HDFC ERGO General Insurance Company Limited

Rashtriya Swasthya Bima Yojana

Policy Wordings

Whereas:

1. HDFC ERGO General Insurance Co. Ltd. (hereinafter called "the Insurer") has agreed that the it shall provide the health insurance services to identified beneficiaries covered under Rashtriya Swasthya Bima Yojna on the terms and conditions of the policy and more particularly described in this Agreement in the districts of **CLUSTER 3 including Districts of (Hanumangarh, Sriganganagar, Churu, Pali , Sirohi, Jalore , Barmer , Jaisalmer)** in the State of RAJASTHAN.

2. The commencement of Rashtriya Swasthya Bima Yojna through the Insurer under this agreement shall be effective from **1st March 2013** for Three years, subject to renewal of policy on yearly basis based on parameters fixed by the State government/ Nodal Agency for renewal. This policy shall remain in operation from **1st March 2013** to midnight of **29th February 2014.**

3. The Insurer has been registered under Section 3 of the Insurance Act 1938 (Act 4 of 1938) having its Registration No. **146** and is *inter alia* engaged in the business of providing general insurance in India for several years or any agency enabled by central legislation to undertake insurance related activities.

NOW THEREFORE IT IS AGREED as follows:

1. DEFINITIONS & INTERPRETATION

1.1 The following terms and expressions shall have the following meanings for purposes of this Agreement:

i. **"Agreement"** shall mean this agreement and all Schedules, supplements, appendices, appendages and modifications thereof made in accordance with the terms of this agreement.

ii. **"Benefit(s)"** shall mean the health services that the approved identified beneficiaries are entitled to receive based on the contract between the Government and the Insurer under Rashtriya Swasthya Bima Yojna subject to the terms, conditions, limitations and exclusions of the Policy.

iii. **"Beneficiary (ies)"** shall mean approved identified beneficiaries in participating districts under Rashtriya Swasthya Bima Yojna who have paid their contribution towards the health insurance premium and are enrolled in the scheme.

iv. **"Business Day"** shall mean days on which commercial banks are open for business in India, however for the purpose of call centre it would be 24x7.

v. **"Claim Payment"** shall mean the Payment of claim to the providers under the scheme based on the smart card transaction received by the insurer from the health providers.

vi. **"Empanelled Provider"** shall mean the Hospital, Nursing Home, Day Care Center, or such other medical aid provider, as has been empanelled by the Insurer to provide health care services under Rashtriya Swasthya Bima Yojna. The Provider may be from Government or private sector.

vii. **"Force Majeure Event"** shall include: (i) Fire, flood, atmospheric disturbance, lightning, storm, typhoon, tornado, earthquake, washout, or other acts of God; (ii) War, riot, blockade, insurrection, acts of public enemies, civil disturbances, terrorism and sabotage and threats of such actions; (iii) Strikes, lock-outs, or other industrial disturbances or Labour disputes

viii. **"Government"** shall mean State Nodal Agency which is implementing RSBY**.**

ix. **"IRDA"** shall mean the Insurance Regulatory and Development Authority established under the Insurance Regulatory and Development Authority Act 1999.

x. **"Law"** includes all Statutes, Enactments, Acts of Legislature, Laws, Ordinances, Rules, Bye Laws, Clauses, Regulations, Notifications, Guidelines, Policies, and orders of any Statutory Authority or Court of India.

xi. **"Party"** shall mean either the Insurer or the Government and "Parties" shall mean both the Insurer and the Government.

xii. **"Project Office"** shall mean the office of the Insurer located at capital head quarters of the State which coordinates the provision of health insurance services under this Agreement.

xiii. **"Policy"** shall mean the health insurance policy of the Insurer provided to the Government covering BENEFICIARIES beneficiaries under Rashtriya Swasthya Bima Yojna.

xiv. **"Policy Holder"** shall mean the Government which has paid premium on behalf of the BENEFICIARIES beneficiaries to Insurer for availing the health insurance policy.

xv. **"Premium"** shall mean an amount agreed by both Parties charged per family on an annual basis as consideration for providing health insurance under this Agreement.

xvi. **"Package Charges"** shall mean the fixed maximum charges per ailment/procedure for benefits covered by this Agreement as fixed by the Government, and as amended from time to time. **See Appendix – 3 for** list of common procedures and package charges. ***[States to review this package and costs with Insurer and revise as necessary]***

xvii. **"Scheme"** shall mean the Rashtriya Swasthya Bima Yojna as operational in the aforementioned districts and as otherwise outlined in this Agreement.

xviii. **"Smart Card"** shall mean Identification Card for beneficiaries issued under Rashtriya Swasthya Bima Yojna by the Insurer as per specifications given by Government. See **Appendix – 4** for details.

xix. **"Service Area"** shall mean the district(s) within which the Government has authorized the Insurer, to provide health insurance service under RSBY.

1.2 OTHERS

i. Any **grammatical** form of a defined term herein shall have the same meaning as that of such term.

ii. Any **reference** to an agreement, contract, instrument or other document (including a reference to this Agreement) herein shall be to such agreement, instrument or other document as amended, supplemented or pursuant to the terms thereof.

iii. **Terms and expressions** denoting the singular shall include the plural and vice versa.

iv. The **term** "including" shall always mean "including, without limitation", for purposes of this Agreement.

v. The **term** "herein", "hereof", "hereinafter", "hereto", "hereunder" and words of similar import refer

to this Agreement as a whole.

vi. **Headings** are used for convenience only and shall not affect the interpretation of this Agreement.

2. COORDINATION COMMITTEE

The Parties to this Agreement hereby agree to establish within 7 days of signature of this Agreement, a State Coordinating Committee for RSBY to review performance under this Agreement on a periodic basis. Such Committee shall under the chairmanship of State Government/ Nodal Agency.

3. Beneficiaries

3.1 The Parties agree that the beneficiaries under this Agreement will be identified families in the districts of **Hanumangarh, Sriganganagar, Churu, Pali, Sirohi, Jalore , Barmer , Jaisalmer** as identified in the approved identified beneficiary lists who have been issued an RSBY smart card. In addition to the estimated number of beneficiaries as given in the tender document, the Central/State Government may add more beneficiaries to the Scheme. The same terms and conditions including shall be applicable to additional beneficiary families.

4. Enrolment Unit and its Definition:

4.1 **Unit of Enrolment** – The unit of enrolment for RSBY is family.

4.2 **Size of Family** – The size of the enrolled family can be **up to a unit of five** for availing benefit under RSBY.

4.3 **Definition of Family** – A family would comprise the Head of the family, spouse, and up to three dependents. The dependents would include such members as listed as part of the family in the beneficiary database. Head of the household will need to identify three members (In cases where spouse is not in the beneficiaries list, four members can be identified) who will be enrolled in the scheme. If the spouse is part of the identified beneficiary family list then it would be mandatory to enroll the spouse.

5. Benefits:

5.1 **Benefit Package** – The Benefits within this 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. The scheme shall provide coverage for meeting expenses of hospitalization for medical and/or surgical procedures **including maternity benefit,** to the enrolled families for up to Rs.30,000 per family per year subject to limits, in any of the empanelled hospitals across India. The benefit to the family will be on floater basis, i.e., the total reimbursement of Rs.30,000 can be availed individually or collectively by members of the family per year.

b. Pre-existing conditions/diseases are to be covered from the first day of the start of policy, subject to the exclusions given in **Appendix 1**.

c. Coverage of health services related to surgical nature for defined procedures shall also be provided on a day care basis. The Insurance Company shall provide coverage for the defined day care treatments/ procedures as given in **Appendix 2**.

d. Provision for transport allowance of Rs. 100 per hospitalization subject to an annual ceiling of Rs. 1000 shall be a part of the package. This will be provided by the hospital to the beneficiary at the time of discharge in cash.

e. Pre and post hospitalization costs up to 1 day prior to hospitalization and up to 5 days from the date of discharge from the hospital shall be part of the package rates.

f. Maternity and Newborn Child will be covered as indicated below:

I. It shall include treatment taken in hospital/nursing home arising out of childbirth, including normal delivery / caesarean section and/ or miscarriage or abortion induced by accident or other medical emergency subject to exclusions given in **Appendix 1.**

II. Newborn child shall be automatically covered from birth upto the expiry of the policy for that year for all the expenses incurred in taking treatment at the hospital as in-patient. This benefit shall be a part of basic sum insured and new born will be considered as a part of insured family member till the expiry of the policy subject to exclusions given in **Appendix 1.**

III. The coverage shall be from day one of the inception of the policy. However, normal hospitalisation period *for both mother and child* should not be less than 48 hours *post delivery*.

Note:

i. For the ongoing policy period until its renewal, new born will be provided all benefits under RSBY and will NOT be counted as a separate member even if five members of the family are already enrolled .

ii. Verification for the new born can be done by any of the existing family members who are enrolled in RSBY through the same smart card as that of the mother.

g. Domiciliary treatment: Not Covered

5.2 **Package Rate** – The charges for medical/ surgical procedures/ interventions under the Benefit package will be no more than the package charge agreed by the Parties, for that particular year. In the case of medical conditions, a flat per day rate will be paid depending on whether the patient is admitted in general or ICU.

These package rates (in case of surgical) or flat per day rate (in case of medical) will include:

a. Registration Charges
b. Bed charges (General Ward in case of surgical),
c. Nursing and Boarding charges,
d. Surgeons, Anesthetists, Medical Practitioner, Consultants fees etc.
e. Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances etc,
f. Medicines and Drugs,
g. Cost of Prosthetic Devices, implants,
h. X-Ray and other Diagnostic Tests etc,
i. Food to patient

j. Expenses incurred for consultation, diagnostic test and medicines up to 1 day before the admission of the patient and cost of diagnostic test and medicine up to 5 days of the discharge from the hospital for the same ailment / surgery
k. Transportation Charge of Rs. 100/- (payable to the beneficiary at the time of discharge in cash by the hospital)
l. Any other expenses related to the treatment of the patient in the hospital.

The package rates can be amended by State Nodal Agency before the commencement of a policy period. However, if this is done during the currency of the policy period then it shall only be done with the mutual consent of the Insurer and State Nodal Agency. However, package rate changes shall be implemented only after prior intimation to MoLE.

Provided that the Beneficiary has sufficient insurance cover remaining at the time of seeking treatment, surgical/ medical intervention for which package rates have been decided, will not be subject to pre-authorization process by the Insurer. The list of common procedures and package charges is set out in **Appendix 3** to this agreement, and will also be incorporated as an integral part of service agreements between the Insurer and its empanelled providers.

Procedures which are not on the list set out in Appendix 3 to this agreement are still included as benefit under RSBY, but will be subject to a pre-authorization procedure, as per Appendix 11(B).

As part of their regular review process within the State Nodal Agency, the Parties shall review information on common unlisted procedures and seek to introduce them into the listed package with appropriate package charge.

6. Eligible Health Services Providers:

Both public (including ESI) and private healthcare providers which provide hospitalization and/or daycare services would be eligible for empanelment under RSBY, subject to such requirements for empanelment as outlined in this tender document.

7. Empanelment of Hospitals:

The Insurer shall ensure that the enrolled beneficiaries under the scheme are provided with the option of choosing from a list of empanelled Providers for the purposes of seeking treatment. The Insurer shall ensure that allGovernment hospitals, including CHCs and selected PHCs, as may be decided by the SNA, and atlaeast 8 to 10 private hospitals are empanelledin each district.
Hospitals having adequate facilities and offering services as stipulated in the guidelines will be empanelled after being inspected by qualified technical team of the Insurance Company or their representatives in consultation with the District Nodal Officer, RSBY and approved by the District Administration/State Government/State Nodal Agency. The criteria for empanelment of hospital are provided as follows:

7.1 Criteria for Empanelment of Public Providers

All Government hospitals as decided by the State Government (including Community Health Centers) and Employee State Insurance Scheme hospitals shall be empanelled provided they possess the following minimum facilities

a. Telephone/Fax,
b. The complete transaction enabling infrastructure has been defined in **Appendix 4**

c. The health care facility should have an operational pharmacy and diagnostic test services, or should be able to link with the same in close vicinity so as to provide 'cash less' service to the patient.

d. Maintaining of necessary records as required and providing necessary records of the RSBY patients to the Insurer or his representative/ Government/Nodal Agency as and when required.

e. A Bank account which is operated by the health facility through Rogi Kalyan Samiti or equivalent body.

7.2 Criteria for Empanelment of Private Providers

The criteria for empanelling private hospitals and health facilities would be as follows:

a. At least 10 functioning inpatient beds or as determined by State Nodal Agency. The facility should have an operational pharmacy and diagnostic test services, or should be able to link with the same in close vicinity so as to provide 'cash less' service to the patient.

b. Those facilities undertaking surgical operations should have a fully equipped Operating Theatre of their own.

c. Fully qualified doctors and nursing staff under its employment round the clock.

d. Maintaining of necessary records as required and providing necessary records of the insured patient to the Insurer or his representative/ Government/Nodal Agency as and when required.

e. Registration with Income Tax Department.

f. Telephone/Fax,

g. The complete transaction enabling infrastructure has been defined in **Appendix 4**

7.3 IT Infrastructure needed for Empanelment in RSBY

Both public and private health care providers which fulfill the criteria for empanelment and are selected for empanelment in RSBY by the Insurance Company or their representatives will need to put in place such infrastructure and install such hardware and software as given in **Appendix 13**.

7.4 Additional Benefits to be Provided by Health Care Providers

In addition to the benefits mentioned above, both Public and Private Providers should provide Free Registration and free OPD consultation to the RSBY enrolled beneficiaries:

7.5 Additional Responsibilities of the Health Care Providers

In addition to providing cashless treatment, the healthcare provider shall:

a. Display clearly their status of being an empanelled provider of Rashtriya Swasthya Bima Yojna in the prescribed format given by State Nodal Agency outside/at their main gate.

b. Provide a functional help desk for giving necessary assistance to the RSBY beneficiaries. At least two persons in the hospital will be nominated by the hospital who will be trained in different aspects of RSBY and related hardware and software by the Insurance Company.

c. Display a poster near the reception/admission desks along with the other materials supplied by the Insurer for the ease of beneficiaries, Government and Insurer. The template of Empanelled status and poster for reception area will be provided by the State Nodal Agency.

d. Send hospitalisation data of RSBY patients electronically on a daily basis to the designated server.

7.6 Process for Empanelment of Hospitals:

The Insurance Company shall make sure that adequate number of both public and private providers shall be empanelled in a district. They shall also make efforts that the empanelled providers are spread in different blocks of the district.
Insurance Company will undertake following activities for the empanelment of hospitals:

a. Prepare a list of eligible public and private hospitals in a district which can be empanelled in RSBY after taking inputs from State Nodal Agency and District administration.

b. Organise a district workshop in the district for sensitization of public and private hospitals after completion of tendering process but before the commencement of enrollment in the district.

c. Based on the list of hospitals prepared by the Insurance Company and willingness of the health care providers, prepare a final list of public and private hospitals which will be empanelled in a district.

d. Make sure that the necessary software and hardware are installed in the hospital before the commencement of the policy.

e. Provide Master Hospital Card to the hospital after receiving it from the District Key Manager in the district before the commencement of the policy.

7.7 Agreement with Empanelled Hospital:

The Insurance Company will sign agreements with empanelled Providers, to provide Benefits under RSBY. Draft Template for Agreement between Insurer and Hospital has been provided in **Appendix 5**. In case of any modification, the insurer will need to take prior approval from the State Nodal Agency.

7.8 Delisting of Hospitals:

An empanelled hospital would be de-listed from the RSBY network if, it is found that guidelines of the Scheme are not followed by them and services offered are not satisfactory as per laid down standards. The Insurance Company will follow the Guidelines for de-empanelment for hospitals as given in **Appendix 6**.

A hospital once de-empanelled, in accordance with the procedures laid down in Appendix 6, from the scheme shall not be empanelled again for at least a period of one year.

7.9 List of Empanelled Health Facilities to be Submitted before the Commencement of Enrollment for each of the project districts:

The Insurer should provide list of empanelled health providers in each district before the commencement of the enrollment in that district with the following details to the State Government/ Nodal Agency:

a. A list of empanelled health facilities, within the State that have agreed to be a part of RSBY network, in the format given in **Appendix 7**.
b. For the hospitals which will be empanelled after the commencement of the enrollment process in the district, the Insurer will need to submit this information every month to the State Government/ Nodal Agency. Insurer will also need to ensure that details of these hospitals are conveyed to the beneficiaries.

8. Services Beyond Service Area:

8.1 The Insurer undertakes that it will, within one month of signing of agreement with State Government,

empanel health Providers beyond the territory of the districts covered by this tender for the purposes of providing benefits under RSBY to Beneficiaries covered by this tender. Such providers shall be subject to the same empanelment process and eligibility criteria as provided within the territory of aforementioned districts, as outlined in Section 7 of this tender.

8.2 If the hospitals in the neighboring districts are already empanelled under RSBY, then insurer shall provide a list of those hospitals to the State Government/ Nodal Agency.

8.3 To ensure true portability of smart card so that the beneficiary can get seamless access to RSBY empanelled hospitals anywhere across India, the Insurer shall enter into arrangement with ALL other Insurance companies which are working in RSBY for allowing sharing of network hospitals, transfer of claim & transaction data arising in areas beyond the service area.

9. Payment of Premium and Registration Fee:

State Government/Nodal Agency will, on behalf of the identified beneficiaries, make the payment of the State share of the premium to the Insurance Company based on the enrolment of the identified beneficiaries and delivery of smart cards to them. The Central Government, on receipt of this information, and enrolment data from the State Government/Nodal Agency in the prescribed format, shall release its share of premium to the State Government/Nodal Agency which in turn will release this amount to the Insurance Company.
Payment of registration fee and premium installment will be as follows:

9.1 The total premium to be paid by the State Nodal Agency per beneficiary family per year will be Rs. 227 .

9.2 Registration fee of Rs. 30 as paid by the beneficiary and collected by the Insurance Company or their representative, at the time of enrollment and delivery of smart card or at the time of renewal shall be deemed to be the **First installment** of premium.

9.3 **Second installment** shall be paid by the State Nodal Agency to the insurance company within 15 working days of the receipt of a bill in the prescribed format. The payment shall be made on the basis of data downloaded from the FKO cards from DKM Server and matching it with digitally signed Data submitted by Insurance Company at the DKMA server on a weekly basis.

The installment will be in the nature of {25% of (X-60)} **-** 30
(**Rs. X** being the premium amount per family).

9.4 **Third installment** shall be paid by the State Nodal Agency on the receipt of the share of the Central Government.

The installment will be as per the following formula:
{75% of (X-60)} + 60
(Subject to a maximum of Rs. 565/- + Rs. 60/- provided by the Central Government)

Central Government shall release this amount to State Nodal Agency within 21 days of receiving the request from it in the prescribed format.

This amount shall be paid by the State Nodal Agency within 7 working days of receipt of the amount from Central Government

{Any additional amount of premium beyond the one determined for Central Government as per the aforementioned formula shall be borne by the State Government.}

Note:

1. It will be the responsibility of the State Government/Nodal Agency to ensure that the premium to the Insurance Company is paid according to the schedule mentioned above to ensure adherence to compliance of 64 VB of the Insurance Act 1938.

2. Premium payment to the Insurance Company will be based on Reconciliation of invoice raised by Insurer and enrolment data downloaded from Field Key Officers' (FKOs) Card at district level DKM server.

3. It will be the responsibility of the State Nodal Agency to collect the data downloaded from FKO cards from each of the district.

4. **The Insurance Company will need to submit on a weekly basis digitally signed Enrollment data generated by the enrollment software at DKMA server. This data will be matched with FKO data to determine the number of beneficiary families enrolled.**

10. Period of Contract and Insurance:

10.1 The period of Contract between State Government/Nodal Agency and the Insurance Company shall be for three years from the effective date, subject to renewal on yearly basis, based on parameters fixed by the State Government/ Nodal Agency for renewal as given in Appendix 8.

10.2 However, the insurance policy coverage under the scheme shall be in force for a period of one year from the date of commencement of the policy.

10.3 The commencement of policy period may be determined for each District separately depending upon the commencement of the issue of smart cards in that particular District.

10.4 **In the Districts where the scheme is starting for the first time:**

The Scheme shall commence operation from the 1st of the succeeding month in which the smart card is issued. Thus, for example, if the initial smart cards are issued anytime during the month of **January** in a particular district the scheme will commence from **1st of February**. The scheme will last for one year till **31st January** next year. This would be the terminal date of the scheme in that particular district. However, in the same example, if the card is issued in the month of February, March and April then the insurance will immediately start from the next day itself for the beneficiaries and policy will be over on 31st February next year. Thus, all cards issued in the district in February will also have the Policy start date as 1st of February (even if issued subsequent to the date) and terminal date as **31st January** the following year. The date of commencement of insurance for the cards issued during the intervening period will be as follows:

In case of New Enrolment			
	Smart card issued During	Commencement of Insurance	Policy period
1.	January 2013	February 2013	31st January 2014
2.	February 2013	February 2013	31st January 2014
3.	March 2013	March 2013	31st January 2014
4.	April 2013	April 2014	31st January 2014

In both the cases of new card issuance and renewal, the insurance company will have only Four Months to complete the enrolment process. Full premium for all the four months will be given to the Insurance Company.

10.5 **In the districts where scheme is being renewed:**

The policy will start from first of the next month in which the earlier policy will expire. Therefore, for example, if the earlier policy is getting over on 30th April and card is renewed in the month of January then the new policy will start only from the 1st May and will finish on 30th April of next year. However, in the same example, if the card is issued in the month of February, March and April then the insurance will start from the 1st May 2013 and policy will be over on 30th April of next year. The date of commencement of insurance for the cards issued during the intervening period will be as follows:

In case of Renewal			
	Smart card issued During	Commencement of Insurance	Policy period
1.	January, 2013	1st May, 2013	30th April, 2014
2.	February, 2013	1st May, 2013	30th April, 2014
3.	March, 2013	1st May 2013	30th April, 2014
4.	April, 2013	1st May, 2013	30th April, 2014

The salient points regarding commencement & end of the policy are

- Policy end date shall be the same for ALL cards in a district
- Policy end date shall be calculated as completion of one year from the date of Policy start for the 1st card in a district
- At least 9 months of service needs to be provided to a family in case of new districts.
- In case of renewal districts full 12 months policy will need to be provided to the beneficiaries.
- For certain categories of beneficiaries the policy period may be even less than nine months and premium could be given for those categories on a pro-rata basis.

Note: For the enrollment purpose, the month in which first set of cards is issued would be treated as full month irrespective of the date on which cards are issued

11. Enrolment Procedure:

The enrolment of the beneficiaries will be undertaken by the Insurance Company selected by the State Government/Nodal Agency and approved by the Central Government. The Insurer shall enroll the identified beneficiary families based on the validated data downloaded from the RSBY website and issue Smart card as per RSBY Guidelines.

Further, the enrolment process shall continue as per schedule agreed by the State Government/Nodal Agency. Insurer in consultation with the State Government/ Nodal Agency and District administration shall chalk out the enrolment/renewal cycle up to village level by identifying enrolment stations in a manner that representative of Insurer, State Government/Nodal Agency and smart card vendor can complete the task in scheduled time. The process of enrolment/renewal shall be as under:

11.1 The Insurer or its representative will download the beneficiaries' data for the selected districts from the RSBY website www.rsby.gov.in.

11.2 The Insurer or its representative will arrange for the smart cards as per the Guidelines provided in Appendix 4. Only Certified Software by MoLE shall be used for issuance of smart card.

11.3 The Insurer will commit and place sufficient number of enrollment kits and trained personnel for enrollment in a particular district based on the population of the district so as to ensure enrollment of all the target families in the district within the time period provided. The details about the number of enrollment kits along with the manpower requirement have been provided in Appendix 9. It will be the responsibility of the Insurance Company to ensure that enrollment kits in working condition and

manpower as per Appendix 9 is provided from the 1st day of the commencement of enrollment in the district.

11.4 An enrollment schedule shall be worked out by the Insurer, in consultation with the State Government/Nodal Agency and district/block administration, for each village in the project districts.

11.5 It will be responsibility of State Government/Nodal Agency to ensure availability of sufficient number of Field level Government officers who will be called Field Key Officers (FKO) to accompany the enrollment teams as per agreed schedule for verification of identified beneficiaries at the time of enrolment. The Role of FKO has been defined in Appendix 10.

11.6 Insurer will organise training sessions for the enrollment teams so that they are trained in the enrollment process.

11.7 Advance publicity of the visit of enrollment team for enrollment of beneficiaries shall be done by the Insurer in consultation with the State Government/Nodal Agency and district administration in respective villages.

11.8 List of identified beneficiary families should be posted prominently in the village/ward by the Insurer.

11.9 Insurer will place a banner in the local language at the enrolment station providing information about the enrolment and details of the scheme etc.

11.10 The enrolment team shall visit each enrolment station on the pre-scheduled dates for enrolment/renewal and/or issuance of smart card.

11.11 The enrolment team will collect the photograph and fingerprint data on the spot of each member of beneficiary family which is getting enrolled in the scheme.

11.12 At the time of enrolment/renewal, FKO shall identify the head of the family in the presence of the insurance representative and authenticate them through his/her own smart card and fingerprint.

11.13 The beneficiary will re-verify the smart card by providing his/her fingerprint so as to ensure that the Smart card is in working condition

11.14 It is mandatory for the enrolment team to handover the activated smart card to the beneficiary at the time of enrolment itself.

11.15 At the time of handing over the smart card, the Insurer shall collect the registration fee of Rs.30/- from the beneficiary. This amount shall constitute the first installment of the premium and will be adjusted against the second installment of the premium to be paid to the Insurer by the State Nodal Agency.

11.16 The Insurer's representative shall also provide a booklet in the prescribed format along with Smart Card to the beneficiary indicating at least the following:

a. Details about the RSBY benefits
b. Process of taking the benefits under RSBY
c. Start and end date of the insurance policy
d. List of the empanelled network hospitals along with address and contact details
e. Location and address of district kiosk and its functions
f. The names and details of the key contact person/persons in the district
g. Toll-free number of call centre of the Insurer
h. Process for filing complain in case of any grievance

11.17 To prevent damage to the smart card, a good quality plastic jacket should be provided to keep the smart card.

11.18 The beneficiary shall also be informed about the date on which the card will become operational (month) and the date on which the policy will end.

11.19 The beneficiaries shall be entitled for cashless treatment in designated hospitals on presentation of the Smart Card after the start of the policy period.

12. Cashless Access Service:

The Insurer has to ensure that all the Beneficiaries are provided with adequate facilities so that they do not have to pay any deposits at the commencement of the treatment or at the end of treatment to the extent as the Services are covered under the Rashtriya Swasthya Bima Yojna. This service provided by the Insurer along with subject to responsibilities of the Insurer as detailed in this clause is collectively referred to as the **"Cashless Access Service."**

Each empanelled hospital/health service provider shall posses a machine which can read the smart card to ascertain the balance available from the insurance amount. The services have to be provided to the beneficiary based on Smart card & fingerprint authentication only with the minimum of delay for pre authorization (if necessary). Reimbursement to the hospitals should be based on the electronic transaction data received from hospitals on a daily basis. The detailed process and steps for Cashless Access Service has been provided in **Appendix 11**.

13. Repudiation of claim:

In case of any claim is found untenable, the insurer shall communicate reasons in writing to the Designated Authority of the State/Nodal Agency and the Health provider for this purpose within 3 days of receiving the claim electronically. If a claim is not rejected within 3 days, then it can either go into investigation or it can be accepted for payment. A final decision regarding rejection, even if the claim is getting investigated, shall be taken within ONE MONTH. Such claims shall be reviewed by the Central/ State/ District Committee on monthly basis. Details of every claim which is pending beyond ONE MONTH will need to be sent to SNA along with the reason of delay.

14. Delivery of Services by Intermediaries:

The Insurer may enter into service agreement(s) with one or more intermediary institutions for the purposes of ensuring effective implementation and outreach to Beneficiaries and to facilitate usage by Beneficiaries of Benefits covered under this tender. The Insurer will compensate such intermediaries for their services at an appropriate rate.

These Intermediaries can be hired for two types of purposes which are given as follows:

14.1 Third Party Administrators, Smart Card Service Providers or Similar Agencies

The role of these agencies may include among others the following:

a) To manage and operate the Enrolment process

b) To manage and operate the empanelment and de-empanelment process

c) To manage and operate the District Kiosk

d) To manage and operate the Toll Free Call Centre

e) To manage and operate the claim settlement process

f) Field Audit at enrolment stations and hospitals

g) Provide IEC and BCC activities for Enrolment.

14.2 Non-Government Organisations (NGOs) or other similar Agencies

The role of intermediaries would include among others the following:

a) Undertaking on a rolling basis campaigns in villages to increase awareness of the RSBY scheme and its key features.

b) Mobilizing beneficiary households in participating districts for enrolment in the scheme and facilitating their enrolment and subsequent re-enrolment as the case may be.

c) In collaboration with government officials, ensuring that lists of participating households are publicly available and displayed.

d) Providing guidance to the beneficiary households wishing to avail of Benefits covered under the scheme and facilitating their access to such services as needed.

e) Providing publicity in their catchment areas on basic performance indicators of the scheme.

f) Providing assistance for the grievance redressal mechanism developed by the insurance company.

g) Providing any other service as may be mutually agreed between the insurer and the intermediary agency.

Note: State Nodal Agency also may enter into arrangements with Non-Government organisations for organising awareness activities and collecting feedback post-enrolment.

15. Project Office and District Office

Insurer shall establish a separate Project Office at convenient place for coordination with the State Government/Nodal agency at the State Capital on a regular basis.

Excluding the support staff and people for other duties, the Insurer within its organisation will have at least the following personnel exclusively for RSBY and details of these persons will be provided to the State Nodal Agency at the time of signing of MoU between Insurer and SNA:

a. **One State Coordinator** – Responsible for implementation of the scheme in the State
b. **One District coordinator for each of the participating districts**– Responsible for implementation of the scheme in the district.

In addition to these persons, Insurer will have necessary staff in their own/ representative Organisation, State and District offices to perform following functions:

a. To operate a 24 hour **call center** with toll free help line in local language and English for purposes of handling queries related to benefits and operations of the scheme, including information on Providers and on individual account balances.

b. **Managing District Kiosk** for post issuance modifications to smart card as explained in **Appendix 4**.

c. **Management Information System** functions, which includes collecting, collating and reporting data, on a real-time basis.

d. **Generating reports,** in predefined format, at periodic intervals, as decided between Insurer, MoLE and State Government/Nodal Agency.

e. **Information Technology related functions** which will include, among other things, running the website at State/National Level and updating data on a regular interval on the website. The website shall have information on the scheme in local language and English with functionality for claims settlement and account information access for Beneficiaries and Providers

f. **Pre-Authorization function** for the interventions which are not included in the package rates.

g. **Paperless Claims settlement** for the hospitals with electronic clearing facility.

h. **Publicity** for the scheme so that all the relevant information related to RSBY reaches beneficiaries, hospitals etc.

i. **Grievance Redressal Function** as explained below in the tender.

j. **Hospital Empanelment** of both public and private providers based on empanelment criteria. Along with criteria mentioned in this agreement, separate criteria may jointly be developed by State Government/ Nodal Agency and the Insurance Company.

k. **Feedback functions** which include designing feedback formats, collecting data based on those formats from different stakeholders like beneficiaries, hospitals etc., analyzing feedback data and suggest appropriate actions.

l. Coordinate with district level Offices in each selected district.

m. Coordinate with State Nodal Agency and State Government.

The Insurer shall set-up a district office in each of the project districts of the State. The district office will coordinate activities at the district level. The district offices in the selected districts will perform the above functions at the district level.

16. Management Information Systems (MIS) Service

The Insurer will provide real time access to the Enrollment and Hospitalisation data as received by it to the State Nodal Agency. This should be done through a web based system.

In addition to this, the Insurer shall provide Management information system reports whereby reports regarding enrolment, health-service usage patterns, claims data, customer grievances and such other information regarding the delivery of Benefits as required by the Government. The reports will be submitted by the Insurer to the Government on a regular basis as agreed between the Parties in the prescribed format.
All data generated under the scheme shall be the property of the Government.

17. District Kiosk

District kiosk is a designated office at the district level which provides post issuance services to the beneficiaries and hospitals. The Insurer shall set-up and operates facility of the **District Kiosk**. District Kiosk will have a data management desk for post issuance modifications to the smart cards issued to the beneficiaries as described in **Appendix 4.** The role and function of the district kiosk has been provided in **Appendix 12.**

Note:

A. **All the IT hardware for district kiosk as given in Appendix 9 will be provided by the Insurance Company but the ownership of these will be of the State Nodal Agency.**
B. **Insurer will provide trained personnel for the district kiosk for the time period they are operating in the district.**
C. **At the end of their contract in the district Insurer will withdraw the personnel but the IT infrastructure and the Data therein will be used by the next Insurance Company in that district.**
D. **State Nodal Agency will provide a place for district kiosk for which they will charge no rent from the Insurance Company.**

18. Call Center Services

The Insurer shall provide toll free telephone services for the guidance and benefit of the beneficiaries whereby the Insured Persons shall receive guidance about various issues by dialing a State Toll free number. This service provided by the Insurer is referred to as the "Call Centre Service".

In case State Nodal agency decide to set up a State Level Call Centre then the cost will be shared amongst the Insurance Companies working in the State as per the formula defined by SNA at the time of signing of contract with the Insurance Company.

A. Call Centre Information

The Insurer shall operate a call centre for the benefit of all Insured Persons. The Call Centre shall function for 24 hours a day, 7 days a week and round the year. The cost of operating of the number shall be borne solely by the Insurer. As a part of the Call Centre Service the Insurer shall provide all the necessary information about RSBY to any person who calls for this purpose. The call centre shall have access to all the relevant information of RSBY in the State so that it can provide answer satisfactorily.

B. Language

The Insurer undertakes to provide services to the Insured Persons in English and local languages.

C. Toll Free Number

The Insurer will operate a state toll free number with a facility of a minimum of 5 lines and provision for answering the queries in local language.

D. Insurer to inform Beneficiaries

The Insurer will intimate the state toll free number to all beneficiaries along with addresses and other telephone numbers of the Insurer's Project Office.

19. Procurement, Installation and Maintenance of Smart Card related Hardware and Software in Empanelled Hospitals:

19.1 Public Hospitals

It will be the responsibility of the Insurer to procure and install Smart card related devices in the empanelled public hospitals of the State.

The details about the hardware and software which need to be installed at the empanelled Hospitals of the State have been provided in **Appendix 13.**

The list of Public hospitals where these need to be installed have been provided in **Appendix 14**.

The Cost of Procurement, Installation and Maintenance of these devices in the hospitals mentioned in Appendix 14 will be the responsibility of the Insurance Company.

The Ownership of these devices will be of the State Government.

19.2 Private Hospitals

It will be the responsibility of the empanelled private hospital to procure and install Smart card related devices in the hospital. **The cost of procurement installation and maintenance of these devices will also be the responsibility of the private empanelled hospital.**

Note:

1. **In case of districts where scheme is being renewed, Insurance Company will ensure that the hospitals are not asked to spend any amount on the software or hardware due to compatibility issues. It will be the responsibility of the Insurance Company to provide software free of cost to the hospital if there is any compatibility issue.**

2. **The hospital will only pay for the Annual Maintenance Contract.**

20. Grievance Redressal:

There shall be following set of Grievance Committees to attend to the grievances of various stakeholders at different levels:

20.1 District Grievance Redressal Committee (DGRC):

This will be constituted by the State Nodal Agency in each district within 15 days of signing of MoU with the Insurance Company. The District Grievance Redressal Committee will be as follows:

a) District Magistrate or an officer of the rank of Addl. District Magistrate or Chief Medical Officer: Chairman
b) District Key Manager: Convenor
c) Representative of the Insurance Company Member

District administration may co-opt more members for this purpose.

20.2 State Grievance Redressal Committee (SGRC):

This will be constituted by the State Nodal Agency within 15 days of signing of MoU with the Central Government. The State Grievance Redressal Committee will be as follows:

a) State Principal Secretary/Secretary of Department handling RSBY: Chairman
b) State Nodal Officer for RSBY: Convenor
c) State Representative of the Insurance Company: Member

State Govt./Nodal Agency may co-opt more members for this purpose.

20.3 National Grievance Redressal Committee (NGRC):

This has been formed by the Ministry of Labour and Employment at National level. The National Grievance Redressal Committee will be as follows:

a) Deputy Director General, GoI/Director in the DGLW: Chairperson
b) Director/Under Secretary, Ministry of Labour & Employment, GoI : Convenor
c) National Nodal Officer of the concerned Insurance Company: Member

If any stakeholder has a grievance against another one during the subsistence of the policy period or thereafter, in connection with the validity, interpretation, implementation or alleged breach of any provision of the scheme, it will be settled in the following way:

A. Grievance of a Beneficiary

If a beneficiary has a grievance on issues relating to enrolment or hospitalization against the Insurance Company, hospital or their representatives, beneficiary will approach DGRC. The DGRC should take a decision within 30 days of receiving the complaint.

If either of the parties is not satisfied with the decision, they can Appeal to the SGRC. The SGRC shall decide the appeal within 15 days of receiving the Appeal. The decision of the SGRC on such issues will be final.

B. Grievance of a Hospital

If a hospital has any grievance with respect to Beneficiary, Insurance Company or their representatives, the Hospital will approach the DGRC. The DGRC should be able to reach a decision within 30 days of receiving the complaint.
If either of the parties is not satisfied with the decision, they can go to the SGRC which shall take a decision within 15 days of receipt of Appeal. The decision of the Committee shall be final.

C. Grievance of an Insurance Company

Grievance Against FKO – If an insurance company has any grievance with respect to Beneficiary, or Field Key Officer, it will approach the DGRC. The DGRC should take a decision within 30 days of receiving the complaint.
If either of the parties is not satisfied with the decision, they can Appeal to the SGRC. The SGRC shall decide the appeal within 15 days of receiving the Appeal. The decision of the SGRC on such issues will be final.
Grievance Against DKM or other District Authorities – If Insurance Company, has a grievance against District Key Manager or an agency of the State Government, it can approach the SGRC for resolution. The SGRC shall decide the matter within 30 days of the receipt of the grievance.
In case of dissatisfaction with the decision of the SGRC, the affected party can file an appeal before NGRC and NGRC will decide the appeal within fifteen days of the receipt of appeal after seeking a report from the other party. The decision of NGRC shall be final.

D. Grievance against State Nodal Agency/State Government

Any stakeholder aggrieved with the action or the decision of the State Nodal Agency/State Government can address his grievance to the NGRC which shall take a decision on the issue within 30 days of the receipt of the grievance. An appeal against this decision can be filed before DGLW, Ministry of Labour & Employment, Government of India who shall take a decision within 15 days of the receipt of the Appeal. The decision of DGLW shall be final.

21. Penalty Clause and Termination:

21.1 **Failure to abide with the terms will attract penalty related but not limited to the following:**

- Failure in following the guidelines specified in **Appendix 4**.
- Claim Servicing
- Grievance Redressal

21.2 In case of termination of the contract following process will be followed:

i) The Insurer will pay back to the Nodal Agency within one week the unutilized amount of premium after settlement

ii) The Insurer will pay the total package amount for all the cases for which amount has already been blocked before returning the premium.

22. Standardization of Formats:

The Insurance Company shall use the standardized formats for cashless transactions, discharge summary, billing pattern and other reports in consultation with the State Government/Nodal Agency.

23. IEC and BCC interventions:

Insurance Company in consultation with State Nodal Agency will prepare and implement a communication strategy for launching/implementing the RSBY. The objective of these interventions will be to inform the beneficiaries regarding enrolment and benefits of the scheme.

Insurer need to share a draft IEC and BCC plan with the Nodal Agency within 15 days of signing of the contract. The cost of IEC and BCC activities will be borne by the Insurer.

24. Capacity Building interventions:

The Insurance Company shall design training/ workshop / orientation programme for Empanelled Health Care Providers, Members of the Hospital Management Societies, District Programme Managers, Doctors, GP members, Intermediary, Field Agents etc. and implement the same with support of Nodal Agency/ other agencies. The training packages shall be jointly developed by the Nodal Agency and the Insurance Company.

At least following training shall be implemented by the Insurance Company:

- **Enrollment Team Training –** To be done for each enrollment team during the enrollment period
- **Hospital Training –** At least once a year for all the empanelled hospital in each district separately for Public and Private providers
- **State and District Officers of the Insurance Company –** At least once a year for these officers for each of the district

Insurer need to share a draft Capacity Building plan with the Nodal Agency within 15 days of signing of the contract. The cost of these Capacity Building interventions will be borne by the Insurer.

25. Medical Audit:

The Insurance Company shall carry out regular inspection of hospitals, periodic medical audits, to ensure proper care and counseling for the patient at network hospitals by coordinating with hospital authorities.

The format for conducting medical audit and the composition of team shall be shared by the Insurer at the time of signing of agreement.

26. Commitments of State Government:

State Government/ Nodal Agency commits to provide the following for successful implementation of the scheme:

a. Prepare identified beneficiary database in the specified format and send to Government of India for internal consistency check so that it can be uploaded on the website for the insurer to download.

b. Appoint District Key Managers (DKM) as mentioned in **Appendix 4** before signing of the agreement with the Insurer.

c. Providing DKMA Server including Smart card readers and fingerprint scanners at District Headquarter within 15 days of signing of the agreement with the Insurer.

d. Field Key Officers (FKOs) as mentioned in **Appendix 4** shall be identified at the time of signing of the agreement with the Insurer and shall ensure their availability at the time of enrollment.

e. Providing assistance to the insurer through district administration in the preparation of Panchayat/Municipality/Corporation- wise village wise enrolment schedule.

f. Providing assistance to the insurer in empanelment of the public and private providers

g. Providing premium payment to the Insurer as per defined conditions.

h. Conduct third party evaluation schemes at periodic intervals.

i. Provide rent free space in each of the district for setting up of District Kiosk to the Insurance Company.

j. Organise post-enrollment awareness activities for the beneficiaries

27. Service Arrangements by the Insurance Company

In case the Insurance Company plans to outsource some of the functions necessary for the implementation of the scheme it needs to give an undertaking that it will outsource only to such agencies as fulfill the prescribed criteria.
Insurance Company shall hire only a TPA as per the criteria defined in Appendix 15.
Insurance Company or their representative can ONLY hire a Smart Card Service Provider which has been accredited by Quality Council of India for RSBY.

28. Commitments of Insurance Company:

Among other things insurer shall provide following which are necessary for successful implementation of the scheme:

a. Enter into agreement with other insurance companies working in RSBY regarding usability of the same Smart card across India at any of the networked hospital. This will ensure that beneficiary can use his/her smart card across India to get treatment in any of the empanelled health care providers.

b. Ensuring that hospitals adhere to the points mentioned in section 7.5 regarding signages and help desk in the hospital.

c. Send data related to enrollment, hospitalization and other aspects of the scheme to the Central and State Government at periodic intervals, the frequency of these may be decided later.

d. Sharing of inter insurance claims in prescribed format through web based interface within defined timelines. Thereafter settling of such inter insurance claims within prescribed timelines.

e. Collecting beneficiary feedbacks and sharing those with State Government/Nodal Agency.

f. In the districts where scheme is being renewed for the second year or subsequent years thereafter, it will be the responsibility of the Insurance Company, selected for the second year or subsequent years as the case may be, to ensure that the hospitals already empanelled under the scheme do not have to undertake any expenditure for the transaction software. The concerned insurance company will also ensure that the hardware installed already in the hospitals are compatible with the new/ modified transaction software, if any.

g. It will be the responsibility of the incoming insurer to ascertain the details about the existing hardware and software and undertake necessary modifications (if necessary) at their (insurer's) own cost if the hardware is not working because of compatibility.

h. Only in the cases where the hardware is not in working condition or is reported lost, it will be the responsibility of the private hospital to arrange for the necessary hardware

29. Insurer Undertaking With Respect To Provision Of Services

29.1 The Insurer further undertakes that it has entered into or will enter into service agreements within:

a. A period of 14 days from signature of the Agreement with State Government, to the following:

i. With a TPA/ smart card provider, for the purposes of fulfilling various obligations of RSBY implementation as mentioned in clause 14.1 of this document.

b. A period of 21 days from the signature of the Agreement with State Government with the following:

i. Intermediary organization(s) which would perform the functions outlined in Clause – 14.2 of this document. Detailed Guidelines regarding outsourcing the activities to the intermediary organizations will be provided by the State Government/ State Nodal Agency to the successful bidder.

ii. Health Care Providers, for empanelment based on the approved package rates of surgical and medical procedures, as per the terms and conditions outlined in this tender.

iii. Such other parties as the Insurer deems necessary to ensure effective outreach and delivery of health insurance under RSBY in consultation with the State Nodal Agency.

29.2 The Insurer will set up fully operational and staffed district kiosk and server within 15 days of signing the agreement with the State Government/Nodal Agency. State Nodal Agency will provide rent free space in the district for setting-up of district kiosk.

29.3 The insurer will necessarily need to complete the following activities before the start of the enrollment in the district:

a. Empanelment of adequate number of hospitals in each district
b. Setting of operational District Kiosk and Server
c. Setting up of toll free helpline

29.4 **The Insurer will be responsible for ensuring that the functions and standards outlined in the tender are met, whether direct implementation rests with the Insurer or one or more of its partners under service agreements. It shall be the responsibility of the Insurer to ensure that any service agreements with the organizations outlined above provide for appropriate recourse and remedies for the Insurer in the case of non- or partial performance by such other organizations.**

29.5 **Business Continuity Plan:** As RSBY depends a lot on the technology and the related aspects of Smart Cards and biometric to deliver benefits to the beneficiaries under RSBY, unforeseen technology and delivery issues in its implementation may interrupt the services. It is hereby agreed that , having implemented the system, if there is an issue causing interruption in its continuous implementation, thereby causing interruption in continuous servicing, the insurers shall be required to make all efforts through alternate mechanism to ensure full service to the beneficiaries in the meantime ensuring to bring the services back to the online platform. The Insurer shall use processes defined in Business continuity plan provided by Government of India for RSBY for this purpose. In such a scenario, the insurance company shall be responsible for furnishing all data/information required by MoLE and State Government/Nodal Agency in the prescribed format.

30. Claim Management

- **Payment of Claims and Claim Turnaround Time**

The Insurer will observe the following discipline regarding settlement of claims received from the empanelled hospitals:

a. The Insurer will ensure that Claim of the hospital is settled and money sent to the hospital within **ONE MONTH** of receipt of claim data by the Insurance Company or their representatives.
b. In case a claim is being rejected, this information will also be sent to hospital within **ONE MONTH**. Alongwith the claim rejection information, Insurer will also inform the hospital that it can appeal to the District Grievance Committee if it feel so. The contact details of the District Grievance Committee will need to be provided by the Insurance Company alongwith each claim rejection letter.
c. The counting of days in all the cases will start from the day when claims are received by the Insurance Company or its representative.

The Insurer may collect at their own cost complete claim papers from the provider, if required for audit purposes. This will not have any bearing on the claim settlement to the provider.

- **Right of Appeal and reopening of claims**

The Empanelled Provider shall have a right of appeal to approach the Insurer if the Provider feels that the claim is payable. If provider is not agreed with the Insurers' decision in this regard, can appeal to the District and/or State Level Grievance Redressal Committee as per Section 20 of this document. This right of appeal will be mentioned by the Insurer in every repudiation advice. The Insurer and/or Government can re-open the claim if proper and relevant documents as required by the Insurer are submitted.

31 FORCE MAJEURE

31.1 Neither Party shall be in breach of any of its obligations under this Agreement to the extent that its performance is prevented, physically hindered or delayed by an act, event or circumstance (whether of the kind described herein or otherwise), which is not reasonably within the control of such Party ("Force Majeure Event").

31.2 In the event that any Force Majeure Event continues for a period of 4 (four) weeks without interruption, the Party affected by such Force Majeure Event shall be entitled to terminate this Agreement by giving notice to the other party, pursuant to, and in accordance with the provisions of clause provided it gives the other party at least 60 days prior written notice.

32 ASSIGNMENT

32.1 Neither party shall be entitled to assign its rights and/or obligations under this Agreement.

32.2 Subject to the foregoing, this Agreement shall be fully binding upon, Inure to the benefit of and be enforceable by the parties hereto and the respective successors and permitted assigns.

33 ENTIRE AGREEMENT

33.1 This Agreement entered into between the Government and the INSURER represents the entire agreement between the parties.

34 RELATIONSHIP

34.1 The Parties to this Agreement are independent contractors. Neither Party is an agent, representative or partner of the other Party. Neither party shall have any right, power or authority to enter into any

agreement or memorandum of understanding for or on behalf of, or incur any obligation or liability of, or to otherwise bind, the other party. This Agreement shall not be interpreted or construed to create an association, agency, joint venture, collaboration or partnership between the parties or to impose any liability attributable to such relationship upon either party.

35 VARIATION

35.1 No variation of this Agreement shall be binding on either party unless, and to the extent that such variation is recorded in a written document executed by both Parties, but where any such document exists and is so signed neither party shall allege that such document is not binding by virtue of an absence of consideration.

36 SEVERABILITY

36.1 If any provision of this Agreement is invalid, unenforceable or prohibited by law, this Agreement shall be considered divisible as to such provision and such provision shall be inoperative and the remainder of this Agreement shall be valid, binding and of the like effect as though such provision was not included herein.

37 NOTICES

37.1 Any notice given under or in connection with this Agreement shall be in writing and in the English language. Notices may be given, by being delivered to the address of the addressees as set out below (in which case the notice shall be deemed to be served at the time of delivery) by courier services or by fax (in which case the original shall be sent by courier services).

Name of the Insurer:
HDFC ERGO General Insurance Company Limited
6th Floor, City 2, Plot No-177,Kalina- CST Road,Mumbai-400 098.
LandMark: Next To Mercedes Benz Showroom.PH: +91 22 6123 0071(D), 61230000(Board)
E – Mail:
Phone: 022-61230000
Fax: 022-61230030
Name of State Nodal Agency:
Building & Other Construction Workers' Welfare Board, Rajasthan.
Phone: +91 141 2222961
Fax: +91 141 2450782
Email: rajasthanrsby@gmail.com

38 GOVERNING LAW

38.1 The validity, performance, construction and effect of this Agreement shall be governed by the laws of the Republic of India. Any resolution of any disputes arising from or in connection with this Agreement, incusing a breach thereof, shall also be governed by the laws of the Republic of India.

39. IRDA REGULATIONS: This Policy is subject to Regulations of IRDA (Protection of Policyholder's Interests) Regulations, 2002 as amended from time to time.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their duly authorized representatives in as of the date first hereinabove written.

SIGNED, SEALED and DELIVERED by the within named

SIGNED, SEALED and DELIVERED by the within named

HDFC ERGO General Insurance Company Limited

Smt. Anjna Dixit
Labour Commissioner &
Secretary, Building & Other Construction
Workers' Welfare Board, Rajasthan

Parthanil Ghosh
Zonal Business Head
HDFC ERGO General Insurance Company
6th Floor,DCM Building,
16 Barakhamba Road ,New Delhi

in the presence of :

1. Satyavrat Sharma
   Additional Labour Commissioner & Jt. Secy.,
   BOCW Welfare Board,
   Rajasthan.

2. Visnu Kumar Sharma
   Joint Labour Commissioner
   Rajasthan.

in the presence of :

1. Harish Dubey
   NaNo – (RSBY)
   HDFC ERGO General Insurance Company
   6th Floor,DCM Building
   16 Barakhamba Road,
   New Delhi

2. Rajesh Patel
   State Coordinator (RSBY)
   HDFC ERGO General Insurance Company
   505 ,City Corporate, C Scheme,
   Malviya Marg, Rajasthan

Appendix 1

Exclusions to the RSBY Policy

EXCLUSIONS: (IPD & DAY CARE PROCEDURES)

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

1) **Conditions that do not require hospitalization:** Condition that do not require hospitalization and can be treated under Out Patient Care. Out patient Diagnostic, Medical and Surgical procedures or treatments unless necessary for treatment of a disease covered under day care procedures will not be covered.

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.
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 or injury and which requires hospitalisation for treatment.

2) **Congenital external diseases:** Congenital external diseases or defects or anomalies, Convalescence, general debility, "run down" condition or rest cure.

3) **Drug and Alcohol Induced illness:** Diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.

4) **Sterilization and Fertility related procedures:** Sterility, any fertility, sub-fertility or assisted conception procedure. Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.

5) **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),

6) **War, Nuclear invasion:** Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.

7) **Suicide:** Intentional self-injury/suicide, all psychiatric and psychosomatic and related disorders

EXCLUSIONS UNDER MATERNITY BENEFIT CLAUSE:

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

a. Expenses incurred in connection with voluntary medical termination of pregnancy are not covered except induced by accident or other medical emergency to save the life of mother.

b. Normal hospitalisation period is less than 48 hours from the time of delivery operations associated therewith for this benefit.

Pre-natal expenses under this benefit; however treatment in respect of any complications requiring hospitalisation prior to delivery can be taken care under medical procedures.

HDFC ERGO General Insurance Company Limited

Appendix 2

List of Day Care Procedures

The Insurance Company shall provide coverage for the following day care treatments/ procedures:

i) Haemo-Dialysis
ii) Parenteral Chemotherapy
iii) Radiotherapy
iv) Eye Surgery
v) Lithotripsy (kidney stone removal)
vi) Tonsillectomy
vii) D&C
viii) Dental surgery following an accident
ix) Surgery of Hydrocele
x) Surgery of Prostrate
xi) Gastrointestinal Surgeries
xii) Genital Surgery
xiii) Surgery of Nose
xiv) Surgery of Throat
xv) Surgery of Ear
xvi) Surgery of Urinary System
xvii) Treatment of fractures/dislocation (excluding hair line fracture), Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalisation
xviii) Laparoscopic therapeutic surgeries that can be done in day care
xix) Identified surgeries under General Anesthesia.
xx) Any disease/procedure mutually agreed upon.

HDFC ERGO General Insurance Company Limited

Appendix 3

PROVISIONAL/SUGGESTED LIST FOR MEDICAL AND SURGICAL INTERVENTIONS / PROCEDURES IN GENERAL WARD

These package rates will include bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.

Medical (Non surgical) hospitalisation procedures means Bacterial meningitis, Bronchitis- Bacterial/Viral, Chicken pox, Dengue fever, Diphtheria, Dysentery, Epilepsy, Filariasis, Food poisoning, Hepatitis, Malaria, Measles, Meningitis, Plague, Pneumonia, Septicemia, Tuberculosis (Extra pulmonary, pulmonary etc), Tetanus, Typhoid, Viral fever, Urinary tract infection, Lower respiratory tract infection and other such procedures requiring hospitalisation etc.

(i). NON SURGICAL(Medical) TREATMENT IN GENERAL WARD	
These package rates will include bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Medicines and Drugs, X-Ray and Diagnostic Tests, Food to patient etc, Transport Allowance of Rs. 100. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.	**Rs. 500 / Per Day.**
(ii) IF ADMITTED IN ICU:	
This includes bed charges (general ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Medicines and Drugs, X-Ray and Diagnostic Tests, food to patient, Transport Allowance of Rs. 100 etc. during stay in I.C.U	**Maximum upto Rs. 1000 /- Per Day**
(iii) SURGICAL PROCEDURES IN GENERAL WARD (NOT SPECIFIED IN PACKAGE):	

This includes bed charges (General ward), Nursing and boarding charges, Surgeons, Anaesthetists, Medical Practitioner, Consultants fees, Anaesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient, Transport Allowance of Rs. 100 etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.	**To be negotiated with Insurer before carrying out the procedure**

(iv) SURGICAL PROCEDURES IN GENERAL WARD

This includes bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. of Rs. 100 Transport Allowan. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.	**Please refer Package Rates in the following table**

Serial No.	Code No.	ICD 10 Code	RSBY Category	RSBY LOS	RSBY Rate without Service Tax
	1	**DENTAL**			
1	FP00100001	K05	Fistulectomy	1	10,000
2	FP00100002	S02	Fixation of fracture of jaw	2	10,000
3	FP00100003	K10	Sequestrectomy	1	10,000
4	FP00100004	D16	Tumour excision	2	7,500
5	FP00100005		Apisectomy including LA	D	500
6	FP00100006		Complicated Ext. per Tooth including LA	D	200
7	FP00100007		Cyst under LA (Large)	D	300
8	FP00100008		Cyst under LA (Small)	D	250
9	FP00100009		Extraction of tooth including LA	D	100
10	FP00100010		Flap operation per Tooth	D	250
11	FP00100011		Fracture wiring including LA	D	6,000
12	FP00100012		Gingivectomy per Tooth	D	200
13	FP00100013		Impacted Molar including LA	D	500
14	FP00100014		Intra oral X-ray	D	100
	2	**EAR**			

15	FP00200001	H74	Aural polypectomy	1	10,000
16	FP00200002	H81	Decompression sac	2	13,500
17	FP00200003	H80	Fenestration	2	7,000
18	FP00200004	H81	Labyrinthectomy	2	10,500
19	FP00200005	H 65	Mastoidectomy	2	6,000
20	FP00200006	H70	Mastoidectomy corticol module radical	3	14,500
21	FP00200007	H 65	Mastoidectomy With Myringoplasty	2	9,000
22	FP00200008	H 65	Mastoidectomy with tympanoplasty	2	14,000
23	FP00200009	H72	Myringoplasty	2	6,000
24	FP00200010	H72	Myringoplasty with Ossiculoplasty	2	12,500
25	FP00200011	H72	Myringotomy - Bilateral	2	6,500
26	FP00200012	H72	Myringotomy - Unilateral	2	4,000
27	FP00200013	H72	Myringotomy with Grommet - One ear	2	5,000
28	FP00200014	H72	Myrinogotomy with Grommet - Both ear	2	9,000
29	FP00200015	H74	Ossiculoplasty	2	7,500
30	FP00200016	C44	Partial amputation - Pinna	1	2,500
31	FP00200017	Q17	Preauricular sinus	2	6,000
32	FP00200018	H80	Stapedectomy	2	8,125
33	FP00200019	H72	Tympanoplasty	5	7,000
34	FP00200020	J30	Vidian neurectomy - Micro	3	11,000
35	FP00200021		Ear lobe repair - single	D	500
36	FP00200022		Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	D	3,000
37	FP00200023		Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	D	2,000
38	FP00200024		Facial nerve decompression	2	8,000
39	FP00200025		Pharyngectomy and reconstruction	2	12,000
40	FP00200026		Skull base surgery	3	14,000
41	FP00200027		Total Amputation & Excision of External Auditory Meatus	2	6,000
42	FP00200028		Total amputation of Pinna	2	3,000
43	FP00200029		Tympanotomy	2	3,000
	3	**NOSE**			
44	FP00300001	R04	Ant. Ethmoidal artery ligation	3	18,000
45	FP00300002	J32	Antrostomy – Bilateral	3	6,000
46	FP00300003	J32	Antrostomy – Unilateral	3	4,000
47	FP00300004	J32	Caldwell - luc – Bilateral	2	7,500
48	FP00300005	J32	Caldwell - luc- Unilateral	2	4,500
49	FP00300006	C30	Cryosurgery	2	7,000

50	FP00300007	J00	Rhinorrhoea - Repair	1	12,000
51	FP00300008	H04	Dacryocystorhinostomy (DCR)	1	9,000
52	FP00300009	J32	Septoplasty + FESS	2	5,500
53	FP00300010	J32	Ethmoidectomy - External	2	9,000
54	FP00300011	S02	Fracture reduction nose with septal correction	1	6,500
55	FP00300012	S02	Fracture - setting maxilla	2	8,500
56	FP00300013	S02	Fracture - setting nasal bone	1	4,000
57	FP00300014	J01	Functional Endoscopic Sinus (FESS)	1	9,000
58	FP00300015	J01	Intra Nasal Ethmoidectomy	2	12,250
59	FP00300016	D14	Rhinotomy - Lateral	2	10,625
60	FP00300017	J33	Nasal polypectomy - Bilateral	1	7,500
61	FP00300018	J33	Nasal polypectomy - Unilateral	1	5,250
62	FP00300019	J34	Turbinectomy Partial - Bilateral	3	7,000
63	FP00300020	J34	Turbinectomy Partial - Unilateral	3	4,500
64	FP00300021	C31	Radical fronto ethmo sphenodectomy	5	15,000
65	FP00300022	J34	Rhinoplasty	3	12,000
66	FP00300023	J34	Septoplasty	2	5,500
67	FP00300024	J33	Sinus Antroscopy	1	4,500
68	FP00300025	J34	Submucos resection	1	5,000
69	FP00300026	J01	Trans Antral Ethmoidectomy	2	10,500
70	FP00300027	J31	Youngs operation	2	11,000
71	FP00300028		Angiofibrom Exision	3	12,000
72	FP00300029		cranio-facial resection	2	11,500
73	FP00300030		Endoscopic DCR	1	5,500
74	FP00300031		Endoscopic Hypophysectomy	2	16,000
75	FP00300032		Endoscopic sugery	1	6,150
76	FP00300033		Intranasal Diathermy	1	1,750
77	FP00300034		Lateral Rhinotomy	1	1,100
78	FP00300035		Rhinosporosis	5	12,500
79	FP00300036		Septo-rhinoplasty	2	6,500
	4	**THROAT**			
80	FP00400001	J35	Adeno Tonsillectomy	1	6,000
81	FP00400002	J35	Adenoidectomy	1	4,000
82	FP00400003	C32	Arytenoidectomy	2	15,000
83	FP00400004	Q30	Choanal atresia	2	10,000
84	FP00400005	J03	Tonsillectomy + Myrinogotomy	3	10,000
85	FP00400006	Q38	Pharyngeal diverticulum's – Excision	2	12,000
86	FP00400007	C32	Laryngectomy	2	15,750

87	FP00400008	C41	Maxilla – Excision	2	10,000
88	FP00400009	K03	Oro Antral fistula	2	10,000
89	FP00400010	J39	Parapharyngeal - Exploration	2	10,000
90	FP00400011	J39	Parapharyngeal Abscess - Drainage	2	15,000
91	FP00400012	D10	Parapharyngeal -Tumour excision	3	20,000
92	FP00400013	Q38	Pharyngoplasty	2	12,000
93	FP00400014	Q38	Release of Tongue tie	1	3,000
94	FP00400015	J39	Retro pharyngeal abscess - Drainage	D	4,000
95	FP00400016	D11	Styloidectomy - Both side	3	10,000
96	FP00400017	D11	Styloidectomy - One side	3	8,000
97	FP00400018	J03	Tonsillectomy + Styloidectomy	2	12,500
98	FP00400019	Q89	Thyroglossal Cyst - Excision	2	10,000
99	FP00400020	Q89	Thyroglossal Fistula - Excision	3	10,000
100	FP00400021	J03	Tonsillectomy - Bilateral	1	7,000
101	FP00400022	J03	Tonsillectomy - Unilateral	1	5,500
102	FP00400023	C07	Total Parotidectomy	2	15,000
103	FP00400024	C05	Uvulophanyngo Plasty	2	10,000
104	FP00400025		Abbe Operation	2	6,000
105	FP00400026		Cleft palate repair	2	10,000
106	FP00400027		Commondo Operation	5	14,000
107	FP00400028		Estlander Operation	5	5,500
108	FP00400029		Excision of Branchial Cyst	5	7,000
109	FP00400030		Excision of Branchial Sinus	5	5,500
110	FP00400031		Excision of Cystic Hygroma Extensive	5	7,500
111	FP00400032		Excision of Cystic Hygroma Major	5	4,500
112	FP00400033		Excision of Cystic Hygroma Minor	3	3,000
113	FP00400034		Excision of the Mandible Segmental	5	3,000
114	FP00400035		Excision of the Maxilla	5	12,000
115	FP00400036		Hemiglossectomy	5	4,500
116	FP00400037		Hemimandibulectomy	5	11,000
117	FP00400038		Palatopharyngoplasty	2	14,000
118	FP00400039		Parotidectomy - Conservative	5	7,000
119	FP00400040		Parotidectomy - Radical Total	5	15,000
120	FP00400041		Parotidectomy - Superficial	5	9,500
121	FP00400042		Partial Glossectomy	5	3,500
122	FP00400043		Ranula excision	3	4,000
123	FP00400044		Removal of Submandibular Salivary gland	5	5,500
124	FP00400045		Repair of Parotid Duct	5	7,500
125	FP00400046		Total Glossectomy	5	14,000

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	5	**GENERAL SURGERY**			
126	FP00500001	C20	Abdomino Perineal Resection	3	17,500
127	FP00500002	M70	Adventious Burse - Excision	3	14,000
128	FP00500003	C20	Anterior Resection for CA	5	10,000
129	FP00500004	K35	Appendicectomy	2	6,000
130	FP00500005	K35	Appendicular Abscess - Drainage	2	7,000
131	FP00500006	D18	Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision	3	14,000
132	FP00500007		Axillary Lymphnode - Excision	1	3,125
133	FP00500008	M71	Bakers Cyst - Excision	3	5,000
134	FP00500009	D36	Bilateral Inguinal block dissection	3	13,000
135	FP00500010	K25	Bleeding Ulcer - Gastrectomy & vagotomy	5	17,000
136	FP00500011	K25	Bleeding Ulcer - Partial gastrectomy	5	15,000
137	FP00500012	C77	Block dissection Cervical Nodes	3	13,000
138	FP00500013	Q18	Branchial Fistula	3	13,000
139	FP00500014	C50	Breast – Excision	3	12,250
140	FP00500015	D25	Breast Lump – Left - Excision	2	5,000
141	FP00500016	D25	Breast Lump - Right - Excision	2	5,000
142	FP00500017	D25	Breast Mass - Excision	2	6,250
143	FP00500018	J98	Bronchial Cyst	3	5,000
144	FP00500019	M06	Bursa - Excision	3	7,000
145	FP00500020		Bypass - Inoprablaca of Pancreas	5	13,000
146	FP00500021	K56	Caecopexy	3	13,000
147	FP00500022	L02	Carbuncle back	1	3,500
148	FP00500023	B44	Cavernostomy	5	13,000
149	FP00500024	C96	Cervial Lymphnodes - Excision	2	2,500
150	FP00500025	K83	Cholecysostomy	5	10,000
151	FP00500026	K80	Cholecystectomy & exploration	3	13,250
152	FP00500027	C67	Colocystoplasty	5	15,000
153	FP00500028	K57	Colostomy	5	12,500
154	FP00500029	C14	Commando Operation	5	15,000
155	FP00500030	L84	Corn - Large - Excision	D	500
156	FP00500031	N49	Cyst over Scrotum - Excision	1	4,000
157	FP00500032	Q61	Cystic Mass - Excision	1	2,000
158	FP00500033	L72	Dermoid Cyst - Large - Excision	D	2,500
159	FP00500034	L72	Dermoid Cyst - Small - Excision	D	1,500
160	FP00500035	K86	Distal Pancrcatectomy with Pancreatico Jejunostomy	7	17,000
161	FP00500036	K57	Diverticulectomy	3	15,000

162	FP00500037	N47	Dorsal Slit and Reduction of Paraphimosis	D	1,500
163	FP00500038	K61	Drainage of Ischio Rectal Abscess	1	4,000
164	FP00500039		Drainage of large Abscess	D	2,000
165	FP00500040	K92	Drainage of Peripherally Gastric Abscess	3	8,000
166	FP00500041	L02	Drainage of Psoas Abscess	2	3,750
167	FP00500042	K92	Drainage of Subdiaphramatic Abscess	3	8,000
168	FP00500043	I31	Drainage Pericardial Effusion	7	11,000
169	FP00500044	K57	Duodenal Diverticulum	5	15,000
170	FP00500045	K31	Duodenal Jejunostomy	5	15,000
171	FP00500046	D13	Duodenectomy	7	20,000
172	FP00500047		Dupcrytren's (duputryen's contracture ?]	7	13,000
173	FP00500048	Q43	Duplication of Intestine	8	17,000
174	FP00500049	N43	Hydrocelectomy + Orchidectomy	2	7,000
175	FP00500050	N45	Epidedectomy	3	8,000
176	FP00500051	N45	Epididymal Swelling -Excision	2	5,500
177	FP00500052	N50	Epidymal Cyst	D	3,000
178	FP00500053	N50	Evacuation of Scrotal Hematoma	2	5,000
179	FP00500054	D13	Excision Benign Tumor -Small intestine	5	15,000
180	FP00500055	A15	Excision Bronchial Sinus	D	8,000
181	FP00500056	K75	Excision of liver Abscess	3	13,000
182	FP00500057	N43	Excision Filarial Scrotum	3	8,750
183	FP00500058	N61	Excision Mammary Fistula	2	5,500
184	FP00500059	Q43	Excision Meckel's Diverticulum	3	15,000
185	FP00500060	L05	Excision Pilonidal Sinus	2	8,250
186	FP00500061	K31	Excision Small Intestinal Fistulla	5	14,000
187	FP00500062	K11	Excision Submandibular Gland	5	10,000
188	FP00500063	C01	Excision of Large Growth from Tongue	3	5,000
189	FP00500064	C01	Excision of Small Growth from Tongue	D	1,500
190	FP00500065	L02	Excision of Swelling in Right Cervial Region	1	4,000
191	FP00500066	L02	Excision of Large Swelling in Hand	D	2,500
192	FP00500067	L02	Excision of Small Swelling in Hand	D	1,500
193	FP00500068	D33	Excision of Neurofibroma	3	7,000
194	FP00500069	L05	Exicision of Siniuds and Curetage	2	7,000
195	FP00500070	G51	Facial Decompression	5	15,000
196	FP00500071		Fibro Lipoma of Right Sided Spermatic with Lord Excision	1	2,500
197	FP00500072	D24	Fibroadenoma - Bilateral	2	6,250
198	FP00500073	D24	Fibrodenoma - Unilateral	2	7,000
199	FP00500074		Fibroma – Excision	2	7,000
200	FP00500075	K60	Fissurectomy	2	7,000

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201	FP00500076	I84	Fissurectomy and Haemorrhoidectomy	2	11,250
202	FP00500077	K60	Fissurectomy with Eversion of Sac – Bilateral	2	8,750
203	FP00500078	K60	Fissurectomy with Sphincterotomy	2	9,000
204	FP00500079	K60	Fistula Repair	2	5,000
205	FP00500080	K60	Fistulectomy	2	7,500
206	FP00500081		Foreign Body Removal in Deep Region	2	5,000
207	FP00500082		Fulguration	2	5,000
208	FP00500083	K21	Fundoplication	3	15,750
209	FP00500084	K25	G J Vagotomy	5	15,000
210	FP00500085	K25	Vagotomy	3	12,000
211	FP00500086	M67	Ganglion - large - Excision	1	3,000
212	FP00500087	M67	Ganglion (Dorsum of Both Wrist) - Excision	1	4,000
213	FP00500088	M67	Ganglion - Small - Excision	D	1,000
214	FP00500089	K28	Gastro jejunal ulcer	5	10,000
215	FP00500090	K63	Gastro jejuno Colic Fistula	5	12,500
216	FP00500091	C17	Gastrojejunostomy	5	15,000
217	FP00500092	K25	Gastrotomy	7	15,000
218	FP00500093		Graham's Operation	5	15,000
219	FP00500094	A58	Granuloma - Excision	1	4,000
220	FP00500095		Growth – Excision	D	1,800
221	FP00500096	D18	Haemangioma - Excision	3	7,000
222	FP00500097	D13	Haemorrage of Small Intestine	3	15,000
223	FP00500098	C01	Hemi Glossectomy	3	10,000
224	FP00500099	D16	Hemi Mandibulectomy	3	15,000
225	FP00500100	C18	Hemicolectomy	5	16,000
226	FP00500101	J38	Hemithyroplasty	3	12,000
227	FP00500102	C34	Hepatic Resection (lobectomy)	7	22,000
228	FP00500103	K43	Hernia – Epigastric	3	10,000
229	FP00500104	K43	Hernia – Incisional	3	12,250
230	FP00500105	K40	Hernia - Repair & release of obstruction	3	10,000
231	FP00500106	K42	Hernia – Umbilical	3	8,450
232	FP00500107	K43	Hernia - Ventral - Lipectomy/Incisional	3	10,500
233	FP00500108	K41	Hernia - Femoral	3	7,000
234	FP00500109	K40	Hernioplasty	3	7,000
235	FP00500110		Herniorraphy and Hydrocelectomy Sac Excision	3	10,500
236	FP00500111	K44	Hernia - Hiatus	3	12,250
237	FP00500112	B67	Hydatid Cyst of Liver	3	10,000
238	FP00500113		Nodular Cyst	D	3,000

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239	FP00500114	N43	Hydrocelectomy - Excision	2	4,000
240	FP00500115		Hydrocelectomy+Hernioplasty - Excision	3	7,000
241	FP00500116	N43	Hydrocele - Excision - Unilateral	2	3,750
242	FP00500117	N43	Hydrocele - Excision - Bilateral	2	5,000
243	FP00500118	C18	Ilieo Sigmoidostomy	5	13,000
244	FP00500119	M20	Infected Bunion Foot - Excision	1	4,000
245	FP00500120		Inguinal Node (bulk dissection) axial	2	10,000
246	FP00500121	K57	Instestinal perforation	6	9,000
247	FP00500122	K56	Intestinal Obstruction	6	9,000
248	FP00500123	K56	Intussusception	7	12,500
249	FP00500124	C16	Jejunostomy	6	10,000
250	FP00500125	K56	Closure of Perforation	5	9,000
251	FP00500126	C67	Cysto Reductive Surgery	3	7,000
252	FP00500127	K63	Gastric Perforation	6	12,500
253	FP00500128	K56	Intestinal Perforation (Resection Anastomosis)	5	11,250
254	FP00500129	K35	Appendicular Perforation	5	10,500
255	FP00500130		Burst Abdomen Obstruction	7	11,000
256	FP00500131	K56	Closure of Hollow Viscus Perforation	5	13,500
257	FP00500132		Laryngectomy & Pharyngeal Diverticulum (Throat)	3	10,000
258	FP00500133	Q42	Anorectoplasty	2	14,000
259	FP00500134	C32	Laryngectomy with Block Dissection (Throat)	3	12,000
260	FP00500135	C32	Laryngo Fissure (Throat)	3	12,500
261	FP00500136	C13	Laryngopharyngectomy (Throat)	3	12,000
262	FP00500137	K51	Ileostomy	7	17,500
263	FP00500138	D17	Lipoma	D	2,000
264	FP00500139	K56	Loop Colostomy Sigmoid	5	12,000
265	FP00500140	I84	Lords Procedure (haemorrhoids)	2	5,000
266	FP00500141	D24	Lumpectomy - Excision	2	7,000
267	FP00500142	C50	Mastectomy	2	9,000
268	FP00500143	K66	Mesenteric Cyst - Excision	3	9,000
269	FP00500144	K76	Mesenteric Caval Anastomosis	5	15,000
270	FP00500145	D14	Microlaryngoscopic Surgery [microlaryngoscopy ?]	3	12,500
271	FP00500146	T18	Oeshophagoscopy for foreign body removal	D	6,000
272	FP00500147	D13	Oesophagectomy	5	14,000
273	FP00500148	I85	Oesophagus Portal Hypertension	5	18,000
274	FP00500149	N73	Pelvic Abscess - Open Drainage	5	8,000

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275	FP00500150	C61	Orchidectomy	2	5,500
276	FP00500151	C61	Orchidectomy + Herniorraphy	3	7,000
277	FP00500152	Q53	Orchidopexy	5	6,000
278	FP00500153	Q53	Orchidopexy with Circumsion	5	9,750
279	FP00500154	Q53	Orchidopexy With Eversion of Sac	5	8,750
280	FP00500155		Orchidopexy with Herniotomy	5	14,875
281	FP00500156	N45	Orchititis	2	6,000
282	FP00500157	K86	Pancreatrico Deodeneotomy	6	13,750
283	FP00500158	D12	Papilloma Rectum - Excision	2	3,500
284	FP00500159	I84	Haemorroidectomy+ Fistulectomy	2	7,000
285	FP00500160		Phytomatous Growth in the Scalp - Excision	1	3,125
286	FP00500161	K76	Porto Caval Anastomosis	5	12,000
287	FP00500162	K25	Pyeloroplasty	5	11,000
288	FP00500163	C50	Radical Mastectomy	2	9,000
289	FP00500164	C49	Radical Neck Dissection - Excision	6	18,750
290	FP00500165	K43	Hernia – Spigelian	3	12,250
291	FP00500166	K62	Rectal Dilation	1	4,500
292	FP00500167	K62	Prolapse of Rectal Mass - Excision	2	8,000
293	FP00500168	K62	Rectal polyp	1	3,000
294	FP00500169	K62	Rectopexy	3	10,000
295	FP00500170	K83	Repair of Common Bile Duct	3	12,500
296	FP00500171	C18	Resection Anastomosis (Large Intestine)	8	15,000
297	FP00500172	C17	Resection Anastomosis (Small Intestine)	8	15,000
298	FP00500173	D20	Retroperitoneal Tumor - Excision	5	15,750
299	FP00500174	I84	Haemorroidectomy	2	5,000
300	FP00500175	K11	Salivary Gland - Excision	3	7,000
301	FP00500176	L72	Sebaceous Cyst - Excision	D	1,200
302	FP00500177	N63	Segmental Resection of Breast	2	10,000
303	FP00500178		Scrotal Swelling (Multiple) - Excision	2	5,500
304	FP00500179	K57	Sigmoid Diverticulum	7	15,000
305	FP00500180	K25	Simple closure - Peptic perforation	6	11,000
306	FP00500181	L05	Sinus - Excision	2	5,000
307	FP00500182	D17	Soft Tissue Tumor - Excision	3	4,000
308	FP00500183	C80	Spindle Cell Tumor - Excision	3	7,000
309	FP00500184	D58	Splenectomy	10	26,000
310	FP00500185		Submandibular Lymphs - Excision	2	4,500
311	FP00500186	K11	Submandibular Mass Excision + Reconstruction	5	15,000
312	FP00500187	K11	Submandibular Salivary Gland -Removal	5	9,500
313	FP00500188	D11	Superficial Parodectomy	5	10,000

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314	FP00500189	R22	Swelling in Rt and Lt Foot - Excision	1	2,400
315	FP00500190	R22	Swelling Over Scapular Region	1	4,000
316	FP00500191	K57	Terminal Colostomy	5	12,000
317	FP00500192	J38	Thyroplasty	5	11,000
318	FP00500193	C18	Coloectomy – Total	6	15,000
319	FP00500194	C67	Cystectomy – Total	6	10,000
320	FP00500195	C01	Glossectomy – Total (Throat)	7	15,000
321	FP00500196	C33	Pharyngectomy & Reconstruction – Total	6	13,000
322	FP00500197	Q32	Tracheal Stenosis (End to end Anastamosis) (Throat)	6	15,000
323	FP00500198	Q32	Tracheoplasty (Throat)	6	15,000
324	FP00500199	K56	Tranverse Colostomy	5	12,500
325	FP00500200	Q43	Umbilical Sinus - Excision	2	5,000
326	FP00500201	K25	Vagotomy & Drainage	5	15,000
327	FP00500202	K25	Vagotomy & Pyloroplasty	6	15,000
328	FP00500203	I84	Varicose Veins - Excision and Ligation	3	7,000
329	FP00500204		Vasco Vasostomy	3	11,000
330	FP00500205	K56	Volvlous of Large Bowel	4	15,000
331	FP00500206	K76	Warren's Shunt	6	15,000
332	FP00500207		Abbe Operation	3	7,500
333	FP00500208		Aneurysm not Requiring Bypass Techniques	5	28,000
334	FP00500209		Aneurysm Resection & Grafting		29,000
335	FP00500210		Aorta-Femoral Bypass		25,000
336	FP00500211		Arterial Embolectomy		20,000
337	FP00500212		Aspiration of Empymema	3	1,500
338	FP00500213		Benign Tumour Excisions	3	3,500
339	FP00500214		Carotid artery aneurism	7	28,000
340	FP00500215		Carotid Body Excision	6	14,500
341	FP00500216		Cholecystectomy & Exploration of CBD	7	11,500
342	FP00500217		Cholecystostomy	7	9,000
343	FP00500218		Congential Arteriovenus Fistula		21,000
344	FP00500219		Decortication (Pleurectomy)		16,500
345	FP00500220		Diagnostic Laproscopy		4,000
346	FP00500221		Dissecting Aneurysms		28,000
347	FP00500222		Distal Abdominal Aorta		22,500
348	FP00500223		Dressing under GA	D	750
349	FP00500224		Estlander Operation	3	6,500
350	FP00500225		Examination under Anesthesia	1	1,500

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351	FP00500226		Excision and Skin Graft of Venous Ulcer		10,500
352	FP00500227		Excision of Corns	D	250
353	FP00500228		Excision of Lingual Thyroid	5	12,500
354	FP00500229		Excision of Moles	D	300
355	FP00500230		Excision of Molluscumcontagiosum	D	350
356	FP00500231		Excision of Parathyroid Adenoma/Carcinoma	5	13,500
357	FP00500232		Excision of Sebaceous Cysts	D	1,200
358	FP00500233		Excision of Superficial Liipoma	D	1,500
359	FP00500234		Excision of Superficial Neurofibroma	D	300
360	FP00500235		Excision of Thyroglossal Cyst/Fistula	3	7,000
361	FP00500236		Exploratory Thorocotomy	7	15,500
362	FP00500237		Exploratory Thorocotomy	7	15,000
363	FP00500238		Femoropopliteal by pass procedure	7	23,500
364	FP00500239		Flap Reconstructive Surgery		22,500
365	FP00500240		Free Grafts - Large Area 10%		5,000
366	FP00500241		Free Grafts - Theirech- Small Area 5%		4,000
367	FP00500242		Free Grafts - Very Large Area 20%		7,500
368	FP00500243		Free Grafts – Wolfe Grafts	10	8,000
369	FP00500244		Haemorrhoid - injection		500
370	FP00500245		Hemithyroidectomy		8,000
371	FP00500246		Intrathoracic Aneurysm -Aneurysm not Requiring Bypass Techniques	7	16,440
372	FP00500247		Intrathoracic Aneurysm -Requiring Bypass Techniques	7	17,460
373	FP00500248		Isthmectomy	5	7,000
374	FP00500249		Laaproscopic Hernia Repair	3	13,000
375	FP00500250		Lap. Assisted left Hemicolectomy	5	17,000
376	FP00500251		Lap. Assisted Right Hemicolectomy	3	17,000
377	FP00500252		Lap. Assisted small bowel resection	3	14,000
378	FP00500253		Lap. Assisted Total Colectomy	5	19,500
379	FP00500254		Lap. Cholecystectomy & CBD exploration	5	15,000
380	FP00500255		Lap. For intestinal obstruction	5	14,000
381	FP00500256		Lap. Hepatic resection	5	17,300
382	FP00500257		Lap. Hydatid of liver surgery	5	15,200
383	FP00500258		Laproscopic Adhesiolysis	5	11,000
384	FP00500259		Laproscopic Adrenalectomy	5	12,000
385	FP00500260		Laproscopic Appenjdicectomy	3	9,500
386	FP00500261		Laproscopic Cholecystectomy	5	12,000
387	FP00500262		Laproscopic Coliatomus	5	17,000

388	FP00500263		Laproscopic cystogastrostomy	5	15,000
389	FP00500264		Laproscopic donor Nephroctomy	5	15,000
390	FP00500265		Laproscopic Gastrostomy	5	11,000
391	FP00500266		Laproscopic Gastrostomy	5	10,500
392	FP00500267		Laproscopic Hiatus Hernia Repair	5	17,000
393	FP00500268		Laproscopic Pyelolithotomy	5	15,000
394	FP00500269		Laproscopic Pyloromyotomy	5	12,500
395	FP00500270		Laproscopic Rectopexy	5	15,000
396	FP00500271		Laproscopic Spleenectomy	5	12,000
397	FP00500272		Laproscopic Thyroidectomy	5	12,000
398	FP00500273		Laproscopic umbilical hernia repair	5	14,000
399	FP00500274		Laproscopic ureterolithotomy	5	14,000
400	FP00500275		Laproscopic ventral hernia repair	5	14,000
401	FP00500276		Laprotomy-peritonitis lavage and drainage	7	7,000
402	FP00500277		Ligation of Ankle Perforators	3	10,500
403	FP00500278		Lymphatics Excision of Subcutaneous Tissues In Lymphoedema	3	8,000
404	FP00500279		Repai of Main Arteries of the Limbs	5	28,000
405	FP00500280		Mediastinal Tumour		23,000
406	FP00500281		Oesophagectomy for Carcinoma Easophagus	7	20,000
407	FP00500282		Operation for Bleeding Peptic Ulcer	5	14,000
408	FP00500283		Operation for Carcinoma Lip - Vermilionectomy	7	5,000
409	FP00500284		Operation for Carcinoma Lip - Wedge Excision and Vermilonectomy	7	5,500
410	FP00500285		Operation for Carcinoma Lip - Wedge-Excision	7	5,100
411	FP00500286		Operation for Gastrojejunal Ulcer	5	13,000
412	FP00500287		Operation of Choledochal Cyst	7	12,500
413	FP00500288		Operations for Acquired Arteriovenous Fistula	7	19,500
414	FP00500289		Operations for Replacement of Oesophagus by Colon	7	21,000
415	FP00500290		Operations for Stenosis of Renal Arteries	7	24,000
416	FP00500291		Parapharyngeal tumor - Excission	5	5,000
417	FP00500292		Parapharyngeal Tumour Excision	7	11,000
418	FP00500293		Partial Pericardectomy	8	14,500
419	FP00500294		Partial Thyroidectomy	7	9,000
420	FP00500295		Partial/Subtotal Gastrectomy for Carcinoma	7	15,500
421	FP00500296		Partial/Subtotal Gastrectomy for Ulcer	7	15,500
422	FP00500297		Patch Graft Angioplasty	8	17,000

423	FP00500298		Pericardiostomy	10	25,000
424	FP00500299		Peritoneal dialysis	1	1,500
425	FP00500300		Phimosis Under LA	D	1,000
426	FP00500301		Pneumonectomy	8	20,000
427	FP00500302		Portocaval Anastomosis	9	22,000
428	FP00500303		Removal of Foreign Body from Trachea or Oesophagus	1	2,500
429	FP00500304		Removal Tumours of Chest Wall	8	12,500
430	FP00500305		Renal Artery aneurysm and disection	8	28,000
431	FP00500306		Procedures Requiring Bypass Techniques	8	28,000
432	FP00500307		Resection Enucleation of Adenoma	7	7,500
433	FP00500308		Rib Resection & Drainage	5	7,500
434	FP00500309		Skin Flaps - Rotation Flaps	3	5,000
435	FP00500310		Soft Tissue Sarcoma	5	12,500
436	FP00500311		Splenectomy - For Hypersplenism	8	18,000
437	FP00500312		Splenectomy - For Trauma	8	18,000
438	FP00500313		Splenorenal Anastomosis	8	20,000
439	FP00500314		Superficial Veriscosity	3	2,500
440	FP00500315		Surgery for Arterial Aneursysm Carotid	8	15,000
441	FP00500316		Surgery for Arterial Aneursysm Renal Artery	6	15,000
442	FP00500317		Surgery for Arterial Aneursysm Spleen Artery	7	15,000
443	FP00500318		Surgery for Arterial Aneursysm -Vertebral	7	20,520
444	FP00500319		Suturing of wounds with local anesthesia	D	200
445	FP00500320		Suturing without local anesthesia	D	100
446	FP00500321		Sympathetectomy - Cervical	5	2,500
447	FP00500322		Sympathetectomy - Lumbar	5	11,500
448	FP00500323		Temporal Bone resection	5	11,500
449	FP00500324		Temporary Pacemaker Implantation	5	10,000
450	FP00500325		Thorachostomy	5	7,500
451	FP00500326		Thoracocentesis	5	1,200
452	FP00500327		Thoracoplasty	7	20,500
453	FP00500328		Thoracoscopic Decortication	7	19,500
454	FP00500329		Thoracoscopic Hydatid Cyst excision	7	16,500
455	FP00500330		Thoracoscopic Lebectomy	7	19,500
456	FP00500331		Thoracoscopic Pneumonectomy	7	22,500
457	FP00500332		Thoracoscopic Segmental Resection	7	18,500
458	FP00500333		Thoracoscopic Sympathectomy	7	16,500
459	FP00500334		Thrombendarterectomy	7	23,500
460	FP00500335		Thymectomy	7	17,500

461	FP00500336		Thorax (penetrating wounds)	7	10,000
462	FP00500337		Total Laryngectomy	7	17,500
463	FP00500338		Total Thyroidectomy (Cancer)	8	14,000
464	FP00500339		Total Thyroidectomy and Block Dissection	10	16,500
465	FP00500340		Trendelenburg Operation	5	10,500
466	FP00500341		Urtheral Dilatation	D	500
467	FP00500342		Vagotomy Pyleroplasty / Gastro Jejunostomy	6	11,000
468	FP00500343		Varicose veins - injection	D	500
469	FP00500344		Vasectomy	D	1,500
	6	**GYNAECOLOGY**			
470	FP00600001		Abdomonal open for stress incision	5	11,250
471	FP00600002	N75	Bartholin abscess I & D	D	1,875
472	FP00600003	N75	Bartholin cyst removal	D	1,875
473	FP00600004	N84	Cervical Polypectomy	1	3,000
474	FP00600005	N84	Cyst – Labial	D	1,750
475	FP00600006	D28	Cyst -Vaginal Enucleation	D	1,875
476	FP00600007	N83	Ovarian Cystectomy	1	7,000
477	FP00600008	N81	Cystocele - Anterior repair	2	10,000
478	FP00600009	N96	D&C (Dilatation & curretage)	D	2,500
479	FP00600010		Electro Cauterisation Cryo Surgery	D	2,500
480	FP00600011		Fractional Curretage	D	2,500
481	FP00600012		Gilliams Operation	2	6,000
482	FP00600013		Haemato Colpo/Excision - Vaginal Septum	D	3,000
483	FP00600014	N89	Hymenectomy & Repair of Hymen	D	5,000
484	FP00600015	C53	Hysterectomy - abdominal	5	10,000
485	FP00600016	C53	Hysterectomy - Vaginal	5	10,000
486	FP00600017	C53	Hysterectomy - Wertheims operation	5	12,500
487	FP00600018	D25	Hysterotomy -Tumors removal	5	12,500
488	FP00600019	D25	Myomectomy - Abdominal	5	10,500
489	FP00600020	D27	Ovarectomy/Oophrectomy	3	7,000
490	FP00600021	O70	Perineal Tear Repair	D	1,875
491	FP00600022	N81	Prolapse Uterus –L forts	5	11,250
492	FP00600023	N81	Prolapse Uterus - Manchester	5	11,250
493	FP00600024	N82	Retro Vaginal Fistula -Repair	3	12,250
494	FP00600025	C56	Salpingoophrectomy	3	7,500
495	FP00600026	N97	Tuboplasty	3	8,750
496	FP00600027	O70	Vaginal Tear -Repair	D	3,125

497	FP00600028	D28	Vulvectomy	2	8,000
498	FP00600029	D28	Vulvectomy - Radical	2	7,500
499	FP00600030	D28	Vulval Tumors - Removal	3	5,000
500	FP00600031		Normal Delivery	2	2,500
501	FP00600032		Casearean delivery	3	4,500
502	FP00600033		Caesarean Hysterectomy	4	12,000
503	FP00600034		Conventional Tubectomy	2	2,500
504	FP00600035		D&C (Dilatation & curetage) > 12 wks with prior IA approval	1	4,500
505	FP00600036		D&C (dilatation & Curretage) upto 12 wks	D	3,500
506	FP00600037		D&C (Dilatation & curretage)upto 8 wks	D	2,500
507	FP00600038		Destructive operation	5	5,000
508	FP00600039		Hysterectomy- Laproscopy	3	15,000
509	FP00600040		Insertion of IUD Device	D	500
510	FP00600041		Laproscopy Salpingoplasty/ ligation	D	7,500
511	FP00600042		Laprotomy -failed laproscopy to explore	5	8,500
512	FP00600043		Laprotomy for ectopic repture	5	8,500
513	FP00600044		Low Forceps	3	5,500
514	FP00600045		Low midcavity forceps	3	5,500
515	FP00600046		Lower Segment Caesarean Section	4	6,000
516	FP00600047		Manual removel of Plecenta	3	3,000
517	FP00600048		Nomal delivery with episiosty and P repair	3	4,500
518	FP00600049		Perforamtion of Uterus after D/E laprotomy and closure	5	14,000
519	FP00600050		Repair of post coital tear, perineal injury	1	2,500
520	FP00600051		Rupture Uterus , closer and repoar with tubal ligation	4	14,000
521	FP00600052		Salphingo-oophorectomy	4	9,000
522	FP00600053		Shirodhkar Mc. Donalds stich	5	2,500
	7	**ENDOSCOPIC PROCEDURES**			
523	FP00700001	N80	Ablation of Endometriotic Spot	D	5,000
524	FP00700002		Adhenolysis	D	17,000
525	FP00700003	K35	Appendictomy	2	11,000
526	FP00700004	K80	Cholecystectmy	3	10,000
527	FP00700005	K80	Cholecystectomy and Drainage of Liver abscess	3	14,200
528	FP00700006	K80	Cholecystectomy with Excision of TO Mass	4	15,000
529	FP00700007		Cyst Aspiration	D	1,750
530	FP00700008		Endometria to Endometria Anastomosis	3	7,000

531	FP00700009	N97	Fimbriolysis	2	5,000
532	FP00700010	C18	Hemicolectomy	4	17,000
533	FP00700011	C53	Hysterectomy with bilateral Salpingo Operectomy	3	12,250
534	FP00700012	K43	Incisional Hernia - Repair	2	12,250
535	FP00700013	K40	Inguinal Hernia - Bilateral	2	10,000
536	FP00700014	K40	Inguinal hernia - Unilateral	2	11,000
537	FP00700015	K56	Intestinal resection	3	13,500
538	FP00700016	D25	Myomectomy	2	10,500
539	FP00700017	D27	Oophrectomy	2	7,000
540	FP00700018	N83	Ovarian Cystectomy	D	7,000
541	FP00700019		Perotionities	5	9,000
542	FP00700020	C56	Salpingo Ophrectomy	3	9,000
543	FP00700021	N97	Salpingostomy	2	9,000
544	FP00700022	Q51	Uterine septum	D	7,500
545	FP00700023	I86	Varicocele - Bilateral	1	15,000
546	FP00700024	I86	Varicocele - Unilateral	1	11,000
547	FP00700025	N28	Repair of Ureterocele	3	10,000
548	FP00700026		Esophageal Sclerotheraphy for varies first sitting	D	1,400
549	FP00700027		Esophageal Sclerotheraphy for varies subseqent sitting	D	1,100
550	FP00700028		Upper GI endoscopy	D	900
551	FP00700029		Upper GI endoscopy with biopsy	D	1,200
	8	**HYSTERO-SCOPIC**			
552	FP00800001	N80	Ablation of Endometrium	D	5,000
553	FP00800002	N97	Hysteroscopic Tubal Cannulation	D	12,500
554	FP00800003	N84	Polypectomy	D	7,000
555	FP00800004	N85	Uterine Synechia - Cutting	D	7,500
	9	**NEURO-SURGERY**			
556	FP00900001	I67	Anneurysm	10	29,750
557	FP00900002	Q01	Anterior Encephalocele	10	28,750
558	FP00900003	I60	Burr hole	8	23,000
559	FP00900004	I65	Carotid Endartrectomy	10	18,750
560	FP00900005	G56	Carpal Tunnel Release	5	11,000
561	FP00900006	Q76	Cervical Ribs – Bilateral	7	13,000
562	FP00900007	Q76	Cervical Ribs - Unilateral	5	10,000

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563	FP00900008		Cranio Ventrical	9	14,000
564	FP00900009		Cranioplasty	7	10,000
565	FP00900010	Q75	Craniostenosis	7	20,000
566	FP00900011	S02	Cerebrospinal Fluid (CSF) Rhinorrohea	3	10,000
567	FP00900012		Duroplasty	5	9,000
568	FP00900013	S06	Haematoma - Brain (head injuries)	9	22,000
569	FP00900014		Haematoma - Brain (hypertensive)	9	22,000
570	FP00900015	S06	Haematoma (Child irritable subdural)	10	22,000
571	FP00900016	M48	Laminectomy with Fusion	6	16,250
572	FP00900017		Local Neurectomy	6	11,000
573	FP00900018	M51	Lumbar Disc	5	10,000
574	FP00900019	Q05	Meningocele - Anterior	10	30,000
575	FP00900020	Q05	Meningocele - Lumbar	8	22,500
576	FP00900021	Q01	Meningococle – Ocipital	10	30,000
577	FP00900022	M50	Microdiscectomy - Cervical	10	15,000
578	FP00900023	M51	Microdiscectomy - Lumber	10	15,000
579	FP00900024	M54	Neurolysis	7	15,000
580	FP00900025		Peripheral Nerve Surgery	7	12,000
581	FP00900026	I82	Posterior Fossa - Decompression	8	18,750
582	FP00900027		Repair & Transposition Nerve	3	6,500
583	FP00900028	S14	Brachial Plexus - Repair	7	18,750
584	FP00900029	Q05	Spina Bifida - Large - Repair	10	22,000
585	FP00900030	Q05	Spina Bifida - Small - Repair	10	18,000
586	FP00900031	G91	Shunt	7	12,000
587	FP00900032	S12	Skull Traction	5	8,000
588	FP00900033		Spine - Anterior Decompression	8	18,000
589	FP00900034	M54	Spine - Canal Stenosis	6	14,000
590	FP00900035	M54	Spine - Decompression & Fusion	6	17,000
591	FP00900036	M54	Spine - Disc Cervical/Lumber	6	15,000
592	FP00900037	C72	Spine – Extradural Tumour	7	14,000
593	FP00900038	C72	Spine - Intradural Tumour	7	14,000
594	FP00900039	C72	Spine - Intramedullar Tumour	7	15,000
595	FP00900040	P10	Subdural aspiration	3	8,000
596	FP00900041	G50	Temporal Rhizotomy	5	12,000
597	FP00900042		Trans Sphenoidal	6	15,000
598	FP00900043	C71	Tumours - Supratentorial	7	20,000
599	FP00900044	D32	Tumours Meninges - Gocussa	7	20,000
600	FP00900045	D32	Tumours Meninges - Posterior	7	20,000
601	FP00900046	K25	Vagotomy - Selective	5	15,000
602	FP00900047	C17	Vagotomy with Gastrojejunostomy	6	15,000

603	FP00900048	K25	Vagotomy with Pyeloroplasty	6	15,000
604	FP00900049	K25	Vagotomy – Highly Selective	5	15,000
605	FP00900050	G00	Ventricular Puncture	3	8,000
606	FP00900051		Brain Biopsy	5	12,500
607	FP00900052		Cranial Nerve Anastomosis	5	10,000
608	FP00900053		Depressed Fracture	7	16,500
609	FP00900054		Nerve Biopsy excluding Hensens	2	4,500
610	FP00900055		Peripheral Neurectomy (Tirgeminal)	5	10,500
611	FP00900056		Peritoneal Shunt	5	10,000
612	FP00900057		R.F. Lesion for Trigeminal Neuralgia -	5	5,000
613	FP00900058		Subdural Tapping	3	2,000
614	FP00900059		Twist Drill Craniostomy	3	10,500
	10	**OPHTHAL-MOLOGY**			
615	FP01000001	H00	Abscess Drainage of Lid	D	500
616	FP01000002	H40	Anterior Chamber Reconstruction	3	7,000
617	FP01000003	H33	Buckle Removal	2	9,375
618	FP01000004	H04	Canaliculo Dacryocysto Rhinostomy	1	7,000
619	FP01000005	H25	Capsulotomy	1	2,000
620	FP01000006	H25	Cataract – Bilateral	D	5,000
621	FP01000007	H25	Cataract – Unilateral	D	3,500
622	FP01000008	H25	Cataract + Pterygium	D	5000
623	FP01000009	H18	Corneal Grafting	D	4,000
624	FP01000010	H33	Cryoretinopexy - Closed	1	5,000
625	FP01000011	H33	Cryoretinopexy - Open	1	6,000
626	FP01000012	H40	Cyclocryotherapy	D	3,500
627	FP01000013	H04	Cyst	D	1,000
628	FP01000014	H04	Dacrocystectomy With Pterygium – Excision	D	6,500
629	FP01000015	H11	Pterigium + Conjunctival Autograft	D	3,500
630	FP01000016	H04	Dacryocystectomy	D	5,000
631	FP01000017	H46	Endoscopic Optic Nerve Decompression	D	8,000
632	FP01000018	E05	Endoscopic Optic Orbital Decompression	D	8,000
633	FP01000019	C69	Enucleation	1	2,000
634	FP01000020	C69	Enuleation with Implant	1	3,500
635	FP01000021	C69	Exentration	D	3,500
636	FP01000022	H02	Ectropion Correction	D	3,000
637	FP01000023	H40	Glaucoma surgery (trabeculectomy)	2	7,000
638	FP01000024	H44	Intraocular Foreign Body Removal	D	3,000

639	FP01000025	H18	Keratoplasty	1	8,000
640	FP01000026	H52	Lensectomy	D	7,500
641	FP01000027	H04	Limbal Dermoid Removal	D	2,500
642	FP01000028	H33	Membranectomy	D	6,000
643	FP01000029	S05	Perforating corneo - Scleral Injury	2	5,000
644	FP01000030	H11	Pterygium (Day care)	D	1,000
645	FP01000031	H02	Ptosis	D	2,000
646	FP01000032	H52	Radial Keratotomy	1	5,000
647	FP01000033	H21	IRIS Prolapse - Repair	2	5,000
648	FP01000034	H33	Retinal Detachment Surgery	2	10,000
649	FP01000035	D31	Small Tumour of Lid - Excision	D	500
650	FP01000036	D31	Socket Reconstruction	3	6,000
651	FP01000037	H40	Trabeculectomy - Right	D	7,500
652	FP01000038	H40	Iridectomy	D	1,800
653	FP01000039	D31	Tumours of IRIS	2	4,000
654	FP01000040	H33	Vitrectomy	2	4,500
655	FP01000041	H33	Vitrectomy + Retinal Detachment	3	20,000
656	FP01000042		Acid and alkali burns	D	500
657	FP01000043		Cataract with IOL by Phoco emulsification tech. unilateral	D	4,500
658	FP01000044		Cataract with IOL with Phoco emulsification Bilateral	D	7,000
659	FP01000045		Cauterisation of ulcer/subconjuctival injection - both eye	D	200
660	FP01000046		Cauterisation of ulcer/subconjuctival injection - One eye	D	100
661	FP01000047		Chalazion - both eye	D	600
662	FP01000048		Chalazion - one eye	D	500
663	FP01000049		Conjuntival Melanoma	D	1,000
664	FP01000050		Dacryocystectomy	D	5,000
665	FP01000051		Dacryocystectomy (DCY)	D	2,000
666	FP01000052		DCR (Dacryocystorhinostomy)	D	3,200
667	FP01000053		Decompression of Optic nerve	1	13,500
668	FP01000054		EKG/EOG	D	1,200
669	FP01000055		Entropion correction	D	1,000
670	FP01000056		Epicantuhus correction	D	2,000
671	FP01000057		Epiliation	D	250
672	FP01000058		ERG	D	750
673	FP01000059		Eviseration	1	2,700
674	FP01000060		Laser for retinopathy	D	1,200
675	FP01000061		Laser inter ferometry	D	1,500

676	FP01000062		Lid tear	D	1,500
677	FP01000063		Orbitotomy	1	6,000
678	FP01000064		Squint correction	2	5,000
679	FP01000065		Trabeculectomy	D	5,500
	11	**ORTHOPAEDIC**			
680	FP01100001	S42	Acromion reconstruction	10	20,000
681	FP01100002	Q79	Accessory bone - Excision	3	12,000
682	FP01100003	S48	Ampuation - Upper Fore Arm	5	15,000
683	FP01100004	S68	Amputation - Index Fingure	1	1,000
684	FP01100005	S58	Amputation - Forearm	5	18,000
685	FP01100006		Amputation - Wrist Axillary Node Dissection	4	12,000
686	FP01100007		Amputation - 2nd and 3rd Toe	1	2,000
687	FP01100008		Amputation - 2nd Toe	1	1,000
688	FP01100009		Amputation - 3rd and 4th Toes	1	2,000
689	FP01100010		Amputation - 4th and 5th Toes	1	2,000
690	FP01100011		Amputation - Ankle	5	12,000
691	FP01100012		Amputation - Arm	6	18,000
692	FP01100013	M20	Amputation - Digits	1	3,500
693	FP01100014		Amputation - Fifth Toe	1	1,000
694	FP01100015	S98	Amputation - Foot	5	18,000
695	FP01100016		Amputation - Forefoot	5	15,000
696	FP01100017		Amputation - Great Toe	1	1,000
697	FP01100018	S68	Amputation - Wrist	5	12,000
698	FP01100019	S88	Amputation - Leg	7	20,000
699	FP01100020		Amputation - Part of Toe and Fixation of K Wire	5	12,000
700	FP01100021	S78	Amputation - Thigh	7	18,000
701	FP01100022	M41	Anterior & Posterior Spine Fixation	6	25,000
702	FP01100023		Arthoplasty – Excision	3	8,000
703	FP01100024		Arthorotomy	7	15,000
704	FP01100025	Q66	Arthrodesis Ankle Triple	7	16,000
705	FP01100026		Arthrotomy + Synevectomy	3	15,000
706	FP01100027	Q65	Arthroplasty of Femur head - Excision	7	18,000
707	FP01100028	S82	Bimalleolar Fracture Fixation	6	12,000
708	FP01100029		Bone Tumour and Reconstruction -Major - Excision	6	13,000
709	FP01100030		Bone Tumour and Reconstruction - Minor - Excision	4	10,000
710	FP01100031	M77	Calcaneal Spur - Excision of Both	3	9,000

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711	FP01100032	S42	Clavicle Surgery	5	15,000
712	FP01100033	S62	Close Fixation - Hand Bones	3	7,000
713	FP01100034	S92	Close Fixation - Foot Bones	2	6,500
714	FP01100035		Close Reduction - Small Joints	1	3,500
715	FP01100036		Closed Interlock Nailing + Bone Grafting	2	12,000
716	FP01100037		Closed Interlocking Intermedullary	2	12,000
717	FP01100038	S82	Closed Interlocking Tibia + Orif of Fracture Fixation	3	12,000
718	FP01100039		Closed Reduction and Internal Fixation	3	12,000
719	FP01100040		Closed Reduction and Internal Fixation with K wire	3	12,000
720	FP01100041		Closed Reduction and Percutaneous Screw Fixation	3	12,000
721	FP01100042		Closed Reduction and Percuteneous Pinning	3	12,000
722	FP01100043		Closed Reduction and Percutaneous Nailing	3	12,000
723	FP01100044		Closed Reduction and Proceed to Posterior Stabilization	5	16,000
724	FP01100045		Debridement & Closure - Major	3	5,000
725	FP01100046		Debridement & Closure - Minor	1	3,000
726	FP01100047	M48	Decompression and Spinal Fixation	5	20,000
727	FP01100048	M48	Decompression and Stabilization with Steffiplate	6	20,000
728	FP01100049	M43	Decompression L5 S1 Fusion with Posterior Stabilization	6	20,000
729	FP01100050	G56	Decompression of Carpal Tunnel Syndrome	2	4,500
730	FP01100051	M51	Decompression Posteier D12+L1	5	18,000
731	FP01100052	M51	Decompression Stabilization and Laminectomy	5	16,000
732	FP01100053	S53	Dislocation - Elbow	D	1,000
733	FP01100054	S43	Dislocation - Shoulder	D	1,000
734	FP01100055	S73	Dislocation- Hip	1	1,000
735	FP01100056	S83	Dislocation - Knee	1	1,000
736	FP01100057		Drainage of Abscess Cold	D	1,250
737	FP01100058	M72	Dupuytren Contracture	6	12,000
738	FP01100059	M89	Epiphyseal Stimulation	3	10,000
739	FP01100060	M89	Exostosis - Small bones -Excision	2	5,500
740	FP01100061	M89	Exostosis - Femur - Excision	7	15,000
741	FP01100062	M89	Exostosis - Humerus - Excision	7	15,000
742	FP01100063	M89	Exostosis - Radius - Excision	6	12,000
743	FP01100064	M89	Exostosis - Ulna - Excision	6	12,000
744	FP01100065	M89	Exostosis - Tibia- Excision	6	12,000

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745	FP01100066	M89	Exostosis - Fibula - Excision	6	12,000
746	FP01100067	M89	Exostosis - Patella - Excision	6	12,000
747	FP01100068		Exploration and Ulnar Repair	5	9,500
748	FP01100069	S72	External fixation - Long bone	4	13,000
749	FP01100070		External fixation - Small bone	2	11,500
750	FP01100071	S32	External fixation - Pelvis	5	15,000
751	FP01100072	M62	Fasciotomy	2	12,000
752	FP01100073		Fixater with Joint Arthrolysis	9	18,000
753	FP01100074	S32	Fracture - Acetabulam	9	18,000
754	FP01100075	S72	Fracture - Femoral neck - MUA & Internal Fixation	7	18,000
755	FP01100076	S72	Fracture - Femoral Neck Open Reduction & Nailing	7	15,000
756	FP01100077	S82	Fracture - Fibula Internal Fixation	7	15,000
757	FP01100078	S72	Fracture - Hip Internal Fixation	7	15,000
758	FP01100079	S42	Fracture - Humerus Internal Fixation	2	13,000
759	FP01100080	S52	Fracture - Olecranon of Ulna	2	9,500
760	FP01100081	S52	Fracture - Radius Internal Fixation	2	9,500
761	FP01100082	S82	Fracture - TIBIA Internal Fixation	4	10,500
762	FP01100083	S82	Fracture - Fibula Internal Fixation	4	10,500
763	FP01100084	S52	Fracture - Ulna Internal Fixation	4	9,500
764	FP01100085		Fractured Fragment Excision	2	7,500
765	FP01100086	M16	Girdle Stone Arthroplasty	7	15,000
766	FP01100087	M41	Harrington Instrumentation	5	15,000
767	FP01100088	S52	Head Radius - Excision	3	15,000
768	FP01100089	M17	High Tibial Osteotomy	5	15,000
769	FP01100090		Hip Region Surgery	7	18,000
770	FP01100091	S72	Hip Spica	D	4,000
771	FP01100092	S42	Internal Fixation Lateral Epicondyle	4	9,000
772	FP01100093		Internal Fixation of other Small Bone	3	7,000
773	FP01100094		Joint Reconstruction	10	22,000
774	FP01100095	M48	Laminectomy	9	18,000
775	FP01100096	M89	Leg Lengthening	8	15,000
776	FP01100097	S72	Llizarov Fixation	6	15,000
777	FP01100098	M66	Multiple Tendon Repair	5	12,500
778	FP01100099		Nerve Repair Surgery	6	14,000
779	FP01100100		Nerve Transplant/Release	5	13,500
780	FP01100101		Neurolysis	7	18,000
781	FP01100102		Open Reduction Internal Fixation (2 Small Bone)	5	12,000

782	FP01100103		Open Reduction Internal Fixation (Large Bone)	6	16,000
783	FP01100104	Q65	Open Reduction of CDH	7	17,000
784	FP01100105		Open Reduction of Small Joint	1	7,500
785	FP01100106		Open Reduction with Phemister Grafting	3	10,000
786	FP01100107		Osteotomy -Small Bone	6	18,000
787	FP01100108		Osteotomy -Long Bone	8	21,000
788	FP01100109	M17	Patellectomy	7	15,000
789	FP01100110	S32	Pelvic Fracture - Fixation	8	17,000
790	FP01100111	M16	Pelvic Osteotomy	10	22,000
791	FP01100112		Percutaneous - Fixation of Fracture	6	10,000
792	FP01100113	M70	Prepatellar Bursa and Repair of MCL of Knee	7	15,500
793	FP01100114	S83	Reconstruction of ACL/PCL	7	19,000
794	FP01100115	M76	Retrocalcaneal Bursa - Excision	4	10,000
795	FP01100116	M86	Sequestrectomy of Long Bones	7	18,000
796	FP01100117	M75	Shoulder Jacket	D	5,000
797	FP01100118		Sinus Over Sacrum Excision	2	7,500
798	FP01100119		Skin Grafting	2	7,500
799	FP01100120	M43	Spinal Fusion	10	22,000
800	FP01100121	M05	Synovectomy	7	18,000
801	FP01100122	M71	Synovial Cyst - Excision	1	7,500
802	FP01100123	Q66	Tendo Achilles Tenotomy	1	5,000
803	FP01100124		Tendon Grafting	3	18,000
804	FP01100125	S86	Tendon Nerve Surgery of Foot	1	2,000
805	FP01100126	G56	Tendon Release	1	2,500
806	FP01100127	M67	Tenolysis	2	8,000
807	FP01100128	M67	Tenotomy	2	8,000
808	FP01100129	S82	Tension Band Wiring Patella	5	12,500
809	FP01100130	M65	Trigger Thumb	D	2,500
810	FP01100131		Wound Debridiment	D	1,000
811	FP01100132		Application of Functional Cast Brace	D	1,200
812	FP01100133		Application of P.O.P. casts for Upper & Lower Limbs	D	850
813	FP01100134		Application of P.O.P. Spicas & Jackets	D	2,450
814	FP01100135		Application of Skeletal Tractions	D	1,500
815	FP01100136		Application of Skin Traction	D	800
816	FP01100137		Arthroplasty (joints) - Excision	3	13,000
817	FP01100138		Aspiration & Intra Articular Injections	D	500
818	FP01100139		Bandage & Stapping for Fractures	D	400

819	FP01100140		Close Reduction of Fractures of Limb & P.O.P.	D	2,000
820	FP01100141		Internal Wire Fixation of Mandible & Maxilla		9,500
821	FP01100142		Reduction of Compound Fractures	1	2,000
822	FP01100143		Reduction of Facial Fractures of Maxilla	1	8,500
823	FP01100144		Reduction of Fractures of Mandible & Maxilla - Cast Netal Splints	2	5,500
824	FP01100145		Reduction of Fractures of Mandible & Maxilla - Eye Let Splinting	2	5,500
825	FP01100146		Reduction of Fractures of Mandible & Maxilla - Gumming Splints	2	5,500
	12	**PAEDIATRIC**			
826	FP01200001	Q79	Abdomino Perioneal (Exomphalos)	5	13,000
827	FP01200002	Q42	Anal Dilatation	3	5,000
828	FP01200003	Q43	Anal Transposition for Ectopic Anus	7	17,000
829	FP01200004	Q54	Chordee Correction	5	10,000
830	FP01200005	Q43	Closure Colostomy	7	12,500
831	FP01200006	Q43	Colectomy	5	12,000
832	FP01200007	Q39	Colon Transplant	3	18,000
833	FP01200008	N21	Cystolithotomy	3	7,500
834	FP01200009	Q39	Esophageal Atresia (Fistula)	3	18,000
835	FP01200010	R62	Gastrostomy	5	15,000
836	FP01200011	Q79	Hernia - Diaphragmatic	3	10,000
837	FP01200012	K43	Hernia - Epigastric	3	7,000
838	FP01200013	K42	Hernia - Umbilical	3	7,000
839	FP01200014	K40	Hernia-Inguinal - Bilateral	3	10,000
840	FP01200015	K40	Hernia-Inguinal -Unilateral	3	7,000
841	FP01200016	Q43	Meckel's Diverticulectomy	3	12,250
842	FP01200017	Q74	Meniscectomy	3	6,000
843	FP01200018	N20	Nephrolithotomy	3	10,000
844	FP01200019	Q53	Orchidopexy - Bilateral	2	7,500
845	FP01200020	Q53	Orchidopexy - Unilateral)	2	5,000
846	FP01200021	N20	Pyelolithotomy	5	10,000
847	FP01200022	Q62	Pyeloplasty	5	15,000
848	FP01200023	Q40	Pyloric Stenosis (Ramsted OP)	3	10,000
849	FP01200024	K62	Rectal Polyp	2	3,750
850	FP01200025		Resection & Anastamosis of Intestine	7	14,000
851	FP01200026	N21	Supra Pubic Drainage - Open	2	4,000
852	FP01200027	N44	Torsion Testis	5	10,000
853	FP01200028	Q39	Tracheo Esophageal Fistula	5	18,750

854	FP01200029	Q62	Ureterotomy	5	10,000
855	FP01200030	N35	Urethroplasty	5	15,000
856	FP01200031	Q62	Vesicostomy	5	12,000
	13	**ENDOCRINE**			
857	FP01300001	D35	Adenoma Parathyroid - Excision	3	15,000
858	FP01300002	D35	Adrenal Gland Tumour - Excision	5	11,250
859	FP01300003	D36	Axillary lymphnode - Excision	3	13,000
860	FP01300004	D11	Parotid Tumour - Excision	3	9,000
861	FP01300005	C25	Pancreatectomy	7	17,000
862	FP01300006	K80	Sphineterotomy (sphincterotomy ?)	5	13,000
863	FP01300007	D34	Thyroid Adenoma Resection Enucleation	5	15,000
864	FP01300008	E05	Thyroidectomy - Hemi	3	9,000
865	FP01300009	E05	Thyroidectomy - Partial	3	10,000
866	FP01300010	C73	Thyroidectomy - Total	5	16,000
867	FP01300011	C73	Total thyroidectomy & block dissection	5	17,000
868	FP01300012	C73	Totol Thyroidectomy + Reconstruction	5	15,000
869	FP01300013		Trendal Burge Ligation and Stripping	3	9,000
870	FP01300014		Post Fossa		12,000
	14	**UROLOGY**			
871	FP01400001	N21	Bladder Calculi- Removal	2	7,000
872	FP01400002	C67	Bladder Tumour (Fulgration)	2	2,000
873	FP01400003	Q64	Correction of Extrophy of Bladder	2	1,500
874	FP01400004	N21	Cystilithotomy	2	6,000
875	FP01400005	K86	Cysto Gastrostomy	4	10,000
876	FP01400006	K86	Cysto Jejunostomy	4	10,000
877	FP01400007	N20	Dormia Extraction of Calculus	1	5,000
878	FP01400008	N15	Drainage of Perinepheric Abscess	1	7,500
879	FP01400009	N21	Cystolithopexy	2	7,500
880	FP01400010	N36	Excision of Urethral Carbuncle	1	5,000
881	FP01400011		Exploration of Epididymus (Unsuccesful Vasco vasectomy)	2	7,500
882	FP01400012	Q64	Urachal Cyst	1	4,000
883	FP01400013	Q54	Hydrospadius	2	9,000
884	FP01400014	N35	Internal Urethrotomy	3	7,000
885	FP01400015	N20	Litholapexy	2	7,500
886	FP01400016	N20	Lithotripsy	2	11,000
887	FP01400017	N36	Meatoplasty	1	2,500
888	FP01400018	N36	Meatotomy	1	1,500

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889	FP01400019		Neoblastoma	3	15,000
890	FP01400020	Q61	Nephrectomy	4	10,000
891	FP01400021	C64	Nephrectomy (Renal tumour)	4	15,000
892	FP01400022	C64	Nephro Uretrectomy	4	10,000
893	FP01400023	N20	Nephrolithotomy	3	15,000
894	FP01400024	N28	Nephropexy	2	9,000
895	FP01400025	N13	Nephrostomy	2	10,500
896	FP01400026	C64	Nephrourethrotomy (is it Nephrourethrectomy ?)	3	11,000
897	FP01400027	C67	Open Resection of Bladder Neck	2	7,500
898	FP01400028	N28	Operation for Cyst of Kidney	3	9,625
899	FP01400029	N28	Operation for Double Ureter	3	15,750
900	FP01400030	Q62	Fturp	3	12,250
901	FP01400031	S37	Operation for Injury of Bladder	3	12,250
902	FP01400032	C67	Partial Cystectomy	3	16,500
903	FP01400033	C64	Partial Nephrectomy	3	13,000
904	FP01400034	N20	PCNL (Percutaneous nephro lithotomy) - Biilateral	3	18,000
905	FP01400035	N20	PCNL (Percutaneous nephro lithotomy) - Unilateral	3	14,000
906	FP01400036	Q64	Post Urethral Valve	1	9,000
907	FP01400037	N20	Pyelolithotomy	3	13,500
908	FP01400038	N13	Pyeloplasty & Similar Procedures	3	12,500
909	FP01400039	C64	Radical Nephrectomy	3	13,000
910	FP01400040	N47	Reduction of Paraphimosis	D	1,500
911	FP01400041	N36	Reimplanation of Urethra	5	17,000
912	FP01400042	N32	Reimplantation of Bladder	5	17,000
913	FP01400043	N13	Reimplantation of Ureter	5	17,000
914	FP01400044	N82	Repair of Uretero Vaginal Fistula	2	12,000
915	FP01400045	N28	Repair of Ureterocele	3	10,000
916	FP01400046	N13	Retroperitoneal Fibrosis - Renal	5	26,250
917	FP01400047	C61	Retropubic Prostatectomy	4	15,000
918	FP01400048	K76	Spleno Renal Anastomosis	5	13,000
919	FP01400049	N35	Stricture Urethra	1	7,500
920	FP01400050	N40	Suprapubic Cystostomy - Open	2	3,500
921	FP01400051	N40	Suprapubic Drainage - Closed	2	3,500
922	FP01400052	N44	Torsion testis	1	3,500
923	FP01400053	N40	Trans Vesical Prostatectomy	2	15,750
924	FP01400054	N40	Transurethral Fulguration	2	4,000
925	FP01400055	D30	TURBT (Transurethral Resection of the Bladder Tumor)	3	15,000

926	FP01400056	N40	TURP + Circumcision	3	15,000
927	FP01400057	N41	TURP + Closure of Urinary Fistula	3	13,000
928	FP01400058	N40	TURP + Cystolithopexy	3	18,000
929	FP01400059	N40	TURP + Cystolithotomy	3	18,000
930	FP01400060	K60	TURP + Fistulectomy	3	15,000
931	FP01400061	N40	TURP + Cystoscopic Removal of Stone	3	12,000
932	FP01400062	C64	TURP + Nephrectomy	3	25,000
933	FP01400063	C61	TURP + Orchidectomy	3	18,000
934	FP01400064	N40	TURP + Suprapubic Cystolithotomy	3	15,000
935	FP01400065	C61	TURP + TURBT	3	15,000
936	FP01400066	N40	TURP + URS	3	14,000
937	FP01400067	N40	TURP + Vesicolithotripsy	3	15,000
938	FP01400068	N40	TURP + VIU (visual internal urethrotomy)	3	12,000
939	FP01400069	I84	TURP + Haemorrhoidectomy	3	15,000
940	FP01400070	N40	TURP + Hydrocele	3	18,000
941	FP01400071	N40	TURP + Hernioplasty	3	15,000
942	FP01400072	N40	TURP with Repair of Urethra	3	12,000
943	FP01400073		TURP + Herniorraphy	3	17,000
944	FP01400074	N40	TURP (Trans-Urethral Resection of Bladder)Prostate	3	14,250
945	FP01400075	K60	TURP + Fissurectomy	3	15,000
946	FP01400076	N40	TURP + Urethrolithotomy	3	15,000
947	FP01400077	N40	TURP + Urethral dilatation	3	15,000
948	FP01400078	N82	Uretero Colic Anastomosis	3	8,000
949	FP01400079	N20	Ureterolithotomy	3	10,000
950	FP01400080	N20	Ureteroscopic Calculi - Bilateral	2	18,000
951	FP01400081	N20	Ureteroscopic Calculi - Unilateral	2	12,000
952	FP01400082	N35	Ureteroscopy Urethroplasty	3	17,000
953	FP01400083	N20	Ureteroscopy PCNL	3	17,000
954	FP01400084	N20	Ureteroscopic stone Removal And DJ Stenting	3	9,000
955	FP01400085	N35	Urethral Dilatation	1	2,250
956	FP01400086		Urethral Injury	2	10,000
957	FP01400087	N81	Urethral Reconstuction	3	10,000
958	FP01400088	C53	Ureteric Catheterization - Cystoscopy	1	3,000
959	FP01400089	C67	Uretrostomy (Cutanie)	3	10,000
960	FP01400090	N20	URS + Stone Removal	3	9,000
961	FP01400091	N20	URS Extraction of Stone Ureter – Bilateral	3	15,000
962	FP01400092	N20	URS Extraction of Stone Ureter – Unilateral	3	10,500
963	FP01400093	N20	URS with DJ Stenting With ESWL	3	15,000

964	FP01400094		URS with Endolitholopexy	2	9,000
965	FP01400095	N20	URS with Lithotripsy	3	9,000
966	FP01400096	N20	URS with Lithotripsy with DJ Stenting	3	10,000
967	FP01400097	N21	URS+Cysto+Lithotomy	3	9,000
968	FP01400098	N82	V V F Repair	3	15,000
969	FP01400099	Q54	Hypospadias Repair and Orchiopexy	5	16,250
970	FP01400100	N13	Vesico uretero Reflux - Bilateral	3	13,000
971	FP01400101	N13	Vesico Uretero Reflux - Unilateral	3	8,750
972	FP01400102	N21	Vesicolithotomy	3	7,000
973	FP01400103	N35	VIU (Visual Internal Urethrotomy)	3	7,500
974	FP01400104	N21	VIU + Cystolithopexy	3	12,000
975	FP01400105	N43	VIU + Hydrocelectomy	2	15,000
976	FP01400106	N35	VIU and Meatoplasty	2	9,000
977	FP01400107	N35	VIU for Stricture Urethra	2	7,500
978	FP01400108	N35	VIU with Cystoscopy	2	7,500
979	FP01400109	N32	Y V Plasty of Bladder Neck	5	9,500
980	FP01400110		Drainage of Psoas Abscess	1	2,500
981	FP01400111		Operation for ectopic ureter	3	9,000
982	FP01400112		Repair of ureterocele - open	2	7,000
983	FP01400113		TURP + Cystolithotripsy	3	12,000
984	FP01400114		TURP with removal of the verical calculi	3	12,000
985	FP01400115		TURP with vesicolithotomy	3	12,000
986	FP01400116		Ureteroscopic removal of lower ureteric	2	9,000
987	FP01400117		Ureteroscopic removal of ureteric calculi	2	7,500
988	FP01400118		Varicocele	1	3,500
989	FP01400119		VIU + TURP	2	12,000
	15	**ONCOLOGY**			
990	FP01500001		Adenoma Excision	7	10,000
991	FP01500002	C74	Adrenalectomy - Bilateral	7	19,000
992	FP01500003	C74	Adrenalectomy - Unilateral	7	12,500
993	FP01500004	C00	Carcinoma lip - Wedge excision	5	7,000
994	FP01500005	C00-C97	Chemotherapy - Per sitting	D	1,000
995	FP01500006	D44	Excision Cartoid Body tumour	5	13,000
996	FP01500007	C56	Malignant ovarian	5	15,000
997	FP01500008		Operation for Neoblastoma	5	10,000
998	FP01500009	C16	Partial Subtotal Gastrectomy & Ulcer	7	15,000
999	FP01500010		Radiotherapy - Per sitting	D	1,500
1000	FP01500011		Chemotherapy - per siting plus cost of injections subject to approval for Insurance	D	5,000

			administrator		
	16	**Other commonly used procedures**			
			Burn Dressing		
1001	FP01600001		Upto 30% burns first dressing	D	150
1002	FP01600002		Upto 30% burns subsequent dressing	D	100
1003	FP01600003		Snake bite	7	10,500
	17	**Neo Natal Care**			
1004	FP01700001		**Basic Package for Neo Natal Care** (Package for Babies admitted for short term care for conditions like: Transient tachypnoea of newborn, Mild birth asphyxia, Jaundice requiring phototherapy, Hemorrhagic disease of newborn, Large for date babies (>4000 gm) for observational care)	less than 3 days	3,000
1005	FP01700002		**Specialised Package for Neo Natal Care** (Package for Babies admitted with mild-moderate respiratory distress, Infections/sepsis with no major complications, Prolonged/persistent jaundice, Assisted feeding for low birth weight babies (<1800 gms), Neonatal seizures)	betwe en 3 to 8 days	5,500
1006	FP01700003		**Advanced Package for Neo Natal Care** (Low birth weight babies <1500 gm and all babies admitted with complications like Meningitis, Severe respiratory distress, Shock, Coma, Convulsions or Encephalopathy, Jaundice requiring exchange transfusion, NEC)	more than 8 days	12,000
	99	**Combined Packages**			
1007	FP09900001		Accessory bone - Excision + Acromion reconstruction		22,000
1008	FP09900002		Anorectoplasty + Appendicectomy		17,000
1009	FP09900003		Adeno tonsillectomy + Aural polypectomy		13,000
1010	FP09900004		Adhenolysis + Appendicectomy		20,000

1011	FP09900005		Clavicle Surgery + Closed reduction and internal fixation with K wire		21,000
1012	FP09900006		Bartholin abscess I & D + Cyst -Vaginal Enucleation		2,700
1013	FP09900007		Adhenolysis + Cystocele - Anterior repair		22,000
1014	FP09900008		Ablation of Endometrium + D&C (Dilatation & curretage)		6,000
1015	FP09900009		Haemorroidectomy + Fistulectomy		12,000
1016	FP09900010		Fracture - Humerus Internal Fixation + Fracture - Olecranon of Ulna		17,000
1017	FP09900011		Fracture - Fibula Internal Fixation + Fracture - TIBIA Internal Fixation		20,000
1018	FP09900012		Fracture - Radius Internal Fixation + Fracture - Ulna Internal Fixation		13,000
1019	FP09900013		Head radius - Excision + Fracture - Ulna Internal Fixation		19,000
1020	FP09900014		Septoplasty + Functional Endoscopic Sinus (FESS)		13,500
1021	FP09900015		Ablation of Endometrium + Hysterectomy - abdominal		12,500
1022	FP09900016		Oophrectomy + Hysterectomy - abdominal		13,000
1023	FP09900017		Ovarian Cystectomy + Hysterectomy - abdominal		13,000
1024	FP09900018		Salpingoophrectomy + Hysterectomy – abdominal		13,500
1025	FP09900019		Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair		15,000
1026	FP09900020		Hysterectomy (Abdominal and Vaginal) + Perineal Tear Repair		11,000
1027	FP09900021		Hysterectomy (Abdominal and Vaginal) + Salpingoophrectomy		13,750
1028	FP09900022		Cystocele - Anterior Repair + Perineal Tear Repair		11,500
1029	FP09900023		Cystocele - Anterior Repair + Salpingoophrectomy		15,000
1030	FP09900024		Perineal Tear Repair + Salpingoophrectomy		6,000
1031	FP09900025		Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Perineal Tear Repair		16,000
1032	FP09900026		Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Salpingoophrectomy		18,000
1033	FP09900027		Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Perineal Tear Repair + Salpingoophrectomy		19,500

1034	FP09900028		Cystocele - Anterior Repair + Perineal Tear Repair + Salpingoophrectomy		13,500
	999	**Unspecified Package**			
1035	FP99900000		For All the Unspecified packages in case of surgical interventions		
	18	**MEDICAL (General Ward)**			
1036	FP01800001	A15	Respiratory tuberculosis, bacteriologically and histologically confirmed		
1037	FP01800002	B15	Acute hepatitis A		
1038	FP01800003	B16	Acute hepatitis B		
1039	FP01800004	B17	Other acute viral hepatitis		
1040	FP01800005	B18	Chronic viral hepatitis		
1041	FP01800006	B19	Unspecified viral hepatitis		
1042	FP01800007	A09	Diarrhoea and gastroenteritis of presumed infectious origin		
1043	FP01800008	A08	Viral and other specified intestinal infections		
1044	FP01800009	A04	Other bacterial intestinal infections		
1045	FP01800010	A05	Other bacterial foodborne intoxications, not elsewhere classified		
1046	FP01800011	A90	Dengue fever [classical dengue		
1047	FP01800012	A91	Dengue haemorrhagic fever		
1048	FP01800013	B50	Plasmodium falciparum malaria		
1049	FP01800014	B51	Plasmodium vivax malaria		
1050	FP01800015	B52	Plasmodium malariae malaria		
1051	FP01800016	B53	Other parasitologically confirmed malaria		
1052	FP01800017	B54	Unspecified malaria		
1053	FP01800018	A01	Typhoid and paratyphoid fevers		
1054	FP01800019	I10	Essential (primary) hypertension		
1055	FP01800020	J45	Asthma		
1056	FP01800021	J12	Viral pneumonia, not elsewhere classified		
1057	FP01800022	J13	Pneumonia due to Streptococcus pneumoniae		
1058	FP01800023	J14	Pneumonia due to Haemophilus influenzae		
1059	FP01800024	J15	Bacterial pneumonia, not elsewhere classified		
1060	FP01800025	J16	Pneumonia due to other infectious organisms, not elsewhere classified		
1061	FP01800026	J17*	Pneumonia in diseases classified elsewhere		

1062	FP01800027	J18	Pneumonia, organism unspecified		
1063	FP01800028	O13	Gestational [pregnancy-induced] hypertension without significant proteinuria		
1064	FP01800029	O14	Gestational [pregnancy-induced] hypertension with significant proteinuria		
1065	FP01800030	O14	Pneumothorax		
1066	FP01800031	A09	Diarrhoea and gastroenteritis of presumed infectious origin		
1067	FP01800032	I60	Subarachnoid haemorrhage		
1068	FP01800033	I61	Intracerebral haemorrhage		
1069	FP01800034	I62	Other nontraumatic intracranial haemorrhage		
1070	FP01800035	I63	Cerebral infarction		
1071	FP01800036	I64	Stroke, not specified as haemorrhage or infarction		
1072	FP01800037	J40	Bronchitis, not specified as acute or chronic		
1073	FP01800038	J41	Simple and mucopurulent chronic bronchitis		
1074	FP01800039	J42	Unspecified chronic bronchitis		
1075	FP01800040	J43	Emphysema		
1076	FP01800041	J44	Other chronic obstructive pulmonary disease		
1077	FP01800042	N10	Acute tubulo-interstitial nephritis		
1078	FP01800043	N17	Acute renal failure		
1079	FP01800044	P58	Neonatal jaundice due to other excessive haemolysis		
1080	FP01800045	P59	Neonatal jaundice from other and unspecified causes		
1081	FP01800046	I33	Acute and subacute endocarditis		
1082	FP01800047	A87	Viral meningitis		
1083	FP01800048	A06	Amoebiasis		
1084	FP01800049	E10	Insulin-dependent diabetes mellitus		
1085	FP01800050	E11	Non-insulin-dependent diabetes mellitus		
1086	FP01800051	E12	Malnutrition-related diabetes mellitus		
1087	FP01800052	E13	Other specified diabetes mellitus		
1088	FP01800053	E14	Unspecified diabetes mellitus		
1089	VP01800999		General Ward- Unspecified	per day	500
1090	VP01801000		General Ward- ICU	per day	1000

More common interventions/procedures can be added by the insurer under specific system columns.

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Appendix 4

GUIDELINES FOR SMART CARD

1. Introduction:

These guidelines provide in brief the technical specifications of the smart card, devices & infrastructure to be used under RSBY. The standardization is intended to serve as a reference, providing state government agencies with guidance for implementing an interoperable smart card based cashless health insurance programme.
While the services are envisaged by various agencies, the ownership of the project and thereby that of complete data – whether captured or generated as well as that of smart cards lies with the Government of India, Ministry of Labour and Employment.
In creating a common health insurance card across India, the goals of the smart health insurance card program are to:

- Allow verifiable & non repuditable identification of the health insurance beneficiary at point of transaction.
- Validation of available insurance cover at point of transaction without any documents
- Support multi vendor scenario for the scheme
- Allow usage of the health insurance card across states and insurance providers

This document pertains to the stakeholders, tasks and specifications related to the Smart Card system only. It does not cover any aspect of other parts of the scheme. The stakeholders need to determine any other requirements for completion of the specified tasks on their own even if they may not be defined in this document.

2. Enrollment station

2.1. Components

Though three separate kinds of stations have been mentioned below, it is possible to club all these functionalities into a single workstation or have a combination of workstations perform these functionalities (2 or more enrollment stations, 1 printing station and 1 issuance station). The number of stations will be purely dependent on the load expected at the location.
The minimum requirements from each station are mentioned below
The team should carry additional power back up in the event that electricity is not available for some time at site.

2.1.1. Common components

2.1.1.1. Windows XP (all service packs) or above

2.1.1.2. open source database

2.1.1.3. Certified enrollment, personalisation & issuance software

2.1.1.4. Data backup facility

2.1.2. Enrollment station components

2.1.2.1. Computer with power backup for at least 8 hours

2.1.2.2. 1 biometric scanner for fingerprint capture as per specification below

2.1.2.3. 1 VGA camera for photograph capture

2.1.3. Personalisation station components

2.1.3.1. Computer with power backup for at least 8 hours

2.1.3.2. 2 PCSC compliant smart card readers (for FKO card & split card)

2.1.3.3. Smart card printer with smart card encoder

2.1.4. Issuance station components

2.1.4.1. Computer with power backup for at least 8 hours

2.1.4.2. 2 PCSC compliant smart card readers (1 for FKO card, 1 for Beneficiary card,)

2.1.4.3. 1 Fingerprint scanner as per specifications below (for verification of FKO & beneficiary)

2.2. Specifications for hardware

2.2.1. Computer

2.2.1.1. Capable of supporting all devices as mentioned above

2.2.2. Fingerprint Scanner

2.2.2.1. The Fingerprint capture device at enrollment as well as verification should be single finger type.

2.2.2.2. Kindly refer to the document “fingerprint_image_data_standard_ver.1.0 (2)” through the website www.egovstandards.gov.in. All specifications confirming to “Setting level 31” would be applicable for RSBY related enrollment and verification.

2.2.2.3. The fingerprint scanners used at any of the verification points should be as per specified for UID. Kindly check requirements on http://stqc.gov.in/sites/upload_files/stqc/files/STQC%20UIDAI%20BDCS-03-08%20UIDAI%20Biometric%20Device%20Specifications%20_Authentication_1.pdf

2.2.2.4. List of Biometric Devices certified by STQC for UID authentication can be checked on http://www.stqc.gov.in/content/bio-metric-devices-testing-and-certification. In case the device in question is not already certified, they should have applied for certification and be certified within 6 months of purchase.

2.2.2.5. Though authentication devices meeting the specification given should be able to work with the transaction application, it is suggested that SCSP/ scanner vendors demonstrate their compatibility with the transaction software at MoLE before it is sent to the field.

2.2.2.6. For enrollment, the biometric devices, in addition to the www.egovstandards.gov.in setting level 31, conform to the following criteria

Product Feature	Technical Specification
Capture type	Single finger plain livescan capture
Image Resolution	500dpi +- 5%
Platen Area	Minimum 22 mm x 22 mm
Image Gray Scale / Type	8 bit pixel depth (256 gray levels)
Power Supply & Communication	Via USB Interface
Audio / Visual Indication	A/V indication either at device level or at application level for indicating various events like: a) Indicating for placing finger b) Start of capturing c) End of capturing
Image Quality	Image Quality : Sensor: Must be listed on “IAFIS Certified Product List” posted on https;//www.fbibiospecs.org/IAFIS/Default.aspx under “PIV Single Finger Capture Devices”

2.2.2.7. The images should be stored in png format

2.2.2.8. It is advisable that the best practices suggested in the document should be followed

2.2.3. Camera

2.2.3.1. Sensor: High quality VGA

2.2.3.2. Still Image Capture: min 1.3 megapixels (software enhanced). Native resolution is 640 x 480

2.2.3.3. Automatic adjustment for low light conditions

2.2.4. Smart Card Reader

2.2.4.1. PCSC compliant

2.2.4.2. Read and write all microprocessor cards with T=0 and T=1 protocols

2.2.5. Smart card printer

2.2.5.1. Supports colour dye sublimation and monochrome thermal transfer

2.2.5.2. Edge to edge printing standard

2.2.5.3. Prints at least 150 cards/ hour in full color and up to 750 cards an hour in monochrome

2.2.5.4. Minimum printing resolution of 300 dpi

2.2.5.5. Automatic and manual feeder for card loading

2.2.5.6. USB Connectivity

2.2.5.7. Printer Should have hardware/software protection to disallow unauthorized usage of Printer

2.2.5.8. Inbuilt encoding unit to personalize Contact cards in a single pass

2.2.5.9. Compatible to microprocessor chip personalization

2.2.5.10. Smart card printing ribbon as required

Note: The enrollment stations due to the nature of work involved need to be mobile and work under rural & rugged terrain. This should be of prime consideration while selecting the hardware matching the specifications given above.

3. Smart Cards

3.1. Specifications for Smart Cards

Card Operating System shall comply with SCOSTA standards ver.1.2b with latest addendum and errata (refer web site http://scosta.gov.in). The Smart Cards to be used must have the valid SCOSTA Compliance Certificate from National Informatics Center, New Delhi (refer http://scosta.gov.in). The exact smart card specifications are listed as below.

3.1.1. SCOSTA Card

a. Microprocessor based Integrated Circuit(s) card with Contacts, with minimum **64 Kbytes** available EEPROM for application data or enhanced available EEPROM as per guidelines issued by MoLE.

b. Compliant with **ISO/IEC 7816-1,2,3**

c. Compliant to **SCOSTA 1.2b Dt. 15 March 2002** with latest addendum and errata

d. Supply Voltage 3V nominal.

e. Communication Protocol T=0 or T=1.

f. Data Retention minimum 10 years.

g. Write cycles minimum 100,000 numbers.

h. Operating Temperature Range –25 to +55 Degree Celsius.

i. Plastic Construction PVC or Composite with ABS with PVC overlay.

j. Surface – Glossy.

3.2. Card layout

The detailed visual & machine readable card layout including the background image to be used is available on the website www.rsby.gov.in. It is mandatory to follow these guidelines for physical personalization of the RSBY beneficiary card.
For the chip personalization, detailed specification has been provided in the RSBY KMS document available on the website www.rsby.gov.in. Along with these NIC has issued specific component for personalization. It is mandatory to follow these specifications and use the prescribed component provided by NIC.

3.3. Cardholder authentication

- The cardholder would be authenticated based on their finger impression at the time of verification at the time of transaction as well as card reissuance or renewal.
- The authentication is 1:1 i.e. the fingerprint captured live of the member is compared with the one stored in the smart card.
- In case of new born child, when maternity benefit is availed under RSBY, the child shall be authenticated through fingerprint of any of the enrolled members on the card.
- In case of fingerprint verification failure, verification by any other authentic document or the photograph in the card may be done at the time of admission. By the time of discharge, the hospital/ smart card service provider should ensure verification using the smart card.

4. Software

The insurer must develop or procure the STQC certified Enrollment and Card Issuance software at their own cost. Software for conducting transactions at hospitals and managing any changes to the cards at the District kiosk will be the one provided/authorised by MoLE. In addition, the Insurer would have to provide all the hardware and licensed software (database, operating system, etc) required to carry out the operations as per requirement at the agreed points for enrollment and card issuance. For the transaction points at hospitals and District kiosk, the cost would be borne as per terms of the tender.
Any software required by the Insurer apart from the ones being provided by MoLE would have to be developed or procured by the Insurer at their own cost.

5. Mobile Handheld Smart Card Device

These devices are standalone devices capable of reading & updating smart cards based on the programmed business logic and verifying live fingerprints against those stored on a smart card. These devices do not require a computer or a permanent power source for transacting.
These devices could be used for

- Renewal of policy when no modification is required to the card
- Offline verification and transacting at hospitals or mobile camps in case computer is not available.

The main features of these devices are:

- Reading and updating microprocessor smart cards

- Fingerprint verification
- They should be programmable with inbuilt security features to secure against tampering.
- Memory for data storage
- Capable of printing receipts without any external interface
- Capable of data transfer to personal computers and over GPRS, phone line
- Secure Application loading – Application loading to be secure using KEYs
- Rechargeable batteries

Specifications

- At least 2 Full size smart card reader and one SAM slot
- Display
- Keypad for functioning the application
- Integrated Printer
- Optical biometric verification capability with similar specifications as mentioned for Fingerprint scanners above in the hardware section
- Allowing 1:1 search in the biometric module
- Capability to connect to PC, telephone, modem, GPRS or any other mode of data transfer
- PCI Compliance

6. PC based Smart Card Device

Where Computers are being used for transactions, additional devices would be attached to these computers. The computer would be loaded with the certified transaction software. The devices required for the system would be

6.1. Optical biometric scanner for fingerprint verification (specifications as mentioned for fingerprint devices in hardware section)

6.2. Smart card readers

2 Smart card readers would be required for each device, one each for hospital authority and beneficiary card

- PCSC compliant
- Read and write all microprocessor cards with T=0 and T=1 protocols

Other devices like printer, modem, etc may be required as per software. The same would be specified by the insurance company at the time of empanelling the hospital.

Note: **All specifications mentioned in the document for devices are minimum criteria and not exact criteria.**

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Appendix 5

Draft MoU Between Insurance Company and the Hospital

Service Agreement

Between

_____

and

_____ Insurance Co. Ltd.

_____

_____

_____

This Agreement (Hereinafter referred to as "Agreement") made at _____ on this _____ day of _____ 20__.

HDFC ERGO General Insurance Company Limited

BETWEEN

_____(Hospital) an institution located in _____, having their registered office at _____ (here in after referred to as “Hospital”, which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors and permitted assigns) as party of the FIRST PART

AND

_____ Insurance Company Limited, a Company registered under the provisions of the Companies Act, 1956 and having its registered office _____ (hereinafter referred to as “Insurer” which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors, affiliate and assigns) as party of the SECOND PART.

The (hospital) and Insurer are individually referred to as a "Party” or “party" and collectively as "Parties” or “parties")

WHEREAS

1. Hospital is a health care provider duly recognized and authorized by appropriate authorities to impart heath care services to the public at large.

2. Insurer is registered with Insurance Regulatory and Development Authority to conduct general insurance business including health insurance services. Insurer has entered into an agreement with the Government of _____ wherein it has agreed to provide the health insurance services to identified Beneficiary families covered under Rashtriya Swasthya Bima Yojna.

3. Hospital has expressed its desire to join Insurer's network of hospitals and has represented that it has requisite facilities to extend medical facilities and treatment to beneficiaries as covered under RSBY Policy on terms and conditions herein agreed.

4. Insurer has on the basis of desire expressed by the hospital and on its representation agreed to empanel the hospital as empanelled provider for rendering complete health services.

In this **AGREEMENT**, unless the context otherwise requires:

1. the masculine gender includes the other two genders and vice versa;
2. the singular includes the plural and vice versa;
3. natural persons include created entities (corporate or incorporate) and vice versa;
4. Marginal notes or headings to clauses are for reference purposes only and do not bear upon the interpretation of this **AGREEMENT**.
5. Should any condition contained herein, contain a substantive condition, then such substantive condition shall be valid and binding on the **PARTIES** notwithstanding the fact that it is embodied in the definition clause.

In this **AGREEMENT** unless inconsistent with, or otherwise indicated by the context, the following terms shall have the meanings assigned to them hereunder, namely:

Definition

A. **Institution** shall for all purpose mean a Hospital.

B. **Health Services** shall mean all services necessary or required to be rendered by the Institution under an agreement with an insurer in connection with “health insurance business” or “health cover” as defined in regulation 2(f) of the IRDA (Registration of Indian Insurance Companies) Regulations, 2000 but does not include the business of an insurer and or an insurance intermediary or an insurance agent.

C. **Beneficiaries** shall mean the person/s that are covered under the RSBY health insurance scheme of Government of India and holds a valid smart card issued for RSBY.

D. **Confidential Information** includes all information (whether proprietary or not and whether or not marked as ‘Confidential’) pertaining to the business of the Company or any of its subsidiaries,

affiliates, employees, Companies, consultants or business associates to which the Institution or its employees have access to, in any manner whatsoever.

E. **Smart Card** shall mean Identification Card for beneficiaries issued under Rashtriya Swasthya Bima Yojna by the Insurer as per specifications given by Government. See Annexure 2 for details.

NOW IT IS HEREBY AGREED AS FOLLOWS:

Article 1:
Term

This Agreement shall be for a period of ____ years. However, it is understood and agreed between the Parties that the term of this agreement may be renewed yearly upon mutual consent of the Parties in writing, either by execution of a Supplementary Agreement or by exchange of letters.

Article 2:
Scope of services

1. The hospital undertakes to provide the service in a precise, reliable and professional manner to the satisfaction of Insurer and in accordance with additional instructions issued by Insurer in writing from time to time.

2. The hospital shall treat the beneficiaries of RSBY according to good business practice.

3. The hospital will extend priority admission facilities to the beneficiaries of the client, whenever possible.

4. The hospital shall provide packages for specified interventions/ treatment to the beneficiaries as per the rates mentioned in Annexure III. It is agreed between the parties that the package will include:

   The charges for medical/ surgical procedures/ interventions under the Benefit package will be no more than the package charge agreed by the Parties, for that particular year. In the case of medical conditions, a flat per day rate will be paid depending on whether the patient is admitted in general or ICU.

These package rates (in case of surgical) or flat per day rate (in case of medical) will include:

   a. Registration Charges
   b. Bed charges (General Ward in case of surgical),
   c. Nursing and Boarding charges,
   d. Surgeons, Anesthetists, Medical Practitioner, Consultants fees etc.
   e. Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances etc,
   f. Medicines and Drugs,
   g. Cost of Prosthetic Devices, implants,
   h. X-Ray and other Diagnostic Tests etc,
   i. Food to patient
   j. Expenses incurred for consultation, diagnostic test and medicines up to 1 day before the admission of the patient and cost of diagnostic test and medicine up to 5 days of the discharge from the hospital for the same ailment / surgery
   k. Transportation Charge of Rs. 100/- (payable to the beneficiary at the time of discharge in cash by the hospital).
   l. Any other expenses related to the treatment of the patient in the hospital.

5. The Hospital shall ensure that medical treatment/facility under this agreement should be provided with all due care and accepted standards is extended to the beneficiary.

6. The Hospital shall allow Insurance Company official to visit the beneficiary. Insurer shall not interfere with the medical team of the hospital, however Insurer reserves the right to discuss the treatment plan with

treating doctor. Further access to medical treatment records and bills prepared in the hospital will be allowed to Insurer on a case to case basis with prior appointment from the hospital.

7. The Hospital shall also endeavor to comply with future requirements of Insurer to facilitate better services to beneficiaries e.g. providing for standardized billing, ICD coding or etc and if mandatory by statutory requirement both parties agree to review the same.

8. The Hospital agrees to have bills audited on a case to case basis as and when necessary through Insurer audited team. This will be done on a pre agreed date and time and on a regular basis.

9. The hospital will convey to its medical consultants to keep the beneficiary only for the required number of days of treatment and carry only the required investigation & treatment for the ailment, which he is admitted. Any other incidental investigation required by the patient on his request needs to be approved separately by Insurer and if it is not covered under Insurer policy will not be paid by Insurer and the hospital needs to recover it from the patient

Article 3:

Identification of Beneficiaries

1. Smart Cards would be the proof of the eligibility of beneficiaries for the purpose of the scheme. The beneficiaries will be identified by the hospital on the basis of smart card issued to them**.** The smart card shall have the photograph and finger print details of the beneficiaries. The smart card would be read by the smart card reader. The patients/ relative's finger prints would also be captured by the bio metric scanner. The POS machine will identify a person if the finger prints match with those stored on the card. In case the patient is not in a position to give fingerprint, any other member of the family who is enrolled under the scheme can verify the patient's identity by giving his/ her fingerprint.

2. The Hospital will set up a Help desk for RSBY beneficiaries. The desk shall be easily accessible and will have all the necessary hardware and software required to identify the patients.

3. For the ease of the beneficiary, the hospital shall display the recognition and promotional material, network status, and procedures for admission supplied by Insurer at prominent location, including but not limited to outside the hospital, at the reception and admission counter and Casualty/ Emergency departments. The format for sign outside the hospital and at the reception counter will be provided by the Insurance Company.

4. It is agreed between the parties that having implemented smart cards, in case due to technological issues causing interruption in implementing, thereby causing interruption in continuous servicing, there shall be a migration to manual heath cards, as provided by the vendor specified by Insurer, and corresponding alternative servicing process for which the hospital shall extend all cooperation.

Article 4:

Hospital Services- Admission Procedure

1. Planned Admission
   It is agreed between the parties that on receipt of request for hospitalization on behalf of the beneficiary the process to be followed by the hospital is prescribed in Annexure I.

2. Emergency admission
   2.1. The Parties agree that the Hospital shall admit the Beneficiary (ies) in the case of emergency but the smart card will need produced and authenticated within 24 hours of the admission.

   2.2. Hospital upon deciding to admit the Beneficiary should inform/ intimate over phone immediately to the 24 hours Insurer's helpdesk or the local/ nearest Insurer office.

   2.3. The data regarding admission shall be sent electronically to the server of the insurance company

2.4. If the package selected for the beneficiary is already listed in the package list then no pre-authorisation will be needed from the Insurance Company.

2.5. If the treatment to be provided is not part of the package list then hospital will need to get the pre-authorisation from the Insurance Company as given in part 2 of Annexure 1.

2.6. On receipt of the preauthorization form for the hospital giving the details of the ailments for admission and the estimated treatment cost, which is to be forwarded within 12 hours of admission, Insurer undertakes to issue the confirmation letter for the admissible amount within 12 hours of the receipt of the preauthorization form subject to policy terms & conditions.

2.7. In case the ailment is not covered or given medical data is not sufficient for the medical team to confirm the eligibility, Insurer can deny the guarantee of payment, which shall be addressed, to the Insured under intimation to the Hospital. The hospital will have to follow their normal practice in such cases.

2.8. Denial of Authorization/ guarantee of payment in no way mean denial of treatment. The hospital shall deal with each case as per their normal rules and regulations.

2.9. Authorization certificate will mention the amount guaranteed class of admission, eligibility of beneficiary or various sub limits for rooms and board, surgical fees etc. wherever applicable. Hospital must take care to ensure compliance.

2.10. The guarantee of payment is given only for the necessary treatment cost of the ailment covered and mentioned in the request for hospitalization. Any investigation carried out at the request of the patient but not forming the necessary part of the treatment also must be collected from the patient.

2.11. In case the sum available is considerably less than the estimated treatment cost, Hospital should follow their normal norms of deposit/ running bills etc., to ensure that they realize any excess sum payable by the beneficiaries not provided for by indemnity.

Article 5:
Checklist for the hospital at the time of Patient Discharge.

1. Original discharge summary, counterfoil generated at the time of discharge, original investigation reports, all original prescription & pharmacy receipt etc. must not be given to the patient. These are to be forwarded to billing department of the hospital who will compile and keep the same with the hospital.

2. The Discharge card/Summary must mention the duration of ailment and duration of other disorders like hypertension or diabetes and operative notes in case of surgeries.

3. Signature or thumb impression of the patient/ beneficiary on final hospital bill must be obtained.

Article 6:
Payment terms

1. Hospital will submit online claim report alongwith the discharge summary in accordance with the rates as prescribed in the Annexure __, on a daily basis.
2. The Insurer will have to take a decision regarding the claim settlement within ONE MONTH of receiving it. Final settlement of the claim shall be done within ONE MONTH from the date of receipt of such submission.

3. However if required, Insurer can visit hospital to gather further documents related to treatment to process the case.
4. Payment will be done by Electronic Fund Transfer as far as possible.

Article 7:
Declarations and Undertakings of a hospital

1. The hospital undertakes that they have obtained all the registrations/ licenses/ approvals required by law in order to provide the services pursuant to this agreement and that they have the skills, knowledge and experience required to provide the services as required in this agreement.

2. The hospital undertakes to uphold all requirement of law in so far as these apply to him and in accordance to the provisions of the law and the regulations enacted from time to time, by the local bodies or by the central or the state govt. The hospital declares that it has never committed a criminal offence which prevents it from practicing medicines and no criminal charge has been established against it by a court of competent jurisdiction.

Article 8:
General responsibilities & obligations of the Hospital

1. Ensure that no confidential information is shared or made available by the hospital or any person associated with it to any person or entity not related to the hospital without prior written consent of Insurer.

2. The hospital shall provide cashless facility to the beneficiary in strict adherence to the provisions of the agreement.

3. The hospital will have his facility covered by proper indemnity policy including errors, omission and professional indemnity insurance and agrees to keep such policies in force during entire tenure of the MoU. The cost/ premium of such policy shall be borne solely by the hospital.

4. The Hospital shall provide the best of the available medical facilities to the beneficiary.

5. The Hospital shall endeavor to have an officer in the administration department assigned for insurance/contractual patient and the officers will eventually learn the various types of medical benefits offered under the different insurance plans.

6. The Hospital shall to display their status of preferred service provider of RSBY at their reception/ admission desks along with the display and other materials supplied by Insurer whenever possible for the ease of the beneficiaries.

7. The Hospital shall at all times during the course of this agreement maintain a helpdesk to manage all RSBY patients. This helpdesk would contain the following:
   a. Facility of telephone
   b. Facility of fax machine
   c. PC Computer
   d. Internet/ Any other connectivity to the Insurance Company Server
   e. PC enabled POS machine with a biometric scanner to read and manage smart card transactions to be purchased at a pre negotiated price from the vendor specified by Insurer. The maintenance of the same shall be responsibility of the vendor specified by Insurer.
   f. A person to man the helpdesk at all times.
   g. Get Two persons in the hospital trained

The above should be installed within 15 days of signing of this agreement. The hospital also needs to inform and train personnel on the handling of POS machine and also on the process of obtaining Authorization for conditions not covered under the list of packages, and have a manned helpdesk at their reception and admission facilities for aiding in the admission procedures for beneficiaries of RSBY Policy.

Article 9:
General responsibilities of Insurer

Insurer has a right to avail similar services as contemplated herein from other institution for the Health services covered under this agreement.

Article 10:
Relationship of the Parties

Nothing contained herein shall be deemed to create between the Parties any partnership, joint venture or relationship of principal and agent or master and servant or employer and employee or any affiliate or subsidiaries thereof. Each of the Parties hereto agree not to hold itself or allow its directors employees/agents/representatives to hold out to be a principal or an agent, employee or any subsidiary or affiliate of the other.

Article 11:
Reporting

In the first week of each month, beginning from the first month of the commencement of this Agreement, the hospital and Insurer shall exchange information on their experiences during the month and review the functioning of the process and make suitable changes whenever required. However, all such changes have to be in writing and by way of suitable supplementary agreements or by way of exchange of letters.

All official correspondence, reporting, etc pertaining to this Agreement shall be conducted with Insurer at its corporate office at the address _____.

Article 12:
Termination

1. Insurer reserves the right to terminate this agreement as per the guidelines issued by Ministry of Labour and Employment, Government of India as given in Annexure __:

2. This Agreement may be terminated by either party by giving one month's prior written notice by means of registered letter or a letter delivered at the office and duly acknowledged by the other, provided that this Agreement shall remain effective thereafter with respect to all rights and obligations incurred or committed by the parties hereto prior to such termination.

3. Either party reserves the right to inform public at large along with the reasons of termination of the agreement by the method which they deem fit.

Article 13:
Confidentiality

This clause shall survive the termination/expiry of this Agreement.

1. Each party shall maintain confidentiality relating to all matters and issues dealt with by the parties in the course of the business contemplated by and relating to this agreement. The Hospital shall not disclose to any third party, and shall use its best efforts to ensure that its, officers, employees, keep secret all

information disclosed, including without limitation, document marked confidential, medical reports, personal information relating to insured, and other unpublished information except as maybe authorized in writing by Insurer. Insurer shall not disclose to any third party and shall use its best efforts to ensure that its directors, officers, employees, sub-contractors and affiliates keep secret all information relating to the hospital including without limitation to the hospital's proprietary information, process flows, and other required details.

2. In Particular the hospital agrees to:

a) Maintain confidentiality and endeavour to maintain confidentiality of any persons directly employed or associated with health services under this agreement of all information received by the hospital or such other medical practitioner or such other person by virtue of this agreement or otherwise, including Insurer's proprietary information, confidential information relating to insured, medicals test reports whether created/ handled/ delivered by the hospital. Any personal information relating to a Insured received by the hospital shall be used only for the purpose of inclusion/preparation/finalization of medical reports/ test reports for transmission to Insurer only and shall not give or make available such information/ any documents to any third party whatsoever.

b) Keep confidential and endeavour to maintain confidentiality by its medical officer, employees, medical staff, or such other persons, of medical reports relating to Insured, and that the information contained in these reports remains confidential and the reports or any part of report is not disclosed/ informed to the Insurance Agent / Advisor under any circumstances.

c) Keep confidential and endeavour to maintain confidentiality of any information relating to Insured, and shall not use the said confidential information for research, creating comparative database, statistical analysis, or any other studies without appropriate previous authorization from Insurer and through Insurer from the Insured.

Article 14:
Indemnities and other Provisions

1. Insurer will not interfere in the treatment and medical care provided to its beneficiaries. Insurer will not be in any way held responsible for the outcome of treatment or quality of care provided by the provider.

2. Insurer shall not be liable or responsible for any acts, omission or commission of the Doctors and other medical staff of the hospital and the hospital shall obtain professional indemnity policy on its own cost for this purpose. The Hospital agrees that it shall be responsible in any manner whatsoever for the claims, arising from any deficiency in the services or any failure to provide identified service

3. Notwithstanding anything to the contrary in this agreement neither Party shall be liable by reason of failure or delay in the performance of its duties and obligations under this agreement if such failure or delay is caused by acts of God, Strikes, lock-outs, embargoes, war, riots civil commotion, any orders of governmental, quasi-governmental or local authorities, or any other similar cause beyond its control and without its fault or negligence.

4. The hospital will indemnify, defend and hold harmless the Insurer against any claims, demands, proceedings, actions, damages, costs, and expenses which the company may incur as a consequence of the negligence of the former in fulfilling obligations under this Agreement or as a result of the breach of the terms of this Agreement by the hospital or any of its employees or doctors or medical staff.

Article 15:
Notices

All notices, demands or other communications to be given or delivered under or by reason of the provisions of this Agreement will be in writing and delivered to the other Party:

a. By registered mail;
b. By courier;
c. By facsimile;

In the absence of evidence of earlier receipt, a demand or other communication to the other Party is deemed given

- If sent by registered mail, seven working days after posting it; and
- If sent by courier, seven working days after posting it; and
- If sent by facsimile, two working days after transmission. In this case, further confirmation has to be done via telephone and e-mail.

The notices shall be sent to the other Party to the above addresses (or to the addresses which may be provided by way of notices made in the above said manner):

-if to the hospital:

Attn: ……
Tel : …….
Fax: ……

-if to _____

_____ insurance Company Limited
_____
_____
_____

Article 16
Miscellaneous

1. This Agreement together with any Annexure attached hereto constitutes the entire Agreement between the parties and supersedes, with respect to the matters regulated herein, and all other mutual understandings, accord and agreements, irrespective of their form between the parties. Any annexure shall constitute an integral part of the Agreement.

2. Except as otherwise provided herein, no modification, amendment or waiver of any provision of this Agreement will be effective unless such modification, amendment or waiver is approved in writing by the parties hereto.

3. Should specific provision of this Agreement be wholly or partially not legally effective or unenforceable or later lose their legal effectiveness or enforceability, the validity of the remaining provisions of this Agreement shall not be affected thereby.

4. The hospital may not assign, transfer, encumber or otherwise dispose of this Agreement or any interest herein without the prior written consent of Insurer, provided whereas that the Insurer may assign this Agreement or any rights, title or interest herein to an Affiliate without requiring the consent of the hospital.

5. The failure of any of the parties to insist, in any one or more instances, upon a strict performance of any of the provisions of this Agreement or to exercise any option herein contained, shall not be construed as a waiver or relinquishment of such provision, but the same shall continue and remain in full force and effect.

6. The hospital will indemnify, defend and hold harmless the Insurer against any claims, demands, proceedings, actions, damages, costs, and expenses which the latter may incur as a consequence of the negligence of the former in fulfilling obligations under this Agreement or as a result of the breach of the terms of this Agreement by the hospital or any of its employees/doctors/other medical staff.

7. Law and Arbitration

a. The provisions of this Agreement shall be governed by, and construed in accordance with Indian law.

b. Any dispute, controversy or claims arising out of or relation to this Agreement or the breach, termination or invalidity thereof, shall be settled by arbitration in accordance with the provisions of the (Indian) Arbitration and Conciliation Act, 1996.

c. The arbitral tribunal shall be composed of three arbitrators, one arbitrator appointed by each Party and one another arbitrator appointed by the mutual consent of the arbitrators so appointed.

d. The place of arbitration shall be _____ and any award whether interim or final, shall be made, and shall be deemed for all purposes between the parties to be made, in _____.

e. The arbitral procedure shall be conducted in the English language and any award or awards shall be rendered in English. The procedural law of the arbitration shall be Indian law.

f. The award of the arbitrator shall be final and conclusive and binding upon the Parties, and the Parties shall be entitled (but not obliged) to enter judgement thereon in any one or more of the highest courts having jurisdiction.

g. The rights and obligations of the Parties under, or pursuant to, this Clause including the arbitration agreement in this Clause, shall be governed by and subject to Indian law.

h. The cost of the arbitration proceeding would be borne by the parties on equal sharing basis.

NON – EXCLUSIVITY

A. Insurer reserves the right to appoint any other provider for implementing the packages envisaged herein and the provider shall have no objection for the same.

8. Severability

The invalidity or unenforceability of any provisions of this Agreement in any jurisdiction shall not affect the validity, legality or enforceability of the remainder of this Agreement in such jurisdiction or the validity, legality or enforceability of this Agreement, including any such provision, in any other jurisdiction, it being intended that all rights and obligations of the Parties hereunder shall be enforceable to the fullest extent permitted by law.

9. Captions

The captions herein are included for convenience of reference only and shall be ignored in the construction or interpretation hereof.

SIGNED AND DELIVERED BY the hospital. - the within named_____, by the Hand of _____ its Authorised Signatory

In the presence of:

HDFC ERGO General Insurance Company Limited

SIGNED AND DELIVERED BY _____ INSURANCE COMPLAY LIMITED, the within named _____, by the hand of _____ it's Authorised Signatory In the presence of:

Annex I

Hospital Services- Admission Procedure

Case 1: Package covered and sufficient funds available

1.1. Beneficiary approaches the RSBY helpdesk at the network hospital of Insurer.

1.2. Helpdesk verifies that beneficiary has genuine card issued under RSBY (Key authentication) and that the person carrying the card is enrolled (fingerprint matching).

1.3. After verification, a slip shall be printed giving the person's name, age and amount of Insurance cover available.

1.4. The beneficiary is then directed to a doctor for diagnosis.

1.5. Doctor shall issue a diagnosis sheet after examination, specifying the problem, examination carried out and line of treatment prescribed.

1.6. The beneficiary approaches the RSBY helpdesk along with the diagnostic sheet.

1.7. The help desk shall re-verify the card & the beneficiary and select the package under which treatment is to be carried out. Verification is to be done preferably using patient fingerprint, only in situations where it is not possible for the patient to be verified, it can be done by any family member enrolled in the card.

1.8. The terminal shall automatically block the corresponding amount on the card.

1.9. In case during treatment, requirement is felt for extension of package or addition of package due to complications, the patient or any other family member would be verified and required package selected. This would ensure that the Insurance company is appraised of change in claim. The availability of sufficient funds is also confirmed thereby avoiding any such confusion at time of discharge.

1.10. Thereafter, once the beneficiary is discharged, the beneficiary shall again approach the helpdesk with the discharge summary.

1.11. After card & beneficiary verification, the discharge details shall be entered into the terminal.

1.12. In case the treatment is covered, beneficiary may claim the transport cost from the help desk by submitting ticket/ receipt for travel

1.13. In case treatment of one family member is under way when the card is required for treatment of another member, the software shall consider the insurance cover available after deducting the amount blocked against the package.

1.14. Due to any reason if the beneficiary does not avail treatment at the hospital after the amount is blocked the RSBY helpdesk would need to unblock the amount.

Case 2: In case of packages not covered under the scheme

2.1. Hospital shall take Authorization from Insurance companies in case of package not covered under the RSBY scheme.

2.2. Steps from 1.1 to 1.7

2.3. In case the line of treatment prescribed is not covered under RSBY, the helpdesk shall advice the beneficiary accordingly and initiate approval from Insurer manually (authorization request).

2.4. The hospital will fax to Insurer a pre-authorization request. Request for hospitalization on behalf of the beneficiary may be made by the hospital hospital/consultant attached to the hospital as per the prescribed format. The preauthorization form would need to give the beneficiary's proposed admission along with the necessary medical details and the treatment planned to be administered and the break up of the estimated cost.

2.5. Insurer shall either approve or reject the request. In case Insurer approves, they will also provide the AL (authorization letter) number and amount authorized to the hospital via return fax. Authorization certificate will mention the amount guaranteed class of admission, eligibility of

beneficiary or various sub limits for rooms and board, surgical fees etc. wherever applicable. Hospital must take care to ensure admission accordingly.

2.6. On receipt of approval the RSBY helpdesk would manually enter the amount and package details (authorization ID) into the helpdesk device. The device would connect to the server on-line for verification of the authorization ID. The server would send the confirmation (denial/approval) to the helpdesk device.

2.7. Steps 1.9 to 1.14

Case 3: In case of in-sufficient funds

In case the amount available is less than the package cost, the hospital shall follow the norms of deposit / running bills.

Steps from 1.1 to 1.7

3.1 In case of insufficient funds the balance amount could be utilized and the rest of the amount would be paid by the beneficiary after conformance of beneficiary.

3.2 The terminal would have a provision to capture the amount collected from the beneficiary.

Steps from 1.9 to 1.14.

Annex 2
PROCESS NOTE FOR DE-EMPANELMENT OF HOSPITALS

Background

This process note provides broad operational guidelines regarding De-empanelment of hospitals which are empanelled in RSBY. The process to be followed and roles of different stakeholders have been outlined.

Process To Be Followed For De-Empanelment of Hospitals:

Step 1 – Putting the Hospital on "Watch-list"

1. Based on the claims data analysis and/ or the hospital visits, if there is any doubt on the performance of a hospital, the Insurance Company or its representative can put that hospital in the watch list.
2. The data of such hospital shall be analysed very closely on a daily basis by the Insurance Company or its representatives for patterns, trends and anomalies.
3. The Insurance Company will immediately inform the State Nodal Agency also about the hospital which have been put in the watch list within 24 hours of this action.

Step 2 – Suspension of the Hospital

4. A hospital can be temporarily suspended in the following cases:
   a. For the hospitals which are in the "Watch-list" if the Insurance Company observes continuous patterns or strong evidence of irregularity based on either claims data or field visit of hospitals, the hospital shall be suspended from providing services to RSBY patients and a formal investigation shall be instituted.
   b. If a hospital is not in the "Watch-list", but the insurance company observes at any stage that it has data/ evidence that suggests that the hospital is involved in any unethical practice/ is not adhering to the major clauses of the contract with the Insurance Company or their representatives/ involved in financial fraud related to RSBY patients, it may immediately suspend the hospital from providing services to RSBY patients and a formal investigation shall be instituted.
   c. A directive is given by State Nodal Agency based on the complaints received directly or the data analysis/ field visits done by State Nodal Agency.

5. The SNA should be informed of the decision of suspension of hospital within 24 hours of this action.
6. To ensure that suspension of the hospital results in their not being able to treat RSBY patients, a provision shall be made in the software so that hospital cannot send electronic claims data to the Insurance Company or their representatives.
7. A formal letter shall be send to the hospital regarding its suspension with mentioning the timeframe within which the formal investigation will be completed.

Step 3 – Detailed Investigation

8. The Insurance Company can launch a detailed investigation into the activities of a hospital in the following conditions:
   a. For the hospitals which have been suspended.
   b. Receipt of complaint of a serious nature from any of the stakeholders

9. The detailed investigation may include field visits to the hospitals, examination of case papers, talking with the beneficiaries (if needed), examination of hospital records etc.
10. If the investigation reveals that the report/ complaint/ allegation against the hospital is not substantiated, the Insurance Company would immediately revoke the suspension (in case it is suspended) and inform the same to the SNA.
    a. A letter regarding revocation of suspension shall be sent to the hospital within 24 hours of that decision.

Step 4 – Action by the Insurance Company

11. If the investigation reveals that the complaint/allegation against the hospital is correct then following procedure shall be followed:
    a. The hospital must be issued a "show-cause" notice seeking an explanation for the aberration and a copy of the show cause notice is sent to the State Nodal Agency.
    b. After receipt of the explanation and its examination, the charges may be dropped or an action can be taken.
    c. The action could entail one of the following based on the seriousness of the issue and other factors involved:
       i. A warning to the concerned hospital,
       ii. De-empanelment of the hospital.
12. <u>The entire process should be completed within 30 days from the date of suspension.</u>

Step 5 – Actions to be taken after De-empanelment

13. Once a hospital has been de-empanelled from RSBY, following steps shall be taken:
    a. A letter shall be sent to the Hospital regarding this decision with a copy to the State Nodal Agency
    b. MHC card of the hospital shall be taken by the Insurance Company and given to the District Key Manager
    c. Details of de-empanelled hospital shall be sent by State Nodal Agency to MoLE so that it can be put on RSBY national website.
    d. This information shall be sent to National Nodal Officers of all the other Insurance Companies which are working in RSBY.
    e. An FIR shall be lodged against the hospital by the State Nodal Agency at the earliest in case the de-empanelment is on account of fraud or a fraudulent activity.
    f. The Insurance Company which had de-empanelled the hospital may be advised to notify the same in the local media, informing all beneficiaries about the de-empanelment, so that the beneficiaries do not utilize the services of that particular hospital.
    g. If the hospital appeals against the decision of the Insurance Company, all the aforementioned actions shall be subject to the decision of the concerned Committee.

Grievance by the Hospital

14. The hospital can approach the Grievance Redressaal Committee for the redressal. The Grievance Redressal Committee will take a final view within 30 days of the receipt of representation. However, the hospital will continue to be de-empanelled till the time a final view is taken by the Grievance Redressal Committee.

    The Grievance Redressal Mechanism has been developed separately and is available on RSBY website.

Special Cases for De-empanelment

In the case where at the end of the Insurance Policy if an Insurance Company does not want to continue with a particular hospital in a district it can de-empanel that particular hospital after consultation with the State Nodal agency and the District Key Manager. However, it should be ensured that adequate number of hospitals are available in the district for the beneficiaries.

HDFC ERGO General Insurance Company Limited

Appendix 6

PROCESS NOTE FOR DE-EMPANELMENT OF HOSPITALS

Background

This process note provides broad operational guidelines regarding De-empanelment of hospitals which are empanelled in RSBY. The process to be followed and roles of different stakeholders have been outlined.

Process To Be Followed For De-Empanelment of Hospitals:

Step 1 – Putting the Hospital on "Watchlist"

15. Based on the claims data analysis and/ or the hospital visits, if there is any doubt on the performance of a hospital, the Insurance Company or its representative can put that hospital in the watch list.

16. The data of such hospital shall be analysed very closely on a daily basis by the Insurance Company or its representatives for patterns, trends and anomalies.

17. The Insurance Company will immediately inform the State Nodal Agency also about the hospital which have been put in the watch list within 24 hours of this action.

Step 2 – Suspension of the Hospital

18. A hospital can be temporarily suspended in the following cases:

    a. For the hospitals which are in the "Watchlist" if the Insurance Company observes continuous patterns or strong evidence of irregularity based on either claims data or field visit of hospitals, the hospital shall be suspended from providing services to RSBY patients and a formal investigation shall be instituted.
    b. If a hospital is not in the "Watchlist", but the insurance company observes at any stage that it has data/ evidence that suggests that the hospital is involved in any unethical practice/ is not adhering to the major clauses of the contract with the Insurance Company or their representatives/ involved in financial fraud related to RSBY patients, it may immediately suspend the hospital from providing services to RSBY patients and a formal investigation shall be instituted.
    c. A directive is given by State Nodal Agency based on the complaints received directly or the data analysis/ field visits done by State Nodal Agency.

19. The SNA should be informed of the decision of suspension of hospital within 24 hours of this action.

20. To ensure that suspension of the hospital results in their not being able to treat RSBY patients, a provision shall be made in the software so that hospital cannot send electronic claims data to the Insurance Company or their representatives.

21. A formal letter shall be send to the hospital regarding its suspension with mentioning the timeframe within which the formal investigation will be completed.

Step 3 – Detailed Investigation

22. The Insurance Company can launch a detailed investigation into the activities of a hospital in the following conditions:

    a. For the hospitals which have been suspended.
    b. Receipt of complaint of a serious nature from any of the stakeholders

23. The detailed investigation may include field visits to the hospitals, examination of case papers, talking with the beneficiaries (if needed), examination of hospital records etc.

24. If the investigation reveals that the report/ complaint/ allegation against the hospital is not substantiated, the Insurance Company would immediately revoke the suspension (in case it is suspended) and inform the same to the SNA.

    a. A letter regarding revocation of suspension shall be sent to the hospital within 24 hours of that decision.

Step 4 – Action by the Insurance Company

25. If the investigation reveals that the complaint/allegation against the hospital is correct then following procedure shall be followed:

    a. The hospital must be issued a "show-cause" notice seeking an explanation for the aberration and a copy of the show cause notice is sent to the State Nodal Agency.
    b. After receipt of the explanation and its examination, the charges may be dropped or an action can be taken.
    c. The action could entail one of the following based on the seriousness of the issue and other factors involved:
        i. A warning to the concerned hospital,
        ii. De-empanelment of the hospital.

26. <u>The entire process should be completed within 30 days from the date of suspension.</u>

Step 5 – Actions to be taken after De-empanelment

27. Once a hospital has been de-empanelled from RSBY, following steps shall be taken:

    a. A letter shall be sent to the Hospital regarding this decision with a copy to the State Nodal Agency
    b. MHC card of the hospital shall be taken by the Insurance Company and given to the District Key Manager
    c. Details of de-empanelled hospital shall be sent by State Nodal Agency to MoLE so that it can be put on RSBY national website.
    d. This information shall be sent to National Nodal Officers of all the other Insurance Companies which are working in RSBY.
    e. An FIR shall be lodged against the hospital by the State Nodal Agency at the earliest in case the de-empanelment is on account of fraud or a fraudulent activity.
    f. The Insurance Company which had de-empanelled the hospital, may be advised to notify the same in the local media, informing all beneficiaries about the de-empanelment, so that the beneficiaries do not utilize the services of that particular hospital.
    g. If the hospital appeals against the decision of the Insurance Company, all the aforementioned actions shall be subject to the decision of the concerned Committee.

Grievance by the Hospital

28. The hospital can approach the Grievance Redressaal Committee for the redressal. The Grievance Redressal Committee will take a final view within 30 days of the receipt of representation. However, the

hospital will continue to be de-empanelled till the time a final view is taken by the Grievance Redressal Committee.

The Grievance Redressal Mechanism has been developed separately and is available on RSBY website.

Special Cases for De-empanelment

In the case where at the end of the Insurance Policy if an Insurance Company does not want to continue with a particular hospital in a district it can de-empanel that particular hospital after consultation with the State Nodal agency and the District Key Manager. However, it should be ensured that adequate number of hospitals are available in the district for the beneficiaries.

HDFC ERGO General Insurance Company Limited

Appendix 7

Format for Submitting List of Empanelled Hospitals

LIST OF EMPANELLED HEALTH FACILITIES FOR RSBY IN STATE OF_____

District	Block	Name of Health Facility	Address with phone no.	Name of In-charge	No. of Beds in the Hospital	Own Pharmacy (Yes/ No)	Own Diagnostic test lab (Yes/ No)	Services Offered (Specialty)	GIS Code
1	2	3	4	5	6	7	8	9	10

(List should be District-wise alphabetically)

SIGNATURE

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Appendix 8

Parameters to Evaluate Performance of the Insurance Company for Renewal

	Criteria	
1.	**Enrolment of Beneficiaries** – At least 50% of the beneficiaries in the beneficiaries List shall be enrolled overall in the project districts of the Insurer#. # In case this is lower than 50% then appropriate justification should be there	50%-4 50-55%-5 55-60%-6 60-65%-7 65-70%-8 70-75%-9 >80%-10
2.	**Empanelment of Hospitals** – At least 50% of the eligible Private health care providers(as per RSBY criteria) shall be empanelled in each district (Numbers to be given by respective district administration)	50%-5 50-60%-7 60-70%-9 >70%-10
3.	**Setting Up of Hardware and Software in Empanelled Hospitals** – All the empanelled hospitals shall be ready with the necessary hardware and software before the start of the policy period. In case lower than 100%, the marks will be given as follows:	70%-3 70-80%-4 80-90%-5 90 to 99%-6 100%-10
4.	**District Kiosk and Call Centre Services** shall be set up and functional before the start of the enrolment process.	50% dist –3 50-75% dist -4 75-90% dist-5 >90% -10
5.	**Providing Access, through their server, of Daily disaggregated claims data to the State Nodal Agency from the time policy starts**	22-30 days of start of policy – 5 15-21 days of start of policy – 7 7-14 days of start of policy – 8 Within 7 days – 9 On or Before Start of the Policy – 10
6.	**Claim Settlement** – At least 75% of the Claims shall be settled by the Insurer within 21 days of the receipt of the claim.	>70% claim-5 70-75% claim –6 75-80% claim -7 80-85% claim-8 85-90% claim-9 >90% -10
7.	**Records are maintained at District Kiosk and Call Centre** for the services provided in the prescribed format and shared with State Nodal Agency	50% dist –5 50-75% dist -7 75-90% dist-9 >90% -10
8.	**Grievance Redressal** with beneficiaries and hospitals shall be done in 15 days in 75% of the cases.	75% cases –6 75-80% cases -7 80-85% cases-8 85-90% cases-9 >90% cases -10

Note:

a. **Insurer need to get at least 50 marks out of 80 to be considered for automatic renewal.**

b. **Insurer will share data at periodic intervals (to be decided between the insurer and State Government) on these criteria.**

Appendix 9

Infrastructure and Manpower Related Requirements for Enrollment

(a) It will be the responsibility of the Insurance Company to deploy resources as per details given below to cover entire enrollment data in each of project district:

Enrollment Kits - An enrollment kit includes at least A smart card printer, Laptop, two smart card readers, One fingerprint scanner, web camera, certified enrollment software and any other related software.
There should be minimum enrollment kits requirement as below:

No. of Enrollment Data Enrollment Data in projec district	Minimum number of Kit Required
<35000	10
35000 to 70000	15
70000 to 100000	20
100000 to 150000	30
150000 to 200000	40
200000 to 300000	60
>300000	75

ii-Minimum manpower resource deployment as below:

- One operator per kit (Educational Qualification - minimum 12 pass, minimum 6 months of diploma/certificate in computer, preferably be from local district area, should be able to read, write and speak in Hindi)
- One supervisor per 5 operators (Educational Qualification - minimum Graduate, minimum 6 months of diploma/certificate in computer, preferably be from local district area, should be able to read, write and speak in Hindi and English)
- One Technician per 10 Kits (Educational Qualification - minimum 12 pass and diploma in computer hardware, should be able to read, write and speak in Hindi and English)
- One IEC coordinator per 5 Kits
- One Manager per 5 supervisors (Educational Qualification - minimum post graduate, minimum 6 months of diploma/certificate in computer, should be able to read, write and speak in Hindi and English)

iii-These resources should be deployed from the first week of the start of the enrollment process in the district.

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Appendix 10

Role of FKOs

A. Pre-Enrollment

a. Receive personalized Master Issuance Card from the DKM after providing the fingerprint.
b. Receive information about the name of the village (s) and the location of the enrollment station inside the village for which FKO role have to be performed
c. Receive the contact details of the Insurance Company or their field agency representative who will go to the location for enrollment
d. Receive information about the date on which enrolment has to take place
e. Provide their contact details to the DKM and the Insurance Company field representative
f. Reach the enrollment station at the given time and date (Inform the Insurance Company a day in advance in case unable to come)
g. Check on the display of the BENEFICIARIES list in the village
h. Make sure that the FKO card is personalized with his/ her own details and fingerprints and is not handed over to anyone else at any time.
i. Should ensure that at least 1 card for every 300 beneficiaries, expected at the enrollment camp, is issued to him i.e., in case the BENEFICIARIES list for a location is more than 300, they should get more than 1 FKO card personalized with their details & fingerprint and carry with them for the enrollment.

B. Enrollment

a. Ensure that the BENEFICIARIES list is displayed at the enrollment station
b. Identify the Beneficiary at the enrollment station either by face or with the help of identification document (Can also make use of the Gram Pradhan or any other person to correctly identify the beneficiary)
c. Make sure that the enrollment team is correcting the **name**, **gender** and **age** data of dependents in the field in case of any mismatch
d. Make sure that the enrollment team is not 'willingly' excluding any member of the identified and verified BENEFICIARIES households for RSBY enrollment
e. Immediately after card is printed, should validate the card by inserting his/ her smart card and providing fingerprint
f. Make sure that the enrollment team is issuing the smart card on the spot to the beneficiary
g. Make sure that the enrollment team is collecting only Rs. 30 from the beneficiaries
h. Ensure that the details of all eligible (within RSBY limits of Head of family + spouse + 3 dependents) family members as per BENEFICIARIES list and available at the enrollment station entered on the card, their fingerprint & photograph taken
i. Ensure that the enrollment team is providing a brochure to each BENEFICIARIES family along with the smart card
j. Make sure that the smart card is given inside a plastic cover and people are told not to laminate it
k. If a beneficiary complains that their name is missing from the BENEFICIARIES list then make sure that this information is collected in the specified format and shared with the District administration.
l. If all dependents of a beneficiary, eligible for enrollment are not present at the camp, they should be informed that those can be added to the card at the District kiosk.

C. Post Enrollment

a. Return the FKO card to the DKM after the enrollment is over at the location (s) for which the FKO is responsible

b. At the time of returning the card, ensure that the data is downloaded from the card and that the number of records downloaded is the same as the number he verified at the camp. In case of any discrepancy, make a note of the difference and ask the DKM to send the card and the note back to CKGA
c. Furnish a brief report to the DKM.
d. Hand over the list of left out people, collected at the enrollment camp to the DKMA.
e. Receive the incentive from the State Government (if any)

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Appendix 11

Process for Cashless Treatment

The beneficiaries shall be provided treatment free of cost for all such ailments covered under the scheme within the limits / sub-limits and sum insured, i.e., not specifically excluded under the scheme. The hospital shall be reimbursed as per the package cost specified in the tender agreed for specified packages or as mutually agreed with hospitals in case of unspecified packages. The hospital, at the time of discharge, shall debit the amount indicated in the package list. The machines and the equipment to be installed in the hospitals for usage of smart card shall conform to the guidelines issued by the Central Government. The software to be used thereon shall be the one approved by the Central Government.

A. Cashless Access in case package is fixed

Once the identity of the beneficiary and/ or his/her family member is established by verifying the fingerprint of the patient (fingerprint of any other enrolled family member in case of emergency/ critical condition of the patient can be taken) and the smart card procedure given below shall be followed for providing the health care facility under package rates:

a) It has to be seen that patient is admitted for covered procedure and package for such intervention is available.
b) Beneficiary has balance in his/ her RSBY account.
c) Provisional entry shall be made for carrying out such procedure. It has to be ensured that no procedure is carried out unless provisional entry is completed on the smart card through blocking of claim amount.
d) At the time of discharge final entry shall be made on the smart card after verification of patient's fingerprint (any other enrolled family member in case of death) to complete the transaction**.**
e) All the payment shall be made electronically within Twenty One days of the receipt of electronic claim documents in the prescribed format.

B. Pre-Authorization for Cashless Access in case no package is fixed

Once the identity of the beneficiary and/ or his/her family member is established by verifying the fingerprint of the patient (fingerprint of any other enrolled family member in case of emergency/ critical condition of the patient can be taken) and the smart card, following procedure shall be followed for providing the health care facility not listed in packages:

a) Request for hospitalization shall be forwarded by the provider after obtaining due details from the treating doctor in the prescribed format i.e. "request for authorization letter" (RAL). The RAL needs to be faxed/ emailed to the 24-hour authorization /cashless department at fax number/ email address of the insurer along with contact details of treating physician, as it would ease the process. The medical team of insurer would get in touch with treating physician, if necessary.
b) The RAL should reach the authorization department of insurer within 6 hrs of admission in case of emergency or 7 days prior to the expected date of admission, in case of planned admission.
c) In failure of the above "clause b", the clarification for the delay needs to be forwarded with the request for authorization.
d) 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.
e) Insurer guarantees payment only after receipt of RAL and the necessary medical details. Only after Insurer has ascertained and negotiated the package with provider, shall issue the Authorization Letter (AL). This shall be completed within 12 hours of receiving the RAL.

f) In case the ailment is not covered or given medical data is not sufficient for the medical team of authorization department to confirm the eligibility, insurer can deny the authorization or seek further clarification/ information.

g) The Insurer needs to file a report to nodal agency explaining reasons for denial of every such claim.

h) Denial of authorization (DAL)/guarantee of payment is by no means denial of treatment by the health facility**.** The health care provider shall deal with such case as per their normal rules and regulations.

i) Authorisation letter [AL] will mention the authorization number and the amount guaranteed as a package rate for such procedure for which package has not been fixed earlier. Provider must see that these rules are strictly followed.

j) The guarantee of payment is given only for the necessary treatment cost of the ailment covered and mentioned in the request for Authorisation letter (RAL) for hospitalization.

k) The entry on the smart card for blocking as well at discharge would record the authorization number as well as package amount agreed upon by the hospital and insurer. Since this would not be available in the package list on the computer, it would be entered manually by the hospital.

l) In case the balance sum available is considerably less than the Package, provider should follow their norms of deposit/running bills etc. However provider shall only charge the balance amount against the package from the beneficiary. Insurer upon receipt of the bills and documents would release the guaranteed amount.

m) Insurer will not be liable for payments in case the information provided in the "request for authorization letter" and subsequent documents during the course of authorization, is found incorrect or not disclosed.

Note: **In the cases where the beneficiary is admitted in a hospital during the current policy period but is discharged after the end of the policy period, the claim has to be paid by the insurance company which is operating during the period in which beneficiary was admitted.**

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Appendix 12

Guidelines for the RSBY District Kiosk and District Server

The insurance company will setup and operationalize the **district kiosk** and **district server** in all the project districts within 15 days of signing the contract with the State government.

1. District Kiosk

The district kiosk will be setup by the insurance company in all the project districts.

1.1. **Location of the district kiosk:** The district kiosk is to be located at the district headquarters. The State government may provide a place at the district headquarters to the insurance company to setup the district kiosk. It should be located at a prominent place which is easily accessible and locatable by beneficiaries. Alternatively, the insurance company can setup the district kiosk in their own district office.

1.2. **Specifications of the district kiosk:** The district kiosk should be equipped with at least the following hardware and software (according to the specifications provided by the Government of India),

1.2.1. **Hardware components:**

Computer (1 in number)	▪ This should be capable of supporting all other devices required. ▪ It should be loaded with standard software as per specifications provided by the MoLE.
Fingerprint Scanner / Reader Module (1 in number)	▪ Thin optical sensor ▪ 500 ppi optical fingerprint scanner (22 x 24mm) ▪ High quality computer based fingerprint capture (enrolment) ▪ Preferably have a proven capability to capture good quality fingerprints in the Indian rural environment ▪ Capable of converting fingerprint image to RBI approved ISO 19794-2 template. ▪ Preferably Bio API version 1.1 compliant
Camera (1 in number)	▪ Sensor: High quality VGA ▪ Still Image Capture: up to 1.3 megapixels (software enhanced). Native resolution is 640 x 480 ▪ Automatic adjustment for low light conditions
Smartcard Readers (2 in number)	▪ PC/SC and ISO 7816 compliant ▪ Read and write all microprocessor cards with T=0 and T=1 protocols ▪ USB 2.0 full speed interface to PC with simple command structure ▪ PC/SC compatible Drivers
Smart card printer (1 in number)	▪ Supports Color dye sublimation and monochrome thermal transfer ▪ Edge to edge printing standard ▪ Integrated ribbon saver for monochrome printing ▪ Prints at least 150 cards/ hour in full color and up to 1000 cards an hour in monochrome ▪ Minimum Printing resolution of 300 dpi ▪ Compatible with Windows / Linux ▪ Automatic or manual feeder for Card Loading ▪ Compatible to Microprocessor chip personalization
Telephone Line (1 in number)	▪ This is required to provide support as a helpline
Internet Connection	▪ This is required to upload/send data

1.2.2. **Software components:**

Operating System	▪ Vendor can adapt any OS for their software as long as it is compatible with the software
Database	▪ Vendor shall adapt a secure mechanism for storing transaction data
System Software	▪ District Server Application Software • For generation of URN • Configuration of enrollment stations • Collation of transaction data and transmission to state nodal agency as well as other insurance companies ▪ Beneficiary enrollment software ▪ Card personalization and issuance software ▪ Post issuance modifications to card ▪ Transaction system software [NOTE: It is the insurance company's responsibility to ensure in-time availability of these softwares. All these softwares must conform to the specifications laid down by MoLE. Any modifications to the software for ease of use by the insurance company can be made only after confirmation from MoLE. All software would have to be certified by competent authority as defined by MoLE.]

1.2.3. **Smart card:** The card issuance system should be able to personalize a 64KB NIC certified SCOSTA smart card for the RSBY scheme as per the card layout.

In addition to the above mentioned specifications, a **district kiosk card** (issued by the MoLE) should be available at the district kiosk.

1.3. **Purpose of the district kiosk:** The district kiosk is the focal point of activity at the district level, especially once the smart card is issued (i.e. post-issuance). Re-issuing lost cards, card splitting and card modification are all done at the district kiosk. Detailed specifications are available in the Enrollment specifications. It should be ensured that in a single transaction only one activity/ updation should be carried out over the card i.e., there should not be a combination of card reissuance + modification or modification + split or reissuance + split. The district kiosk would also enable the business continuity plan in case the card or the devices fail and electronic transactions cannot be carried out. Following will be the principal functions of a district kiosk:

1.3.1. **Re-issuance of a card:** This is done in the following cases,

1.3.1.1. **The card is reported as lost or missing** through any of the channels mentioned by the smart card vendor/insurance company, or, **the card is damaged**.

1.3.1.1.1. At the district kiosk, based on the URN, the current Card serial number will be marked as hot-listed in the backend to prevent misuse of the lost/missing/damaged card.

1.3.1.1.2. The existing data of the beneficiary – including photograph, fingerprint and transaction details – shall be pulled up from the district server, verified by the beneficiary and validated using the beneficiary fingerprints.

1.3.1.1.3. The beneficiary family shall be given a date (based on SLA with state government) when the reissued card may be collected.

1.3.1.1.4. It is the responsibility of the insurance company to collate transaction details of the beneficiary family from their central server (to ensure that any transactions done in some other district are also available)

1.3.1.1.5. Card should be personalised with details of beneficiary family, transaction details and insurance details within the defined time using the District Kiosk Card (MKC) for key insertion.

1.3.1.1.6. The cost of the smart card would be paid by the beneficiary at the district kiosk, as prescribed by the nodal agency in the contract.

1.3.2. **Card splitting:** Card splitting is done to help the beneficiary to avail the facilities simultaneously at two diverse locations i.e. when the beneficiary wishes to split the insurance amount available on the card between two cards. The points to be kept in mind while performing a card split are:

1.3.2.1. The beneficiary needs to go to the district kiosk for splitting of card in case the card was not split at the time of enrollment.

1.3.2.2. The existing data including text details, images and transaction details shall be pulled up from the district server. (**Note: Card split may be carried out only if there is no blocked transaction currently on the card.**)

1.3.2.3. The fingerprints of any family member shall be verified against those available in card.

1.3.2.4. The splitting ratio should be confirmed from the beneficiary. Only currently available amount (i.e. amount insured – amount utilized) can be split between the two cards. The insured amount currently available in the main card is modified.

1.3.2.5. The cost of the additional smart card needs to be paid by the beneficiary at the district kiosk, as prescribed by Nodal Agency at the time of contract.

1.3.2.6. The beneficiary's existing data, photograph, fingerprint and transaction details shall be pulled up from the district server and a fresh card (add-on card) will be issued immediately to the beneficiary family. Both cards would have details of all family members.

1.3.2.7. The existing card will be modified and add on card issued using the MKC card

1.3.2.8. Fresh and modified data shall be uploaded to the central server as well.

1.3.3. **Card modifications:** This process is to be followed under the following circumstances,

- Only the head of the family was present at the time of enrollment and other family members need to be enrolled to the card, or, in case all or some of the family members are not present at the enrollment camp.

- In case of death of any person enrolled on the card, another family member from the same beneficiaries is to be added to the card.

There are certain points to be kept in mind while doing card modification:

1.3.3.1. Card modification can only be done at the district kiosk of the same district where the original card was issued.

1.3.3.2. In case a split card was issued in the interim, both the cards would be required to be present at time of modification.

1.3.3.3. Card modification during the year can only happen under the circumstances already mentioned above.

1.3.3.4. It is to be ensured that only members listed on the original BENEFICIARIES list provided by the state are enrolled on the card. As in the case of enrollment, no modifications except to name, age and gender may be done.

1.3.3.5. A new photograph of the family may be taken (if all the members are present or the beneficiary family demands it).

1.3.3.6. Fingerprint of additional members needs to be captured.

1.3.3.7. Data of family members has to be updated on the chip of the card.

1.3.3.8. The existing details need to be modified in the database (local and central server).

1.3.3.9. The existing card will be modified using the MKC card

1.3.4. **Transferring manual transactions to electronic system**

1.3.4.1. In case transaction system, devices or card fails at the hospital, the hospital would inform the District kiosk and complete the transaction manually

1.3.4.2. Thereafter the card and documents would be sent across to the District Kiosk by the hospital

1.3.4.3. The district kiosk needs to check the reason for transaction failure and accordingly take action

1.3.4.4. In case of card failure

1.3.4.4.1. The card should be checked and in case found to be non-functional, the old card is to be hotlisted and a new card re-issued as in the case of duplicate card.

1.3.4.4.2. The new card should be updated with all the transactions as well

1.3.4.5. In case of software or device failure, the device or software should be fixed/ replaced at the earliest as per the SLA

1.3.4.6. The district kiosk should have the provision to update the card with the transaction.

1.3.4.7. The database should be updated with the transaction as well

1.3.4.8. The card should be returned to the Hospital for handing back to the beneficiary

2. District Server

The district server is responsibility of the insurance company and is required to:

- Set up and configure the BENEFICIARIES data for use at the enrollment stations
- Collate the enrollment data including the fingerprints and photographs and send it on to MoLE periodically
- Collate the transaction data and send it on to MoLE periodically
- Ensure availability of enrolled data to District kiosk for modifications, etc at all times

2.1. **Location of the district server:** The district server may be co-located with the district kiosk or at any convenient location to enable technical support for data warehousing and maintenance.

2.2. **Specifications of the district server:** The minimum specifications for a district server have been given below, however the Insurance Co's IT team would have to arrive at the actual requirement based on the data sizing.

CPU	▪ Intel Pentium 4 processor (2 GHz), 4 GB RAM, 250 GB HDD [Note: As per actual usage, additional storage capacity may be added.]
Operating System	▪ Windows 2003
Database	▪ SQL 2005 Enterprise Edition

3. Responsibilities of the Insurance Company/Smart Card Service Provider with respect to District Kiosk and District Server:

3.1.1. The insurance company needs to plan, setup and maintain the district server and district kiosk as well as the software required to configure the validated BENEFICIARIES data for use in the enrollment stations.

3.1.2. Before enrolment, the insurance company / service provider will download the certified BENEFICIARIES data from the RSBY website and would ensure that the complete, validated beneficiary data for the district is placed at the district server and that the URNs are generated prior to beginning the enrollment.

3.1.3. The enrollment kits should contain the validated beneficiary data for the area where enrollment is to be carried out.

3.1.4. The beneficiary and members of PRI should be informed at the time of enrollment about the location of district kiosk and its functions.

3.1.5. The insurance company needs to install and maintain the devices to read and update smart cards at the district kiosk and the empanelled hospitals. While the insurance company owns the hardware at the district kiosk, the hospital owns the hardware at the hospital.

3.1.6. It is the insurance company's responsibility to ensure in-time availability of the software(s) required, at the district kiosk and the hospital, for issuing Smart cards and for the usage of smart card services. All software(s) must conform to the specifications laid down by MoLE. Any modifications to the software(s) for

ease of use by the insurance company can be made only after confirmation from MoLE. All software(s) would have to be certified by a competent authority as defined by MoLE.

3.1.7. It is the responsibility of the service provider to back up the enrollment and personalization data to the district server. This data (including photographs and fingerprints) will thereafter be provided to the MoLE in the prescribed format.

3.1.8. It is the responsibility of the Insurance co or their service provider to set up a helpdesk and technical support centre at the district. The helpdesk needs to cater to beneficiaries, hospitals, administration and any other interested parties. The technical support centre is required to provide technical assistance to the hospitals for both the hardware & software. This may be co-located with the District Kiosk

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Appendix 13

Specifications for the Hardware and Software for Empanelled Hospitals

Hardware

- TWO smart card readers with following configuration:
  - PCSC and ISO 7816 compliant
  - Read and write all microprocessor cards with T=0 and T=1 protocols
  - USB 2.0 full speed interface to PC with simple command structure

- ONE Biometric finger print recognition device with following configuration:
  - 5v DC 500mA (Supplied via USB port)
  - Operating temperature range: 0c to 40c
  - Operating humidity range: 10% to 80%
  - Compliance: FCC Home or Office Use, CE and C-Tick
  - 500 dpi optical fingerprint scanner (22 x 24mm)
  - USB 1.1 Interface
  - Drivers for the device should be available on Windows or Linux platform
  - High quality computer based fingerprint capture (enrolment)
  - Capable of converting Fingerprint image to RBI approved ISO 19794 template.

Software

- Transaction software for Hospitals approved by Ministry of Health and Family Welfare and Employment for RSBY

Maintenance Support

- ONE year warranty for all hardware devices supplied
- Free Service Calls for Software maintenance for 1 years
- Unlimited Telephonic Support

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Appendix 14

List of Public Hospitals to be Empanelled

1. All District, Sattelite, and Other Government Hospitals, including CHCs'at district level.
2. Selected PHCs', as may be decided by the SNA.

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Appendix 15

Qualifying Criteria for the TPAs

1. **License**:

   The TPAs shall be Licensed by IRDA.

2. **Year of Operations:**

   The TPA shall have a minimum TWO years of operation since the registration.

3. **Size /Infrastructure**:

   The TPA shall have covered a Cumulative of 10 million Lives Servicing in past THREE years (2008-09, 2009-10, 2010-11)

4. **MIS:**

   The TPA shall have experience of working in Information Technology intensive environment.

5. **Quality**

ISO Certification (ISO 9001:2000) for Quality Process

Policy Wording