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

From

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

To

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

Dated: Shimla-9, the 8th March, 2019.

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

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

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

Yours faithfully,

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

Endst. No. As above Dated: Shimla-9, the 8th March, 2019
Copy for information to:-

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

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

Ayushman Bharat

Pradhan Mantri Jan ArogyaYojna

&

Himachal Health Care Scheme (HIMCARE)

Standard Operating Protocol for Hospitals

Himachal Pradesh

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

CONTENTS

BENEFITS

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

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

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

2. Except those expenses covered under pre and post hospitalisation expenses, further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.
3. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease, illness or injury and which requires hospitalisation for treatment.
4. **Congenital external diseases:** Congenital external diseases or defects or anomalies, Convalescence, general debility, "run down" condition or rest cure.
5. **Fertility related procedures:** Hormone replacement therapy for Sex change or treatment which results from or is in any way related to sex change.
6. **Drugs and Alchohol Induced illness:** Diseases, illness or injury due to or arising from use, misuse or abuse of drugs or alcohol or use of intoxicating substances, or such abuse or addiction
7. **Vaccination:** Vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident),
8. **Suicide:** Intentional self-injury/suicide
9. *Persistent Vegetative State*

g. For availing select treatment in any empanelled hospitals, preauthorisation is required to be taken for defined cases.

h. Except for exclusions listed above, services for any other surgical treatment will also be allowed, in addition to the procedures listed in the packages of upto a limit of Rs. 1,00,000 to any AB-PMJAY/HIMCARE Beneficiary,

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

i. In case AB-PMJAY/HIMCARE Beneficiary is required to undertake multiple surgical treatment within same admission, then the highest package rate shall be taken at 100%, thereupon the 2nd treatment package shall taken as 50% of package rate and 3rd treatment package shall be at 25% of the package rate.

j. Surgical and Medical packages will not be allowed to be availed at the same time.

k. For the purpose of Hospitalization, expenses as package rates shall include all the costs associated with the treatment, amongst other things:

   a. Registration charges.
   b. Bed charges (General Ward).
   c. Nursing and boarding charges.
   d. Surgeons, Anaesthetists, Medical Practitioner, Consultants fees etc.
   e. Anaesthesia, Blood Transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances etc.
   f. Medicines and drugs.
   g. Cost of prosthetic devices, implants etc.
   h. Pathology and radiology tests: radiology to include but not be limited to X-ray, MRI, CT Scan, etc.
   i. Diagnosis and Tests, etc
   j. Food to patient.
   k. Pre and Post Hospitalisation expenses: Expenses incurred for consultation, diagnostic tests and medicines before the admission of the patient in the same hospital and cost of diagnostic tests and medicines and up to 15 days of the discharge from the hospital for the same ailment/ surgery.
   l. Any other expenses related to the treatment of the patient in the hospital.

l. For the purpose of Day Care Treatment expenses shall include, amongst other things:

a. Registration charges;
b. Surgeons, anaesthetists, Medical Practitioners, consultants fees, etc.;
c. Anaesthesia, blood transfusion, oxygen, operation theatre charges, cost of surgical appliances, etc.;
d. Medicines and drugs;
e. Cost of prosthetic devices, implants, organs, etc.
f. Screening, including X-Ray and other diagnostic tests, etc.; and
g. Any other expenses related to the Day Care Treatment provided to the Beneficiary by an Empanelled Health Care Provider.

m. In case of beneficiary is under AB-PMJAY/HIMCARE wishing to avail the facility of special ward, the same shall not be admissible as a part of claim. Such charges on account of special ward shall be payable by the beneficiary himself/herself.
n. No claim processing of package rate for a medical treatment or surgical procedure or day care treatment (as applicable) that is determined or revised shall exceed the sum total of Risk Cover for a AB-PMJAY/HIMCARE Beneficiary Family Unit.
o. Specialized tertiary level service packages shall be available and offered only by the EHCP empanelled for that particular service. Not all EHCPs can offer all tertiary level services, unless they are specifically designated by the SHA for offering such tertiary level services.

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

PACKAGES

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

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

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

FACILITIES REQUIRED AT EMPANELLED HEALTH CARE PROVIDER

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

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

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

CLAIM PROCESS AND TRANSACTION MANAGEMENT

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

Consultation by the Doctor

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

Registration, Pre-authorization, Treatment & Discharge

1. Registration & Package selection

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

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

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

q. A pamphlet will be provided to the beneficiary indicating the detail of the scheme and procedure to be followed in the hospital. An indicative pamphlet is annexed at **ANNEXURE-A** of this Standard Operating Protocol.

r. If for any reason treatment is not availed for any package, the operator can unblock the package before discharge from hospital.

2. Pre-Authorization

a. All procedures as defined in the list of notified packages that are earmarked for pre-authorisation shall be subject to mandatory pre-authorisation. In addition, in case of Inter-State portability, all procedures shall be subject to mandatory pre-authorisation irrespective of the pre-authorisation status**.**

b. It is not allowed for any Empanelled Health Care Provider (EHCP), under any circumstances whatsoever, to undertake any such earmarked procedure without pre-authorisation unless under emergency.

c. The ISA in all cases of pre-authorisation request related decisions shall communicate to the EHCP within 12 hours for all non-emergency cases and within 30 minute for emergencies. If there is no response from the ISA within 12 hours of an EHCP filing the pre-authorisation request, the request of the EHCP shall be deemed to be automatically authorised.

d. The SHA will not be liable to honour any claims from the EHCP for procedures, for which the EHCP does not have a pre-authorisation, if prescribed.

e. Reimbursement of all claims for procedures shall be as per the limits prescribed for each such procedure unless stated otherwise in the pre-authorisation letter/communication.

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

g. The ISA needs to file a report to the SHA explaining reasons for denial of every such pre-authorisation request.

3. Treatment

a. After approval of pre-authorization request or in case of auto authorized packages, the EHCP may commence the treatment of the beneficiary patient.

b. The treatment shall be conducted as per the standard treatment guidelines prescribed for the disease.

c. It will be the responsibility of concerned MS Office/Hospital Administrator to provide all the medicines/surgical items/consumables/tests facility to the patients on cashless basis for which the hospital will follow the Standard Procurement Policy of State Government. All Departments functioning in a hospital shall place their demand with the concerned Medical Superintendent/Hospital Administrator for provision of the required medicines/consumables/surgical items including implants. The Departments shall extent full cooperation to the MS Office/ Hospital Administrator for procurement of these items on a centeralized basis failing which the defaulting Departments/Doctors shall invite strict disciplinary action. In case any difficulty is being faced by the MS Office/ Hospital Administrator, the same would be brought to the notice of competent authority for initiating necessary action.

d. It is reiterated that without fail in each case of Ayushman Bharat/HIMCARE beneficiary taking treatment in an EHCP on inpatient basis, the beneficiary patient or his/her family members shall not be asked to purchase medicines/consumables/surgical items including implants. A placard shall be displayed prominently by the ward sister on the bed side of such beneficiary indicating that the patient is beneficiary of the health insurance scheme and he/she should not be asked to purchase medicines from outside.

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

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

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

f. The medicines/consumables/surgical items prescribed to such patients shall be clearly indicated as per **ANNEXURE-B** and the prescription paper should bear the signature of the treating doctor as well as the ward sister. The prescription paper should be signed by a competent person (duly stamped) alongwith the name/designation and the date of prescritption in BOLD LETTERS. Such prescription should be given in duplicate; one copy of which shall be annexed to the inpatient record and other copy to be furnished by the patient/attendant at the central dispensary/pharmacy. The copy of the prescription slip furnished by the patient/attendant shall be retained at the central dispensary/pharmacy for record. It should be ensured that in Medical Colleges, the prescription should be signed by a person in rank no less than Sr. Resident/Registrar. The hospital may also endeavour to utilize this prescribed format for prescribing required material/surgical itmes/medicines/ consumables etc. for surgery/treatment of non-card holder patients also in interest of better transparency in the hospital.

g. The person manning the central dispensary/pharmacy shall dispense the prescribed medicines/surgical items/consumables to the patient/attendant/ any authorized representative of the hospital clearly indicating the items given and the items not available. An indicative format of the same is at **ANNEXURE-C**. This dispensing slip shall also be given in duplicate. One copy of which shall be retained at the central dispensary/pharmacy and the other copy shall be annexed to the in-patient record.

h. After the receipt of items from the central dispensary/pharmacy, it shall be the responsibility of the concerned ward sister to tally the items received against the items prescribed. In case any discrepancy is noted in the items received vis-à-vis the dispensing slip, the same shall be immediately

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

i. In this manner, a copy each of the prescription slip, dispensing slip and receipt shall be available in the in-patient record of the beneficiary as well as the central dispensary/pharmacy for necessary tally, audit & reconciliation purposes.

j. Mechanism shall be established in the hospital whereby the commonly required items like common medicines and consumables shall be available in the ward itself. The ward sister shall maintain a complete stock of the items available and place indents on a regular basis for maintenance of adequate stock.

k. In no case, treatment shall be refused to a patient even if the tentative treatment cost exceeds the package prescribed. In such cases, the extra treatment cost shall be borne by the concerned hospital and shall be recoverable through buffering as explained in the reconciliation section of this SOP.

4. Discharge

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

b. Every PMAM/HIMCARE beneficiary after treatment shall mandatorily visit the Ayushman Bharat/HIMCARE KIOSK. In this respect, he/she shall be

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

c. At the Ayushman Bharat/HIMCARE KIOSK, the operator shall fill the online discharge summary form and keep an electronic copy of all the relevant documents required. List of diagnostic reports recommended for the blocked package will be made available and upload of all such reports will be mandatory before discharge of beneficiary.

d. At the same time, a printable receipt needs to be generated and handed over to the patient or patient's attendant.

e. The Ayushman/HIMCARE Mitra after completion of all formalities, shall rubber stamp the patient file alongwith signature on the following format:-

All formalities completed. The patient may be discharged. PMAM/HIMCARE Mitra

Such stamp should be made available to the Ayushman Bharat/HIMCARE KIOSK.

f. It should be made sure by the final clearance counter/ward sister that no patient is allowed to go home without such stamp as prescribed above on his/her file.

g. After completion of all formalities, the beneficiary patient may be discharged.

h. Treatment cost will be deducted from available amount and will be updated on the Central AB-PMJAY Server/HIMCARE Server. SMS will be sent to beneficiary registered mobile about the transaction and available balance after discharge.

Claim Raise & Payment

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

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

b. The ISA shall be responsible for processing all claims and provide their recommendations regarding acception or rejection to SHA within 10 days of receiving all the required information/ documents so that SHA can make the payment to EHCP **within 15 daysafter receiving all the required information/ documents**. In this case of claims under portability from any empanelled hospital under the scheme within India, the same shall be settled within 30 days of receipt.

c. The ISA shall decide on the acceptance or rejection of any Claim received from an Empanelled Health Care Provider. Any rejection notice issued by the ISA to the Empanelled Health Care Provider shall state clearly that such rejection is subject to the Empanelled Health Care Provider's right to file a complaint with the relevant Grievance Redressal Committee against such decision to reject such Claim.

d. If the ISA recommends for rejection of a Claim, the ISA will inform the Empanelled Health Care Provider of the rejection alongwith details of the Claim summary; reasons for rejection; and details of the District Grievance Nodal Officer.

e. If a Claim is rejected because the Empanelled Health Care Provider making the Claim is not empanelled for providing the health care services in respect of which the Claim is made, then the ISA will while rejecting the Claim inform the Beneficiary of an alternate Empanelled Health Care Provider where the benefit can be availed in future.

f. The ISA shall be responsible for ensuring settlement of all claims **within 15 days after receiving all the required information/ documents**. The Claim Payment shall be made (based on the Package Rate or the Pre-Authorized Amount) within 15 days, if not rejected, including any investigation into the Claim received from the Empanelled Health Care Provider.

g. In case of all PHCs, CHCs, District Hospitals and other Public Empanelled Health Care Provider full claim payment will be made without deduction of

tax. In case of private health care providers, full claim shall be paid without deduction of tax, if **the Empanelled Health Care Provider submits a tax exemption certificate to the SHA. If the private empanelled health care provider fails to submit a tax exemption certificate to SHA, then the Claim Payment recommendation by ISA will be made after deducting tax at the applicable rate.**

h. If the Beneficiary is admitted by an Empanelled Health Care Provider during a Policy Cover Period, but **is discharged after the end of such Policy Cover Period and the Policy is not renewed, then the arising Claim shall be paid in full subject to the available Sum Insured.**

i. If a Claim is made during a Policy Cover Period and the Policy is not subsequently renewed, then the Claim Payment shall be made in full subject to the available Sum Insured.

j. The claims shall be processed by the ISA and SHA on a weekly basis and the funds shall be transferred through electronic transfer by the SHA to such Empanelled Health Care Provider's designated bank account. All EHCPs should ensure that accurate bank account details should be uploaded on Transaction Management System.

k. Once the claim is processed and the hospital gets the payment, the above-mentioned information along with payment transaction ID will be updated on central AB-PMJAY/ HIMCARE system by the SHA for each claim separately.

l. Hospital Transaction Management Module would be able to generate a basic MIS report of beneficiary admitted, treated and claim settled and in process and any other report needed by Hospitals on a regular basis.

Reconciliation

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

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

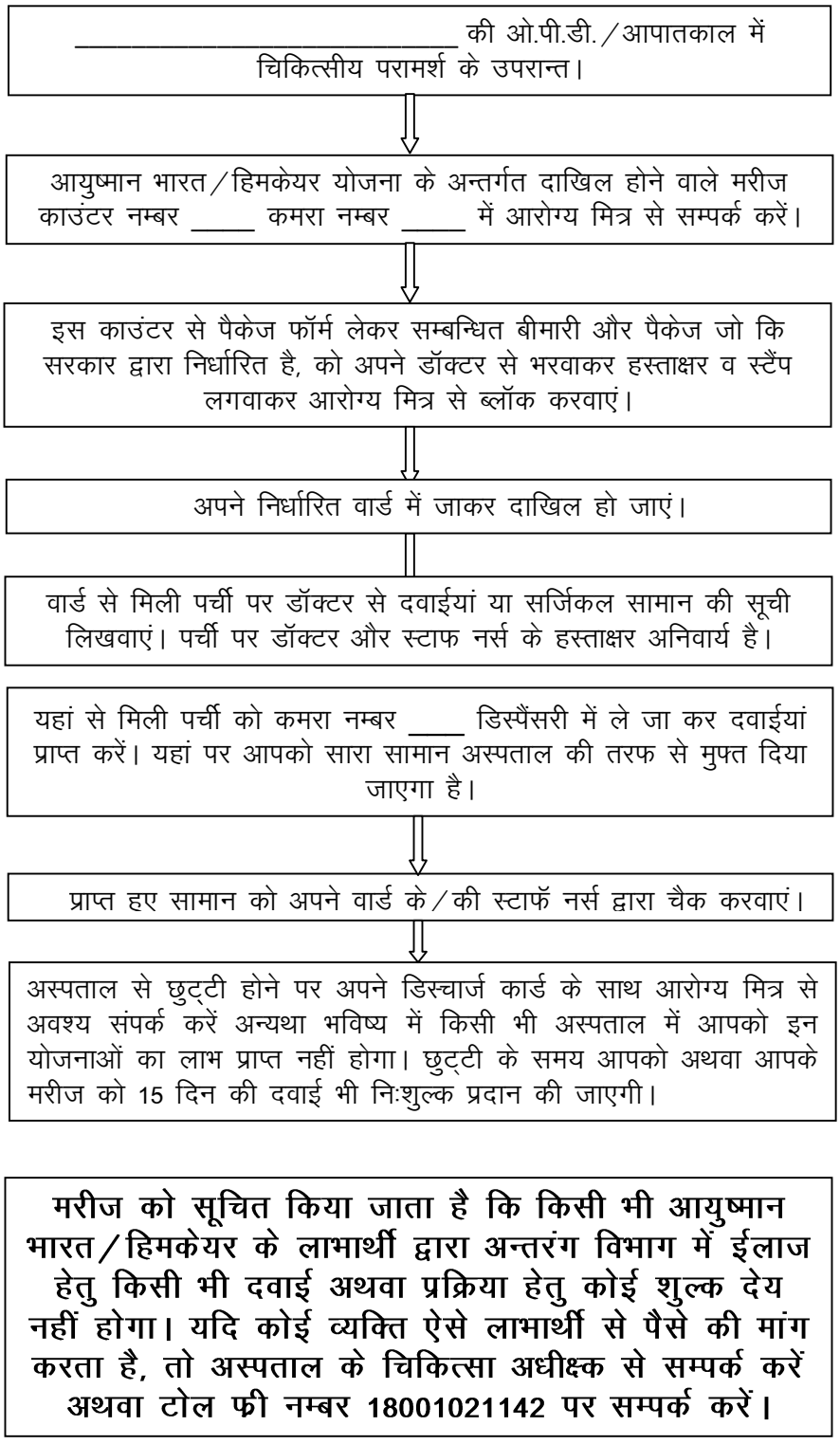
b. There should be a single bill generated for each beneficiary of Ayushman Bharat/HIMCARE. All expenditure incurred on a particular patient shall be logged against the inpatient number and the URN of the beneficiary either electronically (through softwares like DVDMS) or manually by the accounts branch of the hospital.

c. This single bill should be generated and uploaded on the portal while raising the claim.

d. **BUFFERING**: Since the EHCPs are being reimbursed on the basis of pre-decided package rates and not on the actual cost incurred by the hospital which in most of the cases shall be less, the treatment in extra ordinary cases where the treatment cost exceeds the prescribed package rate, the excess expenditure incurred shall be buffered from the overall savings of the EHCP in respect of the patients treated. In no case, the expenditure would be finalized on a case to case basis and the accounts shall be reconciled in an overall manner.

****

Annexure-A Pamphlet



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

Annexure-B Prescription Slip

Prescription slip for Ayushman Bharat/HIMCARE patients

Name of Hospital

Name of Patient **URN**

Inpatient Number **Ward Number**

Items prescribed:

Sr.No.	Item	Number

Signature of Staff Nurse with stamp
Name _____(in Bold Letter)
Designation_____ (in Bold Letter)
Date:

Signature of Doctor with stamp
Name _____(in Bold Letter)
Designation_____ (in Bold Letter)
Date:

Annexure-C Dispensing Slip

Dispensing slip for Ayushman Bharat/HIMCARE patients

Name of Hospital

Name of Patient **URN**

Inpatient Number **Ward Number**

Items dispensed:

Sr.No.	Item	Number

Items not available:

Sr.No.	Item	Number

Signature of Incharge Central Dispensary/ Pharmacy with stamp

Name _____(in Bold Letter)

Designation_____ (in Bold Letter)

Date: