

File No.: M-17030(SHA)/1/2023-SHA-ANI-HEALTH_AN/657



राज्य स्वास्थ्य एजेंसी का कार्यालय
OFFICE OF THE STATE HEALTH AGENCY
अंडमान और निकोबार प्रशासन
Andaman & Nicobar Administration



Port Blair, dated: 20th June, 2023

Sub:- Guidelines for referral of patients and reimbursement of transport cost and wage loss compensation under Ayushman Bharat -Pradhan Mantri Jan Arogya Yojana - Reg.

With the approval of the competent authority and concurrence of the Finance department of the A & N Administration, the following guidelines are hereby laid down to regulate the referral of patients and reimbursement of transport cost and wage loss compensation under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana.

1. The Andaman & Nicobar Islands Scheme for Health Insurance (ANISHI) has been discontinued w.e.f. 30.06.2020 and since merged with Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB - PMJAY). The AB-PMJAY beneficiaries shall be referred to as SECC beneficiaries and ANISHI beneficiaries shall be referred to as Non-SECC beneficiaries in the merged scheme.
2. All the eligible beneficiaries under ANISHI (Non-SECC) shall be covered under AB - PMJAY and shall be entitled to cashless treatment worth Rs. 5,00,000/- (Rupees five lakhs only) per family per year in empaneled hospitals at mainland and reimbursement of transport cost. The SECC beneficiaries shall be entitled to cashless treatment worth Rs.5,00,000/- (Rupees five lakhs only) per family per year in empaneled hospitals at mainland and reimbursement of transport cost and wage loss compensation.
3. Patient shall be referred by the concerned Specialist of G B Pant hospital, Port Blair duly endorsed by HOD of the respective

department. The referring specialist shall indicate the recommended mode of transport, which can be one of the following options:-

- a) By Ship with one attendant in bunk class.
 - b) By Air in sitting position with one attendant.
 - c) By Air as a stretcher case with one attendant
4. The referral case sheet is further approved by the Medical Superintendent of G B Pant Hospital and Director of Health Services.
 5. The Director of Health Services shall issue an official referral letter to the patient to get his / her treatment done at any of the empaneled hospitals under AB-PMJAY.
 6. Patient shall proceed to the empanelled hospital with the referral letter and undergo treatment at the empanelled hospital.
 7. After completion of treatment, patient on returning back to Port Blair, the beneficiary shall submit the following documents to the Nodal Cell (AB-PMJAY) for reimbursement of transport cost:-
 - a. Original ship or air tickets and boarding pass of the patient and one attendant.
 - b. Copy of referral letter issued by the Director of Health Services.
 - c. Copy of bank pass book of the patient indicating account number and IFSC Code.
 - d. Copy of Aadhaar Card of the patient and one-attendant.
 - e. Copy of AB-PMJAY e-Card of the patient.
 - f. Copy of Discharge Summary/ OPD Slip.
 - g. Ambulance/Cab charges paid receipt if any.
 8. The Nodal Cell (AB-PMJAY) shall examine and submit the case to the Sr. Accounts Officer, DHS, Port Blair for further processing and

reimbursement of admissible transport cost to the patient shall be done after expenditure sanction is obtained from the CEO (AB-PMJAY) - Cum -Secretary (Health).

9. When referred by ship, reimbursement of non-islanders bunk fare shall be done for the patient and one attendant.

However, if the patient prefers to travel by Air when referred by Ship, he can purchase Air tickets from any travel agent/airline but the reimbursement shall be limited to Ship's Non-Islander bunk fare only.

10. When referred by Air, patient may travel by any Airlines in economy class only and reimbursement of return journey is allowed only for non-islanders Bunk class fare by Ship. However after completion of treatment at mainland hospital, considering the health condition of the patient, if the treating physician recommends for air journey, the reimbursement shall be allowed in economy class by any Airlines for the referred patient and one attendant. The air tickets have to be purchased from the Government approved authorized agents Viz. M/s. Balmer Lawrie & Company Limited (BLCL) OR M/s. Ashok Travels and Tour and Indian Railway Catering & Tourism Corporation Limited (IRCTC).

In case of unavoidable circumstances where the booking of tickets is done from unauthorized travel agent or website the CEO, AB-PMJAY is authorized to grant relaxation.

11. Reimbursement of travel to cities other than the port of arrival can be considered only in the event of non-availability of the required hospital services at the port city nearest to these Islands, subject to its certification by Nodal Officer (AB-PMJAY).
12. For the purpose of reimbursement in respect of minor patients, the account number of the parents (Either Father or Mother) or legal

guardian can be permitted in the event of non-availability of a bank account of minor patient.

13. In case an AB-PMJAY beneficiary falls sick during his / her personal visit to mainland or proceeds to mainland for treatment without being referred by the Directorate of Health Services, he / she can still avail - cashless treatment at any empaneled hospital in mainland. However the transport cost and compensation of wage loss shall not be reimbursed in such a scenario.
14. When referred by Air as a stretcher case, the full reimbursement of the ticket for the patient as a stretcher case and air ticket for one attendant shall be reimbursed. The return journey is allowed by ship restricted to non-islanders bunk class fare for patient and one attendant.
15. An additional allowance of not more than Rs. 3,000/- (Rupees three thousand only) or the actual cost of travel by Ambulance/Cab Service from Airport or Harbour to hospital and back, whichever is less shall be admissible to the patient towards the cost of travel by Ambulance/Cab. This allowance shall be allowed subject to production of Bills/Vouchers towards the travel undertaken by Ambulance/Cab.
16. The compensation for the wage loss shall be extended for the period from the date of admission to the date of discharge subject to a maximum of 20 (Twenty) days @ Rs. 1,000/- (Rupees one thousand only) per day. The patient will submit a copy of discharge slip from the empaneled hospital indicating the date of admission and date of discharge for reimbursement of wage loss compensation.
17. When the referred patient is treated by the empaneled hospital on outpatient basis, the number of days eligible for wage loss compensation shall be limited to the period from the date of first visit as an outpatient to the empaneled hospital to the last date of

visit to the empaneled hospital for consultation / investigation / treatment subject to a maximum of 20 days for treatment of a particular illness @ Rs. 1,000/- (Rupees one thousand only) per day.

18. The wage loss compensation shall be admissible for SECC beneficiaries only and it shall not be admissible for ANISHI (Non-SECC) beneficiaries.
19. The wage loss compensation shall be allowed to the patients who are not paid the leave salary by their employers or who are either self-employed or daily wage earners. The patient shall submit a declaration to the effect that he / she has not been paid any leave salary during the period of treatment.
20. The total reimbursement allowed to an AB-PMJAY beneficiary towards the transport cost and compensation for loss of wages shall be limited to Rs. 40,000/- (Rupees forty thousand only) or the actual transport cost plus the wage loss admissible for the number of days of treatment undergone, whichever is less when he / she is referred by ship or by air in sitting position. This limit is not applicable when the patient is referred by air as a stretcher case.
21. The patient shall submit his/her claim for reimbursement of travel cost and wage loss within 60(Sixty) days of return journey to Port Blair.
22. In the event of any dispute occurring out of the interpretation of the above guidelines or any related matter arises, which is not covered under the guidelines, the decision of the Commissioner - Cum - Secretary (Health) / Principal Secretary (Health) shall be final.
23. These guidelines shall be effective from **15th June, 2023**.

24. These Guidelines are issued in supersession of the existing guidelines on the subject issued vide no. F.No.1-1/AB-NHPM/2018-19/3584 dated 20.10.2020.

Chief Executive Officer (AB-PMJAY)
State Health Agency,
Andaman and Nicobar Islands

Forms:

- i. Self-Declaration for completion of treatment and claiming wage loss compensation form Annexure-I

Copy to:

1. The Sr. PS to the Chief Secretary, A&N Administration for kind information of the Chief Secretary, A&N Administration.
2. The Sr. PS to the Commissioner-cum-Secretary (Health), A&N Administration for kind information of the Commissioner-cum-Secretary (Health), A&N Administration.
3. The Sr. PS to the Secretary (Finance), A&N Administration for kind information of the Secretary (Finance), A&N Administration.
4. The Director of Health Services, DHS, Port Blair for kind information.
5. The Director ANIIMS, Port Blair for kind information.
6. The Medical Superintendent, G.B. Pant Hospital, Port Blair for kind information.
7. The Nodal Officer AB-PMJAY, DHS, Port Blair kind information.
8. The Sr. Accounts Officer, DHS, Port Blair for kind information.
9. Concerned file.

Chief Executive Officer (AB-PMJAY)
State Health Agency,
Andaman and Nicobar Islands

ANNEXURE-1

Self-Declaration for completion of treatment and claiming wage loss compensation

1) I, have undergone treatment at hospital at from to under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana.

or

2) My Son / Daughter / Wife / Husband/ dependant Father / Mother/ has undergone treatment at hospital at from to under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana.

3) I am un-employed / employed in private / public sector and I have not been given any extra compensation / leave salary by my employer / Labour department during the period of my treatment.

4) I do hereby declare that the above statements made by me are true to the best of my knowledge and belief and nothing has been suppressed.

Place:

Date:

Signature of the applicant