

Biju Krushak Kalyan Yojana

Detailed Guidelines

Government of Odisha

**Directorate of Agriculture and Food Production,
Department of Agriculture**

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(as on 1 December 2013)

(2nd Edition)

GOVERNMENT OF ODISHA

BIJU KRUSHAK KALYAN YOJANA

A number of studies have revealed that risk owing to low level of health security is endemic for Farmers and their family members, especially those in unorganized sector. The vulnerability of these Farmers and their family members increases when they have to pay out of pocket for their medical care with no subsidy or support. On the one hand, such a farm family does not have the financial resources to bear the cost of medical treatment; on the other, the public owned health infrastructure is unable to cope up with the demand. Large number of persons borrows money or sells assets to pay for treatment in hospitals. Thus, Health Insurance can be a way of overcoming financial handicaps, improving access to quality medical care and providing financial protection against high medical expenses. The “Biju Krushak Kalyan Yojana” announced by the Government of Odisha attempts to address such issues.

For effective operation of the scheme, partnership is envisaged between the Insurance Company, public and the private sector hospitals and the State agencies. State Government/Nodal Agency will assist the Insurance Company in networking with the Government/Private hospitals, fixing of treatment protocol and costs, treatment authorization, so that the cost of administering the scheme is kept at the lowest, while making full use of the resources available in the Government/Private health systems. Public hospitals, including ESI hospitals and such private hospitals fulfilling minimum qualifications in terms of availability of inpatient medical beds, laboratory, equipments, operation theatres, smart card reader etc. and a track record in the treatment of the diseases can be enlisted for providing treatment to the identified families under the scheme.

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GLOSSARY

The words and expressions that are capitalized and defined in these Tender Documents shall, unless the context otherwise requires, have the meaning ascribed herein. Any term not defined in the Tender Documents shall have the meanings ascribed to it in the Main Contract.

Addendum or Addenda	means an addendum or addenda (document issued in continuation or as modification or as clarification to certain points in the main document) to the Tender Documents issued in accordance with Clause 4.3. The bidders would need to consider the main document as well as any addenda issues subsequently for responding with a bid.
Affiliate	in relation to a Bidder, means a person that, directly or indirectly, through one or more intermediaries: (i) Controls; (ii) is Controlled by; or (iii) is under the common Control with, such Bidder.
Beneficiary Database	means the database providing details of families and their members that are eligible for BKKY, Such A database will be prepared by or on behalf of the State Nodal Agency, validated by the GoO and thereafter uploaded on the BKKY website: <i>www.bkky.gov.in</i> .
Beneficiary Family Unit / BKKY Beneficiary Family / Farmer Family / BKKY Beneficiary Family Unit	means a family, ordinarily residing in Odisha, whose head is a farmer as defined in these guidelines; up to five members of such a family, as chosen by the head, shall be eligible for cover under BKKY i.e. those Family Units as notified by the Director as being eligible for benefits under the BKKY.
Beneficiaries	means the members of Beneficiary Family Units that are eligible to be enrolled by the Insurer in BKKY.
Bid	means each proposal submitted by a Bidder, including a Technical Bid and a Financial Bid, to be eligible for and to be awarded the Contract; and Bids shall mean, collectively, the Bids submitted by the Bidders.
Bid Due Date	means the last date for submission of the Bids as specified in the Tender Notice, and as may be amended from time to time.

Bidder	means an eligible legal person that submits a Bid in accordance with the Tender Documents; and the term Bidders shall be construed accordingly.
BKKY	Means Biju Krushak Kalyan Yojana
CHC	means a community health centre in the State.
Call Centre Service	means the toll-free telephone services to be provided by the Insurer for the guidance and benefit of the Beneficiaries
Cashless Access Service	means the service provided by the hospitals on behalf of the Insurer to the Beneficiaries covered under BKKY for the provision of health care facilities without any cash payment by the beneficiary.
Contract	means a contract to be entered into by the State Nodal Agency and the Insurer for the provision of health insurance cover to the Beneficiaries under the BKKY.
Cover	in relation to a Beneficiary Family Unit resident in a district, means the total risk cover of BKKY that will be provided by the Insurer to such Beneficiary Family Unit under the Contract and the Policy for that district.
Critical Care Provider	means the hospital, nursing home, Community Health Center, whether private or government, who fulfill all the criteria stipulated in these Guidelines and have enrolled with the IC for providing health care to the BKKY Beneficiary Families as stipulated in Appendix – 3B. In these Guidelines, the term “Critical Care Provider/s” shall, <i>mutatis mutandis</i>, i.e., subject to appropriate changes, also include the Health Care Provider/s, and <i>vice versa</i>.
Department / Department of Agriculture / DoA	means the Department of Agriculture, Government of Odisha

District Key Manager or DKM	in relation to a district, means a government official appointed by the Government of Odisha to administer and monitor the implementation of the BKKY in that district and to carry out such functions and duties as are set out in the Tender Documents.
District	means a revenue district in Odisha
District Kiosk	in relation to each district, means the office established by the Insurer at that district to provide post-issuance services to the Beneficiaries and to Empanelled Health Care Providers in that district, in accordance with Section 20.
Eligible Bidder	means a Bidder that is found to be eligible and to satisfy the Qualification Criteria and whose Technical Bid is found to be substantially responsive to the Tender Documents, and which will therefore be eligible to have its Financial Bid opened.
Empanelled Health Care Provider	means a hospital, a nursing home, a CHC, a PHC or any other health care provider, whether public or private, satisfying the minimum criteria for empanelment and that is empanelled by the Insurer and the GoO , in accordance with Section 7.
Enrolment Kit	means the equipments, meeting the requirements provided in this tender, required for registration, card issuance and verification that must be carried by an enrolment team for carrying out enrolment of the Beneficiaries under BKKY.
Farmer	means a person, ordinarily residing in the State of Odisha, whose income shall be from agriculture, horticulture, sericulture, silviculture, pisciculture, animal husbandry, fishing or allied professions; provided that the person should not be an Income Tax payer or assessee. provided that a landless agriculture labour shall be deemed to be a farmer provided further that pension received for disability, old

age, past services or diseases shall NOT be construed as a disqualification to be a farmer

Farmer Family

see Beneficiary Family Units in this Glossary

Field Key Officer or FKO

means a field level Government officer or other person appointed by the State Nodal Agency to identify and verify the Beneficiary Family Units at the time of enrolment and to carry out such other functions and duties.

Financial Bid

means a financial proposal submitted by the Bidder setting out the Premium quoted by the Bidder, in the format provided in Annexure H of the Tender Documents.

GoI

means the Government of India.

GoO

means the Government of Odisha

Health Care Providers

means the hospital, nursing home, Community Health Center, whether private or government, who fulfill all the criteria stipulated in these Guidelines and have enrolled with the IC for providing health care to the BKKY Beneficiary Families as stipulated in Appendix – 3A

In these Guidelines, the term “Health Care Provider/s” shall, *mutatis mutandis*, i.e., subject to appropriate changes, also include the Critical Care Provider/s, and vice versa.

Health Insurance Scheme

Means only mass health insurance schemes of Govt of India or the Govts of various States for any category of people or employees; it **shall not** mean any individual health insurance covers.

High Power Committee / HPC / Committee

means the Committee constituted by the Government of Odisha for the purpose of supervising the implementation of BKKY

Insurance Server

in relation to a district, means the server that the Insurer shall install to: set up and configure the Beneficiary Database for use at enrolment stations; collate enrolment data including fingerprints; collate transaction data;

collate data related to modifications undertaken at the district kiosk; submit periodic reports to the State Nodal Agency and/or to Dept of Agriculture; and perform such other functions set out in this tender.

Insurer / Insurance Company (IC) means the Bidder that is selected as the Successful Bidder and that enters into the Contract with the State Nodal Agency.

IRDA means the Insurance Regulatory and Development Authority.

Notification of Award or NoA means the order that will be issued by the State Nodal Agency to the Successful Bidder after the proposal is accepted by the HPC.

OPD means out-patient department.

PHC means a Primary Health Centre in the State.

Package Rates means the fixed maximum charge per medical or surgical treatment, procedure or intervention or day care treatment that will be covered by the Insurer.

Policy in respect of each district in the State, means the policy issued by the Insurer to the State Nodal Agency describing the terms and conditions of providing risk cover to the Beneficiaries that are enrolled in that district, including the details of the scope and extent of cover available to the Beneficiaries, the exclusions from the scope of the risk cover available to the Beneficiaries, the Policy Cover Period of such policy and the terms and conditions of the issue of such policy.

Premium means the premium to be paid by the State Nodal Agency to the Insurer in accordance with Section 11.

Project Office means office set by the selected Insurance Company in the State.

Qualification Criteria	means the minimum qualification criteria that the Bidder is required to satisfy in order to qualify for evaluation of its Financial Bid.
RSBY	Means Rashtriya Swastya Bheema Yojana
Rupees, Rs or ₹	means Indian Rupees, the legal tender of the Republic of India.
Secretary	means the Secretary to the Government of Odisha, Department of Agriculture.
Section	means a section of the Detailed Guidelines.
Services Agreement	means the agreement to be executed between the Insurer and an Empanelled Health Care Provider, for utilization of the Cover by the Beneficiaries on a cashless basis.
Service Area	means the districts for which this tender is applicable.
Smart Card	means the electronic identification card issued by the Insurer to the Beneficiary Family Unit, for utilization of the Cover available to such Beneficiary Family Unit on a cashless basis meeting the specifications as defined in Appendix 4.
Smart Card Service Provider	means the intermediary that meets the criteria set out in this tender and that is appointed by the Insurer for providing services that are mentioned in this tender. For purposes of BKKY this organization must be accredited by Quality Council of India (QCI) as per norms set by BKKY
State Nodal Agency / Director	means the Director of Agriculture and Food Production, Government of Odisha, the Nodal Agency notified by the State Government for implementing and monitoring the BKKY.
Successful Bidder	means the Eligible Bidder that has been selected by the State Nodal Agency for the award of the Contract.
Technical Bid	means a technical proposal to be submitted by each Bidder

to demonstrate that: (i) the Bidder meets the Qualification Criteria; and (ii) the Bidder is eligible to submit a Bid under the terms set out in the Tender Documents.

**Tender Documents /
Tender Papers**

means these tender documents issued by the State Nodal Agency for appointment of the Insurer and award of the Contract to implement the BKKY. This would include the Addendum, annexures, guidelines, clarifications, Minutes of Meeting, notifications, orders or any other documents issued along with or subsequent to the issue of the tender and specifically mentioned to be part of the tender.

Tender Notice

means the notice inviting tenders for the implementation of the BKKY.

**Third Party
Administrator / TPA**

means any organization that: is licensed by the IRDA as a third party administrator, meets the criteria set out at **Appendix 15** and that is engaged by the Insurer, for a fee or remuneration, for providing Policy and claims facilitation services to the Beneficiaries as well as to the Insurer upon a claim being made.

BIJU KRUSHAK KALYAN YOJANA – DETAILED GUIDELINES

1. NAME

The name of the scheme shall be “**BIJU KRUSHAK KALYAN YOJANA**” (BKKY).

2. OBJECTIVE

To improve access of identified Farmer Families to quality medical care for treatment of diseases involving hospitalization through an identified network of health care providers.

3. IMPLEMENTING AGENCY

The scheme shall be implemented through the Director of Agriculture and Food Production, Government of Odisha, who is notified as the State Nodal Agency for this purpose. There shall be a High Power Committee under the chairmanship of the Chief Secretary, Odisha, to supervise the implementation of BKKY.

4. BENEFICIARIES

The scheme is intended to benefit Farmers and their families of Odisha. Therefore, tenders are invited to cover an estimated number of 60,00,000 (sixty lakh) Farmer Families of the State – around 25 lakhs under BKKY Stream I and 35 lakhs under BKKY Stream II, depending on the enrolment. This is not an assurance that there will be a minimum of sixty lakh beneficiary families.

In addition to the estimated number of beneficiaries as given above, the State Government may add more Beneficiaries to the scheme. The same terms and conditions including Premium shall be applicable to additional beneficiary families.

5. ENROLMENT UNIT AND ITS DEFINITION

5.1 Unit of Enrolment

The unit of enrolment for BKKY shall be the Farmer Family.

5.2 Size of Farmer Family

The size of the enrolled family unit can be up to a unit of five for availing benefit under BKKY.

5.3 Definition of Farmer Family

A family would comprise the Head of the family, spouse, and up to three dependents.

The Head of the Family shall be a farmer, as defined in these guidelines.

If the spouse of the head of the family is alive and living with the family, the spouse shall mandatorily be part of the Beneficiary Family Unit.

If the head of the family is absent at the time of enrolment, the spouse shall be treated as the head of the family for the purpose of the BKKY.

The head of the family shall nominate up to but not more than 3 dependants as part of the Beneficiary Family Unit.

If the spouse is dead or is not living with the family, the head of the family may nominate a fourth member as a dependant as part of the Beneficiary Family Unit.

6. BENEFITS

6.1 Benefit Package

The Benefits within this scheme will be provided in two separate streams called BKKY Stream I and BKKY Stream II. These benefits, 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. **Under BKKY Stream I:** Coverage for meeting expenses of hospitalization for medical and/or surgical procedures **including maternity benefit and new born care**, to the enrolled families for up to ₹ 30,000/- per family per year subject to limits, in any of the empanelled Health Care Providers across Odisha for those procedures listed in Appendix - 2 and 3A. The benefit to the family will be on floater basis, i.e., the total reimbursement of ₹ 30,000/- can be availed individually or collectively by the enrolled members of the family per year;

And,

Coverage for meeting expenses of hospitalization for medical and/or surgical procedures to the enrolled families for up to ₹ 70,000/- per family per year on a floater basis, subject to limits, in any of the empanelled Critical Care Providers across Odisha and outside, for those procedures listed in Appendix -3B. **Those Families who are eligible to be enrolled under RSBY are not eligible for coverage under BKKY Stream-I.**

- b. **Under BKKY Stream II:** Coverage for meeting expenses of hospitalization for medical and/or surgical procedures to the enrolled families for up to ₹ 70,000/- per family per year on a floater basis, subject to limits, in any of the empanelled Critical Care Providers across Odisha and outside, for those procedures listed in Appendix -3B. **All the RSBY eligible beneficiary families are eligible for coverage under BKKY Stream-II.**
- c. 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.**

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 ₹ 100 per hospitalisation subject to an annual ceiling of ₹ 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. Screening and Follow up care shall also be a part of the package.

- g. 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 up to 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 BKKY and will NOT be counted as a separate member even if five members of the family are already enrolled.
- ii. Verification for the newborn can be done by any of the existing family members who are enrolled in BKKY through the same smart card as that of the mother.

6.2 Package Rate

For those medical or surgical treatments, procedures or interventions or listed day care procedures that are set out in **Appendix 3-A**, the Insurer's liability under BKKY Stream I shall be no more than the Package Rates mentioned in the same Appendix.

If hospitalization is due to a medical condition, a flat per day rate will be paid depending on whether the Beneficiary is admitted in the General Ward or the Intensive Care Unit (ICU).

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

- a. Registration Charges
- b. Bed charges (General Ward),
- c. Nursing and Boarding charges,
- d. Surgeons, Anaesthetists, Medical Practitioner, Consultants fees etc.
- e. Anaesthesia, 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 tests 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 issuance of bid or renewal of contract as the case may be. 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 the High Power Committee.

Provided that the Beneficiary has sufficient insurance cover remaining at the time of seeking treatment, surgical or medical procedure or intervention or day care procedure for which package rates have been decided, claims by the Empanelled Health Care Provider will not be subject to pre-authorization process by the Insurer.

The list of common procedures and package charges set out in **Appendix - 2 and Appendix 3-A** to this tender will also be incorporated as an integral part of service agreements between the Insurer and its empanelled Health Care Providers.

The list of common procedures and package charges set out in **Appendix - 2, Appendix 3-A and Appendix-3-B** to this tender will also be incorporated as an integral part of service agreements between the Insurer and its empanelled Critical Care Providers.

For those medical or surgical treatments, procedures or interventions or listed day care procedures that are set out in **Appendix 3-B**, the Insurer's liability, under BKKY Stream I and BKKY Stream II, under the benefits package shall be limited to **Rs 70,000**, till the approval of the Govt for a list of Package rate. The SNA will, in due course, provide package rates for these treatments and procedures.

If hospitalization is due to a medical condition, a flat per day rate will be paid depending on whether the Beneficiary is admitted in the General Ward or the Intensive Care Unit (ICU).

These rates (in case of surgical procedures or interventions or day care procedures) or flat per day rate (in case of medical treatments) will include:

- a. Registration Charges
- b. Bed charges (General Ward),
- c. Nursing and Boarding charges,
- d. Surgeons, Anaesthetists, Medical Practitioner, Consultants fees etc.
- e. Anaesthesia, 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 tests 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 State Nodal Agency, in consultation with the Insurer, may specify a Package Rate for the medical or surgical treatments, procedures or interventions or listed day care procedures that are set out in **Appendix - 3B**.

Under BKKY Stream I, for those medical or surgical treatments, procedures or interventions or listed day care procedures that are not set out in **Appendix- 3A or 3B**, the Insurer's liability shall be limited to **Rs 30,000**, subject to pre-authorization on a case-by-case basis. These rates (in case of surgical procedures or interventions or day care procedures) or flat per day rate (in case of medical treatments) will include:

- a. Registration Charges
- b. Bed charges (General Ward),
- c. Nursing and Boarding charges,
- d. Surgeons, Anaesthetists, Medical Practitioner, Consultants fees etc.
- e. Anaesthesia, 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 tests 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.

Those families who are beneficiaries under BKKY Stream II are eligible for treatment only for those procedures and surgeries listed in Appendix - 3B.

7. ELIGIBLE HEALTH CARE PROVIDERS / CRITICAL CARE PROVIDERS

Both public (including Employee State Insurance Hospitals) and private healthcare providers / critical care providers which provide hospitalization and/or day care services would be eligible for empanelment under BKKY, subject to such requirements for empanelment as outlined in this tender document.

8. EMPANELMENT OF HEALTH CARE PROVIDERS

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.

Health Care Providers 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, BKKY and approved by the State Nodal Agency.

As such all the hospitals empanelled under RSBY on 1 July 2013 shall be deemed to be empanelled under BKKY as Health Care Providers for procedures listed in Appendix - 2 and Appendix -3A.

All the hospitals empanelled under OSTF on 1 July 2013 shall be deemed to be empanelled under BKKY as Critical Care Providers for procedures listed in Appendix - 2, Appendix - 3A and Appendix - 3B.

However, whenever necessary, the State Nodal Agency can authorize the Insurer to empanel any hospital under BKKY, irrespective of whether it is empanelled under RSBY or OSTF.

If it is found that there are insufficient health care providers in a district or that the facilities and services provided by health care providers in a district are inadequate, then the State Nodal Agency can reduce the minimum empanelment criteria specified in this Section on a case-by-case basis.

The criteria for empanelment of hospital are provided as follows:

8.1 Empanelment of Public Health Care Providers / Critical Care 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 as has been defined in **Appendix 4 and Appendix 13**.
- c. An operational pharmacy and diagnostic test services, or should be able to link with the same in close vicinity so as to provide 'cashless' service to the patient.
- d. Maintaining of necessary records as required and providing necessary records of the BKKY patients to the Insurer or his representative/ Government/Nodal Agency as and when required.
- e. A Bank account which is operated by the health care provider through Rogi Kalyan Samiti / Swasthya Bikas Samiti or equivalent body.

8.2 Empanelment of Private Health Care Providers

Empanelment of Private Health Care Providers for procedures in Appendix - 3A

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 'cashless' 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.

The complete transaction-enabling infrastructure, required to be procured by the private hospitals to be considered as empanelled and enabled for raising claims on Insurance Company, has been defined in **Appendix 4 and Appendix 13**.

Empanelment of Private Critical Care Providers for procedures in Appendix - 3B

- 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 so as to provide 'cash less' service to the patient.
- b. Those facilities undertaking defined Critical illness care surgical operations should have a fully equipped Operating Theatre of their own.
- c. Fully equipped ICCU/CCU/relevant Intensive care unit in addition to and in support of the OT facilities that they have. Such facility should be of adequate capacity and numbers so that they can handle all the patients operated in emergencies.
- d. Fully qualified doctors and nursing staff under its employment round the clock.
- e. 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.
- f. Registration with Income Tax Department.
- g. Telephone/Fax.

The complete transaction-enabling infrastructure, required to be procured by these hospitals to be considered as empanelled and enabled for raising claims on Insurance Company, has been defined in **Appendix 4 and Appendix 13**.

8.3 IT Infrastructure for Empanelment in BKKY

- a. Both public and private health care providers and critical illness care providers which fulfil the criteria for empanelment and are selected for empanelment in BKKY 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 4**.
- b. The Insurer shall be responsible for providing and installing the entire IT infrastructure (i.e., hardware and software) for each public Empanelled Health Care Provider in a district before commencement of enrolment in that district.
- c. Each private Empanelled Health Care Provider will be responsible for providing and installing the entire IT infrastructure (i.e., hardware and software) before commencement of enrolment in the district where such Empanelled Health Care Provider is located.
- d. It is the responsibility of the hospitals to ensure that the system is running at all times and to inform the concerned Service Provider which has installed the system, and the TPA (if any) and/ or IC in case there are in problems related to its proper use as required.

8.4 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 BKKY enrolled beneficiaries.

8.5 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 Biju Krushak Kalyan Yojana Basic Coverage / Top-up coverage in the prescribed format given by State Nodal Agency outside or at their main gate.

- b. Provide a functional help desk for giving necessary assistance to the BKKY beneficiaries. At least two persons in the hospital will be nominated by the hospital who will be trained in different aspects of BKKY 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. Make claims on the Insurer electronically, by swiping the Smart Card presented by the Beneficiaries at the time of registration, admission (blocking) and discharge. **The Insurer shall not entertain manual claims from the Empanelled Health Care / Critical Care Providers.**
- e. Send hospitalisation data of BKKY patients electronically on a daily basis to the designated server.
- f. Maintain such records and documentation as are required for the Insurer to pre-authorise treatments and process claims.
- g. Cooperate with the Insurer and the State Nodal Agency and provide access to the Insurer and State Nodal Agency to all facilities, records and information for the conduct of audits or any other performance evaluations of the performance by the Empanelled Health Care Provider.
- h. Comply with the provisions of all laws, statutes, rules and regulations, as amended from time to time applicable to their profession.

8.6 Process for Empanelment of Hospitals

The Insurance Company shall make sure that adequate number of both public and private health care providers shall be empanelled in each district. The Insurer shall also make efforts that the empanelled providers are spread across different blocks of the district.

Insurance Company will undertake following activities for the empanelment of hospitals, under specific instructions from the SNA:

- a. Prepare a list of eligible public and private hospitals in a district which can be empanelled in BKKY 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 enrolment in the district.
- c. Based on the list of hospitals prepared and willingness of the health care providers, the Insurance Company will prepare and submit a final list of public and private hospitals which will be empanelled in a district to the District administration along with a copy to State Nodal Agency.

- d. Enter into the Services Agreements with the public and private health care providers which have agreed to be empanelled in a district, prior to commencement of enrolment for such district.
- e. Make sure that the necessary software and hardware are installed in the hospital before the commencement of the policy.
- f. Apply for Master Hospital Card by filling up the details of the hospitals in the designated web page of www.bkky.gov.in
- g. Provide Master Hospital Card to the hospital after receiving it from the District Key Manager in the district before the commencement of the policy.
- h. Ensure activation and working of the machines at each empanelled Hospital before the commencement and during the Policy Period.
- i. Ensure the training of the Hospital personnel during the Hospital Workshop and individually as well, along with the refresher training as and when needed
- j. All the Hospital Service providers, public and private, now empanelled and functioning under the RSBY implementation, shall be deemed to be empanelled till they are suspended or delisted by the relevant Insurance provider.

8.7 Agreement with Empanelled Hospital

The Insurance Company will sign agreements with empanelled Health Care Providers, to provide Benefits under BKKY. Draft Template for Agreement between Insurer and Hospital has been provided in **Appendix 5**.

If the Insurer wishes to modify the draft Services Agreement or amend the Services Agreement entered into with an Empanelled Health Care Provider, the Insurer shall obtain the prior written approval from the State Nodal Agency for such modifications or amendments.

8.8 Delisting of Hospitals

An empanelled hospital would be delisted from the BKKY 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 delisting for hospitals as given in **Appendix 6**.

A hospital once delisted 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.

All hospitals delisted under RSBY or OSTF network would automatically be treated as delisted under the BKKY network.

However, whenever necessary, the State Nodal Agency can authorize the Insurer to delist any hospital from being a Health Care Provider or Critical Care Provider, irrespective of whether it is delisted or not under RSBY or OSTF.

8.9 List of Empanelled Health Care Providers to be submitted

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

- a. A list of empanelled health care providers, within the State, that have agreed to be a part of BKKY network, in the format given in **Appendix 7**.
- b. For the health care providers which will be empanelled after the commencement of the enrolment process in the district, the Insurer will need to submit this information every month to the State Nodal Agency.

Insurer will also need to ensure that details of all Empanelled Health Care Providers are conveyed to the Beneficiaries of the BKKY at regular intervals and an updated copy of such list is kept at the District Kiosks and the office of the Assistant Agricultural Officer at all times.

9. SERVICES BEYOND SERVICE AREA

- a. To ensure true portability of smart card so that the beneficiary can get seamless access to BKKY empanelled hospitals anywhere across Odisha, the Insurer shall enter into arrangement with ALL other Insurance companies, if any, which are working in BKKY for allowing sharing of network hospitals, transfer of claim & transaction data arising in areas beyond the service area.
- b. If the hospitals in the neighbouring districts are already empanelled under BKKY, then insurer shall provide a list of those hospitals to the State Nodal Agency.
- c. The Inter insurance company claims, whether within the State or outside the State, will also be handled in the same way and time frame by the Insurance Companies as defined in this document.

10. DISTRICT KEY MANGER AND FIELD KEY OFFICER

The District Key Manager (DKM) is a key person in BKKY responsible for executing very critical functions for the implementation of BKKY at the district level. The DKM is appointed by State Government. DKM is provided a security card through which FKO cards are issued. The Deputy Directors of Agriculture, within their jurisdiction, shall be the DKM under BKKY. The roles and functions of DKM have been provided in **Appendix 10**.

The Field Key Officer (FKO) is a field level Government officer, or any other functionary nominated by DKM, who is responsible for verifying the identity of the beneficiary head of the household. The FKO does this process through his/ her fingerprint and smart card provided for this purpose by the Government called Master Issuance Card (MIC). The roles and functions of FKO have been provided in **Appendix 10**.

11. PAYMENT OF PREMIUM AND REGISTRATION FEE

The State Nodal Agency will, on behalf of the identified beneficiaries, make the payment of the Govt share of the premium to the Insurance Company based on the enrolment of the identified beneficiaries and delivery of smart cards to them.

Payment of registration fee and premium instalment will be as follows:

- a. The Insurer or its representative(s) shall collect the registration fee of ₹ 30 from Beneficiary Family Unit under Stream-I on delivery of the Smart Card. The registration fee collected by the Insurer shall be deemed to be the first instalment of the Premium

Second Instalment shall be paid by the State Nodal Agency to the Insurance Company whereby Insurer will raise the bill for Premium on the last day of the month in which enrolment occurs, in relation to enrolments completed in that month. Along with its invoice, the Insurer shall provide the complete enrolment data (including personal data, i.e. photograph, biometric print images) to the State Nodal Agency in electronic form.

The State Nodal Agency shall pay the second instalment of the Premium within 15 days of receipt of the invoice from the Insurer, subject to verification of the enrolment data submitted by the Insurer against the data downloaded from the Field Key Officer (FKO) cards on the District Key Manager (DKM) server.

The Insurer or its representative shall not collect any Registration fee from the Beneficiary Families under Stream-II. The Premium, including the Registration Fee of Rs 30/- will be paid in one installment by the SNA to the Insurer, following the same procedure as under Stream-I.

In case this data is not available for some reason from DKM Server, the signed data to be submitted by the Insurance Company of the enrolment will be used to determine number of families enrolled in BKKY.

Note:

- i. The Insurer / Insurance Company needs to enter the details of the premium bill raised on the web portal of www.bkky.gov.in. As soon as the Insurance Company makes an entry about the claim raised, a **Premium Claim Reference (PCR) Number will be generated by the system** and this should be mentioned on the Bill submitted to State Nodal Agency.
- ii. 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 Section 64 VB of the Insurance Act 1938.
- iii. 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.
- iv. It will be the responsibility of the State Nodal Agency to collect the data downloaded from FKO cards from each of the district.

- v. Insurance Company shall NOT contact District Key Manager (DKM) regarding this data to get any type of certificate.
- vi. The Insurance Company will need to submit on a weekly basis digitally signed Enrollment data generated by the enrollment software at DKM server. This data will be matched with FKO data to determine the number of beneficiary families enrolled.

12. REFUND

If there is any surplus after the claims experienced on the premium (excluding service tax and the cost of the smartcards and issuance) at the end of the policy period, and after providing 20% of the premium paid towards the companies' administrative cost, of the balance 80% after providing for outstanding claims if any, 90% of the leftover surplus will be refunded to the SNA within 30 days after the expiry of the policy year. If the claims experience on the premium is more than 100%, in the subsequent years, the excess above 100% may be compensated from out of the refunded amount remitted by the insurance company in the block of 3 years.

Insurer must, however, refund the surplus amount to the SNA at the end of every policy year, irrespective of whether their contract is renewed or not.

Say for example in one year if the premium amount is Rs.100/-

Rs.20/- goes to company's administrative cost.

Rs.80/- is now left out.

If the claim amount in that year is Rs.50/-

Rs.30/- is then the surplus amount.

Out of Rs.30/-, Rs.27/- (90% of Rs.30/-) is to be refunded back to the SNA within 30 days after the expiry of the policy year.

If the claim in the next year is Rs 110/-

Out of the refunded Rs.27/-, the SNA will compensate Rs.10/- to the insurance company.

However, if the claim in the next year is Rs 150/-

Since the refunded amount is only Rs.27/-, the SNA will compensate only Rs.27/- (and not Rs.50/)

The refunded amounts will be used only prospectively and not retrospectively, i.e., funds saved in one year cannot be used to compensate excess claims in the previous years but only for use in the succeeding years.

13. PERIOD OF CONTRACT AND INSURANCE

13.1 Term of the Contract

The Contract between the State Nodal Agency and the Insurer shall become effective on the date of signing the MoU and shall continue to be valid and in full force and effect until expiration of the Policy Cover Period of the last Policy issued by the Insurer, including any renewal of such Policy, under the Contract or until early termination, whichever is earlier.

However, the cumulative term of the Contract(s) shall not exceed three Insurance policy years, from the date of beginning of Insurance policy in the first year, excluding the period before the insurance policy begins, even if it falls beyond the contract period of the MoU.

The decision regarding extending the contract of the Insurance Company on a yearly basis will be taken by the State Nodal Agency as per the parameters provided in **Appendix 8**.

The Premium for such a renewal will not include the cost of the smartcards.

Even after the end of the contract period, the Insurance Company needs to ensure that the server, SCSP and TPA services are available till the reconciliation with and settlement of claims of the hospitals empanelment of the districts, but not exceeding six months. Thereafter the Insurer shall hand over all the data to the SNA, and shall not have any claims over the said data, except those rights available to Insurers under the laws of insurance and the rights available to the Citizens under the Right to Information Act, 2005. Under no circumstances can the Insurer sell the data to any third party without the explicit permission of the SNA, or use the data to the disadvantage of any beneficiary.

13.2 *Issuance of Policy*

- a. The terms and conditions set out in the Policy issued by Insurer to the State Nodal Agency shall: (i) clearly state the Policy number (which shall be included as a field on the Smart Card issued to each Beneficiary Family Unit); (ii) clearly state the Policy Cover Period under such Policy, that is determined in accordance with Section 13.3; and (iii) contain terms and conditions that do not deviate from the terms and conditions of insurance set out in the Contract(s).
- b. Notwithstanding any delay by the Insurer in issuing a Policy in accordance with Section 13.2(a), the Policy Cover Period for each district shall commence on the date determined in accordance with Section 13.3.
- c. In the event of any discrepancy, ambiguity or contradiction between the terms and conditions set out in the Contract(s) and in the Policies issued for a district, the Contract(s) provisions shall prevail.

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.

13.3 *Commencement of policy in districts*

A. In the cases of districts where policy is starting for the first time:

- a. The Policy Cover Period under BKKY for a district shall commence from the first day of the month succeeding the month in which the first Smart Card is issued in that district. Therefore, the risk cover for the first Beneficiary Family Unit to be issued a Smart Card in such district shall be for the entire Policy Cover Period.
- b. The risk cover for each Beneficiary Family Unit issued a Smart Card in a district after the issuance of the first Smart Card in that district will commence on the later to occur of: (i) the date of issuance of the Smart Card to such Beneficiary Family Unit; and (ii) the date of commencement of the Policy Cover Period for such district. Provided, however that, each Beneficiary Family Unit shall have a minimum of 9 months of risk cover. Therefore, enrolments in a district shall cease 4 months from start of Smart Card issuance in that district.

- c. Notwithstanding the date of enrolment and issuance of the Smart Cards to the Beneficiary Family Units in a district, the end date of the risk cover for all the Beneficiary Family Units in that district shall be the same. For the avoidance of doubt, the Policy Cover Period shall expire on the same date for ALL Beneficiary Family Units that are issued Smart Cards in a district.

Illustrative Example.

If the first Smart Card in a district is issued anytime during the month of August 2013, the Policy Cover Period for that district shall commence from 1st September, 2013. The Policy Cover Period shall continue for a period of 12 months, i.e., till 31st August 2014, unless the State Nodal Agency has exercised its right to renew the Policy Cover Period in accordance with Section 13.3(b). If the State Nodal Agency exercises its right to renew the Policy Cover Period, the Policy shall expire not later than the period of such renewal.

However, in the same example, if a Smart Card is subsequently issued in the month of September to November, 2013 in the same district, then the risk cover for such Beneficiary Family Unit will commence immediately, but will terminate on 31st August 2014.

Thus, all Smart Cards issued in the district will be entitled to a risk cover under the Policy for that district. The Policy Cover Period for that district shall commence on 1st September, 2013 and expire on 31st August, 2014. The risk cover available to a Beneficiary Family Unit enrolled in that district shall be determined based on the date of enrolment of such Beneficiary Family Unit, as follows:

Enrolment in New districts			
	Smart card issued During	Commencement of Insurance	Policy End Date
1.	August, 2013	1 st September 2013	31 st August, 2014
2.	September, 2013	September, 2013	31 st August, 2014
3.	October, 2013	October, 2013	31 st August, 2014
4.	November, 2013	November, 2013	31 st August, 2014

- B. The State Nodal Agency shall have the right, but not an obligation, to require the Insurer to renew the Policy Cover Period under Policies issued in respect of any district, by paying pro rata Premium for the renewal period. If such a renewal, or, if the policy is extended under unavoidable circumstances, such an extension, is mutually agreed upon, then the Premium for that period of renewal / extension will be calculated as follows:

$$(\text{Period of Renewal or Extension in days} / 365) \times \text{Premium in the preceding year}$$

The benefits set out in Section 6.1 shall be available upon such renewal. Upon such renewal of the Policy Cover Period, the Insurer shall promptly undertake to inform the enrolled Beneficiary Family Units of such renewal and also provide such information to the District Kiosk of the relevant district.

The insurance company will have a maximum of Four Months to complete the **entire enrolment process** in both new and renewal set of districts. For both the set of districts **full premium for all the four months will be given to the insurer.**

The salient points regarding commencement & end of the policy are:

Policy end date shall be the same for ALL smart 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

In case of new districts, minimum 9 months of policy cover shall be provided to the beneficiary families.

In case of renewal districts Minimum 12 months of service needs to be provided to a family hence enrollments in a district shall cease 4 months from beginning of card issuance.

Note: For the enrolment 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

14. ENROLMENT OF BENEFICIARIES

The enrolment of the beneficiaries will be undertaken by the Insurance Company. The Insurer shall enroll the identified beneficiary families based on the identification by the FKO in the field camps and issue Smart card as per BKKY Guidelines.

Further, the enrolment process shall continue as per schedule agreed by the State Nodal Agency. Insurer in consultation with the State 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 Nodal Agency and smart card vendor can complete the task in scheduled time.

If the Insurer fails to start enrolment in its allotted districts within the period specified in the work order, or fails to achieve significant enrolment, for any reason whatsoever, the SNA will have the right to cancel the work order after informing the Insurer.

While preparing the roster for enrolment stations, the Insurer must take into account the following factors:

Number of Enrolment Kits that will need to be deployed simultaneously.

Location of the enrolment stations within the area.

Location of the enrolment station for various other categories

However, the Insurer shall not commence enrolment in a district, unless the health care providers are empanelled, district kiosk is functional and call centre is operational.

The process of enrolment/renewal shall be as under:

- a. The Insurer or its representative will arrange for the 64kb smart cards as per the Guidelines provided in **Appendix 4**. Only Certified Enrolment Software by SNA shall be used for issuance of smart card.

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

enrolment kits are in working condition and manpower as per **Appendix 9** is provided from the 1st day of the commencement of enrolment in the district.

The Insurer shall be responsible for choosing the location of the enrolment stations within each area that is easily accessible to a maximum number of Beneficiary Family Units.

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

It will be responsibility of State Nodal Agency to ensure availability of sufficient number of Field level Government officers (FKO) to accompany the enrolment teams as per agreed schedule for verification of identified beneficiaries at the time of enrolment.

Insurer will organise training sessions for the enrolment teams (including the FKOs) so that they are trained in the enrolment process.

The Insurer shall conduct awareness campaigns and publicity of the visit of the enrolment team for enrolment of Beneficiary Family Units well in advance of the commencement of enrolment in a district. Such awareness campaigns and advance publicity shall be conducted in consultation with the State Nodal Agency and the district administration in respective areas to ensure the availability of maximum number of Beneficiary Family Units for enrolment on the agreed date(s).

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

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

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.

At the time of enrolment/renewal, FKO shall:

- i. Identify the head of the family in the presence of the insurance representative
- ii. Authenticate them through his/her own smart card and fingerprint.
- iii. Ensure that re-verification process is done after card is personalised.

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

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

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 instalment of the premium and will be adjusted against the second instalment of the premium to be paid to the Insurer by the State Nodal Agency.

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:

- i. Details about the BKKY benefits
- ii. Process of taking the benefits under BKKY
- iii. Start and end date of the insurance policy
- iv. List of the empanelled network hospitals along with address and contact details
- v. Location and address of district kiosk and its functions
- vi. The names and details of the key contact person/persons in the district
- vii. Toll-free number of call centre of the Insurer
- viii. Process for filing complaint in case of any grievance

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

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.

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

The FKO should carry the data collection form to fill in the details of people protesting against exclusion from the Beneficiary Database. This set of forms should be deposited back at the DKMA office along with the FKO card at the end of the enrolment camp.

The Insurer shall provide the enrolment data to the State Nodal Agency regularly. The Insurer shall send daily reports and periodic data to both the State Nodal Agency as per guidelines prescribed.

The resulting database, including the biometric data (including photographs & fingerprints) shall thereafter be provided to the State Nodal Agency in the prescribed format with the invoice submitted by the Insurer to the State Nodal Agency as per the guidelines given by SNA.

The digitally signed data generated by the enrolment software shall be provided by the Insurance Company or its representative to DKM on a weekly basis.

15. 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 or at the end of treatment. 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 install the requisite machines and software to authenticate and validate the smart card, the beneficiary list and the insurance cover. 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.**

16. REPUDIATION OF CLAIM

In case of any claim being found untenable, the insurer shall communicate reasons in writing to the Designated Authority of the District/State/Nodal Agency and the Health provider for this purpose within ONE MONTH of receiving the claim electronically. A final decision regarding rejection, even if the claim is getting investigated, shall be taken within ONE MONTH. Rejection letters needs to carry the details of the claim summary, rejection reason and details of the Grievance Committee Redressal. Such claims shall be reviewed by the State / District Committee on monthly basis. Details of every claim which is pending beyond ONE MONTH will need to be sent to District/SNA along with the reason of delay.

17. 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:

17.1 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 provide, install and maintain the smart card related infrastructure at the public hospitals. They would also be responsible for training all empanelled hospitals on the BKKY policy as well as usage of the system.
- e. To manage and operate the Toll Free Call Centre
- f. To manage and operate the claim settlement process
- g. Field Audit at enrolment stations and hospitals
- h. Provide IEC and BCC activities, especially for Enrolment.

17.2 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 BKKY scheme and its key features.

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

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

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

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

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

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

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

18. PROJECT OFFICE AND DISTRICT OFFICE

Insurer shall establish a separate Project Office at convenient place for coordination with the State 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 BKKY 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
At least One District coordinator for each of the participating districts– Responsible for implementation of the scheme in the district. This person should be working full time for BKKY.

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

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.

Managing District Kiosk for post issuance modifications to smart card as explained in **Appendix 4** or providing any other services related to the scheme as defined by SNA.

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

Generating reports, in predefined format, at periodic intervals, as decided between Insurer and State Nodal Agency.

Information Technology related functions which will include, among other things, collating and sharing data related to enrolment and claims settlement.

Pre-Authorization function for the interventions which are not included in the package rates as per the timelines approved by SNA.

Paperless Claims settlement for the hospitals with electronic clearing facility within One Month of receiving the claims from the hospitals.

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

Grievance Redressal Function as explained below in the tender.

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

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.

Coordinate with district level Offices in each selected district.

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.

19. MANAGEMENT INFORMATION SYSTEMS (MIS) SERVICE

The Insurer will provide real time access to the Enrolment 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 of Odisha.

20. 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 operate 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:

- i. All the IT hardware for district kiosk will be provided by the SNA.
- ii. Insurer will provide trained personnel for the district kiosk for the time period they are operating in the district.
- iii. 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.
- iv. State Nodal Agency will provide a place for district kiosk for which they will charge no rent from the Insurance Company.

21. 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".

The Insurer will tie up with other Insurance Companies in the State to have a common Call Centre. The cost of establishment and running of this call centre for the entire policy period will be shared among the Insurance Companies based on the number of beneficiary families to be enrolled by each Insurance Company.

In case at any point the GoO decides to have and establishes a common call centre for this purpose of BKKY, then the insurance company(ies) would be required to pay their proportionate call centre expenses based on number of districts served by them.

The insurance company with highest no. of districts allotted under the scheme will initiate the process and take lead throughout the policy period.

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 BKKY to any person who calls for this purpose. The call centre shall have access to all the relevant information of BKKY in the State so that it can provide answer satisfactorily.

Language

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

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.

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.

If the SNA deems it fit, the SNA can operate the Call centre and the expenditure will be shared by all the Insurers.

22. PROCUREMENT, INSTALLATION AND MAINTENANCE OF SMART CARD RELATED HARDWARE AND SOFTWARE IN EMPANELLED HOSPITALS

22.1 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. If such a system is already available under RSBY, it should be used without waiting for a new set of devices.

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 Cost of Procurement and Installation of these devices in the public hospitals, if necessary, will be the responsibility of the Insurer. As much as possible, the infrastructure of RSBY will be used.

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

The Cost of Maintenance of these devices in the public hospitals will be the responsibility of the Insurance Companies.

The details of provisions regarding Annual Maintenance Costs are as follows:

- i. The Insurer shall provide annual maintenance or enter into annual maintenance contracts for the maintenance of the IT infrastructure provided and installed at the premises of the public Empanelled Health Service Providers.
- ii. If any of the hardware devices or systems or any of the software fails at the premises of a public Empanelled Health Care Provider, the Insurer shall be responsible for either repairing or replacing such hardware or software within 72 hours and in an expeditious manner after the public Empanelled Health Care Provider sends the Smart Card of the admitted Beneficiary to the District Kiosk for uploading a transaction, due to such failure.

22.2 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 be the responsibility of the private empanelled hospital.**

Each private Empanelled Health Care Provider shall enter into an annual maintenance contract for the maintenance of the IT infrastructure installed by it. If any of the hardware devices or systems or any of the software installed at its premises fails, then it shall be responsible for either repairing or replacing such hardware or software within 72 hours and in an expeditious manner after becoming aware of such failure or malfunctioning. The private Empanelled Health Care Provider shall bear all costs for the maintenance, repair or replacement of the IT infrastructure installed in its premises.

The responsibility of insurance company is limited to assisting the Hospitals in the procurement, and installation of the hardware and software on time.

Note:

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 the BKKY transaction software free of cost to the hospital if there is any compatibility issue.

23. GRIEVANCE REDRESSAL

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

23.1 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 comprise of at least the following members:

- a. District Magistrate or an officer of the rank of Addl. District Magistrate: Chairman
- b. Chief Medical Officer: member
- c. District Key Manager/ District Grievance Nodal Officer: Member Convenor
- d. Representative of the Insurance Company: Member

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

23.2 State Grievance Redressal Committee (SGRC)

This will be constituted by the Government of Odisha within 15 days of signing of MoU with the SNA. The State Grievance Redressal Committee will comprise of at least the following members:

- a. Secretary, Department of Agriculture: Chairman
- b. State Nodal Officer for BKKY/ State Grievance Nodal Officer for BKKY: Convenor

- c. Director, Health: Member
- d. State Representative of the Insurance Company: Member (if more than one Insurance Companies are active in the State, then one insurance company may be selected for a fixed period on a rotation basis)

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

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 FKO, 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 within 30 days of the decision of DGRC. The SGRC shall decide the appeal within 30 days of receiving the Appeal. The decision of the SGRC on such issues will be final.

Grievance against DKM or other District Authorities - If the beneficiary has a grievance against the District Key Manager (DKM) or an agency of the State Government, it approach the SGRC for resolution. The SGRC shall decide the matter within 30 days of the receipt of the grievance. The decision of the SGRC shall 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 SGRC shall be final.

Grievance against DKM or other District Authorities - If the hospital has a grievance against the District Key Manager (DKM) or an agency of the State Government, it approach the SGRC for resolution. The SGRC shall decide the matter within 30 days of the receipt of the grievance. The decision of the SGRC 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 (FKO), 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 within 30 days of the decision of the DGRC. The SGRC shall decide the appeal within 30 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. The decision of the SGRC shall be final.

D. Grievance against State Nodal Agency

Any stakeholder aggrieved with the action or the decision of the State Nodal Agency can address his/ her grievance to the Secretary, Agriculture, GoO who shall take a decision on the issue within 30 days of the receipt of the grievance. The decision of the Secretary, Agriculture, GoO shall be final.

Note: There would be a fixed date, once a month, for addressing these grievances in their respective Committees (DGRC/SGRC). This would enable all grievances to be heard within the set time frame of 30 days.

24. PENALTY CLAUSE AND TERMINATION

a. 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

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

- i. The Policy Cover Period of each of the Policies issued by the Insurer shall terminate on the expiry of the termination notice period, unless the State Nodal Agency has issued a written request to the Insurer before that date to continue providing Cover under the Policies issued by it. The Insurer shall, upon the written request of the State Nodal Agency, continue to provide the Cover under the Policies until such time that the State Nodal Agency appoints a substitute insurer and the cover provided by the substitute insurer commences. The last date of effectiveness of the Policies shall be the **Termination Date**.
- ii. The Insurer will pay back to the Nodal Agency within one week the unutilized amount of premium after settlement
- iii. The Insurer will pay the total package amount for all the cases for which amount has already been blocked before returning the premium.
- iv. Notwithstanding the termination of the Contract(s), the Insurer shall continue to discharge all of its liabilities in respect of all claims made and any amounts that have been blocked on the Smart Cards on or prior to the Termination Date.
- v. Upon termination of the Contract(s) and receipt of a written request from the State Nodal Agency at least 7 days prior to the Termination Date, the Insurer shall assign its rights and obligations, other than any accrued payment obligations and liabilities, under its Services Agreements with the Empanelled Health Care Providers and its agreements with other intermediaries in favour of the State Nodal Agency or the substitute insurer appointed by the State Nodal Agency.

25. 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 Nodal Agency.

26. IEC AND BCC INTERVENTIONS

Insurance Company in consultation with State Nodal Agency will prepare and implement a communication strategy for launching/implementing the BKKY. 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.

27. 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, Gram Panchayat members, Intermediary, Field Agents etc. and implement the same with support of State 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.

28. AUDIT MECHANISM:

28.1 Medical Audit

- a. The Insurance Company shall carry out regular inspection of hospitals, periodic medical audits, to ensure proper care and counselling for the patient at network hospitals by coordinating with hospital authorities.
- b. Specifically, the Insurer shall conduct a periodic medical audit of a specified sample of cases, including random verification of hospital admissions and claims. The medical audit should compulsorily be done by a qualified medical doctor who is a part of the Insurer's or the TPA's organization or who is duly authorized by the Insurer or the TPA to undertake such medical audit.

28.2 Beneficiary Audit

For Beneficiaries who have been discharged, the Insurer on a random basis must visit the Beneficiary's residence to confirm the admission and treatment taken from the Health Care Provider along with experience with the health care provider.

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

29. COMMITMENTS OF STATE GOVERNMENT

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

- a. Appoint District Key Managers (DKM) as mentioned in **Appendix 10** before signing of the agreement with the Insurer.

Providing DKMA Server including Smart card readers and fingerprint scanners at District Headquarter within 15 days of signing of the agreement with the Insurer. Install DKMA software for issue of FKO cards and for downloading of data subsequently from FKO cards.

Identify the FKOs in required numbers for enrolment. The role of the FKOs has been specified in **Appendix 10**. The State Nodal Agency shall ensure that the FKOs are trained on the enrolment process and sensitized about the importance of their presence at the time of enrolment and their availability at the time of enrolment. Further, the district level administration of the State Nodal Agency through DKM shall have the following obligations in relation to enrolment:

- i. Monitor the participation of FKOs in the enrolment process by ensuring their presence at the enrolment station.
- ii. Obtain FKO undertaking from each enrolment station.
- iii. Provide support to the Insurer in the enrolment in the form of helping them in coordinating with different stakeholders at district, block and panchayat/ category level.

Providing assistance to the insurer through district administration and DKM in the preparation of area- wise village wise enrolment schedule and with respective owners for each category of beneficiaries.

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

Providing premium payment to the Insurer as per defined conditions.

The State Nodal Agency shall have the following obligations in relation to monitoring and control of the implementation of the BKKY

- i. Organise periodic review meetings with the Insurer to review the implementation of the BKKY.
- ii. Set up the State Server to store the enrolment and hospitalization data from all the districts meeting the minimum requirements specified at **Appendix 12**.
- iii. Work with the technical team of the Insurer to study and analyse the data for improving the implementation of the BKKY.
- iv. Conduct periodic evaluation of performance of the BKKY.
- v. Maintain data regarding issuance of FKO cards through the DKM in the specified format.
- vi. Review the performance of the Insurer through periodic review meetings. In the initial period of the implementation of the BKKY, this should be done on weekly basis.
- vii. Run the District Grievance Redressal Cell and the State Grievance Redressal Cell.

- viii. Conduct claims audits and process audits.
- ix. Seek and obtain feedback from Beneficiary Family Units and other stakeholders, including designing feedback formats, collecting data based on those formats from different stakeholders like Beneficiaries, Empanelled Health Care Providers etc., analyzing feedback data and suggest appropriate actions.

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

The State Nodal Agency shall ensure that its district level administrations undertake the following activities:

- i. Obtain enrolment data downloaded from FKO cards to the DKMA Server and then reissue the FKO cards to new FKO's after formatting it and personalising it again.
- ii. Monitor the enrolment data at DKMA server (as downloaded from FKO cards) and compare it with data provided by the Insurer to determine the Premium to be paid.
- iii. Organize health camps for building awareness about BKKY and increase the hospitalization in the district.
- iv. Communicate with the State Nodal Agency & DoA in case of any problems related to DKMA software, cards or implementation issues etc.

30. 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 fulfil 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 as per the criteria defined in **Appendix 15**.

31. 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 BKKY regarding usability of the same Smart card across Odisha at any of the networked hospital. This will ensure that beneficiary can use his/her smart card across Odisha to get treatment in any of the empanelled health care providers.

Ensuring that hospitals adhere to the points mentioned in section 8.5 regarding information boards, signs and help desk in the hospital.

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

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.

Collecting beneficiary feedbacks and sharing those with State Nodal Agency.

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. 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. 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

32. INSURER UNDERTAKING WITH RESPECT TO PROVISION OF SERVICES

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

- a. A period of 14 days from signature of the Agreement with State Nodal Agency, with a TPA/ smart card provider, for the purposes of fulfilling various obligations of BKKY implementation as mentioned in clause 17.1 of this document.

A period of 21 days from the signature of the Agreement with State Nodal Agency with the following:

- i. Intermediary organization(s) which would perform the functions outlined in Clause – 17.2 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 BKKY in consultation with the State Nodal Agency.

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

The District Kiosk software would be so designed that the software can operate from the same assets and peripherals and be operated without intervening/interfering the DK operations of RSBY.

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

- i. Empanelment of adequate number of hospitals in each district
- ii. Setting of operational District Kiosk and Server
- iii. Setting up of toll free helpline
- iv. Printing of the booklets which is to be given to the Beneficiaries with the Smart Cards
- v. Setting up of the District Server to house complete Beneficiary enrolment and transaction data for that district.
- vi. Ensuring availability of policy number for the district prior to enrolment.

- vii. Ensuring that the service providers appointed by it carry out the correct addition of insurance policy details and policy dates, i.e., start and end dates, to the district server.
- viii. Ensuring that contact details of the nodal officer of the Insurer, the nodal officer of the TPA and the nodal officer of the service provider are updated on the BKKY website.

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.

Ensure Business Continuity Plan as given in Section 33.

33. BUSINESS CONTINUITY PLAN

As BKKY depends a lot on the technology and the related aspects of Smart Cards and biometric to deliver benefits to the beneficiaries under BKKY, 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 Odisha for BKKY for this purpose. In such a scenario, the insurance company shall be responsible for furnishing all data/information required by the State Nodal Agency in the prescribed format.

34. CLAIM MANAGEMENT

34.1 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**. Along with the claim rejection information, Insurer will also inform the hospital that it can appeal to the District Grievance Redressal Committee if it feels so. The contact details of the District Grievance Redressal Committee will need to be provided by the Insurance Company along with each claim rejection letter.
- c. In both the cases, i.e., where a claim is either being settled or being investigated, the process shall be completed within One Month
- d. 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.

34.2 *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 the Health Care provider does not agree with the Insurers' decision in this regard, it can appeal to the District / State Level Grievance Redressal Committee as per Section 23 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.

Appendix 1 – Exclusions to the BKKY 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. Any hospitalization requiring less than 24 hr stay at the hospital as in-patient, other than the day-care procedures listed in Appendix – 2.
2. **Conditions that do not require hospitalization:** Condition that do not require hospitalization and can be treated under Out Patient Care. Outpatient Diagnostic, Medical and Surgical procedures or treatments unless necessary for treatment of a disease covered under day care procedures will not be covered.
3. 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.
4. 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.
5. **Congenital external diseases:** Congenital external diseases or defects or anomalies (Except as given in Appendix 3), Convalescence, general debility, “run down” condition or rest cure.
6. **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.
7. **Fertility related procedures:** 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.
8. **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),
9. **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.
10. **Suicide:** Intentional self-injury/suicide

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:

- e. 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.

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 hospitalization prior to delivery can be taken care under medical procedures.

Appendix 2 – List of Day Care Procedures

The Insurance Company shall provide coverage for the following day care treatments/ procedures, subject to pre-authorization on a case- to –case basis:

- ix. Haemo-Dialysis
- x. Parenteral Chemotherapy
- xi. Radiotherapy
- xii. Eye Surgery
- xiii. Lithotripsy (kidney stone removal)
- xiv. Tonsillectomy
- xv. D&C
- xvi. Dental surgery following an accident
- xvii. Surgery of Hydrocele
- xviii. Surgery of Prostrate
- xix. Gastrointestinal Surgeries
- xx. Genital Surgery
- xxi. Surgery of Nose
- xxii. Surgery of Throat
- xxiii. Surgery of Ear
- xxiv. Surgery of Urinary System
- xxv. Treatment of fractures/dislocation (excluding hair line fracture), Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalisation
- xxvi. Laparoscopic therapeutic surgeries that can be done in day care
- xxvii. Identified surgeries under General Anesthesia.
- xxviii. Any disease/procedure mutually agreed upon.
- xxix. Screening and Follow up Care Including medicine cost and Diagnostic Tests

Appendix 3 A- Medical and Surgical Interventions available at the Health Care Provider

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					
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 of Rs. 100 and any complication while in hospital. Details of what all is included is give in Section 6 of the Detailed Guidelines.				Rs. 500 / Per Day.	
(ii) IF ADMITTED IN ICU:					
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 of Rs. 100 and any complication while in hospital during stay in I.C.U. Details of what all is included is give in Section 6 of the Detailed Guidelines.				Rs. 1000 /- Per Day	
(iii) SURGICAL PROCEDURES IN GENERAL WARD (NOT SPECIFIED IN PACKAGE):					
The include 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 of Rs. 100 and any complication while in hospital. Details of what all is included is give in Section 6 of the Detailed Guidelines				To be negotiated with Insurer before carrying out the procedure	
(iv) SURGICAL PROCEDURES IN GENERAL WARD					
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 of Rs. 100 and any complication while in hospital. Details of what all is included is give in Section 6 of the Detailed Guidelines.				Please refer Package Rates in the following table	
Seri al No.	Code No.	ICD 10 Code	BKKY Category	RSBY LOS	BKKY Rate without Service Tax

	1	DENTAL			
1	BK00100001	K05	Fistulectomy	1	10,000
2	BK00100002	S02	Fixation of fracture of jaw	2	10,000
3	BK00100003	K10	Sequestrectomy	1	10,000
4	BK00100004	D16	Tumour excision	2	7,500
5	BK00100005		Apisectomy including LA	D	500
6	BK00100006		Complicated Ext. per Tooth including LA	D	200
7	BK00100007		Cyst under LA (Large)	D	300
8	BK00100008		Cyst under LA (Small)	D	250
9	BK00100009		Extraction of tooth including LA	D	100
10	BK00100010		Flap operation per Tooth	D	250
11	BK00100011		Fracture wiring including LA	D	6,000
12	BK00100012		Gingivectomy per Tooth	D	200
13	BK00100013		Impacted Molar including LA	D	500
14	BK00100014		Intra oral X-ray	D	100
	2	EAR			
15	BK00200001	H74	Aural polypectomy	1	10,000
16	BK00200002	H81	Decompression sac	2	13,500
17	BK00200003	H80	Fenestration	2	7,000
18	BK00200004	H81	Labyrinthectomy	2	10,500
19	BK00200005	H 65	Mastoidectomy	2	6,000
20	BK00200006	H70	Mastoidectomy corticol module radical	3	14,500
21	BK00200007	H 65	Mastoidectomy With Myringoplasty	2	9,000
22	BK00200008	H 65	Mastoidectomy with tympanoplasty	2	14,000
23	BK00200009	H72	Myringoplasty	2	6,000
24	BK00200010	H72	Myringoplasty with Ossiculoplasty	2	12,500
25	BK00200011	H72	Myringotomy - Bilateral	2	6,500
26	BK00200012	H72	Myringotomy - Unilateral	2	4,000
27	BK00200013	H72	Myringotomy with Grommet - One ear	2	5,000
28	BK00200014	H72	Myringotomy with Grommet - Both ear	2	9,000
29	BK00200015	H74	Ossiculoplasty	2	7,500
30	BK00200016	C44	Partial amputation - Pinna	1	2,500
31	BK00200017	Q17	Preauricular sinus	2	6,000
32	BK00200018	H80	Stapedectomy	2	8,125
33	BK00200019	H72	Tympanoplasty	5	7,000
34	BK00200020	J30	Vidian neurectomy - Micro	3	11,000
35	BK00200021		Ear lobe repair - single	D	500
36	BK00200022		Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	D	3,000
37	BK00200023		Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	D	2,000

38	BK00200024		Facial nerve decompression	2	8,000
39	BK00200025		Pharyngectomy and reconstruction	2	12,000
40	BK00200026		Skull base surgery	3	14,000
41	BK00200027		Total Amputation & Excision of External Auditory Meatus	2	6,000
42	BK00200028		Total amputation of Pinna	2	3,000
43	BK00200029		Tympanotomy	2	3,000
	3	NOSE			
44	BK00300001	R04	Ant. Ethmoidal artery ligation	3	18,000
45	BK00300002	J32	Antrostomy - Bilateral	3	6,000
46	BK00300003	J32	Antrostomy - Unilateral	3	4,000
47	BK00300004	J32	Caldwell - luc - Bilateral	2	7,500
48	BK00300005	J32	Caldwell - luc- Unilateral	2	4,500
49	BK00300006	C30	Cryosurgery	2	7,000
50	BK00300007	J00	Rhinorrhoea - Repair	1	12,000
51	BK00300008	H04	Dacryocystorhinostomy (DCR)	1	9,000
52	BK00300009	J32	Septoplasty + FESS	2	5,500
53	BK00300010	J32	Ethmoidectomy - External	2	9,000
54	BK00300011	S02	Fracture reduction nose with septal correction	1	6,500
55	BK00300012	S02	Fracture - setting maxilla	2	8,500
56	BK00300013	S02	Fracture - setting nasal bone	1	4,000
57	BK00300014	J01	Functional Endoscopic Sinus (FESS)	1	9,000
58	BK00300015	J01	Intra Nasal Ethmoidectomy	2	12,250
59	BK00300016	D14	Rhinotomy - Lateral	2	10,625
60	BK00300017	J33	Nasal polypectomy - Bilateral	1	7,500
61	BK00300018	J33	Nasal polypectomy - Unilateral	1	5,250
62	BK00300019	J34	Turbinectomy Partial - Bilateral	3	7,000
63	BK00300020	J34	Turbinectomy Partial - Unilateral	3	4,500
64	BK00300021	C31	Radical fronto ethmo sphenodectomy	5	15,000
65	BK00300022	J34	Rhinoplasty	3	12,000
66	BK00300023	J34	Septoplasty	2	5,500
67	BK00300024	J33	Sinus Antroscopy	1	4,500
68	BK00300025	J34	Submucos resection	1	5,000
69	BK00300026	J01	Trans Antral Ethmoidectomy	2	10,500
70	BK00300027	J31	Youngs operation	2	11,000
71	BK00300028		Angiofibrom Exision	3	12,000
72	BK00300029		cranio-facial resection	2	11,500
73	BK00300030		Endoscopic DCR	1	5,500
74	BK00300031		Endoscopic Hypophysectomy	2	16,000
75	BK00300032		Endoscopic sugery	1	6,150
76	BK00300033		Intranasal Diathermy	1	1,750

77	BK00300034		Lateral Rhinotomy	1	1,100
78	BK00300035		Rhinosporesis	5	12,500
79	BK00300036		Septo-rhinoplasty	2	6,500
	4	THROAT			
80	BK00400001	J35	Adeno Tonsillectomy	1	6,000
81	BK00400002	J35	Adenoidectomy	1	4,000
82	BK00400003	C32	Arytenoidectomy	2	15,000
83	BK00400004	Q30	Choanal atresia	2	10,000
84	BK00400005	J03	Tonsillectomy + Myrinogotomy	3	10,000
85	BK00400006	Q38	Pharyngeal diverticulum's - Excision	2	12,000
86	BK00400007	C32	Laryngectomy	2	15,750
87	BK00400008	C41	Maxilla - Excision	2	10,000
88	BK00400009	K03	Oro Antral fistula	2	10,000
89	BK00400010	J39	Parapharyngeal - Exploration	2	10,000
90	BK00400011	J39	Parapharyngeal Abscess - Drainage	2	15,000
91	BK00400012	D10	Parapharyngeal -Tumour excision	3	20,000
92	BK00400013	Q38	Pharyngoplasty	2	12,000
93	BK00400014	Q38	Release of Tongue tie	1	3,000
94	BK00400015	J39	Retro pharyngeal abscess - Drainage	D	4,000
95	BK00400016	D11	Styloidectomy - Both side	3	10,000
96	BK00400017	D11	Styloidectomy - One side	3	8,000
97	BK00400018	J03	Tonsillectomy + Styloidectomy	2	12,500
98	BK00400019	Q89	Thyroglossal Cyst - Excision	2	10,000
99	BK00400020	Q89	Thyroglossal Fistula - Excision	3	10,000
100	BK00400021	J03	Tonsillectomy - Bilateral	1	7,000
101	BK00400022	J03	Tonsillectomy - Unilateral	1	5,500
102	BK00400023	C07	Total Parotidectomy	2	15,000
103	BK00400024	C05	Uvulopharyngo Plasty	2	10,000
104	BK00400025		Abbe Operation	2	6,000
105	BK00400026		Cleft palate repair	2	10,000
106	BK00400027		Commondo Operation	5	14,000
107	BK00400028		Estlander Operation	5	5,500
108	BK00400029		Excision of Branchial Cyst	5	7,000
109	BK00400030		Excision of Branchial Sinus	5	5,500
110	BK00400031		Excision of Cystic Hygroma Extensive	5	7,500
111	BK00400032		Excision of Cystic Hygroma Major	5	4,500
112	BK00400033		Excision of Cystic Hygroma Minor	3	3,000
113	BK00400034		Excision of the Mandible Segmental	5	3,000
114	BK00400035		Excision of the Maxilla	5	12,000
115	BK00400036		Hemiglossectomy	5	4,500
116	BK00400037		Hemimandibulectomy	5	11,000

117	BK00400038		Palatopharyngoplasty	2	14,000
118	BK00400039		Parotidectomy - Conservative	5	7,000
119	BK00400040		Parotidectomy - Radical Total	5	15,000
120	BK00400041		Parotidectomy - Superficial	5	9,500
121	BK00400042		Partial Glossectomy	5	3,500
122	BK00400043		Ranula excision	3	4,000
123	BK00400044		Removal of Submandibular Salivary gland	5	5,500
124	BK00400045		Repair of Parotid Duct	5	7,500
125	BK00400046		Total Glossectomy	5	14,000
	5	GENERAL SURGERY			
126	BK00500001	C20	Abdomino Perineal Resection	3	17,500
127	BK00500002	M70	Adventitious Burse - Excision	3	14,000
128	BK00500003	C20	Anterior Resection for CA	5	10,000
129	BK00500004	K35	Appendicectomy	2	6,000
130	BK00500005	K35	Appendicular Abscess - Drainage	2	7,000
131	BK00500006	D18	Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision	3	14,000
132	BK00500007		Axillary Lymphnode - Excision	1	3,125
133	BK00500008	M71	Bakers Cyst - Excision	3	5,000
134	BK00500009	D36	Bilateral Inguinal block dissection	3	13,000
135	BK00500010	K25	Bleeding Ulcer - Gastrectomy & vagotomy	5	17,000
136	BK00500011	K25	Bleeding Ulcer - Partial gastrectomy	5	15,000
137	BK00500012	C77	Block dissection Cervical Nodes	3	13,000
138	BK00500013	Q18	Branchial Fistula	3	13,000
139	BK00500014	C50	Breast - Excision	3	12,250
140	BK00500015	D25	Breast Lump - Left - Excision	2	5,000
141	BK00500016	D25	Breast Lump - Right - Excision	2	5,000
142	BK00500017	D25	Breast Mass - Excision	2	6,250
143	BK00500018	J98	Bronchial Cyst	3	5,000
144	BK00500019	M06	Bursa - Excision	3	7,000
145	BK00500020		Bypass - Inoprablaca of Pancreas	5	13,000
146	BK00500021	K56	Caecopexy	3	13,000
147	BK00500022	L02	Carbuncle back	1	3,500
148	BK00500023	B44	Cavernostomy	5	13,000
149	BK00500024	C96	Cervial Lymphnodes - Excision	2	2,500
150	BK00500025	K83	Cholecystostomy	5	10,000
151	BK00500026	K80	Cholecystectomy & exploration	3	13,250
152	BK00500027	C67	Colocystoplasty	5	15,000
153	BK00500028	K57	Colostomy	5	12,500
154	BK00500029	C14	Commando Operation	5	15,000
155	BK00500030	L84	Corn - Large - Excision	D	500

156	BK00500031	N49	Cyst over Scrotum - Excision	1	4,000
157	BK00500032	Q61	Cystic Mass - Excision	1	2,000
158	BK00500033	L72	Dermoid Cyst - Large - Excision	D	2,500
159	BK00500034	L72	Dermoid Cyst - Small - Excision	D	1,500
160	BK00500035	K86	Distal Pancreatectomy with Pancreatico Jejunostomy	7	17,000
161	BK00500036	K57	Diverticulectomy	3	15,000
162	BK00500037	N47	Dorsal Slit and Reduction of Paraphimosis	D	1,500
163	BK00500038	K61	Drainage of Ischio Rectal Abscess	1	4,000
164	BK00500039		Drainage of large Abscess	D	2,000
165	BK00500040	K92	Drainage of Peripherally Gastric Abscess	3	8,000
166	BK00500041	L02	Drainage of Psoas Abscess	2	3,750
167	BK00500042	K92	Drainage of Subdiaphragmatic Abscess	3	8,000
168	BK00500043	I31	Drainage Pericardial Effusion	7	11,000
169	BK00500044	K57	Duodenal Diverticulum	5	15,000
170	BK00500045	K31	Duodenal Jejunostomy	5	15,000
171	BK00500046	D13	Duodenectomy	7	20,000
172	BK00500047		Dupcryn's (duputryen's contracture ?]	7	13,000
173	BK00500048	Q43	Duplication of Intestine	8	17,000
174	BK00500049	N43	Hydrocelectomy + Orchidectomy	2	7,000
175	BK00500050	N45	Epididectomy	3	8,000
176	BK00500051	N45	Epididymal Swelling -Excision	2	5,500
177	BK00500052	N50	Epidymal Cyst	D	3,000
178	BK00500053	N50	Evacuation of Scrotal Hematoma	2	5,000
179	BK00500054	D13	Excision Benign Tumor -Small intestine	5	15,000
180	BK00500055	A15	Excision Bronchial Sinus	D	8,000
181	BK00500056	K75	Excision of liver Abscess	3	13,000
182	BK00500057	N43	Excision Filarial Scrotum	3	8,750
183	BK00500058	N61	Excision Mammary Fistula	2	5,500
184	BK00500059	Q43	Excision Meckel's Diverticulum	3	15,000
185	BK00500060	L05	Excision Pilonidal Sinus	2	8,250
186	BK00500061	K31	Excision Small Intestinal Fistula	5	14,000
187	BK00500062	K11	Excision Submandibular Gland	5	10,000
188	BK00500063	C01	Excision of Large Growth from Tongue	3	5,000
189	BK00500064	C01	Excision of Small Growth from Tongue	D	1,500
190	BK00500065	L02	Excision of Swelling in Right Cervial Region	1	4,000
191	BK00500066	L02	Excision of Large Swelling in Hand	D	2,500
192	BK00500067	L02	Excision of Small Swelling in Hand	D	1,500
193	BK00500068	D33	Excision of Neurofibroma	3	7,000
194	BK00500069	L05	Excision of Siniuds and Curetage	2	7,000
195	BK00500070	G51	Facial Decompression	5	15,000

196	BK00500071		Fibro Lipoma of Right Sided Spermatic with Lord Excision	1	2,500
197	BK00500072	D24	Fibroadenoma - Bilateral	2	6,250
198	BK00500073	D24	Fibroadenoma - Unilateral	2	7,000
199	BK00500074		Fibroma – Excision	2	7,000
200	BK00500075	K60	Fissurectomy	2	7,000
201	BK00500076	I84	Fissurectomy and Haemorrhoidectomy	2	11,250
202	BK00500077	K60	Fissurectomy with Eversion of Sac - Bilateral	2	8,750
203	BK00500078	K60	Fissurectomy with Sphincterotomy	2	9,000
204	BK00500079	K60	Fistula Repair	2	5,000
205	BK00500080	K60	Fistulectomy	2	7,500
206	BK00500081		Foreign Body Removal in Deep Region	2	5,000
207	BK00500082		Fulguration	2	5,000
208	BK00500083	K21	Fundoplication	3	15,750
209	BK00500084	K25	G J Vagotomy	5	15,000
210	BK00500085	K25	Vagotomy	3	12,000
211	BK00500086	M67	Ganglion - large - Excision	1	3,000
212	BK00500087	M67	Ganglion (Dorsum of Both Wrist) - Excision	1	4,000
213	BK00500088	M67	Ganglion - Small - Excision	D	1,000
214	BK00500089	K28	Gastro jejunal ulcer	5	10,000
215	BK00500090	K63	Gastro jejuno Colic Fistula	5	12,500
216	BK00500091	C17	Gastrojejunostomy	5	15,000
217	BK00500092	K25	Gastrotomy	7	15,000
218	BK00500093		Graham's Operation	5	15,000
219	BK00500094	A58	Granuloma - Excision	1	4,000
220	BK00500095		Growth – Excision	D	1,800
221	BK00500096	D18	Haemangioma - Excision	3	7,000
222	BK00500097	D13	Haemorrhage of Small Intestine	3	15,000
223	BK00500098	C01	Hemi Glossectomy	3	10,000
224	BK00500099	D16	Hemi Mandibulectomy	3	15,000
225	BK00500100	C18	Hemicolectomy	5	16,000
226	BK00500101	J38	Hemithyroidectomy	3	12,000
227	BK00500102	C34	Hepatic Resection (lobectomy)	7	22,000
228	BK00500103	K43	Hernia – Epigastric	3	10,000
229	BK00500104	K43	Hernia – Incisional	3	12,250
230	BK00500105	K40	Hernia - Repair & release of obstruction	3	10,000
231	BK00500106	K42	Hernia – Umbilical	3	8,450
232	BK00500107	K43	Hernia - Ventral - Lipectomy/Incisional	3	10,500
233	BK00500108	K41	Hernia - Femoral	3	7,000
234	BK00500109	K40	Hernioplasty	3	7,000
235	BK00500110		Herniorrhaphy and Hydrocelectomy Sac Excision	3	10,500

236	BK00500111	K44	Hernia - Hiatus	3	12,250
237	BK00500112	B67	Hydatid Cyst of Liver	3	10,000
238	BK00500113		Nodular Cyst	D	3,000
239	BK00500114	N43	Hydrocelectomy - Excision	2	4,000
240	BK00500115		Hydrocelectomy+Hernioplasty - Excision	3	7,000
241	BK00500116	N43	Hydrocele - Excision - Unilateral	2	3,750
242	BK00500117	N43	Hydrocele - Excision - Bilateral	2	5,000
243	BK00500118	C18	Ileio Sigmoidostomy	5	13,000
244	BK00500119	M20	Infected Bunion Foot - Excision	1	4,000
245	BK00500120		Inguinal Node (bulk dissection) axial	2	10,000
246	BK00500121	K57	Intestinal perforation	6	9,000
247	BK00500122	K56	Intestinal Obstruction	6	9,000
248	BK00500123	K56	Intussusception	7	12,500
249	BK00500124	C16	Jejunostomy	6	10,000
250	BK00500125	K56	Closure of Perforation	5	9,000
251	BK00500126	C67	Cysto Reductive Surgery	3	7,000
252	BK00500127	K63	Gastric Perforation	6	12,500
253	BK00500128	K56	Intestinal Perforation (Resection Anastomosis)	5	11,250
254	BK00500129	K35	Appendicular Perforation	5	10,500
255	BK00500130		Burst Abdomen Obstruction	7	11,000
256	BK00500131	K56	Closure of Hollow Viscus Perforation	5	13,500
257	BK00500132		Laryngectomy & Pharyngeal Diverticulum (Throat)	3	10,000
258	BK00500133	Q42	Anorectoplasty	2	14,000
259	BK00500134	C32	Laryngectomy with Block Dissection (Throat)	3	12,000
260	BK00500135	C32	Laryngo Fissure (Throat)	3	12,500
261	BK00500136	C13	Laryngopharyngectomy (Throat)	3	12,000
262	BK00500137	K51	Ileostomy	7	17,500
263	BK00500138	D17	Lipoma	D	2,000
264	BK00500139	K56	Loop Colostomy Sigmoid	5	12,000
265	BK00500140	I84	Lords Procedure (haemorrhoids)	2	5,000
266	BK00500141	D24	Lumpectomy - Excision	2	7,000
267	BK00500142	C50	Mastectomy	2	9,000
268	BK00500143	K66	Mesenteric Cyst - Excision	3	9,000
269	BK00500144	K76	Mesenteric Caval Anastomosis	5	15,000
270	BK00500145	D14	Microlaryngoscopic Surgery [microlaryngoscopy ?]	3	12,500
271	BK00500146	T18	Oesophagoscopy for foreign body removal	D	6,000
272	BK00500147	D13	Oesophagectomy	5	14,000
273	BK00500148	I85	Oesophagus Portal Hypertension	5	18,000

274	BK00500149	N73	Pelvic Abscess - Open Drainage	5	8,000
275	BK00500150	C61	Orchidectomy	2	5,500
276	BK00500151	C61	Orchidectomy + Herniorraphy	3	7,000
277	BK00500152	Q53	Orchidopexy	5	6,000
278	BK00500153	Q53	Orchidopexy with Circumcision	5	9,750
279	BK00500154	Q53	Orchidopexy With Eversion of Sac	5	8,750
280	BK00500155		Orchidopexy with Herniotomy	5	14,875
281	BK00500156	N45	Orchitis	2	6,000
282	BK00500157	K86	Pancreatic Deodeneotomy	6	13,750
283	BK00500158	D12	Papilloma Rectum - Excision	2	3,500
284	BK00500159	I84	Haemorrhoidectomy+ Fistulectomy	2	7,000
285	BK00500160		Phyomatous Growth in the Scalp - Excision	1	3,125
286	BK00500161	K76	Porto Caval Anastomosis	5	12,000
287	BK00500162	K25	Pyeloplasty	5	11,000
288	BK00500163	C50	Radical Mastectomy	2	9,000
289	BK00500164	C49	Radical Neck Dissection - Excision	6	18,750
290	BK00500165	K43	Hernia - Spigelian	3	12,250
291	BK00500166	K62	Rectal Dilation	1	4,500
292	BK00500167	K62	Prolapse of Rectal Mass - Excision	2	8,000
293	BK00500168	K62	Rectal polyp	1	3,000
294	BK00500169	K62	Rectopexy	3	10,000
295	BK00500170	K83	Repair of Common Bile Duct	3	12,500
296	BK00500171	C18	Resection Anastomosis (Large Intestine)	8	15,000
297	BK00500172	C17	Resection Anastomosis (Small Intestine)	8	15,000
298	BK00500173	D20	Retroperitoneal Tumor - Excision	5	15,750
299	BK00500174	I84	Haemorrhoidectomy	2	5,000
300	BK00500175	K11	Salivary Gland - Excision	3	7,000
301	BK00500176	L72	Sebaceous Cyst - Excision	D	1,200
302	BK00500177	N63	Segmental Resection of Breast	2	10,000
303	BK00500178		Scrotal Swelling (Multiple) - Excision	2	5,500
304	BK00500179	K57	Sigmoid Diverticulum	7	15,000
305	BK00500180	K25	Simple closure - Peptic perforation	6	11,000
306	BK00500181	L05	Sinus - Excision	2	5,000
307	BK00500182	D17	Soft Tissue Tumor - Excision	3	4,000
308	BK00500183	C80	Spindle Cell Tumor - Excision	3	7,000
309	BK00500184	D58	Splenectomy	10	26,000
310	BK00500185		Submandibular Lymphs - Excision	2	4,500
311	BK00500186	K11	Submandibular Mass Excision + Reconstruction	5	15,000
312	BK00500187	K11	Submandibular Salivary Gland -Removal	5	9,500
313	BK00500188	D11	Superficial Parodectomy	5	10,000
314	BK00500189	R22	Swelling in Rt and Lt Foot - Excision	1	2,400

315	BK00500190	R22	Swelling Over Scapular Region	1	4,000
316	BK00500191	K57	Terminal Colostomy	5	12,000
317	BK00500192	J38	Thyroplasty	5	11,000
318	BK00500193	C18	Coloectomy – Total	6	15,000
319	BK00500194	C67	Cystectomy – Total	6	10,000
320	BK00500195	C01	Glossectomy – Total (Throat)	7	15,000
321	BK00500196	C33	Pharyngectomy & Reconstruction - Total	6	13,000
322	BK00500197	Q32	Tracheal Stenosis (End to end Anastomosis) (Throat)	6	15,000
323	BK00500198	Q32	Tracheoplasty (Throat)	6	15,000
324	BK00500199	K56	Transverse Colostomy	5	12,500
325	BK00500200	Q43	Umbilical Sinus - Excision	2	5,000
326	BK00500201	K25	Vagotomy & Drainage	5	15,000
327	BK00500202	K25	Vagotomy & Pyloroplasty	6	15,000
328	BK00500203	I84	Varicose Veins - Excision and Ligation	3	7,000
329	BK00500204		Vasco Vasostomy	3	11,000
330	BK00500205	K56	Volvulus of Large Bowel	4	15,000
331	BK00500206	K76	Warren's Shunt	6	15,000
332	BK00500207		Abbe Operation	3	7,500
333	BK00500208		Aneurysm not Requiring Bypass Techniques	5	28,000
334	BK00500209		Aneurysm Resection & Grafting		29,000
335	BK00500210		Aorta-Femoral Bypass		25,000
336	BK00500211		Arterial Embolectomy		20,000
337	BK00500212		Aspiration of Empyema	3	1,500
338	BK00500213		Benign Tumour Excisions	3	3,500
339	BK00500214		Carotid artery aneurism	7	28,000
340	BK00500215		Carotid Body Excision	6	14,500
341	BK00500216		Cholecystectomy & Exploration of CBD	7	11,500
342	BK00500217		Cholecystostomy	7	9,000
343	BK00500218		Congenital Arteriovenous Fistula		21,000
344	BK00500219		Decortication (Pleurectomy)		16,500
345	BK00500220		Diagnostic Laproscopy		4,000
346	BK00500221		Dissecting Aneurysms		28,000
347	BK00500222		Distal Abdominal Aorta		22,500
348	BK00500223		Dressing under GA	D	750
349	BK00500224		Estlander Operation	3	6,500
350	BK00500225		Examination under Anesthesia	1	1,500
351	BK00500226		Excision and Skin Graft of Venous Ulcer		10,500
352	BK00500227		Excision of Corns	D	250
353	BK00500228		Excision of Lingual Thyroid	5	12,500
354	BK00500229		Excision of Moles	D	300

355	BK00500230		Excision of Molluscumcontagiosum	D	350
356	BK00500231		Excision of Parathyroid Adenoma/Carcinoma	5	13,500
357	BK00500232		Excision of Sebaceous Cysts	D	1,200
358	BK00500233		Excision of Superficial Lipoma	D	1,500
359	BK00500234		Excision of Superficial Neurofibroma	D	300
360	BK00500235		Excision of Thyroglossal Cyst/Fistula	3	7,000
361	BK00500236		Exploratory Thorocotomy	7	15,500
362	BK00500237		Exploratory Thorocotomy	7	15,000
363	BK00500238		Femoropopliteal by pass procedure	7	23,500
364	BK00500239		Flap Reconstructive Surgery		22,500
365	BK00500240		Free Grafts - Large Area 10%		5,000
366	BK00500241		Free Grafts - Theirech- Small Area 5%		4,000
367	BK00500242		Free Grafts - Very Large Area 20%		7,500
368	BK00500243		Free Grafts - Wolfe Grafts	10	8,000
369	BK00500244		Haemorrhoid - injection		500
370	BK00500245		Hemithyroidectomy		8,000
371	BK00500246		Intrathoracic Aneurysm -Aneurysm not Requiring Bypass Techniques	7	16,440
372	BK00500247		Intrathoracic Aneurysm -Requiring Bypass Techniques	7	17,460
373	BK00500248		Isthmectomy	5	7,000
374	BK00500249		Laaprosopic Hernia Repair	3	13,000
375	BK00500250		Lap. Assisted left Hemicolectomy	5	17,000
376	BK00500251		Lap. Assisted Right Hemicolectomy	3	17,000
377	BK00500252		Lap. Assisted small bowel resection	3	14,000
378	BK00500253		Lap. Assisted Total Colectomy	5	19,500
379	BK00500254		Lap. Cholecystectomy & CBD exploration	5	15,000
380	BK00500255		Lap. For intestinal obstruction	5	14,000
381	BK00500256		Lap. Hepatic resection	5	17,300
382	BK00500257		Lap. Hydatid of liver surgery	5	15,200
383	BK00500258		Laprosopic Adhesiolysis	5	11,000
384	BK00500259		Laprosopic Adrenalectomy	5	12,000
385	BK00500260		Laprosopic Appenjdicectomy	3	9,500
386	BK00500261		Laprosopic Cholecystectomy	5	12,000
387	BK00500262		Laprosopic Coliatomus	5	17,000
388	BK00500263		Laprosopic cystogastrostomy	5	15,000
389	BK00500264		Laprosopic donor Nephroctomy	5	15,000
390	BK00500265		Laprosopic Gastrostomy	5	11,000
391	BK00500266		Laprosopic Gastrostomy	5	10,500
392	BK00500267		Laprosopic Hiatus Hernia Repair	5	17,000
393	BK00500268		Laprosopic Pyelolithotomy	5	15,000
394	BK00500269		Laprosopic Pyloromyotomy	5	12,500

395	BK00500270		Laprosopic Rectopexy	5	15,000
396	BK00500271		Laprosopic Spleenectomy	5	12,000
397	BK00500272		Laprosopic Thyroidectomy	5	12,000
398	BK00500273		Laprosopic umbilical hernia repair	5	14,000
399	BK00500274		Laprosopic ureterolithotomy	5	14,000
400	BK00500275		Laprosopic ventral hernia repair	5	14,000
401	BK00500276		Laprotomy-peritonitis lavage and drainage	7	7,000
402	BK00500277		Ligation of Ankle Perforators	3	10,500
403	BK00500278		Lymphatics Excision of Subcutaneous Tissues In Lymphoedema	3	8,000
404	BK00500279		Repai of Main Arteries of the Limbs	5	28,000
405	BK00500280		Mediastinal Tumour		23,000
406	BK00500281		Oesophagectomy for Carcinoma Easophagus	7	20,000
407	BK00500282		Operation for Bleeding Peptic Ulcer	5	14,000
408	BK00500283		Operation for Carcinoma Lip - Vermilionectomy	7	5,000
409	BK00500284		Operation for Carcinoma Lip - Wedge Excision and Vermilionectomy	7	5,500
410	BK00500285		Operation for Carcinoma Lip - Wedge-Excision	7	5,100
411	BK00500286		Operation for Gastrojejunal Ulcer	5	13,000
412	BK00500287		Operation of Choledochal Cyst	7	12,500
413	BK00500288		Operations for Acquired Arteriovenous Fistula	7	19,500
414	BK00500289		Operations for Replacement of Oesophagus by Colon	7	21,000
415	BK00500290		Operations for Stenosis of Renal Arteries	7	24,000
416	BK00500291		Parapharyngeal tumor - Excission	5	5,000
417	BK00500292		Parapharyngeal Tumour Excision	7	11,000
418	BK00500293		Partial Pericardectomy	8	14,500
419	BK00500294		Partial Thyroidectomy	7	9,000
420	BK00500295		Partial/Subtotal Gastrectomy for Carcinoma	7	15,500
421	BK00500296		Partial/Subtotal Gastrectomy for Ulcer	7	15,500
422	BK00500297		Patch Graft Angioplasty	8	17,000
423	BK00500298		Pericardiostomy	10	25,000
424	BK00500299		Peritoneal dialysis	1	1,500
425	BK00500300		Phimosis Under LA	D	1,000
426	BK00500301		Pneumonectomy	8	20,000
427	BK00500302		Portocaval Anastomosis	9	22,000
428	BK00500303		Removal of Foreign Body from Trachea or Oesophagus	1	2,500
429	BK00500304		Removal Tumours of Chest Wall	8	12,500

430	BK00500305		Renal Artery aneurysm and dissection	8	28,000
431	BK00500306		Procedures Requiring Bypass Techniques	8	28,000
432	BK00500307		Resection Enucleation of Adenoma	7	7,500
433	BK00500308		Rib Resection & Drainage	5	7,500
434	BK00500309		Skin Flaps - Rotation Flaps	3	5,000
435	BK00500310		Soft Tissue Sarcoma	5	12,500
436	BK00500311		Splenectomy - For Hypersplenism	8	18,000
437	BK00500312		Splenectomy - For Trauma	8	18,000
438	BK00500313		Splenorenal Anastomosis	8	20,000
439	BK00500314		Superficial Veriscosity	3	2,500
440	BK00500315		Surgery for Arterial Aneurysm Carotid	8	15,000
441	BK00500316		Surgery for Arterial Aneurysm Renal Artery	6	15,000
442	BK00500317		Surgery for Arterial Aneurysm Spleen Artery	7	15,000
443	BK00500318		Surgery for Arterial Aneurysm - Vertebral	7	20,520
444	BK00500319		Suturing of wounds with local anesthesia	D	200
445	BK00500320		Suturing without local anesthesia	D	100
446	BK00500321		Sympathetectomy - Cervical	5	2,500
447	BK00500322		Sympathetectomy - Lumbar	5	11,500
448	BK00500323		Temporal Bone resection	5	11,500
449	BK00500324		Temporary Pacemaker Implantation	5	10,000
450	BK00500325		Thorachostomy	5	7,500
451	BK00500326		Thoracocentesis	5	1,200
452	BK00500327		Thoracoplasty	7	20,500
453	BK00500328		Thoracoscopic Decortication	7	19,500
454	BK00500329		Thoracoscopic Hydatid Cyst excision	7	16,500
455	BK00500330		Thoracoscopic Lebectomy	7	19,500
456	BK00500331		Thoracoscopic Pneumonectomy	7	22,500
457	BK00500332		Thoracoscopic Segmental Resection	7	18,500
458	BK00500333		Thoracoscopic Sympathectomy	7	16,500
459	BK00500334		Thrombendarterectomy	7	23,500
460	BK00500335		Thymectomy	7	17,500
461	BK00500336		Thorax (penetrating wounds)	7	10,000
462	BK00500337		Total Laryngectomy	7	17,500
463	BK00500338		Total Thyroidectomy (Cancer)	8	14,000
464	BK00500339		Total Thyroidectomy and Block Dissection	10	16,500
465	BK00500340		Trendelenburg Operation	5	10,500
466	BK00500341		Urthral Dilatation	D	500
467	BK00500342		Vagotomy Pyloroplasty / Gastro Jejunostomy	6	11,000
468	BK00500343		Varicose veins - injection	D	500

469	BK00500344		Vasectomy	D	1,500
	6	GYNAECOLOGY			
470	BK00600001		Abdomonal open for stress incision	5	11,250
471	BK00600002	N75	Bartholin abscess I & D	D	1,875
472	BK00600003	N75	Bartholin cyst removal	D	1,875
473	BK00600004	N84	Cervical Polypectomy	1	3,000
474	BK00600005	N84	Cyst - Labial	D	1,750
475	BK00600006	D28	Cyst -Vaginal Enuclation	D	1,875
476	BK00600007	N83	Ovarian Cystectomy	1	7,000
477	BK00600008	N81	Cystocele - Anterior repair	2	10,000
478	BK00600009	N96	D&C (Dilatation & curretage)	D	2,500
479	BK00600010		Electro Cauterisation Cryo Surgery	D	2,500
480	BK00600011		Fractional Curretage	D	2,500
481	BK00600012		Gilliams Operation	2	6,000
482	BK00600013		Haemato Colpo/Excision - Vaginal Septum	D	3,000
483	BK00600014	N89	Hymenectomy & Repair of Hymen	D	5,000
484	BK00600015	C53	Hysterectomy - abdominal	5	10,000
485	BK00600016	C53	Hysterectomy - Vaginal	5	10,000
486	BK00600017	C53	Hysterectomy - Wertheims operation	5	12,500
487	BK00600018	D25	Hysterotomy -Tumors removal	5	12,500
488	BK00600019	D25	Myomectomy - Abdominal	5	10,500
489	BK00600020	D27	Ovarectomy/Oophrectomy	3	7,000
490	BK00600021	O70	Perineal Tear Repair	D	1,875
491	BK00600022	N81	Prolapse Uterus -L forts	5	11,250
492	BK00600023	N81	Prolapse Uterus - Manchester	5	11,250
493	BK00600024	N82	Retro Vaginal Fistula -Repair	3	12,250
494	BK00600025	C56	Salpingoophrectomy	3	7,500
495	BK00600026	N97	Tuboplasty	3	8,750
496	BK00600027	O70	Vaginal Tear -Repair	D	3,125
497	BK00600028	D28	Vulvectomy	2	8,000
498	BK00600029	D28	Vulvectomy - Radical	2	7,500
499	BK00600030	D28	Vulval Tumors - Removal	3	5,000
500	BK00600031		Normal Delivery	2	2,500
501	BK00600032		Casearean delivery	3	4,500
502	BK00600033		Caesarean Hysterectomy	4	12,000
503	BK00600034		Conventional Tubectomy	2	2,500
504	BK00600035		D&C (Dilatation & curetage) > 12 wks with prior IA approval	1	4,500
505	BK00600036		D&C (dilatation & Curretage) upto 12 wks	D	3,500
506	BK00600037		D&C (Dilatation & curretage)upto 8 wks	D	2,500

507	BK00600038		Destructive operation	5	5,000
508	BK00600039		Hysterectomy- Laproscopy	3	15,000
509	BK00600040		Insertion of IUD Device	D	500
510	BK00600041		Laproscopy Salpingoplasty/ ligation	D	7,500
511	BK00600042		Laprotomy -failed laproscopy to explore	5	8,500
512	BK00600043		Laprotomy for ectopic repture	5	8,500
513	BK00600044		Low Forceps	3	5,500
514	BK00600045		Low midcavity forceps	3	5,500
515	BK00600046		Lower Segment Caesarean Section	4	6,000
516	BK00600047		Manual removal of Plecenta	3	3,000
517	BK00600048		Nomal delivery with episiostry and P repair	3	4,500
518	BK00600049		Perforamtion of Uterus after D/E laprotomy and closure	5	14,000
519	BK00600050		Repair of post coital tear, perineal injury	1	2,500
520	BK00600051		Rupture Uterus , closer and reopar with tubal ligation	4	14,000
521	BK00600052		Salphingo-oophorectomy	4	9,000
522	BK00600053		Shirodhkar Mc. Donalds stich	5	2,500
	7	ENDOSCOPIC PROCEDURES			
523	BK00700001	N80	Ablation of Endometriotic Spot	D	5,000
524	BK00700002		Adhenolysis	D	17,000
525	BK00700003	K35	Appendictomy	2	11,000
526	BK00700004	K80	Cholecystectomy	3	10,000
527	BK00700005	K80	Cholecystectomy and Drainage of Liver abscess	3	14,200
528	BK00700006	K80	Cholecystectomy with Excision of TO Mass	4	15,000
529	BK00700007		Cyst Aspiration	D	1,750
530	BK00700008		Endometria to Endometria Anastomosis	3	7,000
531	BK00700009	N97	Fimbriolysis	2	5,000
532	BK00700010	C18	Hemicolectomy	4	17,000
533	BK00700011	C53	Hysterectomy with bilateral Salpingo Operectomy	3	12,250
534	BK00700012	K43	Incisional Hernia - Repair	2	12,250
535	BK00700013	K40	Inguinal Hernia - Bilateral	2	10,000
536	BK00700014	K40	Inguinal hernia - Unilateral	2	11,000
537	BK00700015	K56	Intestinal resection	3	13,500
538	BK00700016	D25	Myomectomy	2	10,500
539	BK00700017	D27	Oophrectomy	2	7,000
540	BK00700018	N83	Ovarian Cystectomy	D	7,000
541	BK00700019		Perotitionities	5	9,000

542	BK00700020	C56	Salpingo Ophrectomy	3	9,000
543	BK00700021	N97	Salpingostomy	2	9,000
544	BK00700022	Q51	Uterine septum	D	7,500
545	BK00700023	I86	Varicocele - Bilateral	1	15,000
546	BK00700024	I86	Varicocele - Unilateral	1	11,000
547	BK00700025	N28	Repair of Ureterocele	3	10,000
548	BK00700026		Esophageal Sclerotherapy for varies first sitting	D	1,400
549	BK00700027		Esophageal Sclerotherapy for varies subsequent sitting	D	1,100
550	BK00700028		Upper GI endoscopy	D	900
551	BK00700029		Upper GI endoscopy with biopsy	D	1,200
	8	HYSTERO-SCOPIC			
552	BK00800001	N80	Ablation of Endometrium	D	5,000
553	BK00800002	N97	Hysteroscopic Tubal Cannulation	D	12,500
554	BK00800003	N84	Polypectomy	D	7,000
555	BK00800004	N85	Uterine Synechia - Cutting	D	7,500
	9	NEURO-SURGERY			
556	BK00900001	I67	Anneurysm	10	29,750
557	BK00900002	Q01	Anterior Encephalocele	10	28,750
558	BK00900003	I60	Burr hole	8	23,000
559	BK00900004	I65	Carotid Endartrectomy	10	18,750
560	BK00900005	G56	Carpal Tunnel Release	5	11,000
561	BK00900006	Q76	Cervical Ribs – Bilateral	7	13,000
562	BK00900007	Q76	Cervical Ribs - Unilateral	5	10,000
563	BK00900008		Cranio Ventrical	9	14,000
564	BK00900009		Cranioplasty	7	10,000
565	BK00900010	Q75	Craniostenosis	7	20,000
566	BK00900011	S02	Cerebrospinal Fluid (CSF) Rhinorrohea	3	10,000
567	BK00900012		Duroplasty	5	9,000
568	BK00900013	S06	Haematoma - Brain (head injuries)	9	22,000
569	BK00900014		Haematoma - Brain (hypertensive)	9	22,000
570	BK00900015	S06	Haematoma (Child irritable subdural)	10	22,000
571	BK00900016	M48	Laminectomy with Fusion	6	16,250
572	BK00900017		Local Neurectomy	6	11,000
573	BK00900018	M51	Lumbar Disc	5	10,000
574	BK00900019	Q05	Meningocele - Anterior	10	30,000
575	BK00900020	Q05	Meningocele - Lumbar	8	22,500
576	BK00900021	Q01	Meningococle – Ocipital	10	30,000
577	BK00900022	M50	Microdiscectomy - Cervical	10	15,000

578	BK00900023	M51	Microdiscectomy - Lumber	10	15,000
579	BK00900024	M54	Neurolysis	7	15,000
580	BK00900025		Peripheral Nerve Surgery	7	12,000
581	BK00900026	I82	Posterior Fossa - Decompression	8	18,750
582	BK00900027		Repair & Transposition Nerve	3	6,500
583	BK00900028	S14	Brachial Plexus - Repair	7	18,750
584	BK00900029	Q05	Spina Bifida - Large - Repair	10	22,000
585	BK00900030	Q05	Spina Bifida - Small - Repair	10	18,000
586	BK00900031	G91	Shunt	7	12,000
587	BK00900032	S12	Skull Traction	5	8,000
588	BK00900033		Spine - Anterior Decompression	8	18,000
589	BK00900034	M54	Spine - Canal Stenosis	6	14,000
590	BK00900035	M54	Spine - Decompression & Fusion	6	17,000
591	BK00900036	M54	Spine - Disc Cervical/Lumber	6	15,000
592	BK00900037	C72	Spine - Extradural Tumour	7	14,000
593	BK00900038	C72	Spine - Intradural Tumour	7	14,000
594	BK00900039	C72	Spine - Intramedullar Tumour	7	15,000
595	BK00900040	P10	Subdural aspiration	3	8,000
596	BK00900041	G50	Temporal Rhizotomy	5	12,000
597	BK00900042		Trans Sphenoidal	6	15,000
598	BK00900043	C71	Tumours - Supratentorial	7	20,000
599	BK00900044	D32	Tumours Meninges - Gocussa	7	20,000
600	BK00900045	D32	Tumours Meninges - Posterior	7	20,000
601	BK00900046	K25	Vagotomy - Selective	5	15,000
602	BK00900047	C17	Vagotomy with Gastrojejunostomy	6	15,000
603	BK00900048	K25	Vagotomy with Pyloroplasty	6	15,000
604	BK00900049	K25	Vagotomy - Highly Selective	5	15,000
605	BK00900050	G00	Ventricular Puncture	3	8,000
606	BK00900051		Brain Biopsy	5	12,500
607	BK00900052		Cranial Nerve Anastomosis	5	10,000
608	BK00900053		Depressed Fracture	7	16,500
609	BK00900054		Nerve Biopsy excluding Hensens	2	4,500
610	BK00900055		Peripheral Neurectomy (Trigeminal)	5	10,500
611	BK00900056		Peritoneal Shunt	5	10,000
612	BK00900057		R.F. Lesion for Trigeminal Neuralgia -	5	5,000
613	BK00900058		Subdural Tapping	3	2,000
614	BK00900059		Twist Drill Craniostomy	3	10,500
	10	OPHTHAL- MOLOGY			
615	BK01000001	H00	Abscess Drainage of Lid	D	500
616	BK01000002	H40	Anterior Chamber Reconstruction	3	7,000
617	BK01000003	H33	Buckle Removal	2	9,375

618	BK01000004	H04	Canaliculo Dacryocysto Rhinostomy	1	7,000
619	BK01000005	H25	Capsulotomy	1	2,000
620	BK01000006	H25	Cataract - Bilateral	D	5,000
621	BK01000007	H25	Cataract - Unilateral	D	3,500
622	BK01000008	H25	Cataract + Pterygium	D	5000
623	BK01000009	H18	Corneal Grafting	D	4,000
624	BK01000010	H33	Cryoretinopexy - Closed	1	5,000
625	BK01000011	H33	Cryoretinopexy - Open	1	6,000
626	BK01000012	H40	Cyclocryotherapy	D	3,500
627	BK01000013	H04	Cyst	D	1,000
628	BK01000014	H04	Dacrocystectomy With Pterygium - Excision	D	6,500
629	BK01000015	H11	Pterigium + Conjunctival Autograft	D	3,500
630	BK01000016	H04	Dacryocystectomy	D	5,000
631	BK01000017	H46	Endoscopic Optic Nerve Decompression	D	8,000
632	BK01000018	E05	Endoscopic Optic Orbital Decompression	D	8,000
633	BK01000019	C69	Enucleation	1	2,000
634	BK01000020	C69	Enucleation with Implant	1	3,500
635	BK01000021	C69	Exentration	D	3,500
636	BK01000022	H02	Ectropion Correction	D	3,000
637	BK01000023	H40	Glaucoma surgery (trabeculectomy)	2	7,000
638	BK01000024	H44	Intraocular Foreign Body Removal	D	3,000
639	BK01000025	H18	Keratoplasty	1	8,000
640	BK01000026	H52	Lensectomy	D	7,500
641	BK01000027	H04	Limbal Dermoid Removal	D	2,500
642	BK01000028	H33	Membranectomy	D	6,000
643	BK01000029	S05	Perforating corneo - Scleral Injury	2	5,000
644	BK01000030	H11	Pterygium (Day care)	D	1,000
645	BK01000031	H02	Ptosis	D	2,000
646	BK01000032	H52	Radial Keratotomy	1	5,000
647	BK01000033	H21	IRIS Prolapse - Repair	2	5,000
648	BK01000034	H33	Retinal Detachment Surgery	2	10,000
649	BK01000035	D31	Small Tumour of Lid - Excision	D	500
650	BK01000036	D31	Socket Reconstruction	3	6,000
651	BK01000037	H40	Trabeculectomy - Right	D	7,500
652	BK01000038	H40	Iridectomy	D	1,800
653	BK01000039	D31	Tumours of IRIS	2	4,000
654	BK01000040	H33	Vitrectomy	2	4,500
655	BK01000041	H33	Vitrectomy + Retinal Detachment	3	20,000
656	BK01000042		Acid and alkali burns	D	500
657	BK01000043		Cataract with IOL by Phoco emulsification tech. unilateral	D	4,500

658	BK01000044		Cataract with IOL with Phoco emulsification Bilateral	D	7,000
659	BK01000045		Cauterisation of ulcer/subconjunctival injection - both eye	D	200
660	BK01000046		Cauterisation of ulcer/subconjunctival injection - One eye	D	100
661	BK01000047		Chalazion - both eye	D	600
662	BK01000048		Chalazion - one eye	D	500
663	BK01000049		Conjuntival Melanoma	D	1,000
664	BK01000050		Dacryocystectomy	D	5,000
665	BK01000051		Dacryocystectomy (DCY)	D	2,000
666	BK01000052		DCR (Dacryocystorhinostomy)	D	3,200
667	BK01000053		Decompression of Optic nerve	1	13,500
668	BK01000054		EKG/EOG	D	1,200
669	BK01000055		Entropion correction	D	1,000
670	BK01000056		Epicantuhus correction	D	2,000
671	BK01000057		Epilation	D	250
672	BK01000058		ERG	D	750
673	BK01000059		Eviseration	1	2,700
674	BK01000060		Laser for retinopathy	D	1,200
675	BK01000061		Laser inter ferometry	D	1,500
676	BK01000062		Lid tear	D	1,500
677	BK01000063		Orbitotomy	1	6,000
678	BK01000064		Squint correction	2	5,000
679	BK01000065		Trabeculectomy	D	5,500
	11	ORTHOPAEDIC			
680	BK01100001	S42	Acromion reconstruction	10	20,000
681	BK01100002	Q79	Accessory bone - Excision	3	12,000
682	BK01100003	S48	Amputation - Upper Fore Arm	5	15,000
683	BK01100004	S68	Amputation - Index Figure	1	1,000
684	BK01100005	S58	Amputation - Forearm	5	18,000
685	BK01100006		Amputation - Wrist Axillary Node Dissection	4	12,000
686	BK01100007		Amputation - 2nd and 3rd Toe	1	2,000
687	BK01100008		Amputation - 2nd Toe	1	1,000
688	BK01100009		Amputation - 3rd and 4th Toes	1	2,000
689	BK01100010		Amputation - 4th and 5th Toes	1	2,000
690	BK01100011		Amputation - Ankle	5	12,000
691	BK01100012		Amputation - Arm	6	18,000
692	BK01100013	M20	Amputation - Digits	1	3,500
693	BK01100014		Amputation - Fifth Toe	1	1,000
694	BK01100015	S98	Amputation - Foot	5	18,000
695	BK01100016		Amputation - Forefoot	5	15,000

696	BK01100017		Amputation - Great Toe	1	1,000
697	BK01100018	S68	Amputation - Wrist	5	12,000
698	BK01100019	S88	Amputation - Leg	7	20,000
699	BK01100020		Amputation - Part of Toe and Fixation of K Wire	5	12,000
700	BK01100021	S78	Amputation - Thigh	7	18,000
701	BK01100022	M41	Anterior & Posterior Spine Fixation	6	25,000
702	BK01100023		Arthroplasty - Excision	3	8,000
703	BK01100024		Arthrotomy	7	15,000
704	BK01100025	Q66	Arthrodesis Ankle Triple	7	16,000
705	BK01100026		Arthrotomy + Synevectomy	3	15,000
706	BK01100027	Q65	Arthroplasty of Femur head - Excision	7	18,000
707	BK01100028	S82	Bimalleolar Fracture Fixation	6	12,000
708	BK01100029		Bone Tumour and Reconstruction -Major - Excision	6	13,000
709	BK01100030		Bone Tumour and Reconstruction - Minor - Excision	4	10,000
710	BK01100031	M77	Calcaneal Spur - Excision of Both	3	9,000
711	BK01100032	S42	Clavicle Surgery	5	15,000
712	BK01100033	S62	Close Fixation - Hand Bones	3	7,000
713	BK01100034	S92	Close Fixation - Foot Bones	2	6,500
714	BK01100035		Close Reduction - Small Joints	1	3,500
715	BK01100036		Closed Interlock Nailing + Bone Grafting	2	12,000
716	BK01100037		Closed Interlocking Intermedullary	2	12,000
717	BK01100038	S82	Closed Interlocking Tibia + Orif of Fracture Fixation	3	12,000
718	BK01100039		Closed Reduction and Internal Fixation	3	12,000
719	BK01100040		Closed Reduction and Internal Fixation with K wire	3	12,000
720	BK01100041		Closed Reduction and Percutaneous Screw Fixation	3	12,000
721	BK01100042		Closed Reduction and Percutaneous Pinning	3	12,000
722	BK01100043		Closed Reduction and Percutaneous Nailing	3	12,000
723	BK01100044		Closed Reduction and Proceed to Posterior Stabilization	5	16,000
724	BK01100045		Debridement & Closure - Major	3	5,000
725	BK01100046		Debridement & Closure - Minor	1	3,000
726	BK01100047	M48	Decompression and Spinal Fixation	5	20,000
727	BK01100048	M48	Decompression and Stabilization with Steffiplate	6	20,000
728	BK01100049	M43	Decompression L5 S1 Fusion with Posterior Stabilization	6	20,000
729	BK01100050	G56	Decompression of Carpal Tunnel Syndrome	2	4,500

730	BK01100051	M51	Decompression Posterior D12+L1	5	18,000
731	BK01100052	M51	Decompression Stabilization and Laminectomy	5	16,000
732	BK01100053	S53	Dislocation - Elbow	D	1,000
733	BK01100054	S43	Dislocation - Shoulder	D	1,000
734	BK01100055	S73	Dislocation- Hip	1	1,000
735	BK01100056	S83	Dislocation - Knee	1	1,000
736	BK01100057		Drainage of Abscess Cold	D	1,250
737	BK01100058	M72	Dupuytren Contracture	6	12,000
738	BK01100059	M89	Epiphyseal Stimulation	3	10,000
739	BK01100060	M89	Exostosis - Small bones -Excision	2	5,500
740	BK01100061	M89	Exostosis - Femur - Excision	7	15,000
741	BK01100062	M89	Exostosis - Humerus - Excision	7	15,000
742	BK01100063	M89	Exostosis - Radius - Excision	6	12,000
743	BK01100064	M89	Exostosis - Ulna - Excision	6	12,000
744	BK01100065	M89	Exostosis - Tibia- Excision	6	12,000
745	BK01100066	M89	Exostosis - Fibula - Excision	6	12,000
746	BK01100067	M89	Exostosis - Patella - Excision	6	12,000
747	BK01100068		Exploration and Ulnar Repair	5	9,500
748	BK01100069	S72	External fixation - Long bone	4	13,000
749	BK01100070		External fixation - Small bone	2	11,500
750	BK01100071	S32	External fixation - Pelvis	5	15,000
751	BK01100072	M62	Fasciotomy	2	12,000
752	BK01100073		Fixator with Joint Arthrolysis	9	18,000
753	BK01100074	S32	Fracture - Acetabulum	9	18,000
754	BK01100075	S72	Fracture - Femoral neck - MUA & Internal Fixation	7	18,000
755	BK01100076	S72	Fracture - Femoral Neck Open Reduction & Nailing	7	15,000
756	BK01100077	S82	Fracture - Fibula Internal Fixation	7	15,000
757	BK01100078	S72	Fracture - Hip Internal Fixation	7	15,000
758	BK01100079	S42	Fracture - Humerus Internal Fixation	2	13,000
759	BK01100080	S52	Fracture - Olecranon of Ulna	2	9,500
760	BK01100081	S52	Fracture - Radius Internal Fixation	2	9,500
761	BK01100082	S82	Fracture - TIBIA Internal Fixation	4	10,500
762	BK01100083	S82	Fracture - Fibula Internal Fixation	4	10,500
763	BK01100084	S52	Fracture - Ulna Internal Fixation	4	9,500
764	BK01100085		Fractured Fragment Excision	2	7,500
765	BK01100086	M16	Girdle Stone Arthroplasty	7	15,000
766	BK01100087	M41	Harrington Instrumentation	5	15,000
767	BK01100088	S52	Head Radius - Excision	3	15,000
768	BK01100089	M17	High Tibial Osteotomy	5	15,000
769	BK01100090		Hip Region Surgery	7	18,000

770	BK01100091	S72	Hip Spica	D	4,000
771	BK01100092	S42	Internal Fixation Lateral Epicondyle	4	9,000
772	BK01100093		Internal Fixation of other Small Bone	3	7,000
773	BK01100094		Joint Reconstruction	10	22,000
774	BK01100095	M48	Laminectomy	9	18,000
775	BK01100096	M89	Leg Lengthening	8	15,000
776	BK01100097	S72	Llizarov Fixation	6	15,000
777	BK01100098	M66	Multiple Tendon Repair	5	12,500
778	BK01100099		Nerve Repair Surgery	6	14,000
779	BK01100100		Nerve Transplant/Release	5	13,500
780	BK01100101		Neurolysis	7	18,000
781	BK01100102		Open Reduction Internal Fixation (2 Small Bone)	5	12,000
782	BK01100103		Open Reduction Internal Fixation (Large Bone)	6	16,000
783	BK01100104	Q65	Open Reduction of CDH	7	17,000
784	BK01100105		Open Reduction of Small Joint	1	7,500
785	BK01100106		Open Reduction with Phemister Grafting	3	10,000
786	BK01100107		Osteotomy -Small Bone	6	18,000
787	BK01100108		Osteotomy -Long Bone	8	21,000
788	BK01100109	M17	Patellectomy	7	15,000
789	BK01100110	S32	Pelvic Fracture - Fixation	8	17,000
790	BK01100111	M16	Pelvic Osteotomy	10	22,000
791	BK01100112		Percutaneous - Fixation of Fracture	6	10,000
792	BK01100113	M70	Prepatellar Bursa and Repair of MCL of Knee	7	15,500
793	BK01100114	S83	Reconstruction of ACL/PCL	7	19,000
794	BK01100115	M76	Retrocalcaneal Bursa - Excision	4	10,000
795	BK01100116	M86	Sequestrectomy of Long Bones	7	18,000
796	BK01100117	M75	Shoulder Jacket	D	5,000
797	BK01100118		Sinus Over Sacrum Excision	2	7,500
798	BK01100119		Skin Grafting	2	7,500
799	BK01100120	M43	Spinal Fusion	10	22,000
800	BK01100121	M05	Synovectomy	7	18,000
801	BK01100122	M71	Synovial Cyst - Excision	1	7,500
802	BK01100123	Q66	Tendo Achilles Tenotomy	1	5,000
803	BK01100124		Tendon Grafting	3	18,000
804	BK01100125	S86	Tendon Nerve Surgery of Foot	1	2,000
805	BK01100126	G56	Tendon Release	1	2,500
806	BK01100127	M67	Tenolysis	2	8,000
807	BK01100128	M67	Tenotomy	2	8,000
808	BK01100129	S82	Tension Band Wiring Patella	5	12,500
809	BK01100130	M65	Trigger Thumb	D	2,500

810	BK01100131		Wound Debridement	D	1,000
811	BK01100132		Application of Functional Cast Brace	D	1,200
812	BK01100133		Application of P.O.P. casts for Upper & Lower Limbs	D	850
813	BK01100134		Application of P.O.P. Spicas & Jackets	D	2,450
814	BK01100135		Application of Skeletal Traction	D	1,500
815	BK01100136		Application of Skin Traction	D	800
816	BK01100137		Arthroplasty (joints) - Excision	3	13,000
817	BK01100138		Aspiration & Intra Articular Injections	D	500
818	BK01100139		Bandage & Stapping for Fractures	D	400
819	BK01100140		Close Reduction of Fractures of Limb & P.O.P.	D	2,000
820	BK01100141		Internal Wire Fixation of Mandible & Maxilla		9,500
821	BK01100142		Reduction of Compound Fractures	1	2,000
822	BK01100143		Reduction of Facial Fractures of Maxilla	1	8,500
823	BK01100144		Reduction of Fractures of Mandible & Maxilla - Cast Metal Splints	2	5,500
824	BK01100145		Reduction of Fractures of Mandible & Maxilla - Eye Let Splinting	2	5,500
825	BK01100146		Reduction of Fractures of Mandible & Maxilla - Gumming Splints	2	5,500
	12	PAEDIATRIC			
826	BK01200001	Q79	Abdomino Peritoneal (Exomphalos)	5	13,000
827	BK01200002	Q42	Anal Dilatation	3	5,000
828	BK01200003	Q43	Anal Transposition for Ectopic Anus	7	17,000
829	BK01200004	Q54	Chordee Correction	5	10,000
830	BK01200005	Q43	Closure Colostomy	7	12,500
831	BK01200006	Q43	Colectomy	5	12,000
832	BK01200007	Q39	Colon Transplant	3	18,000
833	BK01200008	N21	Cystolithotomy	3	7,500
834	BK01200009	Q39	Esophageal Atresia (Fistula)	3	18,000
835	BK01200010	R62	Gastrostomy	5	15,000
836	BK01200011	Q79	Hernia - Diaphragmatic	3	10,000
837	BK01200012	K43	Hernia - Epigastric	3	7,000
838	BK01200013	K42	Hernia - Umbilical	3	7,000
839	BK01200014	K40	Hernia-Inguinal - Bilateral	3	10,000
840	BK01200015	K40	Hernia-Inguinal -Unilateral	3	7,000
841	BK01200016	Q43	Meckel's Diverticulectomy	3	12,250
842	BK01200017	Q74	Meniscectomy	3	6,000
843	BK01200018	N20	Nephrolithotomy	3	10,000
844	BK01200019	Q53	Orchidopexy - Bilateral	2	7,500
845	BK01200020	Q53	Orchidopexy - Unilateral)	2	5,000

846	BK01200021	N20	Pyelolithotomy	5	10,000
847	BK01200022	Q62	Pyeloplasty	5	15,000
848	BK01200023	Q40	Pyloric Stenosis (Ramsted OP)	3	10,000
849	BK01200024	K62	Rectal Polyp	2	3,750
850	BK01200025		Resection & Anastomosis of Intestine	7	14,000
851	BK01200026	N21	Supra Pubic Drainage - Open	2	4,000
852	BK01200027	N44	Torsion Testis	5	10,000
853	BK01200028	Q39	Tracheo Esophageal Fistula	5	18,750
854	BK01200029	Q62	Ureterotomy	5	10,000
855	BK01200030	N35	Urethroplasty	5	15,000
856	BK01200031	Q62	Vesicostomy	5	12,000
	13	ENDOCRINE			
857	BK01300001	D35	Adenoma Parathyroid - Excision	3	15,000
858	BK01300002	D35	Adrenal Gland Tumour - Excision	5	11,250
859	BK01300003	D36	Axillary lymphnode - Excision	3	13,000
860	BK01300004	D11	Parotid Tumour - Excision	3	9,000
861	BK01300005	C25	Pancreatectomy	7	17,000
862	BK01300006	K80	Sphincterotomy (sphincterotomy ?)	5	13,000
863	BK01300007	D34	Thyroid Adenoma Resection Enucleation	5	15,000
864	BK01300008	E05	Thyroidectomy - Hemi	3	9,000
865	BK01300009	E05	Thyroidectomy - Partial	3	10,000
866	BK01300010	C73	Thyroidectomy - Total	5	16,000
867	BK01300011	C73	Total thyroidectomy & block dissection	5	17,000
868	BK01300012	C73	Total Thyroidectomy + Reconstruction	5	15,000
869	BK01300013		Trendal Burge Ligation and Stripping	3	9,000
870	BK01300014		Post Fossa		12,000
	14	UROLOGY			
871	BK01400001	N21	Bladder Calculi- Removal	2	7,000
872	BK01400002	C67	Bladder Tumour (Fulguration)	2	2,000
873	BK01400003	Q64	Correction of Extrophy of Bladder	2	1,500
874	BK01400004	N21	Cystolithotomy	2	6,000
875	BK01400005	K86	Cysto Gastrostomy	4	10,000
876	BK01400006	K86	Cysto Jejunostomy	4	10,000
877	BK01400007	N20	Dormia Extraction of Calculus	1	5,000
878	BK01400008	N15	Drainage of Perinepheric Abscess	1	7,500
879	BK01400009	N21	Cystolithopexy	2	7,500
880	BK01400010	N36	Excision of Urethral Carbuncle	1	5,000
881	BK01400011		Exploration of Epididymus (Unsuccessful Vasco vasectomy)	2	7,500
882	BK01400012	Q64	Urachal Cyst	1	4,000
883	BK01400013	Q54	Hydrospadius	2	9,000

884	BK01400014	N35	Internal Urethrotomy	3	7,000
885	BK01400015	N20	Litholapexy	2	7,500
886	BK01400016	N20	Lithotripsy	2	11,000
887	BK01400017	N36	Meatoplasty	1	2,500
888	BK01400018	N36	Meatotomy	1	1,500
889	BK01400019		Neoblastoma	3	15,000
890	BK01400020	Q61	Nephrectomy	4	10,000
891	BK01400021	C64	Nephrectomy (Renal tumour)	4	15,000
892	BK01400022	C64	Nephro Uretrectomy	4	10,000
893	BK01400023	N20	Nephrolithotomy	3	15,000
894	BK01400024	N28	Nephropexy	2	9,000
895	BK01400025	N13	Nephrostomy	2	10,500
896	BK01400026	C64	Nephrourethrotomy (is it Nephrourethrectomy ?)	3	11,000
897	BK01400027	C67	Open Resection of Bladder Neck	2	7,500
898	BK01400028	N28	Operation for Cyst of Kidney	3	9,625
899	BK01400029	N28	Operation for Double Ureter	3	15,750
900	BK01400030	Q62	Fturp	3	12,250
901	BK01400031	S37	Operation for Injury of Bladder	3	12,250
902	BK01400032	C67	Partial Cystectomy	3	16,500
903	BK01400033	C64	Partial Nephrectomy	3	13,000
904	BK01400034	N20	PCNL (Percutaneous nephro lithotomy) - Bilateral	3	18,000
905	BK01400035	N20	PCNL (Percutaneous nephro lithotomy) - Unilateral	3	14,000
906	BK01400036	Q64	Post Urethral Valve	1	9,000
907	BK01400037	N20	Pyelolithotomy	3	13,500
908	BK01400038	N13	Pyeloplasty & Similar Procedures	3	12,500
909	BK01400039	C64	Radical Nephrectomy	3	13,000
910	BK01400040	N47	Reduction of Paraphimosis	D	1,500
911	BK01400041	N36	Reimplanation of Urethra	5	17,000
912	BK01400042	N32	Reimplantation of Bladder	5	17,000
913	BK01400043	N13	Reimplantation of Ureter	5	17,000
914	BK01400044	N82	Repair of Uretero Vaginal Fistula	2	12,000
915	BK01400045	N28	Repair of Ureterocele	3	10,000
916	BK01400046	N13	Retroperitoneal Fibrosis - Renal	5	26,250
917	BK01400047	C61	Retropubic Prostatectomy	4	15,000
918	BK01400048	K76	Spleno Renal Anastomosis	5	13,000
919	BK01400049	N35	Stricture Urethra	1	7,500
920	BK01400050	N40	Suprapubic Cystostomy - Open	2	3,500
921	BK01400051	N40	Suprapubic Drainage - Closed	2	3,500
922	BK01400052	N44	Torsion testis	1	3,500
923	BK01400053	N40	Trans Vesical Prostatectomy	2	15,750

924	BK01400054	N40	Transurethral Fulguration	2	4,000
925	BK01400055	D30	TURBT (Transurethral Resection of the Bladder Tumor)	3	15,000
926	BK01400056	N40	TURP + Circumcision	3	15,000
927	BK01400057	N41	TURP + Closure of Urinary Fistula	3	13,000
928	BK01400058	N40	TURP + Cystolithopexy	3	18,000
929	BK01400059	N40	TURP + Cystolithotomy	3	18,000
930	BK01400060	K60	TURP + Fistulectomy	3	15,000
931	BK01400061	N40	TURP + Cystoscopic Removal of Stone	3	12,000
932	BK01400062	C64	TURP + Nephrectomy	3	25,000
933	BK01400063	C61	TURP + Orchidectomy	3	18,000
934	BK01400064	N40	TURP + Suprapubic Cystolithotomy	3	15,000
935	BK01400065	C61	TURP + TURBT	3	15,000
936	BK01400066	N40	TURP + URS	3	14,000
937	BK01400067	N40	TURP + Vesicolithotripsy	3	15,000
938	BK01400068	N40	TURP + VIU (visual internal urethrotomy)	3	12,000
939	BK01400069	I84	TURP + Haemorrhoidectomy	3	15,000
940	BK01400070	N40	TURP + Hydrocele	3	18,000
941	BK01400071	N40	TURP + Hernioplasty	3	15,000
942	BK01400072	N40	TURP with Repair of Urethra	3	12,000
943	BK01400073		TURP + Herniorraphy	3	17,000
944	BK01400074	N40	TURP (Trans-Urethral Resection of Bladder) Prostate	3	14,250
945	BK01400075	K60	TURP + Fissurectomy	3	15,000
946	BK01400076	N40	TURP + Urethrolithotomy	3	15,000
947	BK01400077	N40	TURP + Urethral dilatation	3	15,000
948	BK01400078	N82	Uretero Colic Anastomosis	3	8,000
949	BK01400079	N20	Ureterolithotomy	3	10,000
950	BK01400080	N20	Ureteroscopic Calculi - Bilateral	2	18,000
951	BK01400081	N20	Ureteroscopic Calculi - Unilateral	2	12,000
952	BK01400082	N35	Ureteroscopy Urethroplasty	3	17,000
953	BK01400083	N20	Ureteroscopy PCNL	3	17,000
954	BK01400084	N20	Ureteroscopic stone Removal And DJ Stenting	3	9,000
955	BK01400085	N35	Urethral Dilatation	1	2,250
956	BK01400086		Urethral Injury	2	10,000
957	BK01400087	N81	Urethral Reconstuction	3	10,000
958	BK01400088	C53	Ureteric Catheterization - Cystoscopy	1	3,000
959	BK01400089	C67	Uretrostomy (Cutanie)	3	10,000
960	BK01400090	N20	URS + Stone Removal	3	9,000
961	BK01400091	N20	URS Extraction of Stone Ureter - Bilateral	3	15,000
962	BK01400092	N20	URS Extraction of Stone Ureter - Unilateral	3	10,500
963	BK01400093	N20	URS with DJ Stenting With ESWL	3	15,000

964	BK01400094		URS with Endolitholopexy	2	9,000
965	BK01400095	N20	URS with Lithotripsy	3	9,000
966	BK01400096	N20	URS with Lithotripsy with DJ Stenting	3	10,000
967	BK01400097	N21	URS+Cysto+Lithotomy	3	9,000
968	BK01400098	N82	V V F Repair	3	15,000
969	BK01400099	Q54	Hypospadias Repair and Orchiopexy	5	16,250
970	BK01400100	N13	Vesico uretero Reflux - Bilateral	3	13,000
971	BK01400101	N13	Vesico Uretero Reflux - Unilateral	3	8,750
972	BK01400102	N21	Vesicolithotomy	3	7,000
973	BK01400103	N35	VIU (Visual Internal Urethrotomy)	3	7,500
974	BK01400104	N21	VIU + Cystolithopexy	3	12,000
975	BK01400105	N43	VIU + Hydrocelectomy	2	15,000
976	BK01400106	N35	VIU and Meatoplasty	2	9,000
977	BK01400107	N35	VIU for Stricture Urethra	2	7,500
978	BK01400108	N35	VIU with Cystoscopy	2	7,500
979	BK01400109	N32	Y V Plasty of Bladder Neck	5	9,500
980	BK01400110		Drainage of Psoas Abscess	1	2,500
981	BK01400111		Operation for ectopic ureter	3	9,000
982	BK01400112		Repair of ureterocele - open	2	7,000
983	BK01400113		TURP + Cystolithotripsy	3	12,000
984	BK01400114		TURP with removal of the verical calculi	3	12,000
985	BK01400115		TURP with vesicolithotomy	3	12,000
986	BK01400116		Ureteroscopic removal of lower ureteric	2	9,000
987	BK01400117		Ureteroscopic removal of ureteric calculi	2	7,500
988	BK01400118		Varicocele	1	3,500
989	BK01400119		VIU + TURP	2	12,000
	15	ONCOLOGY			
990	BK01500001		Adenoma Excision	7	10,000
991	BK01500002	C74	Adrenalectomy - Bilateral	7	19,000
992	BK01500003	C74	Adrenalectomy - Unilateral	7	12,500
993	BK01500004	C00	Carcinoma lip - Wedge excision	5	7,000
994	BK01500005	C00-C97	Chemotherapy - Per sitting	D	1,000
995	BK01500006	D44	Excision Cartoid Body tumour	5	13,000
996	BK01500007	C56	Malignant ovarian	5	15,000
997	BK01500008		Operation for Neoblastoma	5	10,000
998	BK01500009	C16	Partial Subtotal Gastrectomy & Ulcer	7	15,000
999	BK01500010		Radiotherapy - Per sitting	D	1,500
1000	BK01500011		Chemotherapy - per siting plus cost of injections subject to approval for Insurance administrator	D	5,000

	16	Other commonly used procedures			
			Burn Dressing		
1001	BK01600001		Upto 30% burns first dressing	D	150
1002	BK01600002		Upto 30% burns subsequent dressing	D	100
1003	BK01600003		Snake bite	7	10,500
	17	Neo Natal Care			
1004	BK01700001		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	BK01700002		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)	between 3 to 8 days	5,500
1006	BK01700003		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	BK09900001		Accessory bone - Excision + Acromion reconstruction		22,000
1008	BK09900002		Anorectoplasty + Appendicectomy		17,000
1009	BK09900003		Adeno tonsillectomy + Aural polypectomy		13,000
1010	BK09900004		Adhenolysis + Appendicectomy		20,000
1011	BK09900005		Clavicle Surgery + Closed reduction and internal fixation with K wire		21,000
1012	BK09900006		Bartholin abscess I & D + Cyst -Vaginal Enucleation		2,700

1013	BK09900007		Adhenolysis + Cystocele - Anterior repair	22,000
1014	BK09900008		Ablation of Endometrium + D&C (Dilatation & curretage)	6,000
1015	BK09900009		Haemorroidectomy + Fistulectomy	12,000
1016	BK09900010		Fracture - Humerus Internal Fixation + Fracture - Olecranon of Ulna	17,000
1017	BK09900011		Fracture - Fibula Internal Fixation + Fracture - TIBIA Internal Fixation	20,000
1018	BK09900012		Fracture - Radius Internal Fixation + Fracture - Ulna Internal Fixation	13,000
1019	BK09900013		Head radius - Excision + Fracture - Ulna Internal Fixation	19,000
1020	BK09900014		Septoplasty + Functional Endoscopic Sinus (FESS)	13,500
1021	BK09900015		Ablation of Endometrium + Hysterectomy - abdominal	12,500
1022	BK09900016		Oophrectomy + Hysterectomy - abdominal	13,000
1023	BK09900017		Ovarian Cystectomy + Hysterectomy - abdominal	13,000
1024	BK09900018		Salpingoophrectomy + Hysterectomy - abdominal	13,500
1025	BK09900019		Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair	15,000
1026	BK09900020		Hysterectomy (Abdominal and Vaginal) + Perineal Tear Repair	11,000
1027	BK09900021		Hysterectomy (Abdominal and Vaginal) + Salpingoophrectomy	13,750
1028	BK09900022		Cystocele - Anterior Repair + Perineal Tear Repair	11,500
1029	BK09900023		Cystocele - Anterior Repair + Salpingoophrectomy	15,000
1030	BK09900024		Perineal Tear Repair + Salpingoophrectomy	6,000
1031	BK09900025		Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Perineal Tear Repair	16,000
1032	BK09900026		Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Salpingoophrectomy	18,000
1033	BK09900027		Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Perineal Tear Repair + Salpingoophrectomy	19,500
1034	BK09900028		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	BK01800001	A15	Respiratory tuberculosis, bacteriologically and histologically confirmed		
1037	BK01800002	B15	Acute hepatitis A		
1038	BK01800003	B16	Acute hepatitis B		
1039	BK01800004	B17	Other acute viral hepatitis		
1040	BK01800005	B18	Chronic viral hepatitis		
1041	BK01800006	B19	Unspecified viral hepatitis		
1042	BK01800007	A09	Diarrhoea and gastroenteritis of presumed infectious origin		
1043	BK01800008	A08	Viral and other specified intestinal infections		
1044	BK01800009	A04	Other bacterial intestinal infections		
1045	BK01800010	A05	Other bacterial foodborne intoxications, not elsewhere classified		
1046	BK01800011	A90	Dengue fever [classical dengue		
1047	BK01800012	A91	Dengue haemorrhagic fever		
1048	BK01800013	B50	Plasmodium falciparum malaria		
1049	BK01800014	B51	Plasmodium vivax malaria		
1050	BK01800015	B52	Plasmodium malariae malaria		
1051	BK01800016	B53	Other parasitologically confirmed malaria		
1052	BK01800017	B54	Unspecified malaria		
1053	BK01800018	A01	Typhoid and paratyphoid fevers		
1054	BK01800019	I10	Essential (primary) hypertension		
1055	BK01800020	J45	Asthma		
1056	BK01800021	J12	Viral pneumonia, not elsewhere classified		
1057	BK01800022	J13	Pneumonia due to Streptococcus pneumoniae		
1058	BK01800023	J14	Pneumonia due to Haemophilus influenzae		
1059	BK01800024	J15	Bacterial pneumonia, not elsewhere classified		
1060	BK01800025	J16	Pneumonia due to other infectious organisms, not elsewhere classified		
1061	BK01800026	J17*	Pneumonia in diseases classified elsewhere		
1062	BK01800027	J18	Pneumonia, organism unspecified		
1063	BK01800028	O13	Gestational [pregnancy-induced] hypertension without significant proteinuria		

1064	BK01800029	O14	Gestational [pregnancy-induced] hypertension with significant proteinuria		
1065	BK01800030	O14	Pneumothorax		
1066	BK01800031	A09	Diarrhoea and gastroenteritis of presumed infectious origin		
1067	BK01800032	I60	Subarachnoid haemorrhage		
1068	BK01800033	I61	Intracerebral haemorrhage		
1069	BK01800034	I62	Other nontraumatic intracranial haemorrhage		
1070	BK01800035	I63	Cerebral infarction		
1071	BK01800036	I64	Stroke, not specified as haemorrhage or infarction		
1072	BK01800037	J40	Bronchitis, not specified as acute or chronic		
1073	BK01800038	J41	Simple and mucopurulent chronic bronchitis		
1074	BK01800039	J42	Unspecified chronic bronchitis		
1075	BK01800040	J43	Emphysema		
1076	BK01800041	J44	Other chronic obstructive pulmonary disease		
1077	BK01800042	N10	Acute tubulo-interstitial nephritis		
1078	BK01800043	N17	Acute renal failure		
1079	BK01800044	P58	Neonatal jaundice due to other excessive haemolysis		
1080	BK01800045	P59	Neonatal jaundice from other and unspecified causes		
1081	BK01800046	I33	Acute and subacute endocarditis		
1082	BK01800047	A87	Viral meningitis		
1083	BK01800048	A06	Amoebiasis		
1084	BK01800049	E10	Insulin-dependent diabetes mellitus		
1085	BK01800050	E11	Non-insulin-dependent diabetes mellitus		
1086	BK01800051	E12	Malnutrition-related diabetes mellitus		
1087	BK01800052	E13	Other specified diabetes mellitus		
1088	BK01800053	E14	Unspecified diabetes mellitus		
1089	VP01800999		General Ward- Unspecified	per day	500
1090	VP01801000		General Ward- ICU	per day	1000

Appendix 3 B- Medical and Surgical Interventions available at the Critical Care Provider

The Package charges for Appendix-3B are yet to be approved by the Health and Family Welfare Department. Therefore, till such approval is received, the package charges provided in the annexure should be taken as indicative charges. If necessary, the Companies may approve 3B cases individually (pre-approval).

The 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.

S No.	BKKY CODE	PROCEDURE NAME	SPECIALITY	TYPE	RATES (INR)
1	BKC0931 :	Trans Jugular Intrahepatic Portosystemic Shunt (TIPSS)	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
2	BKC0934 :	Embolization of AV Malformation of Brain Per Sitting with Onyx	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
3	BKC0935 :	Carotid Stenting Single Stent with Protection Device	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
4	BKC0936 :	Intracranial Arterial and Venous Stenting	INTERVENTIONAL RADIOLOGY	Interventional Radiology	49400
5	BKC0937 :	Peripheral Stent Graft for Peripheral Aneurysms and AV Fistulae	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
6	BKC0938 :	Embolization of Carotico-Cavernous Fistula	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
7	BKC0909 :	Inferior Vena Cava Stenting Single Stent	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
8	BKC0914 :	Subclavian, Iliac, Superficial Femoral Artery Stenting each with One Stent	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
9	BKC0915 :	Tibial Angioplasty in Critical Limb Ischemia	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
10	BKC0925 :	Central Venous Stenting for Central Venous Occlusion (Brachiocephalic, Subclavian Vein and Sup Vena Cava) Single Metallic Stent	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
11	BKC0926 :	Endovascular Intervention for Salvaging Hemodialysis AV Fistula	INTERVENTIONAL RADIOLOGY	Interventional Radiology	19500
12	BKC0916 :	Mesenteric Artery Angioplasty & Stenting in Acute & Chronic Mesenteric Ischemia - Single Stent	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
13	BKC0910 :	Acute Stroke Thrombolysis with RTPA	INTERVENTIONAL RADIOLOGY	Interventional Radiology	42000
14	BKC0911 :	Renal Artery Embolization with Multiple Coils and Microcatheter	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
15	BKC0912 :	Cortical Venous Sinus Thrombolysis	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000

16	BKC0913 .	Inferior Vena Cava Filter Placement	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
17	BKC0917 :	Gastrointestinal Visceral Arterial Embolization in Upper and Lower Gastrointestinal Bleeding With Microcatheter	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
18	BKC0919	Embolization of Postoperative and Post Traumatic Bleeding	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
19	BKC0920 :	Biliary Drainage Procedures - External Drainage and Stent Placement - Single Metallic Stent	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
20	BKC0923 :	Intra-Arterial Thrombolysis for Acute Ischemic Limbs	INTERVENTIONAL RADIOLOGY	Interventional Radiology	32000
21	BKC0927 :	Balloon Retrograde Transvenous Obliteration of Bleeding Gastric Varices (BRTO)	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
22	BKC0928 :	Preoperative Portal Vein Embolization for Liver Tumors	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
23	BKC0929 :	Chemo Embolization for Liver Tumors Using Drug and PVA or DC beads	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
24	BKC0932 :	Embolization of Pulmonary AV Malformation	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
25	BKC0933 :	Preoperative Prophylactic Tumor Embolization	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
26	BKC0908 :	Embolization of AV Malformation of Peripheral Extremity, Craniofacial and Visceral Per Sitting	INTERVENTIONAL RADIOLOGY	Interventional Radiology	56000
27	BKC0922 :	Uterine Artery Embolization in Severe Menorrhagia Secondary Topph, Uterine Fibroids and AVM	INTERVENTIONAL RADIOLOGY	Interventional Radiology	32000
28	BKC0918 :	Bronchial Artery Embolization in Hemoptysis using PVA and Micro Catheter	INTERVENTIONAL RADIOLOGY	Interventional Radiology	48000
29	BKC0921 :	Nephrostomy Tube and Nephroureteral Stent Placement	INTERVENTIONAL RADIOLOGY	Interventional Radiology	16000
30	BKC0930 :	Percutaneous Vertebro Plasty/ Cementoplasty (For Each Level)	INTERVENTIONAL RADIOLOGY	Interventional Radiology	40000
31	BKC0940 :	Guided Ablation Technique (RFA)	INTERVENTIONAL RADIOLOGY	Interventional Radiology	40000
32	BKC0924 :	Permanent Tunnelled Catheter Placement as Substitute for AV Fistula in Long Term Dialysis	INTERVENTIONAL RADIOLOGY	Interventional Radiology	32000
33	BKC0671 :	Acute Pancreatitis (Severe)	GASTROENTEROLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
34	BKC0895 :	Chronic Hepatitis B	HEPATOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
35	BKC0896 :	Chronic Hepatitis C	HEPATOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
36	BKCO276 :	IMRT WITH IGRT - Up To 40 Fractions in 8 Weeks	RADIATION ONCOLOGY	Medical Management	56000
37	BKCO277:	Rapid Ax Therapy - Up to 40 fractions in B weeks	RADIATION ONCOLOGY	Medical Management	56000
38	BKC0376 :	Immuno Deficiency	PAEDIATRICS	Medical Management	Per Day 500/- GW & 1000/- for ICU stay

39	BKC0646 :	ARDS Plus DIC (Blood & Blood Products)	GENERAL MEDICINE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
40	BKC0384 :	Thalassemia Major Requiring Chelation Therapy	PAEDIATRICS	Medical Management	Per Day 500/- GW & 1000/- for ICU stay + Cost of medicine upto 5000/-
41	BKC0653 :	Chelation Therapy for Thalassemia Major	GENERAL MEDICINE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
42	BKC0731 :	Hypopituitarism	ENDOCRINOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
43	BKC0904 :	Surgical Treatment	POLYTRAUMA	Medical Management	20800
44	BKCO259 :	CML Curable T. Imatinih	MEDICAL ONCOLOGY	Medical Management	chemo Rs 500/- + cost of medicine
45	BKCO260 :	CLL - Bendamustine 90Mg Per Meter Sq D1 & D2, T.Chlorambucil, T.Fludarabine	MEDICAL ONCOLOGY	Medical Management	chemo Rs 500/- + cost of medicine
46	BKCO261 :	MDS T.Lenalidomide, Azacytidine	MEDICAL ONCOLOGY	Medical Management	chemo Rs 500/- + cost of medicine
47	BKCO262 :	CD 20 +Ve Lymphomas Inj.Rituximab 500 Microgram (6 Injections once In 3 Weeks)	MEDICAL ONCOLOGY	Medical Management	chemo Rs 1000/- + cost of medicine
48	BKCO273 :	IMRT - Upto 40 Fractions in 8 weeks	RADIATION ONCOLOGY	Medical Management	56000
49	BKC0422 :	Multi System Organ Failure	PAEDIATRIC INTENSIVE CARE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
50	BKC0645 :	ARDS with Multi Organ Failure	GENERAL MEDICINE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
51	BKC0708 :	Immunoglobulin Therapy -1V	NEUROLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay + cost of medicines) upto BSI with prior approval
52	BKC0695 :	Complex Arrhythmias	CARDIOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
53	BKC0387 :	Preterm Baby/ Hyaline Membrane Disease Clinical/Culture Positive Sepsis/Hyperbilirubinemia	NEONATOLOGY	Medical Management	12000
54	BKC0389 :	Term Baby With Persistent Pulmonary Hypertension/Meconium Aspiration Syndrome/Mechanical Ventilation/with or Without- Clinical Sepsis/with or without- or without Perinatal AsphyxiaHyperbilirubinemia/ with	NEONATOLOGY	Medical Management	12000
55	BKC0644 :	ARDS	GENERAL MEDICINE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
56	BKCO274 :	3D CRT - Upto 30 Fractions in 6 weeks	RADIATION ONCOLOGY	Medical Management	56000
57	BKCO275 :	SRS / SRT - Upto 30 Fractions in 6 weeks	RADIATION ONCOLOGY	Medical Management	56000
58	BKC0642 :	Co pd Respiratory Failure (Infective Exacerbation)	GENERAL MEDICINE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
59	BKC0696 :	Simple Arrhythmias	CARDIOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
60	BKC0383 :	Guillian - Bane Syndrome	PAEDIATRICS	Medical Management	Per Day 500/- GW & 1000/- for ICU stay + cost of medicines) upto BSI with prior approval

61	BKC0399 :	Meningitis/Encephalitis/Status Epileptic us (Ventilated)	PAEDIATRIC INTENSIVE CARE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
62	BKC0728 :	Cavernous Sinus Thrombosis	ENDOCRINOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
63	BKC0374 :	Inborn Error of Metabolism	PAEDIATRICS	Medical Management	Per Day 500/- GW & 1000/- for ICU stay + cost of medicines) upto BSI with prior approval
64	BKC0380 :	Wilson's Disease	PAEDIATRICS	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
65	BKC0396 :	Septic Shock/Infective Endocarditis(Ventilated)	paediatrics intensive care	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
66	BKC0402 :	Acute Pancreatitis/Acute Hepatitis	paediatrics intensive care	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
67	BKC0403 :	Acute Hepatitis with Hepatic Encephalopathy	paediatrics intensive care	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
68	BKC0408 :	Snake Bite Requiring Ventilator Assistance	paediatrics intensive care	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
69	BKC0421 :	Adverse Events following Immunisation	paediatrics intensive care	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
70	BKC0643 :	Acute Bronchitis and Pneumonia with Respiratory Failure	GENERAL MEDICINE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
71	BKC0648 :	Septic Shock (ICU Management]	GENERAL MEDICINE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
72	BKC0651 :	Hemophilia	GENERAL MEDICINE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
73	BKC0652 :	Other Coagulation Disorders	GENERAL MEDICINE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
74	BKC0654 :	Snake Bite Requiring Ventilator Support	GENERAL MEDICINE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
75	BKC0665 :	Acute Respiratory Failure (With Ventilator-for Minimum 5 Days)	PULMONOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
76	BKC0669 :	Massive Hemoptysis	PULMONOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
77	BKC0672 :	Obscure GI Bleed	GASTROENTEROLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
78	BKC0691 :	Acute MI Requiring LABP Pump	CARDIOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay + cost of IABP PUMP - Rs 6800 - cghs
79	BKC0723 :	SLE With Sepsis	RHEUMATOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
80	BKC0797 :	Post-Transplant Immunosuppressive Treatment from 1st to 6 th Month after Transplantation	GENITOUTINARY SURGERY	Medical Management	40000
81	BKC0798 :	Post-Transplant Immunosuppressive Treatment from 7 th to 12 th Month after Transplantation	GENITOUTINARY SURGERY	Medical Management	40000
82	BKC0898 :	Fulminant Hepatic Failure	HEPATOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
83	BKC0641 :	Acute Severe Asthma with Acute Respiratory Failure	GENERAL MEDICINE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
84	BKC0787 :	Choledochal Cyst — Jaundice	SURGICAL GASTROENTEROLOGY	Medical Management	12500

85	BKCO266 :	Radical Treatment with Photons	RADIATION ONCOLOGY	Medical Management	32000
86	BKC0390 :	Term Baby with Seizures Ventilated	NEONATOLOGY	Medical Management	12000
87	BKC0391 :	Term Baby, Septic Shock, Ventilated, Hyperbilirubinemia,with or without Renal Failure	NEONATOLOGY	Medical Management	12000
88	BKC0395 :	Severe Myocarditis/Congenital Heart Disease with Infection and/or Cardiogenic Shock/Cardiogenic Shock/Infective Endocarditis(Non-Ventilated)	PAEDIATRIC INTENSIVE CARE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
89	BKC0398 :	Meningitis/Encephalitis (Non-Ventilated)	PAEDIATRIC INTENSIVE CARE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
90	BKC0400 :	Intra Cranial Bleed	PAEDIATRIC INTENSIVE CARE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
91	BKC0405 :	Acute Renal Failure	PAEDIATRIC INTENSIVE CARE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
92	BKC0410 :	Poison Ingestion/ Aspiration Requiring Ventilatory Assistance	PAEDIATRIC INTENSIVE CARE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
93	BKC0674 :	Cirrhosis with Hepato Renal Syndrome	GASTROENTEROLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
94	BKC0717 :	Fungal Meningitis (Min 20 Days In ICU)	NEUROLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
95	BKC0729 :	Rhinocerebral Mucorinycosis	ENDOCRINOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
96	BKC0394 :	Acute Severe Asthma (Ventilated)	PAEDIATRIC INTENSIVE CARE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
97	BKC0417 :	Pyogenic Meningitis	PAEDIATRIC INTENSIVE CARE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
98	BKC0667 :	Pneumothorax (Large/Recurrent)	PULMONOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
99	BKC0694 :	Pulmonary, Embolism	CARDIOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
100	BKC0700 :	Rapidly Progressive Renal Failure (RPRF)	NEPHROLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
101	BKC0706 :	Neuropathles (GBS)	NEUROLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
102	BKCO257 :	2nd Line IV Antibiotics and Other Supportive Therapy (Carbapenems, Fourth Generation Cephalosporins, Piperacillin, Anti-Fungal . Azoles Etc.,)	MEDICAL ONCOLOGY	Medical Management	24000
103	BKCO268 :	Adjuvant Treatment with Photons/Electrons	RADIATION ONCOLOGY	Medical Management	24000
104	BKC0375 :	Kerosene Ingestion	PAEDIATRICALS	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
105	BKC0377 :	Interstitial Lung Disease	PAEDIATRICALS	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
106	BKC0401 :	Acute Gastro Intestinal Bleed	PAEDIATRIC INTENSIVE CARE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
107	BKC0406 :	Diabetic Ketoacidosis	PAEDIATRIC INTENSIVE CARE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
108	BKC0647 :	OP Poisoning Requiring Ventilatory Assistance	GENERAL MEDICINE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay

109	BKC0649 :	Metabolic Coma Requiring Ventilatory Support	GENERAL MEDICINE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
110	BKC0662 :	Interstitial Lung Diseases	PULMONOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
111	BKC0673 :	Cirrhosis with Hepatic Encephalopathy	GASTROENTEROLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
112	BKC0689 :	Acute MI (Conservative Management with Angiogram)	CARDIOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay + cost of angiogram - Rs 10000- CGHS
113	BKC0690 :	Acute MI With Cardiogenic Shock	CARDIOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
114	BKC0692 :	Refractory Cardiac Failure	CARDIOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
115	BKC0715 :	Tb Meningitis	NEUROLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
116	BKC0718 :	Management of Coma	NEUROLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
117	BKC0720 :	Toxic Epidermal Necrolysis	NEUROLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
118	BKC0730 :	Hyper Osmolar Non-Ketotic Coma	ENDOCRINOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
119	BKC0733 :	Cushings Syndrome	ENDOCRINOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
120	BKC0894 :	Budd Chiari Syndrome	HEPATOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
121	BKC0897 :	Cirrhosis with Spontaneous Bacterial Peritonitis	HEPATOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
122	BKCO237 :	Ewings Sarcoma Variable Regimen	MEDICAL ONCOLOGY	Medical Management	Upto 9000
123	BKCO235 :	Histiocytosis Variable Regimen MTX + Etoposide VCR	MEDICAL ONCOLOGY	Medical Management	chemo Rs 1000/- + cost of medicine
124	BKCO238 :	Induction Phase	MEDICAL ONCOLOGY	Medical Management	Upto 60000
125	ST0002:	For HUB - Acute MI Conservative Management Without Angiogram (continue)	STEMI	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
126	BKCO241 :	Induction 1st and 2nd Months	MEDICAL ONCOLOGY	Medical Management	Upto 50000
127	BKCO244 :	Palliative Chemotherapy	MEDICAL ONCOLOGY	Medical Management	Upto 5000
128	BKC0899 :	Chest Injuries Conservative Stay in General Ward @ Rs.500/Day	POLYTRAUMA	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
129	BKC0386 :	Preterm Baby/ Clinical Sepsis/ Hyperbilirubinemia (Non-Ventilated)	NEONATOLOGY	Medical Management	12000
130	BKCO239 :	Consolidation Phase	MEDICAL ONCOLOGY	Medical Management	Upto 40000
131	BKC0419 :	Idiopathic Thrombocytopenic Purpura	PAEDIATRIC INTENSIVE CARE	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
132	BKC0670 :	Acute Pancreatitis (Mild)	GASTROENTEROLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
133	BKC0678 :	Chronic Pancreatitis with Severe Pain	GASTROENTEROLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay

134	ST0004:	For HUB - Acute MI Requiring IABP Pump - Follow Up Treatment	STEMI	Surgical Procedure	Per Day 500/- GW & 1000/- for ICU stay + cost of IABP PUMP - Rs 6800 - cghs
135	BKC0893 :	Cirrhosis of Liver	HEPATOLOGY	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
136	BKCO242 :	Induction 3rd, 4th, 5th	MEDICAL ONCOLOGY	Medical Management	Upto 20000
137	BKC0900 :	Stay in Respiratory ICU @ Rs4000/Day	POLYTRAUMA	Medical Management	Upto 20000
138	ST0003:	For HUB - Acute MI Conservative Management With Angiogram	STEMI	Medical Management	Per Day 500/- GW & 1000/- for ICU stay + cost of angiogram - Rs 10000- CGHS
139	ST0004:	For HUB - Acute MI With Cardiogenic Shock - Follow Up Treatment	STEMI	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
140	BKCO233 :	Neuroblastoma (Stages I-III) Variable Regimen	MEDICAL ONCOLOGY	Medical Management	Upto 10000
141	BKCO229 :	SIOP/NWTS Regimen(Stages I - III)	MEDICAL ONCOLOGY	Medical Management	chemo Rs 1000/- + cost of medicine
142	BKC0702 :	Maintenance Haemodialysis For CRF	NEPHROLOGY	Medical Management	per cycle 750
143	BKCO240 :	Maintenance	MEDICAL ONCOLOGY	Medical Management	Per Month 3600
144	BKCO243 :	Induction Maintenance	MEDICAL ONCOLOGY	Medical Management	Per Month 3600
145	BKCO245 :	Palliative and Supportive Therapy	MEDICAL ONCOLOGY	Medical Management	Per Month 3600
146	BKCO254 :	Hormonal Therapy	MEDICAL ONCOLOGY	Medical Management	Per Month 3600
147	BKCO236 :	Vincristine-Actinornycin-Cyclophosphamide (VACTC) Based Chemo	MEDICAL ONCOLOGY	Medical Management	chemo Rs 1000/- + cost of medicine
148	BKCO215 :	Aromatase Inhibitors	MEDICAL ONCOLOGY	Medical Management	Per Month 1000
149	BKCO214 :	Tamoxifen Tabs	MEDICAL ONCOLOGY	Medical Management	Per month 100
150	BKC0702a:	Peritoneal Dialysis	NEPHROLOGY	Medical Management	1500
151	ST0001:	For SPOKE - Acute MI Conservative Management Without Angiogram	STEMI	Medical Management	Per Day 500/- GW & 1000/- for ICU stay
152	BKCO232 :	Variable Regimen	MEDICAL ONCOLOGY	Medical Management	Upto 12000
153	BKC0029 :	Double Valve Replacement (With Valve)	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
154	BKC0037 :	Annulus Aortic Ectasia with Valved Conduits	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
155	BKC0522 :	Lesionectomy - Type 1	NEUROSURGERY	Surgical Procedure	56000
156	BKC0523 :	Lesionectomy - Type 2	NEUROSURGERY	Surgical Procedure	56000
157	BKC0564 :	Cochlear Implant Surgery for Children Below 6 Years	ENT	Surgical Procedure	56000

158	BKC0796 :	Renal Transplantation Surgery	GASTROENTEROLOGY SURGERIES	Surgical Procedure	56000
159	BKC0990 :	Bone Marrow Transplantation	TRANSPLANTATION	Surgical Procedure	56000
160	BKC0991 :	Stem Cell Transplantation	TRANSPLANTATION	Surgical Procedure	56000
161	BKC0992 :	Liver Transplantation	TRANSPLANTATION	Surgical Procedure	56000
162	BKC0026 :	Mitral Valve Replacement (With Valve)	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
163	BKC0027 :	Aortic Valve Replacement (With Valve)	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
164	BKC0028 :	Tricuspid Valve Replacement	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
166	BKC0034 :	Intrathoracic Aneurysm -Requiring Bypass (With Graft)	CARDIOTHORACIC SURGERIES	Surgical Procedure	17460
167	BKC0045 :	Arterial Switch	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
168	BKCO284 :	Above 60% Mixed Burns (With Surgeries)	PLASTIC SURGERY	Surgical Procedure	56000
169	BKC0022 :	CABG With LABP Pump	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
170	BKC0046 :	Senn ings Procedure	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
171	BKC0059 :	With Prosthetic Ring	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
172	BKC0021 :	Coronary Bypass Surgery-Post Angioplasty	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
174	BKC0053-a:	Total Correction of Tetralogy of Fallot (Complex)	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
175	BKC0057 :	With Special Conduits	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
176	BKC0187 :	Oesophagectomy with Three Field Lymphadenectomy	SURGICAL ONCOLOGY	Surgical Procedure	20000
177	BKCO283:	Up To-60% Mixed Burns (With Surgeries)	PLASTIC SURGERY	Surgical Procedure	56000
178	BKC0420 :	ECMO-Extracorporeal Membrane Oxygenation	PAEDIATRIC INTENSIVE CARE	Surgical Procedure	12000
179	BKC0468 :	Congenital Lung Lesions (CLE, CCAM)	PAEDIATRIC SURGERIES	Surgical Procedure	56000
180	BKC0482 :	Aneurysm Clipping	NEUROSURGERY	Surgical Procedure	29750
181	BKC0534 :	D V T - IVC Filter	VASCULAR SURGERIES	Surgical Procedure	16000
182	BKC0543 :	Aorto Billiac - Bi femoral Bypass with Synthetic Graft	VASCULAR SURGERIES	Surgical Procedure	56000
183	BKC0544 :	Axillo Bifemoral Bypass with Synthetic Graft	VASCULAR SURGERIES	Surgical Procedure	49400
184	BKC0550 :	Carotid Artery Bypass with Synthetic Graft	VASCULAR SURGERIES	Surgical Procedure	56000
185	BKC0558 :	Neck Vascular Injury - Carotid Vessels	VASCULAR SURGERIES	Surgical Procedure	56000

186	BKC0559 :	Abdominal Vascular Injuries - Aorta, Iliac Arteries, IVC, Iliac Veins	VASCULAR SURGERIES	Surgical Procedure	upto 50000
187	BKC0560 :	Thoracic Vascular Injuries	VASCULAR SURGERIES	Surgical Procedure	56000
188	BKC0743 :	Devascularisation with Oesophageal Transection	SURGICAL GASTROENTEROLOGY	Surgical Procedure	18000
189	BKC07131 :	Distal Pancreatectomy + Splenectomy	SURGICAL GASTROENTEROLOGY	Surgical Procedure	35000
190	BKC07132 :	Central Pan createctorny	SURGICAL GASTROENTEROLOGY	Surgical Procedure	17000
191	BKC0049 i	Ruptured Sinus of Valsulva Correction	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
192	BKC0050 :	TAPVC Correction	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
193	BKC0058 :	Without Special Conduits	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
194	BKC0020 :	Coronary Bypass Surgery	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
195	BKC0023 :	Coronary Bypass Surgery Off Pump with LABP	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
196	BKC0025 :	CABG with Aneurismal Repair	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
197	BKC0060 :	Without Prosthetic Ring	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
198	BKC0186 :	Oesophagectomy with Two Field Lymphadenectomy	SURGICAL ONCOLOGY	Surgical Procedure	24000
199	BKC0185 :	Sleeve Resection of Lung Cancer.	SURGICAL ONCOLOGY	Surgical Procedure	20000
200	BKCO208 :	Cryotherapy for Treatment Of Malignancies	SURGICAL ONCOLOGY	Surgical Procedure	56000
201	BKCO282 :	Upto-60% With Scalds (Conservative)	PLASTIC SURGERY	Surgical Procedure	Per Day 500/- GW & 1000/- for ICU stay
202	BKC0372 :	Total Hip. Replacement	REPLACEMENT	Surgical Procedure	56000
203	BKC0465 :	Bladder Augmentation and Substitution	PAEDIATRIC SURGERIES	Surgical Procedure	56000
204	BKC0466 :	Ureterostomy and Ureterostomy Closure	PAEDIATRIC SURGERIES	Surgical Procedure	10000
205	BKC0546 :	Femoro Distal Bypass with Synthetic Graft	VASCULAR SURGERIES	Surgical Procedure	49400
206	BKC0004 :	ASD Device Closure	CARDIOTHORACIC SURGERIES	Surgical Procedure	36040
207	BKC0005 :	VSD Device Closure	CARDIOTHORACIC SURGERIES	Surgical Procedure	36040
208	BKC0012 :	Permanent Pacemaker Implantation	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
209	BKC0019 :	Vertebral Angioplasty	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
210	BKC0024 :	CABG Off Pump without LABP	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
212	BKC0048 :	Surgery for Intracardiac Tumors	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000

213	BKC0053 :	Total Correction of Tetralogy of Pallet (Simple)	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
214	BKC0054 :	Intra Cardiac Repair of ASD	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
215	BKC0055 :	intracardiac Repair of VSD	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
216	BKC0061 :	Open Pulmonary Valvotomy	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
217	BKC0076 :	Surgery with CPB	CARDIOTHORACIC SURGERIES	Surgical Procedure	56000
218	BKC0087 :	Laryngopharyngo Oesophagectomy	SURGICAL ONCOLOGY	Surgical Procedure	56000
219	BKC0090 :	Whipples - Any Type	SURGICAL ONCOLOGY	Surgical Procedure	56000
220	BKC0145 :	Total Exenteration	SURGICAL ONCOLOGY	Surgical Procedure	20000
221	BKC0157 :	Total Pelvic Exenteration	SURGICAL ONCOLOGY	Surgical Procedure	20000
222	BKC0164 :	With Modular Prosthesis	SURGICAL ONCOLOGY	Surgical Procedure	40000
223	BKC0180 :	Total Exenteration	SURGICAL ONCOLOGY	Surgical Procedure	20000
224	BKC0307 :	Reconstructive Micro Surgery B) Free Tissue Transfer	PLASTIC SURGERY	Surgical Procedure	56000
225	BKC0471 :	Excision of Brain Tumors Subtentorial	NEUROSURGERY	Surgical Procedure	56000
226	BKC0503 :	Trans Sphenoidal Surgery	NEUROSURGERY	Surgical Procedure	15000
227	BKC0536 :	Excision of Arterio Venous Malformation - Large	VASCULAR SURGERIES	Surgical Procedure	56000
228	BKC0542 :	Medium Size Arterial Aneurysms with Synthetic Graft	VASCULAR SURGERIES	Surgical Procedure	56000
229	BKC0680 :	Biliary Strictures - Post OP Leaks	GASTROENTEROLOGY	Surgical Procedure	4200
230	BKC0752 :	Oesophago-Gastrectomy	ENTEROLOGY	Surgical Procedure	18600
231	BKC0775 :	Whipples Any Type	ENTEROLOGY	Surgical Procedure	56000
233	BKC0158 :	Supra Levator Exenteration	SURGICAL ONCOLOGY	Surgical Procedure	20000
234	BKCO281 :	Upto-50% Mixed Burns (With Surgeries)	PLASTIC SURGERY	Surgical Procedure	48000
235	BKCO4BB	Brain Stem	NEUROSURGERY	Surgical Procedure	56000
236	BKC0489 :	C P Angle	NEUROSURGERY	Surgical Procedure	20000
237	BKCO514 :	Corpectomy for Spinal Fixation	NEUROSURGERY	Surgical Procedure	56000
238	BKC0515 :	Spinal Fixation Rods and Plates, Artificial Discs	NEUROSURGERY	Surgical Procedure	20000
239	BKC0761 :	I Stage- Sub Total Colectomy + Ileostomy + J - Pouch	SURGICAL GASTRO	Surgical Procedure	56000

240	BKC0477:	Vascular Malformations	NEUROSURGERY	Surgical Procedure	20000
241	BKC0528 :	Cost of each Coil	NEUROSURGERY	Surgical Procedure	52800
243	BKC0167 :	Internal Hemipelvectomy	SURGICAL ONCOLOGY	Surgical Procedure	52000
244	BKC0371 :	Toal Knee Replacement	REPLACEMENT	Surgical Procedure	56000
245	BKC0433 :	Extrophy Bladder - Stage 1	PAEDIATRIC SURGERIES	Surgical Procedure	1500
246	BKC0507 :	Endoscopy Procedures	NEUROSURGERY	Surgical Procedure	45200
247	BKC0513-a	With Vertebroplasty	NEUROSURGERY	Surgical Procedure	28000
248	BKC0518 :	Decompression/Excision of Optic Nerve Lesions	NEUROSURGERY	Surgical Procedure	13500
249	BKC0547 :	Axillo Brachial Bypass Using Synthetic Graft	VASCULAR SURGERIES	Surgical Procedure	49400
250	BKC0773 :	Distal Pancreatectomy	ENTEROLOGY	Surgical Procedure	17000
251	BKC0485 :	Excision of Lobe (Frontal, Temporal, Cerebellum etc.)	NEUROSURGERY	Surgical Procedure	47300
252	BKC0001 :	Coronary Balloon Angioplasty	CARDIOTHORACIC SURGERIES	Surgical Procedure	48000
253	BKC0002 :	PTCA with 8aremetal S tent	CARDIOTHORACIC SURGERIES	Surgical Procedure	48000
254	BKC0006 :	PDA Stenting	CARDIOTHORACIC SURGERIES	Surgical Procedure	36160
255	BKC0014 :	Coarctation of Aorta - With Stent	CARDIOTHORACIC SURGERIES	Surgical Procedure	48000
256	BKC0017 :	Renal Angioplasty	CARDIOTHORACIC SURGERIES	Surgical Procedure	48000
257	BKC0018 :	Peripheral Angioplasty	CARDIOTHORACIC SURGERIES	Surgical Procedure	48000
258	BKC0036 :	Aorto-Aorto Bypass with Graft	CARDIOTHORACIC SURGERIES	Surgical Procedure	48000
259	BKC0039 :	Femoro- Poplital Bypass with Graft	CARDIOTHORACIC SURGERIES	Surgical Procedure	23500
260	BKC0077 :	Primary Angioplasty for Acute MI + Drug Eluting Stent	CARDIOTHORACIC SURGERIES	Surgical Procedure	48000
261	BKC0080 :	Composite Resection & Reconstruction	SURGICAL ONCOLOGY	Surgical Procedure	48000
262	BKC0088 :	Oesophagectomy - Any Type	SURGICAL ONCOLOGY	Surgical Procedure	20000
263	BKC0095 :	Radical Cystectomy	SURGICAL ONCOLOGY	Surgical Procedure	48000
264	BKC0098 :	Radical Prostatectomy	SURGICAL ONCOLOGY	Surgical Procedure	48000
265	BKC0135 :	Total Temporal Bone Resection	SURGICAL ONCOLOGY	Surgical Procedure	11500
266	BKC0146 :	Radical Cholecystectomy	SURGICAL ONCOLOGY	Surgical Procedure	48000

267	BKCO155 :	Anterior Exenteration	SURGICAL ONCOLOGY	Surgical Procedure	20000
268	BKC0171 :	Sacral Resection	SURGICAL ONCOLOGY	Surgical Procedure	48000
269	BKC0174 :	Retro Peritoneal Lymph Node Dissection(RPLND) (for Residual disease)	SURGICAL ONCOLOGY	Surgical Procedure	48000
270	BKC0179 :	Anterior Exenteration	SURGICAL ONCOLOGY	Surgical Procedure	20000
271	BKC0184 :	Lung Metastatectomy- Multiple	SURGICAL ONCOLOGY	Surgical Procedure	48000
272	BKCO280 :	Upto-50% With Scalds (Conservative)	PLASTIC SURGERY	Surgical Procedure	Per Day 500/- GW & 1000/- for ICU stay
273	BKC0424 :	Oesophageal Atresia	PAEDIATRIC SURGERIES	Surgical Procedure	18000
274	BKC0431 :	Hirschsprungs Disease - Stage 2	PAEDIATRIC SURGERIES	Surgical Procedure	48000
275	BKC0434 :	Extrophy Bladder - Stage 2	PAEDIATRIC SURGERIES	Surgical Procedure	1500
276	BKC0445 :	Paediatric Esophageal Substitutions	PAEDIATRIC SURGERIES	Surgical Procedure	21000
277	BKC0450 :	Laparoscopic Pull Through Surgeries for HD	PAEDIATRIC SURGERIES	Surgical Procedure	48000
278	BKC0453 :	Laparoscopic Pull Through for Ano Rectal Anomalies	PAEDIATRIC SURGERIES	Surgical Procedure	48000
279	BKC0469 :	Craniotomy and Evacuation of Haematoma Subdural	NEUROSURGERY	Surgical Procedure	22000
281	BKC0481 :	Excision of Brain Abscess	NEUROSURGERY	Surgical Procedure	20000
282	BKC0487 :	Basal	NEUROSURGERY	Surgical Procedure	32000
283	BKC0508 :	De-Compressive Craniectomy (Non Traumatic)	NEUROSURGERY	Surgical Procedure	45200
284	BKC0509 :	Intra-Cerebral Hematoma Evacuation	NEUROSURGERY	Surgical Procedure	22000
285	BKC0511 :	Syringomyelia	NEUROSURGERY	Surgical Procedure	48000
286	BKC0519 :	Proptosis	NEUROSURGERY	Surgical Procedure	5000
287	BKC0526 :	Microvascular Decompression for Trigeminal Neuralgia	NEUROSURGERY	Surgical Procedure	36000
288	BKC0545 :	Femoro Distal Bypass with Vein Graft	VASCULAR SURGERIES	Surgical Procedure	49400
290	BKC0553 :	Major Vascular Injury -in Lower Limbs- Repair	VASCULAR SURGERIES	Surgical Procedure	28000
292	BKC0742 :	Lienorenal Shunt	SURGICAL GASTROENTEROLOGY	Surgical Procedure	15000
295	BKC0746 :	Splenectomy + Devascularisation + Spleno Renal Shunt	SURGICAL GASTROENTEROLOGY	Surgical Procedure	24000
296	BKC0749 :	Surgery for Obscure GI Bleed	SURGICAL GASTROENTEROLOGY	Surgical Procedure	48000
298	BKC0758 :	I Stage-Sub Total Colectomy + Ileostomy	SURGICAL GASTROENTEROLOGY	Surgical Procedure	24000

300	BKC0961 :	URETERIC REIMPLANTATIONS	GENERAL SURGERY	Surgical Procedure	17000
301	BKC0490 :	Surgery of Cord Tumours	NEUROSURGERY	Surgical Procedure	14000
302	BKC0491 :	Spinal Intra Medullary Tumours	NEUROSURGERY	Surgical Procedure	15000
303	BKC0735 :	Rt. Hepatectomy	ENTEROLOGY	Surgical Procedure	22000
304	BKC0736 :	Lt. Hepatectomy	ENTEROLOGY	Surgical Procedure	22000
305	BKC0166 :	Hemipelvectomy	SURGICAL ONCOLOGY	Surgical Procedure	44000
307	BKC0007 :	Device Closure	SURGERIES	Surgical Procedure	31500
308	BKC0047 :	Carotid Embolectomy	SURGERIES	Surgical Procedure	40000
309	BKC0067 :	Pneumonectomy (Only for Abscess)	SURGERIES	Surgical Procedure	20000
310	BKC0068 :	Lobectomy (Only for Abscess)	SURGERIEESS	Surgical Procedure	40000
311	BKC0069 :	Decortication	SURGERIES	Surgical Procedure	16500
312	BKC0070 :	Lung Cyst	SURGERIES	Surgical Procedure	40000
313	BKC0071 :	SOL Mediastinum	SURGERIES	Surgical Procedure	23000
314	BKC0072 :	Thoracoplasty	SURGERIES	Surgical Procedure	20500
315	BKC0073 :	Myoplasty	SURGERIES	Surgical Procedure	40000
316	BKC0074 :	Transpleural BPF Closure	SURGERIES	Surgical Procedure	40000
317	BKC0118 :	Lung Cancer Pneumonectomy	SURGICAL ONCOLOGY	Surgical Procedure	40000
318	BKC0119 :	Lung Cancer Lobectomy	SURGICAL ONCOLOGY	Surgical Procedure	40000
319	BKC0120 :	Decortication	SURGICAL ONCOLOGY	Surgical Procedure	16500
320	BKC0121 :	Surgical Correction of Bronchopleural Fistula - Thoracoplasty	SURGICAL ONCOLOGY	Surgical Procedure	20500
321	BKC0122 :	Surgical Correction of Bronchopleural Fistula - Myoplasty	SURGICAL ONCOLOGY	Surgical Procedure	40000
322	BKC0123 :	Surgical Correction of Bronchopleural Fistula - Transpleural BPFclosure	SURGICAL ONCOLOGY	Surgical Procedure	40000
323	BKC0130 :	Resection of Nasopharyngeal Tumor	SURGICAL ONCOLOGY	Surgical Procedure	40000
324	BKC0134 :	Subtotal Temporal Bone Resection	SURGICAL ONCOLOGY	Surgical Procedure	11500
325	BKC0143 :	Abdomino Perineal Resection (APR) + Sacrectomy	SURGICAL ONCOLOGY	Surgical Procedure	19000
326	BKC0144 :	Posterior Exenteration	SURGICAL ONCOLOGY	Surgical Procedure	20000

327	BKC0156 :	Posterior Exenteration	SURGICAL ONCOLOGY	Surgical Procedure	20000
328	BKC0163 :	With Custom Made Prosthesis	SURGICAL ONCOLOGY	Surgical Procedure	40000
329	BKC0173 :	Nephroureterectomy for Transitional Cell Carcinoma of Renal Pelvis	SURGICAL ONCOLOGY	Surgical Procedure	10000
330	BKC01B2 :	Mediastinal Tumor Resection	SURGICAL ONCOLOGY	Surgical Procedure	23000
331	BKC0292 :	Hemifacial Microsmia	PLASTIC SURGERY	Surgical Procedure	40000
331	BKC0183 :	Lung Metastatectomy - Solitary	SURGICAL ONCOLOGY	Surgical Procedure	40000
332	BKC0203 :	Full Thickness Buccal Mucosal Resection & Reconstruction	SURGICAL ONCOLOGY	Surgical Procedure	40000
334	BKC0299 :	Corrective Surgery for Craniosynostosis	PLASTIC SURGERY	Surgical Procedure	20000
335	BKC0300 :	Flapcover for Electrical Burns with Vitals Exposed	PLASTIC SURGERY	Surgical Procedure	40000
336	BKC0333 :	Anterolateral Clearance for Tuberculosis	ORTHOPEDIC TRAUMA	Surgical Procedure	3000
337	BKC0335 :	Spinal Ostectomy and Internal Fixations	ORTHOPEDIC TRAUMA	Surgical Procedure	20000
338	BKC0404 :	Severe Pancreatitis Requiring Surgery as Add on	PAEDIATRIC SURGERIES	Surgical Procedure	17000
339	BKC0425 :	Intestinal Atresias & Obstructions	PAEDIATRIC SURGERIES	Surgical Procedure	20000
340	BKC0426 :	Biliary Atresia & Choledochal Cyst	PAEDIATRIC SURGERIES	Surgical Procedure	12500
341	BKC0432 :	Congenital Hydronephrosis	PAEDIATRIC SURGERIES	Surgical Procedure	18000
342	BKC0449 :	Thoracic Wall Defects- Correction	PAEDIATRIC SURGERIES	Surgical Procedure	40000
343	BKC0452 :	Intestinal Polyposis Surgical Correction	PAEDIATRIC SURGERIES	Surgical Procedure	17000
344	BKC0464 :	Congenital Urogenital Anomaly Staged Correction	PAEDIATRIC SURGERIES	Surgical Procedure	40000
345	BKC0467 :	Tumors (Neonates)	PAEDIATRIC SURGERIES	Surgical Procedure	40000
346	BKC0479 :	C.S.F. Rhinorrhoea	NEUROSURGERY	Surgical Procedure	10000
347	BKC0486 :	Parasagittal	NEUROSURGERY	Surgical Procedure	20000
348	BKC0513 :	Discectomy with Implants	NEUROSURGERY	Surgical Procedure	17000
352	BKC0521 :	Temporal Lobectomy	NEUROSURGERY	Surgical Procedure	47300
353	BKC0524 :	Temporal Lobectomy Plus Depth Electrodes	NEUROSURGERY	Surgical Procedure	40000
354	BKC0541 :	Medium Size Arterial Aneurysms - Repair	VASCULAR SURGERIES	Surgical Procedure	40000
355	BKC0548 :	Brachio - Radial Bypass with Synthetic Graft	VASCULAR SURGERIES	Surgical Procedure	40000

356	BKC0566 :	Initial Mapping/Switch on	ENT	Surgical Procedure	40000
357	BKC0576 :	Temporal Bone Excision	ENT	Surgical Procedure	11500
358	BKC0595 :	Collagen Cross Linking for Keratoconus	SURGERIES	Surgical Procedure	40000
359	BKC0638 :	Staging Laprotomy for Ovarian and Uterine Ca	GYNAECOLOGY	Surgical Procedure	15000
360	BKC0679 :	Biliary Strictures - Post OP Stent	GASTROENTEROLOGY	Surgical Procedure	4200
361	BKC0764 :	Anterior Resection with Ileostomy	SURGICAL GASTROENTEROLOGY	Surgical Procedure	40000
362	BKC0794 :	Castro Study followed by Thoracotomy & Repairs Foroesophageal Injury for Corrosive Injuries/FB	CHEST SURGERY	Surgical Procedure	40000
363	BKC0810 :	Single Stage Urethroplasty for Stricture Urethra	GENITOURINARY	Surgical Procedure	15000
364	BKC0813 :	Double Stage Urethroplasty for Stricture Urethra - Reconstruction procedure	GENITOURINARY	Surgical Procedure	15000
365	BKC0814 :	Anatrophic Peylolithotomy for Staghorn Calculus	GENITOURINARY	Surgical Procedure	10000
367	BKC0957 :	Head & Necl Cancer Resection and Reconstruction	GENERAL SURGERY	Surgical Procedure	25600
368	BKC0964 :	PAEDIATRIC TUMORS	GENERAL SURGERY	Surgical Procedure	25000
369	BKC0982 :	ANTERIOR RESECTION	GENERAL SURGERY	Surgical Procedure	10000
370	BKC0527 :	Embolization of Aneurysm	SURGICAL ONCOLOGY	Surgical Procedure	37600
371	BKC0137 :	Tracheal Resection	CARDIOTHORACIC SURGERIES	Surgical Procedure	15000
372	BKC0038	Aorto-Aorto Bypass without Graft	CARDIOTHORACIC SURGERIES	Surgical Procedure	36000
373	BKC0041 :	Femoro-ileal Bypass with Graft	CARDIOTHORACIC SURGERIES	Surgical Procedure	36000
374	BKC0043 :	Femoro-Femoral Bypass with Graft	CARDIOTHORACIC SURGERIES	Surgical Procedure	36000
375	BKC01313:	Sternotomy + Superior Mediastinal Dissection	SURGICAL ONCOLOGY	Surgical Procedure	36000
376	BKC0147 :	Resection of Retroperitoneal Tumors	SURGICAL ONCOLOGY	Surgical Procedure	15750
377	BKC0149 :	Resection with Reconstruction	SURGICAL ONCOLOGY	Surgical Procedure	36000
378	BKC0153 :	Radical Vaginectomy + Reconstruction	SURGICAL ONCOLOGY	Surgical Procedure	36000
379	BKC0154 :	Radical Hysterectomy + Bilateral Pelvic Lymph Node Dissection (BPLND) + Bilateral Salpingo Ophorectomy (BSO) / Ovarian Transposition	SURGICAL ONCOLOGY	Surgical Procedure	23000
380	BKC0175 :	Adrenalectomy	SURGICAL ONCOLOGY	Surgical Procedure	12500
381	BKC0199 :	Micro Vascular Reconstruction	SURGICAL ONCOLOGY	Surgical Procedure	36000

382	BKC0305 :	Abdominal Wall Reconstruction Including Post Cancer Excision.	PLASTIC SURGERY	Surgical Procedure	36000
383	BKC0306 :	Reconstructive Micro Surgery A) Replantation of Hand, Finger, Thumb, Arm. Scalp etc	PLASTIC SURGERY	Surgical Procedure	36000
384	BKC0430 :	Hirschsprungs Disease - Stage 1	PAEDIATRIC SURGERIES	Surgical Procedure	36000
385	BKC0754 :	Lap Funduplications	ENTEROLOGY	Surgical Procedure	36000
386	BKC0765 :	Hartman.S Procedure with Colostomy	ENTEROLOGY	Surgical Procedure	36000
387	BKC0766 :	Cyst Excision + Hepatic Jejunostomy	ENTEROLOGY	Surgical Procedure	36000
388	BKC0767 :	Hepatico Jejunostomy	ENTEROLOGY	Surgical Procedure	36000
389	BKC0779 :	Lateral Pancreaticojejunostomy(Non-Malignant)	SURGICAL GASTROENTEROLOGY	Surgical Procedure	17000
390	BKCOB92 :	Pull Through Abdominal Resection	GENERAL SURGERY	Surgical Procedure	17500
391	BKC0737 :	Segmentectomy	SURGICAL GASTROENTEROLOGY	Surgical Procedure	22000
392	BKC0016 :	Coarctation of Aorta - Additional Stent	CARDIOTHORACIC SURGERIES	Surgical Procedure	16000
393	BKC0062 :	Closed Mitral Valvotomy	CARDIOTHORACIC SURGERIES	Surgical Procedure	32000
394	BKC0066 :	Mitral Valvotomy (Open)	CARDIOTHORACIC SURGERIES	Surgical Procedure	32000
395	BKC0075 :	Surgery without CPB	CARDIOTHORACIC SURGERIES	Surgical Procedure	32000
396	BKC0078 :	Additional Stent Required	CARDIOTHORACIC SURGERIES	Surgical Procedure	Bare Metal - 9000, Cobalt Chromium - 10000
397	BKCO0B6 :	Laryngectomy - Any Type	SURGICAL ONCOLOGY	Surgical Procedure	15750
398	BKC0089 :	Colectomy - Any Type	SURGICAL ONCOLOGY	Surgical Procedure	12000
399	BKC0091 :	Triple Bypass	SURGICAL ONCOLOGY	Surgical Procedure	32000
401	BKC0096 :	Other Cystectomies	SURGICAL ONCOLOGY	Surgical Procedure	32000
402	BKC0104 :	Surgery for Ca Ovary - Advance Stage	SURGICAL ONCOLOGY	Surgical Procedure	15000
403	BKC0124 :	Operation of Adernal Glands - Bilateral for Tumor	SURGICAL ONCOLOGY	Surgical Procedure	19000
404	BKC0128:	Maxillectomy + Infratemporal Fossa Clearance	SURGICAL ONCOLOGY	Surgical Procedure	32000
405	BKC0140 :	Small Bowel Resection	SURGICAL ONCOLOGY	Surgical Procedure	15000
406	BKC0151 :	Radical Trachelectomy	SURGICAL ONCOLOGY	Surgical Procedure	32000
407	BKC0152 :	Radical Vaginectomy	SURGICAL ONCOLOGY	Surgical Procedure	32000

408	BKC0162 :	Without Prosthesis	SURGICAL ONCOLOGY	Surgical Procedure	32000
409	BKC0165 :	Forequarter Amputation	SURGICAL ONCOLOGY	Surgical Procedure	32000
410	BKC0170 :	Shoulder Girdle Resection	SURGICAL ONCOLOGY	Surgical Procedure	32000
411	BKC0176 :	Urinary Diversion	SURGICAL ONCOLOGY	Surgical Procedure	20000
412	BKCO202 :	Total Glossectomy + Reconstruction	SURGICAL ONCOLOGY	Surgical Procedure	32000
413	BKCO287 :	Severe	PLASTIC SURGERY	Surgical Procedure	32000
414	BKCO295 :	Tumour of Mandible and Maxilla	PLASTIC SURGERY	Surgical Procedure	32000
415	BKC0328 :	Amputations - Forequarter	ORTHOPEDIC TRAUMA	Surgical Procedure	32000
416	BKC0329 :	Amputations - Hind Quarter and Hemipelvectomy	ORTHOPEDIC TRAUMA	Surgical Procedure	32000
417	BKC0438 :	Lymphangioma Excision	PAEDIATRIC SURGERIES	Surgical Procedure	32000
418	BKC0439 :	Neuroblastoma	PAEDIATRIC SURGERIES	Surgical Procedure	10000
419	BKC0442 :	Encephalocele	PAEDIATRIC SURGERIES	Surgical Procedure	28750
420	BKC0446 :	Thoracoscopic Cysts Excision	PAEDIATRIC SURGERIES	Surgical Procedure	16500
421	BKC0447 :	Thoracoscopic Decortication	PAEDIATRIC SURGERIES	Surgical Procedure	19500
422	BRC0448 :	Thoracic Duplications	PAEDIATRIC SURGERIES	Surgical Procedure	32000
423	BKC0457 :	Hydatid Cysts in Paediatric Patient	PAEDIATRIC SURGERIES	Surgical Procedure	10000
424	BKC0458 :	Paediatric Acute Intestinal Obstruction	PAEDIATRIC SURGERIES	Surgical Procedure	32000
425	BKC0470 :	Others	NEUROSURGERY	Surgical Procedure	32000
426	BKC047B:	Craniotomy And Evacuation of Haematoma Extradural	NEUROSURGERY	Surgical Procedure	22000
427	BKC0483 :	External Ventricular Drainage (EVD)	NEUROSURGERY	Surgical Procedure	32000
428	BKC0497 :	Anterior Cervical Spine Surgery with Fusion	NEUROSURGERY	Surgical Procedure	17000
430	BKC0505 :	Combined Trans-Oral Surgery & CV junction Fusion	NEUROSURGERY	Surgical Procedure	24000
431	BKC0512 :	Anterior Discectomy & Bone Grafting	NEUROSURGERY	Surgical Procedure	32000
432	BKC0537 :	Excision of Arterio Venous Malformation - Small	VASCULAR SURGERIES	Surgical Procedure	32000
433	BKC0539 :	Vascular Tumors	VASCULAR SURGERIES	Surgical Procedure	32000
434	BKC0552 :	Vascular Injury in Upper Limbs - Axillary, Branchial, Radial and Ulnar - Repair with	VASCULAR SURGERIES	Surgical Procedure	20000

		Vein Graft			
435	BKC0557 :	With Prosthetic Graft	VASCULAR SURGERIES	Surgical Procedure	32000
436	BKC0563 :	Varicose Veins RFA	VASCULAR SURGERIES	Surgical Procedure	32000
437	BKC0628 :	Vault Prolapse Abdominal Repair with Mesh	OBSTETRIC SURGERY	Surgical Procedure	20000
438	BKC0629 :	Laparoscopic Cystectomy	OBSTETRIC SURGERY	Surgical Procedure	7000
439	BKC0677 :	Acute Pancreatitis with Pseudocyst (Infected)	GASTROENTEROLOGY	Surgical Procedure	Per Day 500/- GW & 1000/- for ICU stay
440	BKC0748 :	Surgery for Bleeding Ulcers	SURGICAL GASTROENTEROLOGY	Surgical Procedure	14000
441	BKC0755 :	Distal Gastrectomy for Gastric Outlet Obstruction	SURGICAL GASTROENTEROLOGY	Surgical Procedure	32000
442	BKC0756 :	Surgery For Corrosive Injury Stomach	SURGICAL GASTROENTEROLOGY	Surgical Procedure	32000
443	BKC0774 :	Enucleation Of Cyst	SURGICAL GASTROENTEROLOGY	Surgical Procedure	32000
444	BKC0776 :	tripple Bypass	SURGICAL GASTROENTEROLOGY	Surgical Procedure	32000
445	BKC0777 :	Other Bypasses, Frey'S Pancreatic Head & DJ	SURGICAL GASTROENTEROLOGY	Surgical Procedure	32000
446	BKC077B :	Lap- Pancreatic Necrosectomy	SURGICAL GASTROENTEROLOGY	Surgical Procedure	32000
447	BKC0780 :	Pancreatic Necrosectomy (Open)	ENTEROLOGY	Surgical Procedure	32000
449	BKC0788 :	Pancreas Divisum	ENTEROLOGY	Surgical Procedure	32000
450	BKC0790 :	Diaphragmatic Eventeration	CHEST SURGERY	Surgical Procedure	32000
451	BKC0792 :	Thoracotomy, Thoraco Abdominal Approach	CHEST SURGERY	Surgical Procedure	24000
452	BKC0793 :	Repair Surgery For Injuries Due To FB	CHEST SURGERY	Surgical Procedure	32000
453	BKCOB19 :	Nephrectomy Pyonephrosis/XGP	SURGERY	Surgical Procedure	10000
455	BKCOB21 :	Lap. Nephrectomy - Simple	SURGERY	Surgical Procedure	32000
456	BKC0822 :	Lap. Nephrectomy - Radical	SURGERY	Surgical Procedure	32000
457	BKCOB23 :	Lap. Partial Nephrectomy	SURGERY	Surgical Procedure	32000
458	BKCOB64 :	Hiatus Hernia Repair Abdominal	GENERAL SURGERY	Surgical Procedure	12250
459	BKCOB73 :	Selective Vagotomy Drainage	GENERAL SURGERY	Surgical Procedure	15000
460	BKC0874 :	Vagotomy Pyloroplasty	GENERAL SURGERY	Surgical Procedure	15000
461	BKC0875 :	Operation for Bleeding Peptic Ulcer	GENERAL SURGERY	Surgical Procedure	14000

462	BKC0881 :	Operation for Haemorrhage of The Small Intestine	GENERAL SURGERY	Surgical Procedure	15000
463	BKC0891 :	Operation of the Duplication of The Intestines	GENERAL SURGERY	Surgical Procedure	17000
464	BKC0952 :	TM Joint Ankylosis	GENERAL SURGERY	Surgical Procedure	8500
466	BKC0962 :	HYPOSPADIAS SINGLE STAGE	GENERAL SURGERY	Surgical Procedure	9000
467	BKC0966 :	Epispadiasis - Correction	GENERAL SURGERY	Surgical Procedure	10950
468	BKC0967 :	Intususception	GENERAL SURGERY	Surgical Procedure	12500
469	BKC0968 :	Volvulus	GENERAL SURGERY	Surgical Procedure	15000
470	BKC0969 :	Mairotation	GENERAL SURGERY	Surgical Procedure	16680
471	BKC0971 :	Nephrectomy	GENERAL SURGERY	Surgical Procedure	10000
472	BKC0976 :	GASTRECTOMY ANY TYPE	GENERAL SURGERY	Surgical Procedure	32000
473	BKC0978 :	Partial Gastrectomy	GENERAL SURGERY	Surgical Procedure	15000
474	BKC0979 :	Total Gastrectomy	GENERAL SURGERY	Surgical Procedure	32000
476	BKC0741 :	Haemangioma SOL Liver Hepatectomy + Wedge Resection	SURGICAL GASTRO	Surgical Procedure	29600
477	BKC0010 :	Balloon Valvotomy	SURGERIES	Surgical Procedure	16000
478	BKC0127 :	Maxillectomy + Orbital Exenteration	SURGICAL ONCOLOGY	Surgical Procedure	28000
479	BKC0148 :	Abdominal Wall Tumor Resection	SURGICAL ONCOLOGY	Surgical Procedure	28000
480	BKC0159 :	Total Abdominal Hysterectomy(TAH) + Bilateral Salpingo Ophorectomy (BSO) + Bilateral Pelvic Lymph Node Dissection (BPLND) + Omentectomy	PAEDIATRIC SURGERIES	Surgical Procedure	23000
481	BKC0189 :	Substernal Bypass	SURGICAL ONCOLOGY	Surgical Procedure	28000
482	BKC0303 :	Reconstructive Lower Limb Surgery Following Infection, Trauma, Tumors / Malignancy, Developmental Including Diabetic Foot - Severe	PAEDIATRIC SURGERIES	Surgical Procedure	28000
483	BKC0312 :	Flap Surgeries B) Myocutaneous Flap	PLASTIC SURGERY	Surgical Procedure	28000
484	BKC0456 :	Paediatric Splenectomy (Non-Traumatic)	PAEDIATRIC SURGERIES	Surgical Procedure	26000
486	BKC0747 :	Splenectomy for Space Occupying Lesion	SURGICAL GASTRO	Surgical Procedure	26000
487	BKC0763 :	Extended Right Hemicolectomy	ENTEROLOGY	Surgical Procedure	28000
488	BKC0769 :	Choledochoduodenostomy or Choledocho Jejunostomy	SURGICAL GASTRO	Surgical Procedure	12500

489	BKC0812 :	Double Stage Urethroplasty for Stricture Urethra - Stage Ii	GENITOURINARY	Surgical Procedure	15000
491	BKC0882 :	Operations for Recurrent Intestinal Obstruction (Noble Plication Other)	GENERAL SURGERY	Surgical Procedure	20000
493	BKC0030 :	Coarctation-Aorta Repair With Graft	GENERAL SURGERY	Surgical Procedure	25600
494	BKCO279 :	Upto-40% Mixed Burns (With Surgeries)	GENERAL SURGERY	Surgical Procedure	25600
495	BKC0009 :	Multiple Coils	GENERAL SURGERY	Surgical Procedure	24000
496	BKC0011 :	Balloon Atrial Septostomy	GENERAL SURGERY	Surgical Procedure	24000
497	BKC0015 :	Coarctation of Aorta - Without Stent	GENERAL SURGERY	Surgical Procedure	20000
498	BKC0040 :	Femoro- Poplital Bypass without Graft	GENERAL SURGERY	Surgical Procedure	23500
499	BKC0064 :	Pericardiectomy	GENERAL SURGERY	Surgical Procedure	14500
500	BKC0084 :	Thyroidectomy - Any Type	SURGICAL ONCOLOGY	Surgical Procedure	14000
501	BKC0092 :	Other Bypasses-Pancreas	SURGICAL ONCOLOGY	Surgical Procedure	13000
502	BKC0094 :	Emasculation	SURGICAL ONCOLOGY	Surgical Procedure	24000
503	BKC0102 :	Radical Hysterectomy	SURGICAL ONCOLOGY	Surgical Procedure	24000
504	BKC0131 :	Palatectomy - Any Type	SURGICAL ONCOLOGY	Surgical Procedure	24000
505	BKC0133 :	Lateral Temporal Bone Resection	SURGICAL ONCOLOGY	Surgical Procedure	11500
506	BKC0139 :	Parathyroidectomy	SURGICAL ONCOLOGY	Surgical Procedure	13500
507	BKC0161 :	Chest Wall Resection + Reconstruction	SURGICAL ONCOLOGY	Surgical Procedure	12500
508	BKC0168 :	Curettage & Bone Cement	SURGICAL ONCOLOGY	Surgical Procedure	24000
509	BKC0169 :	Bone Resection	SURGICAL ONCOLOGY	Surgical Procedure	24000
510	BKC0286	Moderate	PLASTIC SURGERY	Surgical Procedure	24000
511	BKCO291 :	Hemifacial Atrophy	PLASTIC SURGERY	Surgical Procedure	24000
512	BKC0313:	Flap Surgeries C] Osteo Myocutaneous Flap	PLASTIC SURGERY	Surgical Procedure	24000
513	BKC0318 :	Arthrodesis of - Major joints	ORTHOPEDIC TRAUMA	Surgical Procedure	24000
514	BKC0330 :	Arthroscopy - ACL Repair	ORTHOPEDIC TRAUMA	Surgical Procedure	19000
515	BKC0334 :	Costo Transversectomy	ORTHOPEDIC TRAUMA	Surgical Procedure	15000
516	BKC0336 :	Nerve Repair with Grafting	ORTHOPEDIC TRAUMA	Surgical Procedure	14000

517	BKC0338 :	Operations for Brachial Plexus & Cervical Rib	ORTHOPEDIC TRAUMA	Surgical Procedure	18750
518	BKC0345:	Acetabular	POLYTRAUMA	Surgical Procedure	18000
519	BKC0428 :	Anorectal Malformations - Stage 2	PAEDIATRIC SURGERIES	Surgical Procedure	24000
520	BKC0429 :	Anorectal Malformation - Stage 3	PAEDIATRIC SURGERIES	Surgical Procedure	24000
521	BKC0435 :	Posterior Urethral Valves	PAEDIATRIC SURGERIES	Surgical Procedure	9000
522	BKC0444 :	Paediatric Esophageal Obstructions- Surgical Correction	PAEDIATRIC SURGERIES	Surgical Procedure	24000
523	BKC0451 :	Gastro Esophageal Reflux Correction	PAEDIATRIC SURGERIES	Surgical Procedure	24000
524	BKC0454 :	Gastric Outlet Obstructions	PAEDIATRIC SURGERIES	Surgical Procedure	24000
525	BKC0498 :	Anterior Lateral Decompression	NEUROSURGERY	Surgical Procedure	18000
526	BKC0506 :	C.V. Junction Fusion	NEUROSURGERY	Surgical Procedure	16000
527	BKC0510 :	Endoscopic Third Ventriculostomy	NEUROSURGERY	Surgical Procedure	24000
528	BKC0525 :	Radiofi-equency Ablation for Trigeminal Neuralgia	NEUROSURGERY	Surgical Procedure	5000
529	BKCO616:	Caesarean Hysterectomy with Bladder Repair	GYNAECOLOGY	Surgical Procedure	12000
530	BKC0624:	Pelvic floor reconstruction with Mesh	GYNAECOLOGY	Surgical Procedure	16000
531	BKC0625:	Mc Indo s repair for vaginal atresia	GYNAECOLOGY	Surgical Procedure	24000
532	BKC0639 :	Wertheims Hystrectomy for Carcinoma Cervix	GYNAECOLOGY	Surgical Procedure	12500
533	BKC0675 :	Oesophageal Fistula	GASTROENTEROLOGY	Surgical Procedure	18000
534	BKC0740 :	Hepato cellular carcinoma (Advanced) Radio frequency ablation	SURGICAL GASTROENTEROLOGY	Surgical Procedure	25500
535	BKC0750 :	Colonic pull up	SURGICAL GASTROENTEROLOGY	Surgical Procedure	24000
536	BKC0753 :	Lap Heller S Myotomy	SURGICAL GASTROENTEROLOGY	Surgical Procedure	24000
537	BKC0759 :	I Stage J Pouch	SURGICAL GASTROENTEROLOGY	Surgical Procedure	24000
538	BKC0772 :	Repair of Cbd	SURGICAL GASTROENTEROLOGY	Surgical Procedure	24000
539	BKC0784 :	Cysto gastrostomy	SURGICAL GASTROENTEROLOGY	Surgical Procedure	15000
540	BKC0786 :	Pseudocust of Pancreas	SURGICAL GASTROENTEROLOGY	Surgical Procedure	17000
544	BKC0811 :	Double Stage Urethroplasty for Stricture Urethra Stage I	GENITOURINARY	Surgical Procedure	15000
545	BKC0831 :	Anderson Hynes Pyeloplasty	GENITOURINARY	Surgical Procedure	12500

546	BKC0832 :	Caecocystoplasty	GENITOURINARY	Surgical Procedure	24000
547	BKC0848:	Parathyroidectomy	GENERAL SURGERY	Surgical Procedure	15000
548	BKC0878 :	Duodenal Perforation	GENERAL SURGERY	Surgical Procedure	9000
549	BKC0889 :	Operation for Acute Intestinal Obstruction	GENERAL SURGERY	Surgical Procedure	9000
550	BKC0890:	Operation for Acute Intestinal Perforation	GENERAL SURGERY	Surgical Procedure	9000
551	BKC0951:	Microtia/Anotia	GENERAL SURGERY	Surgical Procedure	24000
552	BKC0954:	Reconstructive Micro Surgery C Brachial Plexus Surgery	GENERAL SURGERY	Surgical Procedure	24000
553	BKC0965:	Hypospadias Stage :1	GENERAL SURGERY	Surgical Procedure	9000
554	BKC0984:	Right Hemicolectomy	GENERAL SURGERY	Surgical Procedure	17000
555	BKC0985:	Left Hemicolectomy	GENERAL SURGERY	Surgical Procedure	17000
556	BKC0278:	Upto - 40% with Scalds (conservative)	GENERAL SURGERY	Surgical Procedure	Per Day 500/- GW & 1000/- for ICU stay
558	BKC0325:	ILIZAROV Ring Fixator Application	GENERAL SURGERY	Surgical Procedure	15000
559	BKC0535:	Peripheral Embolectomy without graft	GENERAL SURGERY	Surgical Procedure	21600
560	BKC0826:	Vesico Vaginal Fistual	GENERAL SURGERY	Surgical Procedure	12000
561	BKC0907:	Adominal injuries conservative surgical Treatment	GENERAL SURGERY	Surgical Procedure	20000
562	BKC0906:	Stay in surgical ICU @ Rs 1000/ Day	GENERAL SURGERY	Surgical Procedure	Upto 7000
563	BKC0902:	Stay in General Ward @ Rs 500/ Day	GENERAL SURGERY	Surgical Procedure	Upto 5000
564	BKC0463:	Intersex	GENERAL SURGERY	Surgical Procedure	upto 50000
565	BKC0789:	Sclerosing Choloangitis	GENERAL SURGERY	Surgical Procedure	Per Day 500/- GW & 1000/- for ICU stay
566	BKC0902:	Surgical Treatment	GENERAL SURGERY	Surgical Procedure	20800
567	BKCO903:	Stay in Neuro ICU @ Rs. 4000/ Day	GENERAL SURGERY	Surgical Procedure	Upto 28000

Appendix 4– Guidelines for Smart Card and other IT Infrastructure

1. Introduction:

These guidelines provide in brief the technical specifications of the smart card, devices & infrastructure to be used under BKKY. The standardization is intended to serve as a reference, providing the state government with guidance for implementing an interoperable smart card based cashless health insurance program.

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 Odisha.

In creating a common health insurance card across Odisha, the goals of the smart health insurance card program are to:

- Allow verifiable & undisputable 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 the State and in the hospitals empanelled outside the State 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.

a. Common components

- i. Windows XP (all service packs) or above
- ii. Post Gres database

- iii. Certified enrollment, personalisation & issuance software
 - iv. Data backup facility
- b. Enrollment station components
- i. Computer with power backup for at least 8 hours
 - ii. 1 Optical biometric scanner for fingerprint capture
 - iii. 1 VGA camera for photograph capture
- c. Personalisation station components
- i. Computer with power backup for at least 8 hours
 - ii. 2 PCSC compliant smart card readers (for FKO card & split card)
 - iii. Smart card printer with smart card encoder
- d. Issuance station components
- i. Computer with power backup for at least 8 hours
 - ii. 2 PCSC compliant smart card readers (1 for FKO card, 1 for Beneficiary card,)
 - iii. 1 Optical Fingerprint scanner (for verification of FKO & beneficiary)

2.2. Specifications for hardware

- a. Computer
- i. Capable of supporting all devices as mentioned above
- b. Fingerprint Scanner
- i. The Fingerprint capture device at enrollment as well as verification should be single finger type.
 - ii. 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 BKKY related enrollment and verification.
 - iii. The images should be stored in png format
 - iv. It is advisable that the best practices suggested in the document should be followed
- c. Camera
- i. Sensor: High quality VGA

- ii. Still Image Capture: min 1.3 megapixels (software enhanced). Native resolution is 640 x 480
 - iii. Automatic adjustment for low light conditions
- d. Smart Card Reader
- i. PCSC compliant
 - ii. Read and write all microprocessor cards with T=0 and T=1 protocols
- e. Smart card printer
- i. Supports colour dye sublimation and monochrome thermal transfer
 - ii. Edge to edge printing standard
 - iii. Prints at least 150 cards/ hour in full color and up to 750 cards an hour in monochrome
 - iv. Minimum printing resolution of 300 dpi
 - v. Automatic and manual feeder for card loading
 - vi. USB Connectivity
 - vii. Printer Should have hardware/software protection to disallow unauthorized usage of Printer
 - viii. Inbuilt encoding unit to personalize Contact cards in a single pass
 - ix. Compatible to microprocessor chip personalization
 - x. 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

The card shall have both a chip (EEPROM) on the front side and a magnetic stripe on the back side.

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.

A. 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 SNA.
- 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.

The card should have a minimum lifetime of three years; free replacement within that period of the faulty cards will be the responsibility of the Insurer. It is expected that a majority of the cards will last normally for five years.

B. Magnetic Stripe:

Three magnetic tracks in standard identification cards, particularly those used in financial transactions, i.e., credit and debit cards, conforming to international standards ISO / IEC 7811, especially ISO / IEC 7811-6:2008, [ISO 7813](#) (tracks 1 and 2) and [ISO 4909](#) (track 3).

Track 1 – encoded to max 79 characters, alphanumeric

Track 2 – encoded to max 40 characters, only numeric

Track 3 – encoded to max 107 characters, only numeric

The card should be capable of being customized by a third party for use as ATM card / debit card, and for other purposes. The structure of data to be stored will be separately notified by the SNA and will form a part of these Tender Papers.

3.2. Card layout

The detailed visual & machine readable card layout including the background image to be used is available on the website www.bkky.gov.in. It is mandatory to follow these guidelines for physical personalization of the BKKY beneficiary card.

For the chip personalization, detailed specification has been provided in the BKKY KMS document available on the website www.bkky.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 BKKY, 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 SNA. 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 SNA 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.

Appendix 5 – Draft MoU between Insurance Company and the Hospital

Service Agreement

Between

(Insert Name of the Hospital)

and

_____ Insurance Company Limited

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

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 health 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 Odisha wherein it has agreed to provide the health insurance services to identified Beneficiary families covered under Biju Krushak Kalyan Yojana.
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 BKKY 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 BKKY health insurance scheme of Government of Odisha and holds a valid smart card issued for BKKY.
- 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 the Farmer Families issued under Biju Krushak Kalyan Yojana by the Insurer as per specifications given by the SNA. See Annexure 2 for details.
- F. **HOSPITAL** – A hospital means
- i) Any institution established by the government for in-patient care and day care treatment of illness and/or injuries or such other public institution.
 - ii) Any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or any such other local laws rules regulations **OR** complies with all minimum criteria as under:
 - has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - has qualified medical practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the insurance company’s authorized personnel
 - iii) as may be redefined by the SNA in case of remote areas, by a specific relaxation with a view to providing access to insured families in remote areas.
- G. **CASHLESS SERVICES: refer to clause 15 of the detailed guidelines.**
- H. **REQUEST FOR AUTHORIZATION (RAL)** It is a request letter, sent by the network hospital as defined under BKKY, to the insurance company / TPA for authorizing a reasonable amount for the cashless treatment of the patient, where package rates are not specified in the Appendix 3-A or 3-B and Appendix-2 of the detailed guidelines as amended from time to time by the SNA. (as per annex-3)
- I. **AUTHORIZATION LETTER (AL):** Authorization letter is an authority letter sent to the network hospital by Insurer / TPA, which sanctions a prescribed amount for the cashless treatment of the

patient as per the terms and conditions mentioned in the AL. AL will mention the authorization number and the amount guaranteed for the hospitalization..(as per annex-4)

- J. **DISCREPANCY LETTER (DL) / QUERY LETTER (QL):** It is a letter addressed to Network Hospital asking for any document or other clarification required to process the cashless treatment request.
- K. **AUTHORIZATION DENIAL LETTER (ADL):** It is a letter sent to network hospital by the Insurer / TPA in response to the RAL, which denies the authorization asked for.(as per annex-5)
- L. **MEDICALLY NECESSARY** - Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - a. - is required for the medical management of the illness or injury suffered by the insured;
 - b. - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c. - must have been prescribed by a medical practitioner,
 - d. - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

M. REASONABLE AND CUSTOMARY CHARGES - Means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved. Eg. Charges billed by the provider as emergency charges (In case of non emergency), charges for assistant surgeon, assistant anaesthetist, instrument etc will not ordinarily be deemed as being reasonable.

NOW IT IS HEREBY AGREED AS FOLLOWS:

**Article 1:
Term**

This Agreement shall be for a period of one year. 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 BKKY as per definition of medical necessary and 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 Appendix - 2 and Appendix – 3A & 3B. 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 should maintain necessary records as required and will provide necessary records of the BKKY patients to the Insurer or his representative/ Government/ State Nodal Agency as and when required.
 7. 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.
 8. 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.
 9. 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.
 10. 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 BKKY 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 health 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 to be 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 and then hospital will need to get the pre-authorization from the Insurance Company as appended to this agreement, for cases where the package rates are not agreed.
 - 2.4 If the package selected for the beneficiary is already listed in the package list then no pre-authorization will be needed from the insurance company.
 - 2.5 If the treatment to be provided is not a part of the package list then hospital will need to obtain the pre authorization from the insurance company as given in part 2 of Annexure 1.
 - 2.6 On receipt of the preauthorization form from 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 along with the discharge summary in accordance with the rates as prescribed in the Annexure 3A and 3B, or as per pre-authorization, on a daily basis.
- 2. The Insurer will have to take a decision and settle the Claim within one month. In case the insurer decided to reject the claim then that decision also will need to be taken within one month.
- 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.
- 5. **Payment Reconciliation process**
 - a. **The Parties** would exchange a list of all outstanding payments on a regular basis – but at least in a standard format as agreed between the **PARTIES** and approved by the SNA.

- b. The **PARTIES** shall meet regularly, but at least once in three months – to review all such pending claims to discuss a suitable solution

**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.
3. Code of Conduct: Abide by the code of conduct prescribed by the IRDA or the General Insurance Council /Council for Fair Business Practices, from time to time.

**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 BKKY 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 BKKY 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 BKKY 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 provided by the Insurer.

**Article 12:
Termination**

1. Insurer reserves the right to terminate this agreement as per the guidelines issued by Directorate of Agriculture and Food Production, Government of Odisha.
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. However the Insurance Company reserves the right to suspend Cashless facility with immediate effect, subject to approval of the SNA, if the notice is served for any Fraud, , Malpractice etc committed by the Provider.
4. The **INSURANCE COMPANY** reserves the right not to pay any such bill which is prima facie fraudulent and on the basis of which the termination notice is being served. The network

hospital is free to approach the grievance redressal committee at the respective levels to seek redressal against such decisions of the Insurance company.

4. 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 Bhubaneswar, Odisha, and any award whether interim or final, shall be made, and shall be deemed for all purposes between the parties to be made, in Bhubaneswar.
- 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 born 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:

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

In the presence of:

Article 17

Monitoring and Evaluation

Technical Committees at district and State level will be constituted for monitoring and supervision of empanelled hospitals at regular interval. The said committee will look into the various aspects of treatment protocol and satisfaction level of beneficiaries. Any violation, reported, shall lead to de-empanelment of the hospital as mentioned in Annex-2. The Hospital Authority at the time of raising claims will submit a certificate that the treatment to the patient has been done completely.

Scheme Benefits:-

The scheme has two streams. They are as follows:

BKKY Stream-I: -This stream is meant for all those beneficiary families who are not beneficiaries of RSBY. Under this stream, beneficiary families will get a coverage of Rs.30,000/- only for the list of day care procedures, surgeries and treatments that are listed in Appendix-2 and Appendix-3A of the detailed guidelines. These day care procedures, surgeries and treatments are same as provided in RSBY. The rates for these treatments have also been prescribed "Package Rates". The rates are the same as in RSBY and all the hospitals empanelled under RSBY shall be deemed to be empanelled under BKKY. In addition to this coverage, the beneficiaries of BKKY Stream-I will also get an additional coverage of Rs.70,000/- per family per year for a list of 567 number of surgeries and procedures listed in Annexure-3B of the detailed guidelines. These treatments are available only in those hospitals which are empanelled under OSTF.

For all the treatments, surgeries and procedures not listed in Appendix-2, Appendix-3A or Appendix-3B, the hospital will have to take pre-authorization from the insurance company on a case to case basis subject to a limit of Rs.30,000/- per family per year.

BKKY Stream-II: This stream is meant for all those families who are beneficiaries of RSBY. As these beneficiaries are already covered by RSBY for the surgeries and procedures listed in Appendix-2 and Appendix-3A, they will not be provided any coverage for these treatments and procedures. These beneficiaries will be provided health insurance coverage of Rs.70, 000/- per family per year on a floater basis for all those surgeries and procedures listed in Appendix-3B. The treatments will be provided in those hospitals empanelled under OSTF.

Annex I
Hospital Services- Admission Procedure

Case 1: Package covered and sufficient funds available

- 1.1. Beneficiary approaches the BKKY helpdesk at the network hospital of Insurer.
- 1.2. Helpdesk verifies that beneficiary has genuine card issued under BKKY (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 BKKY 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. The helpdesk shall advise the beneficiary accordingly and initiate approval from Insurer manually (authorization request).
- 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 apprised 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 BKKY 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 BKKY scheme.
- 2.2. Steps from 1.1 to 1.7
- 2.3. In case the line of treatment prescribed is not covered under BKKY, the helpdesk shall advise the beneficiary accordingly and initiate approval from Insurer manually (authorization request).
- 2.4. The hospital will send fax/ mail/ physical file as the case may to Insurer a pre-authorization request. Request for hospitalization on behalf of the beneficiary may be made by the 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 BKKY 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 BKKY. 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 BKKY 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 BKKY patients, it may immediately suspend the hospital from providing services to BKKY 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 Hospital, District Authority and SNA should be informed without fail of the decision of suspension of hospital within 6 hours of this action. At least 24 hours intimation must be given to the hospital prior to the suspension so that admitted patients may be discharged and no fresh admission can be done by the hospital.
 6. For informing the beneficiaries, within 24 hrs suspension, an advertisement in the local newspaper ‘mentioning about temporally stoppage of BKKY services’ must be given by the Insurer. The newspaper and the content of message will be jointly decided by the insurer and the district Authority.
 7. To ensure that suspension of the hospital results in their not being able to treat BKKY patients, a provision shall be made in the software so that hospital cannot send electronic claims data to the Insurance Company or their representatives.
 8. 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

9. 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
10. 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.
11. 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 hospital, district and the SNA.
 - a. A letter regarding revocation of suspension shall be sent to the hospital within 24 hours of that decision.
 - b. Process to receive claim from the hospital shall be restarted within 24 hours. The hospital will be activated within 24 hours to transact BKKY data and send electronic claims
12. For informing the beneficiaries, within 24 hrs of revoking the suspension, an advertisement in the local newspaper ‘mentioning about activation of BKKY services’ must be given by the Insurer. The newspaper and the content of message will be jointly decided by the insurer and the district Authority.

Step 4 – Action by the Insurance Company

13. 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.
- 14. The entire process should be completed within 30 days from the date of suspension.

Step 5 – Actions to be taken after De-empanelment

- 15. Once a hospital has been de-empanelled from BKKY, 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 put on by State Nodal Agency in the BKKY website.
 - d. This information shall be sent to all the other Insurance Companies which are working in BKKY.
 - 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 deempanelment, 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

- 16. The hospital can approach the Grievance Redressal 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 will be available on BKKY 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 getting prior approval 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.

Annex-3

Format for pre-Authorisation

To be completed by Insurance Company/ TPA	
Approved / Rejected	(Strike out the portion not applicable and circle the portion applicable)
Authorisation number:	

URN NUMBER
INPATIENT REGISTRATION NUMBER:
NAME OF HOF:
NAME OF THE PATIENT
IDENTIFICATION BY:

NAME OF TREATING DOCTOR
CONTACT NUMBER
NATURE OF ILLNESS
PROVISIONAL DIAGNOSIS
PACKAGE CODE 2/3-A/3-B

PROPOSED LINE OF TREATMENT			
CONSERVATIVE/MEDICAL MANAGEMENT INVESTIGATION/AND FOLLOW UP	SURGICAL MANAGEMENT	INTENSIVE	CARE

IF CONS/MEDICAL MANAGEMENT
DETAILS
ROUTE OF DRUG ADMINISTRATION

IF SURGICAL
DETAILS
NAME OF SURGERY
PACKAGE CODE 2/3-A/3-B

IF ACCIDENT			
IS IT RTA	DATE OF INJURY	REPORTED TO POLICE	FIR NUMBER
	DD MM YY	Y/N	

INJURY /DISEASE CAUSED BY ALCOHOL ABUSE/ DRUG ABUSE	YES	/	NO
TESTS CONDUCTED TO ESTABLISH THIS ATTACH REPORTS	Y/N		TYPE OF TEST
RESULT			

IN CASE OF MATERNITY							
G	P	L	A	LMP	DD	MM	YY

PATIENT DETAILS AND ESTIMATED CHARGES						
DATE OF ADMISSION	DD	MM	YY	HH	MM	BED NO

EMERGENCY/ PLANNED ADMISSION	EMERGENCY	PLANNED
EXPECTED DAYS OF STAY IN HOSPITAL		
PER DAY ROOM RENT		
NURSING AND SERVICE CHARGES		
PATIENT DIET		
INVESTIGATION DIAGNOSTICS		
ICU CHARGES		
OT CHARGES		
PROFESSIONAL FEES OF SURGEON		
PROFESSIONAL FEES OF ANAESTHETIST		
PROFESSIONAL FEES CONSULTATION		
MEDICINE+ CONSUMABLES		
OTHER HOSPITAL EXPENSES		
COST OF IMPLANTS		
ALL INCLUSIVE PACKAGES IF APPLICABLE		
SUM TOTAL OF COST OF HOSPITALISATION		

MANDATORY PAST HISTORY
ALCOHOL DRUG ABUSE:
ANY HIV OR STD/RELATED DISEASES
SELF INFLICTED INJURIES
EXPOSURE TO IONISING RADIATIONS

HOSPITAL DETAILS	HOSPITAL CODE
NAME OF THE HOSPITAL	
ADDRESS OF THE HOSPITAL	
KEY CONTACT PERSON	PHONE
NAME OF TREATING DOCTOR	PHONE
QUALIFICATION OF TREATING DOCTOR	

Signature treating doctor
and name

seal of hospital

patient/relative signature

Annex-4

Format for Authorisation letter

To be completed by Insurance Company/ TPA	
Approved /	Amount: Rs.
Authorisation number:	

URN NUMBER

INPATIENT REGISTRATION NUMBER:
NAME OF HOF:
NAME OF THE PATIENT
IDENTIFICATION BY:

Approved charges						
PACKAGE CODE					2/3-A/3-B	
PATIENT DETAILS AND ESTIMATED CHARGES						
DATE OF ADMISSION	DD	MM	YY	HH	MM	BED NO
EMERGENCY/ PLANNED ADMISSION			EMERGENCY		PLANNED	
EXPECTED DAYS OF STAY IN HOSPITAL						
PER DAY ROOM RENT						
NURSING AND SERVICE CHARGES						
PATIENT DIET						
INVESTIGATION DIAGNOSTICS						
ICU CHARGES						
OT CHARGES						
PROFESSIONAL FEES OF SURGEON						
PROFESSIONAL FEES OF ANAESTHETIST						
PROFESSIONAL FEES CONSULTATION						
MEDICINE+ CONSUMABLES						
OTHER HOSPITAL EXPENSES						
COST OF IMPLANTS						
ALL INCLUSIVE PACKAGES IF APPLICABLE						
SUM TOTAL OF COST OF HOSPITALISATION						
HOSPITAL DETAILS					HOSPITAL CODE	
NAME OF THE HOSPITAL						

Signature of TPA/INSURER

seal TPA/Insurer

Step 1 – Putting the Hospital on “Watchlist”

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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.
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 - 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 Hospital, District Authority and SNA should be informed without fail of the decision of suspension of hospital within 6 hours of this action. At least 24 hours intimation must be given to the hospital prior to the suspension so that admitted patients may be discharged and no fresh admission can be done by the hospital.
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 - i. A warning to the concerned hospital,
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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 prior approval from 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.

Appendix 8 – Parameters to Evaluate Performance of the Insurance Company for Renewal

Criteria	
1. Enrolment of Beneficiaries – Efforts should be made to enroll as many BKKY beneficiary families in a district as possible in the project districts of the Insurer. The Insurer will get marks only if it enrolls at least 70% of the estimated beneficiary families	Up to 50% - no marks 50-55%-1 55-60%-2 60-65%-3 65-70%-5 70-75%-6 75-80%-7 >80%-10
2. Empanelment of Hospitals – At least 50% of the eligible Private health care providers shall be empanelled in each district (This 50% will be based on the 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.	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 claims settlement data to the State Nodal Agency from the time policy starts to the State server	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 One Month of the receipt of the claim (insurance company will share the claim settlement details in the format as defined by the SNA on monthly basis. If the State server is operational in the State then this information is to be directly provided to the State server. No marks will be given if the insurer/TPA fails to submit this data).	<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 30 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. However if the insurance company scores '0' marks under criteria 6 then the company will not be eligible for the 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

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:

District wise Number of Enrolment Kits that will need to be deployed simultaneously for enrolment of farm families under BKKY Stream I								
Sl No	Districts	No of Blocks	No of G.P.s	Estimated Farm Families under BKKY-I	Total No of enrolment days for the district	Enrolment capacity of each kit per day	Enrolment capacity of each Kit in 100 days	Tentative No of kits required
1	2	3	4	5	6	7	8	9
1	ANGUL	8	209	94460	100	40	4000	24
2	BALASORE	12	289	118143	100	40	4000	30
3	BARGARH	12	248	128588	100	40	4000	33
4	BHADRAK	7	193	106210	100	40	4000	27
5	BOLANGIR	14	285	138043	100	40	4000	35
6	BOUDH	3	63	22555	100	40	4000	6
7	CUTTACK	14	342	189852	100	40	4000	48
8	DEOGARH	3	60	10000	100	40	4000	3
9	DHENKANAL	8	199	89693	100	40	4000	23
10	GAJAPATI	7	129	44436	100	40	4000	12
11	GANJAM	22	475	280405	100	40	4000	71
12	JAGATSINGPUR	8	194	161527	100	40	4000	41
13	JAJPUR	10	280	186012	100	40	4000	47
14	JHARSUGUDA	5	78	9511	100	40	4000	3
15	KALAHANDI	13	273	87738	100	40	4000	22
16	KANDHAMAL	12	153	34078	100	40	4000	9
17	KENDRAPARA	9	230	137701	100	40	4000	35
18	KEONJHAR	13	286	60179	100	40	4000	16
19	KHURDA	10	168	48897	100	40	4000	13
20	KORAPUT	14	226	35603	100	40	4000	9
21	MALKANGIRI	7	108	10000	100	40	4000	3
22	MAYURBHANJ	26	382	135971	100	40	4000	34
23	NAWARANGPUR	10	169	115060	100	40	4000	29
24	NAYAGARH	8	179	13050	100	40	4000	4
25	NUAPADA	5	109	22446	100	40	4000	6
26	PURI	11	230	59659	100	40	4000	15
27	RAYAGADA	11	171	46751	100	40	4000	12
28	SAMBALPUR	9	148	22480	100	40	4000	6
29	SONEPUR	6	96	29136	100	40	4000	8
30	SUNDARGARH	17	262	111842	100	40	4000	28
	Total	314	6234	2550026	3000	1200	120000	652

District wise Number of Enrolment Kits that will need to be deployed simultaneously for enrolment of farm families under BKKY Stream II								
Sl No	Districts	No of Blocks	No of G.P.s	Estimated Farm Families under BKKY-II	Total No of enrolment days for the district	Enrolment capacity of each kit per day	Enrolment capacity of each Kit in 100 days	Tentative No of kits required
1	2	3	4	5	6	7	8	9
1	ANGUL	8	209	102671	100	60	6000	17
2	BALASORE	12	289	165130	100	60	6000	27
3	BARGARH	12	248	159499	100	60	6000	21
4	BHADRAK	7	193	127138	100	60	6000	18
5	BOLANGIR	14	285	52288	100	60	6000	28
6	BOUDH	3	63	107790	100	60	6000	9
7	CUTTACK	14	342	135963	100	60	6000	23
8	DEOGARH	3	60	30884	100	60	6000	5
9	DHENKANAL	8	199	112095	100	60	6000	19
10	GAJAPATI	7	129	48229	100	60	6000	8
11	GANJAM	22	475	219421	100	60	6000	37
12	JAGATSINGPUR	8	194	58329	100	60	6000	10
13	JAJPUR	10	280	130440	100	60	6000	22
14	JHARSUGUDA	5	78	34277	100	60	6000	6
15	KALAHANDI	13	273	155376	100	60	6000	26
16	KANDHAMAL	12	153	83420	100	60	6000	14
17	KENDRAPARA	9	230	103600	100	60	6000	17
18	KEONJHAR	13	286	175406	100	60	6000	29
19	KHURDA	10	168	128313	100	60	6000	21
20	KORAPUT	14	226	147613	100	60	6000	25
21	MALKANGIRI	7	108	87955	100	60	6000	15
22	MAYURBHANJ	26	382	268806	100	60	6000	45
23	NAWARANGPUR	10	169	89518	100	60	6000	15
24	NAYAGARH	8	179	94501	100	60	6000	16
25	NUAPADA	5	109	47145	100	60	6000	8
26	PURI	11	230	131966	100	60	6000	22
27	RAYAGADA	11	171	100862	100	60	6000	17
28	SAMBALPUR	9	148	83775	100	60	6000	14
29	SONEPUR	6	96	58982	100	60	6000	10
30	SUNDARGARH	17	262	151159	100	60	6000	25
	Total	314	6234	3392551	3000	1200	180000	565

Note: The insurance company will assure that:

- At least one electricity back facility is placed per 5 kits.
- At least one spare (functional) backup kit in field per 10 functional kits.
- The head quarter of the enrollment team should not be more than 30 Km. away from the farthest enrollment station at any time during the enrollment drive.
- No. of vehicle has to be as per the enrollment plan agreed between the Insurance company and the district authorities.

Human Resources – 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/ local language)
- 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 / local language 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/ local language 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/ local language and English)

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

Appendix 10 – Details about DKMs and FKOs

The District Key Manager (DKM) is the key person in BKKY, responsible for executing very critical functions for the implementation of the scheme in the district.

Following are the key areas pertaining to the DKM appointment and responsibilities of the DKM:

1. Identifying and Appointing DKM

1.1 DKM Identification & Appointment

The State Nodal Agency will identify one DKM to every BKKY project district for BKKY implementation. The DKM shall be a senior government functionary at the district level.

a. Eligibility

The Deputy Directors of Agriculture in the district, or their equivalent as decided by the State Government, shall be the DKM.

b. Timeline

The DKM shall be appointed prior to signing of the agreement between the SNA & the Insurance Company.

1.2 Providing Information on DKM to Government of Odisha

The State Nodal agency shall be the Central Key Generation Authority (CKGA).

1.3 Issuing personalized DKMA card by the State Nodal agency

The SNA shall issue personalized DKMA card to the to the DKM.

The SNA will also subsequently issue the Master Issuance Card (MIC), Master Hospital Card (MHC) and the Master Kiosk Card (MKC).

The State Nodal agency will issue DKMA card to the DKM at least seven days before start of the enrolment activities.

2. ROLES OF DISTRICT KEY MANAGER (DKM)

The DKM will be responsible for the overall implementation of BKKY in the district.

2.1 Roles of DKM

The roles and responsibilities of DKM are as given below:

a. Pre-Enrollment

- Receive the DKMA card from the State Nodal Agency and use them to issue three authority cards:
 - Field Key Officer (FKO) - Master Issuance Card - MIC
 - Hospital Authority - Master Hospital Card - MHC and
 - District Kiosk- Master Kiosk Card - MKC
- Issue FKO undertaking to the FKO along with the MIC

- Stock taking of cards to have a record of the number of cards received from the SNA for each type (MIC, MKC, and MHC), to whom distributed, on what date, and the details of missing/ lost/ damaged cards
- Understand the confidentiality and PIN related matters pertaining to the DKM and the MIC. Ensure security of Key cards and PIN.
- Ensure the training of FKOs, IT staff and other support staff at the district level
- Support the Insurance Company to organize District Workshop at least 15 days before commencement of enrollment
- Ensure that scheme related information has been given to the officials designated as the FKOs
- This information may be given either at the District workshops or in a separate meeting called by the district/ block level authorities
- Set up the dedicated DKM computer with the necessary hardware and software in his/ her office. Understand and know the DKM software and have the IT operator trained
- Understand the additional features and requirements for 64 KB card migration for all concerned viz. DKM, FKO, Hospital
- Issue MICs to FKOs according to the specified schedule. The data of issuance of cards will be stored on the DKMA computer automatically by the software and can be tracked. FKO card personalization is done by using data and fingerprint of the designated FKOs stored in the database on the DKMA computer.
- Issue the MHC within three days of receiving from the SNA to the Insurance Company or its representatives
- Issue MKC card within three days of receiving from the SNA to the Insurance Company or its representatives
- Check/ verify Insurance Company/ its intermediaries manpower and machines/ enrolment kits status as per the BKKY tender document
- Provide assistance to the insurer or its representatives in the preparation of panchayat/ municipality/ corporation- wise village wise route plan & enrolment schedule
- Ensure effective Information Education Communication (IEC) by the Insurance Company and lend all possible support
- Ensure empanelment of optimum number of eligible hospitals, both, public and private
- Ensure that hospitals are functional before the enrolment starts
- Ensure hospital training workshop is conducted by the insurance company and be present during such workshops
- Allocate space for setting up of the district kiosk by the Insurance Company free of cost or at a rent-free space. Ensure that district kiosk is functional before the enrolment starts

b. Enrollment

- Monitor and ensure the participation of FKOs in the enrollment process at the enrollment station and also fulfillment of their role
- Few extra FKOs should also be identified and issued MIC in case a designated FKO at a particular enrolment station is absent
- Provide support to the Insurance Company in the enrollment by helping them in coordinating with different stakeholders at the district, block, and panchayat levels
- Undertake field visit to the enrollment stations and record observations in the prescribed format (Link for the checklist to be added)

- Review the performance of Insurance Company as regards the enrolment status through periodic review meetings

c. Post enrollment

- Get the enrollment data downloaded from the MIC to the DKMA computer and then reissue the MICs to new FKO after personalizing the same again
- In case of any discrepancy between numbers downloaded from MIC and the numbers mentioned by FKO in FKO undertaking, receive a note on the difference from the FKO and send the note to the SNA
- Collect Undertaking document from FKOs.
- Ensure that the enrolment teams submit the post enrolment signed data automatically created by the enrolment software and the same is downloaded on the DKMA computer within seven days
- Coordinate with the district administration to organize health camps for building awareness about BKKY and to increase the utilization/hospitalization in the district
- Visit empanelled hospitals to check beneficiary facilitation and record observations as per standard format (Provide the link for hospital checklist)
- Hold grievance committee meetings on pre-scheduled days every month and ensure that necessary entries are made on the web site regarding all the complaints/ grievances received and decisions taken there on in the grievance committee
- Check the functioning of 24- hour Helpline on regular basis
- Communicate with State Nodal agency in case of any problem related to DKMA software, authority cards, or other implementation issues etc.
- Help SNA appointed agency/ NGO evaluate the Scheme implementation and its impact

d. On completion of enrolment

Prepare a report on issues related to empanelment of hospitals, enrolment, FKO feedback, and beneficiary data.

Field Key Officer (FKO)

The FKO is one of the key persons in BKKY and will carry out very critical functions which are necessary for the enrollment. FKOs are part of the Key Management System and along with DKM they are very critical for the success of the scheme. Following are the important points regarding FKOs and their roles:

1. Identity of FKO

The State Nodal Agency will identify and appoint FKOs in each district. The FKO should be a field level Government functionary. Some examples of the FKOs are Patwari, Lekhpal, Gram Vikas Adhikari, Panchayat Secretaries, etc.

2. Providing Information by State Nodal agency

SNA will provide detail on the number of FKO cards needed to the CKGA at Government of Odisha in the prescribed format within 15 days of selection of the Insurance Company for

that particular district. Generally the number of FKOs required would be directly proportional to the number of kits the insurance co plans to take to the field and to the number of families in the district. Hence it would be advisable for the nodal agency to consult with the Insurance co and their TPA or Service provider for finalizing the requirement of FKOs

3. Training to FKOs

The DKM should ensure that scheme related information has been given to the officials designated as the FKOs. This information may be given either at the District workshops or in a separate meeting called by the district/ block officers. The insurance company should give them an idea of the task they are expected to perform at the same time and a single page note giving scheme related details should be handed over to the FKOs along with the MIC card. They should be clearly told the documents that may be used to verify a beneficiary.

4. Issuance of Master Issuance Card (MIC) by DKM

The MIC cards will be personalized by the DKM at the district level. The number of MIC cards provided by CKGA shall be enough to serve the purpose of enrollment within time frame. Some extra FKOs should also be identified and issued MIC card by the DKMA so that the enrollment team has a buffer in case some FKOs are absent on a given day. While issuing the cards to the FKOs it should be kept in mind that 1 MIC can store data for approximately 400 beneficiary families to which cards have been issued. In case an FKO is expected to issue cards to more than this number of families, multiple MIC cards may be issued to each FKO.

5. Role of FKOs

The roles of FKOs are as follows:

1.1 Pre-Enrollment

- a. Receive personalized Master Issuance Card (MIC) from the DKM after providing the fingerprint.
- b. Receive information about the name of the village (s) and the location (s) of the enrollment station (s) inside the village (s) 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 beneficiary list, if available, 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 one card for every 400 beneficiaries expected at the enrollment camp is issued to him/ her i.e., in case the location has more than 400 Farmer Families, they should get more than one MIC card personalized with their details & fingerprints and carry with them for the enrollment.

1.2 Enrollment

- a. Identify the beneficiary at the enrollment station by face or with the help of identification document
- b. Make sure that the enrollment team is correcting the **name, gender and age** data of dependents in the field in case of any mismatch
- c. Make sure that the enrollment team **is not** excluding any member of the identified family that is present for BKKY enrollment
- d. Before the card is printed and personalized, should validate the enrolment by inserting his/ her smart card and providing fingerprint
- e. Once the card is personalized and printed, ensure that at least one member of the beneficiary family verifies his/her fingerprint against the one stored in the chip of the card, before it is handed over to the family
- f. Make sure that the smart card is handed over immediately to the beneficiary by the enrollment team after verification
- g. Make sure that the enrollment team is collecting only ₹30 from the beneficiaries
- h. Ensure that the details of all eligible (within BKKY limits of Head of family + spouse + three dependents) family members as per beneficiary list and available at the enrollment station are entered on the card and their fingerprints & photographs are taken
- i. Ensure that the enrollment team is providing a brochure to each beneficiary family along with the smart card
- j. Make sure that the smart card is given inside a plastic cover and beneficiaries are told not to laminate it
- k. If not all dependents of a beneficiary, eligible for enrollment are present at the camp, they should be informed that those can be added to the card at the District kiosk.

1.3 Post Enrollment

- a. Return the MIC to the DKM after the enrollment is over within Two days
- 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/ she 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. Fill and submit an undertaking to the DKM in the prescribed format
- d. Hand over the representations collected at the enrollment camp to the DKMA.
- e. Receive the incentive from the State Government (if any)

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 Government of Odisha. The software to be used thereon shall be the one approved by the Government of Odisha.

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 BKKY 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 One Month 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.

Appendix 12 – Guidelines for the BKKY District Kiosk and 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 Odisha),

1.2.1. Hardware components:

Computer (1 in number)	<ul style="list-style-type: none"> ▪ This should be capable of supporting all other devices required. ▪ It should be loaded with standard software as per specifications provided by the SNA.
Fingerprint Scanner / Reader Module (1 in number)	<ul style="list-style-type: none"> ▪ 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)	<ul style="list-style-type: none"> ▪ 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)	<ul style="list-style-type: none"> ▪ 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)	<ul style="list-style-type: none"> ▪ 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)	<ul style="list-style-type: none"> ▪ This is required to provide support as a helpline
Internet	<ul style="list-style-type: none"> ▪ This is required to upload/send data

Connection	
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1.2.2. Software components:

Operating System	<ul style="list-style-type: none"> ▪ Vendor can adapt any OS for their software as long as it is compatible with the software
Database	<ul style="list-style-type: none"> ▪ Vendor shall adapt a secure mechanism for storing transaction data
System Software	<ul style="list-style-type: none"> ▪ District Server Application Software <ul style="list-style-type: none"> • 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 <p>[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 SNA. Any modifications to the software for ease of use by the insurance company can be made only after confirmation from SNA. All software would have to be certified by competent authority as defined by SNA.]</p>

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

In addition to the above mentioned specifications, a **district kiosk card** (issued by the SNA) 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 BPL list and other non-BPL beneficiary list (if applicable) 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 beneficiary 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/ Insurance Company Server

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

- Set up and configure the Beneficiary data for use at the enrollment stations

- Collate the enrollment data including the fingerprints and photographs and send it on to SNA periodically
- Collate the transaction data and send it on to SNA 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 Company'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, 500 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 Beneficiary data for use in the enrollment stations.
- 3.1.2. The beneficiary and members of PRI should be informed at the time of enrollment about the location of district kiosk and its functions.
- 3.1.3. 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 State Nodal Agency owns the hardware at the district kiosk, the hospital owns the hardware at the hospital.
- 3.1.4. 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 SNA. Any modifications to the software(s) for ease of use by the insurance company can be made only after confirmation from SNA. All software(s) would have to be certified by a competent authority as defined by SNA.
- 3.1.5. 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 SNA in the prescribed format.
- 3.1.6. It is the responsibility of the Insurance Company 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

Appendix 13 – Specifications for the Hardware and Software for 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 the State Nodal Agency for BKKY

Maintenance Support

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

Appendix 14 – List of Hospitals to be Empanelled

All the Public and Private hospitals empanelled under RSBY as on 1st July 2013 are deemed to have been empanelled under BKKY for the treatments, surgeries and procedures listed in Appendix- 2 and Appendix -3A.

All the Public and Private hospitals empanelled under OSTF as on 1st July 2013 are deemed to have been empanelled under BKKY for the treatments, surgeries and procedures listed in Appendix- 2, Appendix -3A and Appendix -3B.

Appendix 15 – Qualifying Criteria for the TPAs & Card Vendors

TPAs:

S. No.	Qualification Requirement	Criteria	Supporting Document	Mandatory	Rating
1	License	TPA should have valid IRDA License	Copy Valid IRDA License	Yes	Mandatory
2	Blacklisted	TPA should not have been blacklisted by any Government department/PSU in the last 5 years	Duly signed declaration from TPA	Yes	Mandatory
3	Income tax	TPA should be an income Tax Assessee	Audited balance sheet	Yes	Mandatory
4	Experience	TPA should have minimum 5 years of experience in managing Health Insurance Scheme	Certificate of Incorporation & IRDA license	Yes	Mandatory
5	Families Serviced	TPA should have serviced more than 25 lakh families in last 2 financial years (2011-12, 2012-13)	IRDA Report & Duly Signed Declaration	Yes	10
6	Financial Strength	TPA should a Financial turnover of more than 25 core per year for the last 2 financial year (2011-12, 2012-13)	Audited Balance sheet	Yes	10
7	Claim Management	TPA should have handled claims worth more than 250 crores per year for the last 2 years (2011-12, 2012-13)	IRDA Report & Duly Signed Declaration	Yes	10
8	Qualified Staff	TPA should have on roll 25 MBBS doctors/Specialists as of 31/3/2013. One Specialist in all the specialties listed:- Oncosurgery, Medicine, Gynecology, CVTS, orthopedics, General Surgery, Paediatrics, Ophthalmology	CV with details	Yes	10
9	Project Experience	TPA should have serviced at least 1 state funded insurance scheme with minimum 10 lac families.	Copy of work order or letter of Allotment	Yes	20
10	Software	TPA should have an in	Duly signed	Yes	25

	Capabilities	house; running and deployed software application (not outsourced or third party) for similar state schemes.	declaration or letter from the Client		
11	Presentation	TPA is required to demonstrate capability in main deliverables and implementation within timeframes identified		Yes	15
From the shortlisted TPAs based on Qualification Parameters, insurer would select TPA based on rating parameters. TPA with the highest score will be selected for the scheme. The TPA Fee would be min 70 % of the Administrative Cost calculated by the Insurer as part of the premium.					
Important Note :- An Insurer can deploy only a single TPA for administration of the scheme and its benefits					

Card Vendors:

Must have QCI certification and must have issued an average 30 lakhs cards per year in the last three years.

Appendix 16 – Guidelines for Technical Bid Qualification

These guidelines are to be used by the committee members who are conducting the evaluation of technical bids qualification for the Biju Krushak Kalyan Yojana (BKKY). Please note the following:

1. The process for assessing the technical bid is as follows
 - a. Open the envelopes marked “Technical proposal” on it.
 - b. After reading through the bid, let one of them fill up Criteria with the agreement of others.
 - c. All the bidders who fulfill all the Essential Criteria are declared successful.
 - d. The evaluators have to sign on every page.
2. Inform the selected bidders to be present for the opening of the financial bid on the specified date and time

Appraisal of the technical proposal

Bidder No	Bidder Name	Number of separate documents ¹ (including annexes)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

ESSENTIAL CRITERIA

No	CRITERIA (Yes / No)	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	B-9	B-10	B-11	B-12
1	The bidder has provided the document as per Annexure A												
2	The bidder is registered with the Insurance Regulator (or) is enabled by a Central legislation to undertake insurance related activities. (Annexure B)												
3	The Insurer has to provide an undertaking expressing their explicit agreement to adhere with the details of the scheme. (Annexure C)												

4	The Insurer has to provide an undertaking that it will only engage agencies, like the TPA and Smart Card Service Providers, fulfilling the necessary criteria. (Annexure D)												
5	Previous experience with any mass health insurance scheme as per Annexure E (including 'Nil' report)												
6	List of Additional Packages for common medical and surgical interventions/ procedures: Annexure F (including 'Nil' report)												
7	The Insurer will provide a certificate from Actuary as per Annexure G												
Note: If the answer to any one of the above criteria is "No", then that particular bid will be rejected.													
The HPC will reject those Financial Bids which are without Annexure G													

¹A document is considered separate if it is stapled / bound as a single entity. Even a one page covering letter should be considered as a separate document.

Any other remarks _____

Reasons for rejection of any particular bidder

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