HIMCARE Beneficiary Family Unit shall be **Rs. 5,00,000 (Rupees Five Lakh Only)** per family per annum on family floater basis.
- c. The Sum Insured shall be available to any or all members of such Beneficiary Family Unit for one or more Claims during each Policy Cover Period. New family members may be added after due approval process as defined by the Government.
- d. The SHA shall notify the packages from time to time and the same shall be notified on the website of the SHA i.e. [www.hpsbys.in](http://www.hpsbys.in).
- e. The benefits within this Scheme under the Benefit Cover are to be provided on a cashless basis to the AB-PMJAY/HIMCARE Beneficiaries up to the limit of their annual coverage and includes:
  - (i) Hospitalization expense benefits
  - (ii) Day care treatment benefits (as applicable)
  - (iii) Follow-up care benefits (as applicable)
  - (iv) Pre and post hospitalization expense benefits (as applicable)
  - (v) New born child/ children benefits
- f. Pre-existing conditions/diseases are to be covered from the first day of the start of policy, subject to the following exclusions:-
  1. **Conditions that do not require hospitalization:** Condition that do not require hospitalization and can be treated under Out Patient Care. Out Patient Diagnostic, unless necessary for treatment of a disease covered



## Standard Operating Protocol for Hospitals

under Medical and Surgical procedures or treatments or day care procedures (as applicable), will not be covered.

2. Except those expenses covered under pre and post hospitalisation expenses, further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.
3. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease, illness or injury and which requires hospitalisation for treatment.
4. **Congenital external diseases:** Congenital external diseases or defects or anomalies, Convalescence, general debility, “run down” condition or rest cure.
5. **Fertility related procedures:** Hormone replacement therapy for Sex change or treatment which results from or is in any way related to sex change.
6. **Drugs and Alcohol Induced illness:** Diseases, illness or injury due to or arising from use, misuse or abuse of drugs or alcohol or use of intoxicating substances, or such abuse or addiction
7. **Vaccination:** Vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident),
8. **Suicide:** Intentional self-injury/suicide
9. *Persistent Vegetative State*
- g. For availing select treatment in any empanelled hospitals, preauthorisation is required to be taken for defined cases.
- h. Except for exclusions listed above, services for any other surgical treatment will also be allowed, in addition to the procedures listed in the packages of upto a limit of Rs. 1,00,000 to any AB-PMJAY/HIMCARE Beneficiary,





### Standard Operating Protocol for Hospitals

provided the services are within the sum insured available and pre-authorization has been provided by the ISA.

- i. In case AB-PMJAY/HIMCARE Beneficiary is required to undertake multiple surgical treatment within same admission, then the highest package rate shall be taken at 100%, thereupon the 2<sup>nd</sup> treatment package shall be taken as 50% of package rate and 3<sup>rd</sup> treatment package shall be at 25% of the package rate.
- j. Surgical and Medical packages will not be allowed to be availed at the same time.
- k. For the purpose of Hospitalization, expenses as package rates shall include all the costs associated with the treatment, amongst other things:
  - a. Registration charges.
  - b. Bed charges (General Ward).
  - c. Nursing and boarding charges.
  - d. Surgeons, Anaesthetists, Medical Practitioner, Consultants fees etc.
  - e. Anaesthesia, Blood Transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances etc.
  - f. Medicines and drugs.
  - g. Cost of prosthetic devices, implants etc.
  - h. Pathology and radiology tests: radiology to include but not be limited to X-ray, MRI, CT Scan, etc.
  - i. Diagnosis and Tests, etc
  - j. Food to patient.
  - k. Pre and Post Hospitalisation expenses: Expenses incurred for consultation, diagnostic tests and medicines before the admission of the patient in the same hospital and cost of diagnostic tests and medicines and up to 15 days of the discharge from the hospital for the same ailment/ surgery.
  - l. Any other expenses related to the treatment of the patient in the hospital.
- l. For the purpose of Day Care Treatment expenses shall include, amongst other things:



### Standard Operating Protocol for Hospitals

- a. Registration charges;
  - b. Surgeons, anaesthetists, Medical Practitioners, consultants fees, etc.;
  - c. Anaesthesia, blood transfusion, oxygen, operation theatre charges, cost of surgical appliances, etc.;
  - d. Medicines and drugs;
  - e. Cost of prosthetic devices, implants, organs, etc.
  - f. Screening, including X-Ray and other diagnostic tests, etc.; and
  - g. Any other expenses related to the Day Care Treatment provided to the Beneficiary by an Empanelled Health Care Provider.
- m. In case of beneficiary is under AB-PMJAY/HIMCARE wishing to avail the facility of special ward, the same shall not be admissible as a part of claim. Such charges on account of special ward shall be payable by the beneficiary himself/herself.
- n. No claim processing of package rate for a medical treatment or surgical procedure or day care treatment (as applicable) that is determined or revised shall exceed the sum total of Risk Cover for a AB-PMJAY/HIMCARE Beneficiary Family Unit.
- o. Specialized tertiary level service packages shall be available and offered only by the EHCP empanelled for that particular service. Not all EHCPs can offer all tertiary level services, unless they are specifically designated by the SHA for offering such tertiary level services.

However, in case at the admission package rates for some medical treatment or surgical procedures may exceed the available Sum Insured, it would enable AB-PMJAY/HIMCARE beneficiaries to avail treatment of such medical conditions or surgical procedures on their own cost / expenses at the package rate rather than on an open-ended or fee for service basis.



## Standard Operating Protocol for Hospitals

### PACKAGES

1. The following diseases/specialities are covered under AB-PMJAY/HIMCARE:-

Speciality Code	Speciality Name
S1	General Surgery
S2	Otorhinolaryngology
S3	Ophthalmology
S4	Obstetrics & Gynaecology
S5	Orthopaedics
S6	Polytrauma
S7	Urology
S8	Neurosurgery
S9	Interventional Neuroradiology
S10	Plastic & reconstructive
S11	Burns management
S12	Cardiology
S13	Cardio-thoracic & Vascular surgery
S14	Paediatric surgery
S15	Surgical Oncology
S16	Oral and Maxillofacial Surgery
M1	General Medicine
M2	Paediatric medical management
M3	Neo-natal
M4	Paediatric cancer
M5	Medical Oncology
M6	Radiation Oncology
M7	Emergency Room Packages (Care requiring less than 12 hrs stay)
M8	Mental Disorders Packages

2. The detailed package rates are uploaded on website [www.hpsbys.in/packages](http://www.hpsbys.in/packages).
3. In respect of any EHCP seeks to amend an existing package/include a new package, it shall inform in writing to Chief Executive Officer, HP Swasthya Bima Yojna Society along with full justification and break up of various treatment components.



## Standard Operating Protocol for Hospitals

### FACILITIES REQUIRED AT EMPANELLED HEALTH CARE PROVIDER

1. Ayushman Bharat/HIMCARE KIOSK: The Ayushman Bharat/HIMCARE KIOSK should be placed near the registration counter and should be easily approachable for the beneficiaries. Branding etc.and procedure to be followed for seeking treatment should be displayed prominently.
2. Signages: Proper signages should be displayed in the wards and in conspicuous places in the hospital highlighting that no Ayushman Bharat/HIMCARE beneficiary needs to pay for any medicine/procedure for treatment on indoor basis.

इस अस्पताल में किसी भी आयुष्मान भारत/हिमकेयर के लाभार्थी द्वारा अन्तरंग विभाग में इलाज हेतु किसी भी दवाई अथवा प्रक्रिया हेतु कोई शुल्क देय नहीं होगा। यदि कोई व्यक्ति ऐसे लाभार्थी से पैसे की मांग करता है, तो अस्पताल के चिकित्सा अधीक्षक से सम्पर्क करें अथवा टोल फ्री नम्बर 18001021142 पर सम्पर्क करें।

3. Pradhan Mantri Arogya Mitra/HIMCARE Mitra: The hospital shall ensure that there is a dedicated operator who shall be named Pradhan Mantri Arogya Mitra/HIMCARE Mitra and shall man the Ayushman Bharat/HIMCARE KIOSK. He/she shall ensure to extend all possible help, cooperation and guidance to the beneficiaries of the scheme.



## Standard Operating Protocol for Hospitals

### CLAIM PROCESS AND TRANSACTION MANAGEMENT

After successful identification of beneficiary through BIS (Beneficiary Identification System) under AB-PMJAY and BES (Beneficiary Enrolment System under HIMCARE), the following process at hospitals is mandatory for providing the treatment:-

#### Consultation by the Doctor

- A. The concerned doctor will examine the beneficiary in OPD, the beneficiary will pay from pocket for the medicines and tests etc. if hospitalization is not required.
- B. If doctor recommends hospitalization, he/she will provide the detail in the diagnosis sheet alongwith the diagnosis and the procedure proposed to be undertaken. Thereafter following process will be followed:-

#### Registration, Pre-authorization, Treatment & Discharge

##### 1. Registration & Package selection

- a. Any patient who has been advised hospitalization by the treating doctor shall mandatorily visit the Ayushman Bharat/HIMCARE KIOSK to ascertain her/her eligibility under the health care schemes.
- b. If the patient is not eligible/registered under Ayushman Bharat/HIMCARE, he/she will be subjected to the routine hospital procedure and no expenses shall be borne on account of his/her treatment.
- c. If the patient is eligible/registered under Ayushman Bharat/HIMCARE, cashless treatment will be ensured to the beneficiary.
- d. The operator will upload the beneficiary photo in the TMS at the time of registration. It will be the responsibility of PMAM/HIMCARE Mitra to capture the beneficiary photo at his/her own level.
- e. No health card/any other identification document of the beneficiary shall be retained at the Ayushman Bharat/HIMCARE KIOSK by the operator.
- f. In HIMCARE Patient Registration System, the operator shall authenticate the patient through online mode only. In the event of non-authentication through



### Standard Operating Protocol for Hospitals

online mode due to reasons like non-linking of Aadhar with mobile number, the operator can authenticate the patient through offline mode i.e. by uploading of any Government issued photo ID card.

- g. Hospitals will only be allowed to view and apply treatment package for the specialty for which they are empanelled.
- h. Based on diagnosis sheet provided by doctor, PMAM/HIMCARE Mitra will block surgical or Non-Surgical benefit package(s) using AB-PMJAY/HIMCARE TMS system.
- i. Based on selection of package(s), the operator will check from the Central AB-PMJAY Server/HIMCARE Server if sufficient balance is available with the beneficiary to avail services.
- j. If balance amount under available policy cover is not enough for treatment, then remaining amount (treatment cost - available balance), will be paid by beneficiary.
- k. SMS will be sent to the beneficiary registered mobile about the transaction and available balance.
- l. Both surgical and non-surgical packages cannot be blocked together, either of the type can only be blocked.
- m. As per the package list, the mandatory diagnostics/documents will need to be uploaded along with blocking of packages.
- n. The operator can block more than one package for the beneficiary. Logic is built in for multiple package selection, such that reduced payment is made in case of multiple packages being blocked in the same hospitalization event. The hospital will get 100% for first package, 75% of package cost for second package and 25% of package cost for third package.
- o. If registered mobile number of beneficiary family is available, an SMS alert will be sent to the beneficiary notifying him of the packages blocked for him.
- p. A printable registration slip should be generated and one copy handed over to the patient or patient's attendant. The other copy should be appended to the inpatient file of the patient.



## Standard Operating Protocol for Hospitals

- q. A pamphlet will be provided to the beneficiary indicating the detail of the scheme and procedure to be followed in the hospital. An indicative pamphlet is annexed at **ANNEXURE-A** of this Standard Operating Protocol.
- r. If for any reason treatment is not availed for any package, the operator can unblock the package before discharge from hospital.

## 2. Pre-Authorization

- a. All procedures as defined in the list of notified packages that are earmarked for pre-authorization shall be subject to mandatory pre-authorization. In addition, in case of Inter-State portability, all procedures shall be subject to mandatory pre-authorization irrespective of the pre-authorization status.
- b. It is not allowed for any Empanelled Health Care Provider (EHCP), under any circumstances whatsoever, to undertake any such earmarked procedure without pre-authorization unless under emergency.
- c. The ISA in all cases of pre-authorization request related decisions shall communicate to the EHCP within 12 hours for all non-emergency cases and within 30 minute for emergencies. If there is no response from the ISA within 12 hours of an EHCP filing the pre-authorization request, the request of the EHCP shall be deemed to be automatically authorised.
- d. The SHA will not be liable to honour any claims from the EHCP for procedures, for which the EHCP does not have a pre-authorization, if prescribed.
- e. Reimbursement of all claims for procedures shall be as per the limits prescribed for each such procedure unless stated otherwise in the pre-authorization letter/communication.
- f. In case the ailment is not covered or the medical data provided is not sufficient for the medical team of the authorisation department to confirm the eligibility, the ISA can deny the authorisation or seek further clarification/information.
- g. The ISA needs to file a report to the SHA explaining reasons for denial of every such pre-authorization request.



## Standard Operating Protocol for Hospitals

### 3. Treatment

- a. After approval of pre-authorization request or in case of auto authorized packages, the EHCP may commence the treatment of the beneficiary patient.
- b. The treatment shall be conducted as per the standard treatment guidelines prescribed for the disease.
- c. It will be the responsibility of concerned MS Office/Hospital Administrator to provide all the medicines/surgical items/consumables/tests facility to the patients on cashless basis for which the hospital will follow the Standard Procurement Policy of State Government. All Departments functioning in a hospital shall place their demand with the concerned Medical Superintendent/Hospital Administrator for provision of the required medicines/consumables/surgical items including implants. The Departments shall extent full cooperation to the MS Office/ Hospital Administrator for procurement of these items on a centralized basis failing which the defaulting Departments/Doctors shall invite strict disciplinary action. In case any difficulty is being faced by the MS Office/ Hospital Administrator, the same would be brought to the notice of competent authority for initiating necessary action.
- d. It is reiterated that without fail in each case of Ayushman Bharat/HIMCARE beneficiary taking treatment in an EHCP on inpatient basis, the beneficiary patient or his/her family members shall not be asked to purchase medicines/consumables/surgical items including implants. A placard shall be displayed prominently by the ward sister on the bed side of such beneficiary indicating that the patient is beneficiary of the health insurance scheme and he/she should not be asked to purchase medicines from outside.

आयुष्मान भारत/हिमकेयर के तहत लाभार्थी।  
सभी सामान अस्पताल द्वारा प्रदान किया जाना है।

- e. An institutionalized mechanism shall be established in each of the EHCP





### Standard Operating Protocol for Hospitals

for procurement of the items required for treatment, as per the policy of the State Government and these items will be provided to the beneficiary free of cost from the central dispensary/pharmacy of the hospital. The location of Central Dispensary/Pharmacy shall be displayed prominently in all the wards.

- f. The medicines/consumables/surgical items prescribed to such patients shall be clearly indicated as per **ANNEXURE-B** and the prescription paper should bear the signature of the treating doctor as well as the ward sister. The prescription paper should be signed by a competent person (duly stamped) alongwith the name/designation and the date of prescription in BOLD LETTERS. Such prescription should be given in duplicate; one copy of which shall be annexed to the inpatient record and other copy to be furnished by the patient/attendant at the central dispensary/pharmacy. The copy of the prescription slip furnished by the patient/attendant shall be retained at the central dispensary/pharmacy for record. It should be ensured that in Medical Colleges, the prescription should be signed by a person in rank no less than Sr. Resident/Registrar. The hospital may also endeavour to utilize this prescribed format for prescribing required material/surgical items/medicines/ consumables etc. for surgery/treatment of non-card holder patients also in interest of better transparency in the hospital.
- g. The person manning the central dispensary/pharmacy shall dispense the prescribed medicines/surgical items/consumables to the patient/attendant/ any authorized representative of the hospital clearly indicating the items given and the items not available. An indicative format of the same is at **ANNEXURE-C**. This dispensing slip shall also be given in duplicate. One copy of which shall be retained at the central dispensary/pharmacy and the other copy shall be annexed to the in-patient record.
- h. After the receipt of items from the central dispensary/pharmacy, it shall be the responsibility of the concerned ward sister to tally the items received against the items prescribed. In case any discrepancy is noted in the items received vis-à-vis the dispensing slip, the same shall be immediately



### Standard Operating Protocol for Hospitals

brought to the notice of person manning the central dispensary/pharmacy and the reasons for discrepancy shall be sorted out. In case any items is not available, the same shall be brought immediately to the notice of Medical Superintendent/Hospital Administrator. The ward sister after receipt of items shall issue a receipt, a copy of which shall be annexed to the in-patient record and a copy shall be sent to the central dispensary/pharmacy for record.

- i. In this manner, a copy each of the prescription slip, dispensing slip and receipt shall be available in the in-patient record of the beneficiary as well as the central dispensary/pharmacy for necessary tally, audit & reconciliation purposes.
- j. Mechanism shall be established in the hospital whereby the commonly required items like common medicines and consumables shall be available in the ward itself. The ward sister shall maintain a complete stock of the items available and place indents on a regular basis for maintenance of adequate stock.
- k. In no case, treatment shall be refused to a patient even if the tentative treatment cost exceeds the package prescribed. In such cases, the extra treatment cost shall be borne by the concerned hospital and shall be recoverable through buffering as explained in the reconciliation section of this SOP.

#### 4. Discharge

- a. After the treatment, the beneficiary will be discharged by the treating doctor with a summary sheet. It shall be ensured that the medicines prescribed shall only be generic medicines and free medicines should be provided to the beneficiary patients for a period of 15 days. In case of mortality, a flag will be raised against the deceased member declaring him/her as dead or inactive and the same shall be updated by the PMAM/HIMCARE Mitra.
- b. Every PMAM/HIMCARE beneficiary after treatment shall mandatorily visit the Ayushman Bharat/HIMCARE KIOSK. In this respect, he/she shall be



### Standard Operating Protocol for Hospitals

guided by the concerned ward sister and this instruction shall be a part of the informatory pamphlet given to the beneficiary at the time of registration.

- c. At the Ayushman Bharat/HIMCARE KIOSK, the operator shall fill the online discharge summary form and keep an electronic copy of all the relevant documents required. List of diagnostic reports recommended for the blocked package will be made available and upload of all such reports will be mandatory before discharge of beneficiary.
- d. At the same time, a printable receipt needs to be generated and handed over to the patient or patient's attendant.
- e. The Ayushman/HIMCARE Mitra after completion of all formalities, shall rubber stamp the patient file alongwith signature on the following format:-

<p>All formalities completed. The patient may be discharged. PMAM/HIMCARE Mitra</p>
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Such stamp should be made available to the Ayushman Bharat/HIMCARE KIOSK.

- f. It should be made sure by the final clearance counter/ward sister that no patient is allowed to go home without such stamp as prescribed above on his/her file.
- g. After completion of all formalities, the beneficiary patient may be discharged.
- h. Treatment cost will be deducted from available amount and will be updated on the Central AB-PMJAY Server/HIMCARE Server. SMS will be sent to beneficiary registered mobile about the transaction and available balance after discharge.

### Claim Raise & Payment

- a. Data (Transaction details) should be updated to Central Server/HIMCARE Server and accessible to Implementation Support Agency for Claim settlement. Claim will be presumed to be raised once the discharge



### Standard Operating Protocol for Hospitals

information is available on the Central server/ HIMCARE server and is accessible to the Implementation Support Agency and SHA.

- b. The ISA shall be responsible for processing all claims and provide their recommendations regarding acceptance or rejection to SHA within 10 days of receiving all the required information/ documents so that SHA can make the payment to EHCP **within 15 days after receiving all the required information/ documents**. In this case of claims under portability from any empanelled hospital under the scheme within India, the same shall be settled within 30 days of receipt.
- c. The ISA shall decide on the acceptance or rejection of any Claim received from an Empanelled Health Care Provider. Any rejection notice issued by the ISA to the Empanelled Health Care Provider shall state clearly that such rejection is subject to the Empanelled Health Care Provider's right to file a complaint with the relevant Grievance Redressal Committee against such decision to reject such Claim.
- d. If the ISA recommends for rejection of a Claim, the ISA will inform the Empanelled Health Care Provider of the rejection alongwith details of the Claim summary; reasons for rejection; and details of the District Grievance Nodal Officer.
- e. If a Claim is rejected because the Empanelled Health Care Provider making the Claim is not empanelled for providing the health care services in respect of which the Claim is made, then the ISA will while rejecting the Claim inform the Beneficiary of an alternate Empanelled Health Care Provider where the benefit can be availed in future.
- f. The ISA shall be responsible for ensuring settlement of all claims **within 15 days after receiving all the required information/ documents**. The Claim Payment shall be made (based on the Package Rate or the Pre-Authorized Amount) within 15 days, if not rejected, including any investigation into the Claim received from the Empanelled Health Care Provider.
- g. In case of all PHCs, CHCs, District Hospitals and other Public Empanelled Health Care Provider full claim payment will be made without deduction of



### Standard Operating Protocol for Hospitals

- tax. In case of private health care providers, full claim shall be paid without deduction of tax, if **the Empanelled Health Care Provider submits a tax exemption certificate to the SHA. If the private empanelled health care provider fails to submit a tax exemption certificate to SHA, then the Claim Payment recommendation by ISA will be made after deducting tax at the applicable rate.**
- h. If the Beneficiary is admitted by an Empanelled Health Care Provider during a Policy Cover Period, but **is discharged after the end of such Policy Cover Period and the Policy is not renewed, then the arising Claim shall be paid in full subject to the available Sum Insured.**
  - i. If a Claim is made during a Policy Cover Period and the Policy is not subsequently renewed, then the Claim Payment shall be made in full subject to the available Sum Insured.
  - j. The claims shall be processed by the ISA and SHA on a weekly basis and the funds shall be transferred through electronic transfer by the SHA to such Empanelled Health Care Provider's designated bank account. All EHCPs should ensure that accurate bank account details should be uploaded on Transaction Management System.
  - k. Once the claim is processed and the hospital gets the payment, the above-mentioned information along with payment transaction ID will be updated on central AB-PMJAY/ HIMCARE system by the SHA for each claim separately.
  - l. Hospital Transaction Management Module would be able to generate a basic MIS report of beneficiary admitted, treated and claim settled and in process and any other report needed by Hospitals on a regular basis.

### Reconciliation

- a. Every EHCP shall ensure that a separate account is maintained for the schemes and all receipts and expenditures in respect to treatment of beneficiaries of Ayushman Bharat/HIMCARE shall be made from within this account. All the procedures including office procedures and financial



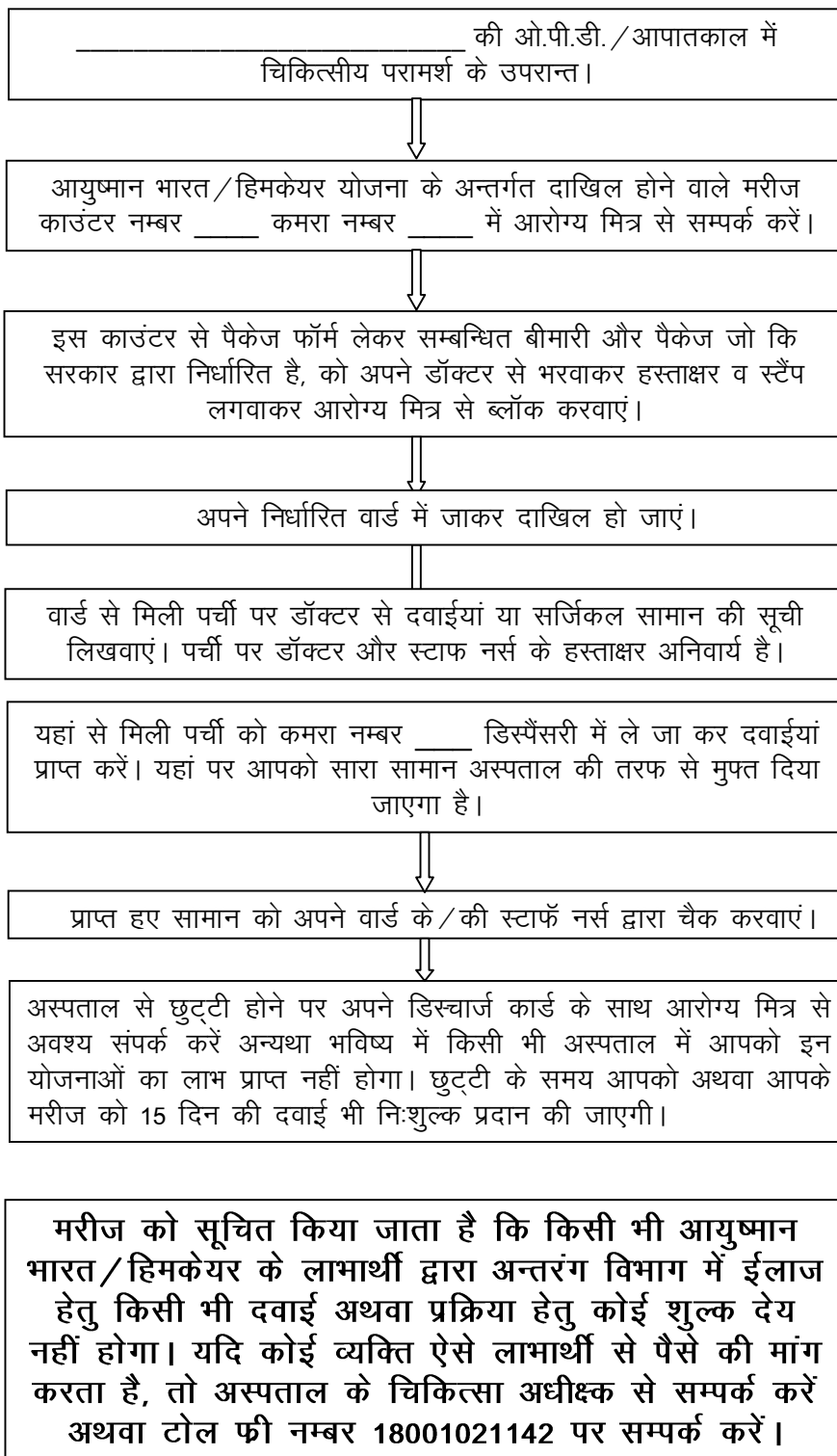
### Standard Operating Protocol for Hospitals

requirements including maintenance of various kinds of accounts books like cash book, ledger, vouchers etc. should be maintained for this account. The SHA reserves the right to inspect these books of accounts on a regular basis.

- b. There should be a single bill generated for each beneficiary of Ayushman Bharat/HIMCARE. All expenditure incurred on a particular patient shall be logged against the inpatient number and the URN of the beneficiary either electronically (through softwares like DVDMS) or manually by the accounts branch of the hospital.
- c. This single bill should be generated and uploaded on the portal while raising the claim.
- d. **BUFFERING:** Since the EHCPs are being reimbursed on the basis of pre-decided package rates and not on the actual cost incurred by the hospital which in most of the cases shall be less, the treatment in extra ordinary cases where the treatment cost exceeds the prescribed package rate, the excess expenditure incurred shall be buffered from the overall savings of the EHCP in respect of the patients treated. In no case, the expenditure would be finalized on a case to case basis and the accounts shall be reconciled in an overall manner.

\*\*\*\*\*

## Annexure-A Pamphlet







## Annexure-C Dispensing Slip

### Dispensing slip for Ayushman Bharat/HIMCARE patients

Name of Hospital

**Name of Patient** **URN**

**Inpatient Number** **Ward Number**

Items dispensed:

Sr.No.	Item	Number

Items not available:

Sr.No.	Item	Number

Signature of Incharge Central Dispensary/ Pharmacy with stamp

Name \_\_\_\_\_ (in Bold Letter)

Designation \_\_\_\_\_ (in Bold Letter)

Date:



Government of Himachal Pradesh  
Department of Health & Family Welfare

File No: HFW-B(F)2-10/2018

Dated: Shimla-2,

the 8/03/2019

**NOTIFICATION**

The Governor, Himachal Pradesh is pleased to add the following categories to the beneficiary list of Himachal Health Care Scheme-HIMCARE w.e.f. 1<sup>st</sup> April, 2019, notified vide Notification of even number dated 29<sup>th</sup> December, 2018:-

Category	Target group	Premium amount
I	MNREGA Worker who have worked for 50 or more than 50 days during the previous/current financial year	Zero
II	Outsource Employee	Rs. 365 per year

The above beneficiaries shall give proof of concerned category through uploading of relevant document at the time of enrolment and renewal as under:-

Category	Documents required for authentication
MNREGA Worker who have worked for 50 or more than 50 days during the previous/current financial year	Copy of MNREGA Job Card(s)/MIS report duly attested by the concerned Panchayat Secretary or the Block Development Officer which clearly shows that an individual worker has worked for 50 or more days under MNREGA during previous/current financial year.
Outsource Employee	Certification from concerned Department

22  
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Karkka

The Governor is further pleased to extend the enrolment/renewal period under HIMCARE till 31<sup>st</sup> May, 2019.

This issue with the prior concurrence of Planning Department obtained vide their U.O. No. PLG(PI)1-28/92-IX-Adv-442/18 dated 6<sup>th</sup> March, 2019.

By Order,

*Sd-*

R.D. Dhiman

Addl. Chief Secy.(Health) to the  
Government of Himachal Pradesh

*[Handwritten signature]*



Endst. No.: As above

Dated Shimla-2

the

8/03/2019

❖ **Copy forwarded for information to:-**

1. The Principal Accountant General, Himachal Pradesh, Shimla-03.
2. The Accountant General (A&E), Himachal Pradesh, Shimla-03.
3. All the Administrative Secretaries, HP, Shimla-171002.
4. The Advisor (Planning), Himachal Pradesh w.r.t. the U.O. No. PLG(PI)1-28/92-IX-Adv-442/18 dated 6<sup>th</sup> March, 2019.
5. All the Deputy Commissioners of Himachal Pradesh.
6. The Chief Executive Officer, Himachal Pradesh Swasthya Bima Yojna Society, Department of Health & Family Welfare, Thakur Villa, Kasumpti, Shimla-9.
7. The Principal Private Secretary to the Governor of H.P., Shimla-2.
8. The Principal Private Secretary to Chief Minister, H.P., Shimla-2.
9. All the Private Secretaries of Cabinet Ministers, Government of Himachal Pradesh, Shimla-2.
10. The Senior Special Private Secretary to Health Minister, H.P., Shimla-2.
11. The Senior Private Secretary to Chief Secretary, HP, Shimla-2.
12. All the Heads of Departments in Himachal Pradesh.
13. All the Managing Directors, Boards/ Corporations/ Autonomous Organizations.
14. The Director, Medical Education & Research, Himachal Pradesh, SDA Complex, Kasumpti, Shimla-9 with the request to circulate the same to all the Principals working under your control
15. The Director, Health Services, Himachal Pradesh, Shimla-9.
16. The Director, Health Safety & Regulation, HP, Shimla-2.
17. The Director, Dental Health Services, H.P., Shimla-9.
18. The Mission Director, National Health Mission, H.P., Shimla-9.
19. The Director, Panchayati Raj Institutions, H.P., Shimla-9.
20. The Controller Printing & Stationery, Himachal Pradesh, Shimla.
21. All the Project Officers, DRDAs in Himachal Pradesh.
22. All the Sub-Divisional Magistrates (SDMs), Himachal Pradesh.
23. All the Chief Medical Officers (CMOs) in Himachal Pradesh with the directions to circulate the same to all Block Medical Officers and Pradhan, Gram Panchayats in the District.
24. Guard file.

*Nipun*  
(Dr. Nipun Jindal)

8/3/19.  
Special Secretary(Health) to the  
Government of Himachal Pradesh



HP Swasthya Bima Yojna Society  
Deptt. of Health & Family Welfare  
Thakur Villa, Kasumpti, Shimla-171009

No. HFW-H(RSBY)PMRSSM/2018-III - 42-46

Dated: Shimla-9, the

**NOTIFICATION**

Despatcher,  
HP Swasthya Bima Yojna Socy  
Himachal Pradesh,  
Date: 6-04-2019

The State of Himachal Pradesh is implementing Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (AB-PMJAY) and Himachal Health Care Scheme-HIMCARE for providing the cashless treatment coverage of Rs. 5.00 lakh per year on family floater basis at the time of hospitalization. To control the fraud/malpractices/unwarranted procedures etc. under both the schemes, a State Anti Fraud Unit comprising of following members is hereby constituted at State level with immediate effect:-

- |  |          |
|--|----------|
| 1. Addl. Chief Executive Officer, HPSBYS                                 | Chairman |
| 2. State Nodal Officer, SHA  | Member   |
| 3. Consultant, SHA   | Member   |
| 4. Medical Officer, SHA  | Member   |
| 5. Finance Officer, SHA  | Member   |
| 6. The SAFU may invite other experts for their inputs on specific cases. |          |

The SAFU will follow the guidelines issued by Government of India and State Government from time to time under both the schemes.

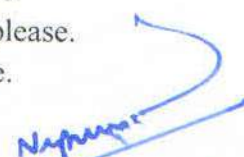
By Order

Addl. Chief Secretary (Health) to the  
Government of Himachal Pradesh

Endst. No. as above - 47-71 Dated: Shimla-9, the 03.04.2019

Copy for information & necessary action to:-

1. The Chief Executive Officer, National Health Authority, Ministry of Health & Family Welfare, Government of India, Jeevan Jyoti Building, Cannaught Place, New Delhi please.
2. All the Deputy Commissioners, Himachal Pradesh please.
3. All the concerned for information and necessary action please.
4. All the Chief Medical Officers, Himachal Pradesh please.

  
Spl. Secy (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare



HP Swasthya Bima Yojna Society  
Deptt. of Health & Family Welfare  
Thakur Villa, Kasumpti, Shimla-171009

55

No. HFW-H(RSBY)PMRSSM/2018-III - 42-46 Dated: Shimla-9, the

**NOTIFICATION**

Despatcher,  
HP Swasthya Bima Yojna Society  
Himachal Pradesh  
Date: 6-04-2019

The State of Himachal Pradesh is implementing Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (AB-PMJAY) and Himachal Health Care Scheme-HIMCARE for providing the cashless treatment coverage of Rs. 5.00 lakh per year on family floater basis at the time of hospitalization. To control the fraud/malpractices/unwarranted procedures etc. under both the schemes, a District Anti Fraud Unit comprising of following members is hereby constituted at District level with immediate effect:-

- |   |             |
|---|-------------|
| 1. Chief Medical Officer  | Chairperson |
| 2. District Health Officer/Programme officer AB-PMJAY/HIMCARE             | Member      |
| 3. District Coordinator, HPSBYS   | Member      |
| 4. District Coordinator, ISA  | Member      |
| 5. District Grievance Nodal Officer (DGNO), ISA                           | Member      |
| 6. The DAFU may invite other experts for their inputs for specific cases. |             |

The DAFU will follow the guidelines issued by Government of India and State Government from time to time under both the schemes.

By Order


Addl. Chief Secretary (Health) to the  
Government of Himachal Pradesh

Endst. No. as above - 47-71 Dated: Shimla-9, the

Copy for information & necessary action to:-

1. The Chief Executive Officer, National Health Authority, Ministry of Health & Family Welfare, Government of India, Jeevan Jyoti Building, Cannaught Place, New Delhi please.
2. All the Deputy Commissioners, Himachal Pradesh please.
3. All the concerned for information and necessary action please.

o/c

  
Spl. Secy (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare



No. HFW-H(HPSBYS)HIMCARE/2018  
HP Swasthya Bima Yojna Society  
Deptt. of Health & Family Welfare  
Thakur Villa, Kasumpti, Shimla-171009

To

All the Medical Superintendent,  
Himachal Pradesh

Medical Officer In-Charge  
all the empanelled hospitals under AB-PMJAY and HIMCARE

Dated: Shimla-9, the 6<sup>th</sup> April, 2019

Subject: Regarding confirmation on follow-up of clauses of Standard Operating Protocol (SOP) under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna and Himachal Health Care Scheme-HIMCARE.

Sir/Madam,

This is with reference to this office letter No. HFW-H(RSBY)EC/2017-9257-9459 dated 8<sup>th</sup> March, 2019 vide which the Standard Operating Protocol (SOP) under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna and Himachal Health Care Scheme-HIMCARE was shared with all the empanelled hospitals. The said SOP is required to be followed strictly by the empanelled hospitals for providing the treatment to the scheme patients. It is the responsibility of concerned Medical Superintendent/Medical Officer In-Charge to disseminate clauses of SOP with all the stakeholders working in the empanelled hospitals.

You are, therefore, requested to send the confirmation that the said SOP has been brought to the notice of all the stakeholders and being followed for providing the treatment to the card holders.

Yours faithfully,

Spl. Secy. (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare

Endst. No. As above 300-336 Dated: Shimla-9, the 6<sup>th</sup> April, 2019

Copy for information to:-

1. All the Deputy Commissioners, Himachal Pradesh please.
2. All the Chief Medical Officers, Himachal Pradesh please.
3. All the District Coordinators, HPSBYS please.
4. M/s Medsave TPA, New Delhi please.

Spl. Secy. (Health)-cum-CEO  
HP Swasthya Bima Yojna Society  
Department of Health & Family Welfare

Despatcher,  
HP Swasthya Bima Yojna Society  
Himachal Pradesh,  
Date: 9/04/2019