



सत्यमेव जयते

Government of Mizoram



# MIZORAM UNIVERSAL HEALTHCARE SCHEME (MUHCS)



**Mizoram State Health Care Society**  
**Department of Health & Family Welfare**

2025

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## Abbreviations

|           |  |
|-----------|--|
| MSHCS     | Mizoram State Health Care Society                |
| AB PM-JAY | Ayushman Bharat Pradhan Mantri Jan Arogya Yojana |
| NHA       | National Health Authority                        |
| MUHCS     | Mizoram Universal HealthCare Scheme              |
| PDS       | Public Distribution System                       |
| ABDM      | Ayushman Bharat Digital Mission                  |
| CEO       | Chief Executive Officer                          |
| UPI       | Unified Payment Interface                        |
| CGHS      | Central Government Health Scheme                 |
| PE        | Provisional Employees                            |
| MR        | Muster Roll                                      |

## 1. Introduction

- 1.1 The vision of the Government of Mizoram is to increase the quality of life for its people by attaining the highest level of physical, mental, and spiritual health; and thus, will contribute towards the development of the state. Towards this vision it has fully accepted the principles and vision of globally acclaimed Universal Health Coverage.
- 1.2 MUHCS will cover all population of Mizoram by converging Mizoram State Health Care Scheme with AB PM-JAY and other vertical programs and expanding it to population that is not currently covered. It will also converge existing health scheme for State Government employees with special conditions included for employees as well as the Civil Pensioners. MUHCS will improve efficiency, cost-effectiveness, quality of health care services, and enhance engagement with private sectors. Keeping in view the situation of the State, the following are the contours of the proposed scheme in the State:
  - a) MUHCS will initially cover all inpatient conditions (with exclusions as mentioned in Annexure 2) with very few exceptions. MUHCS will have a defined benefit cover per family per year on family floater basis as detailed in para 3.7. For accessing care, there will be no waiting period for all covered beneficiaries. The benefits under MUHCS will be aligned with AB PM-JAY in terms of benefit cover, cover for pre-existing conditions and coverage for hospitalization expenses. This amount will be available to be used by the families covered under the scheme to get treatment every year and unutilised amount will not carry forward.
  - b) Unit of coverage will be as defined in IFMIS for Govt. Employees and Provisional Employees/Muster Roll while PDS database will define the family size for all other beneficiaries under MUHCS. For contributory beneficiaries, they will need to pay defined premium to be covered in the scheme.
  - c) Cashless Benefits will be provided to beneficiaries by empanelled health care providers. All public Hospitals (Primary Health Centre and above) in the State will be deemed empanelled for the Scheme. Private hospitals will be empanelled based on defined criteria. Hospitals will not charge money from patients at the time of treatment, unless otherwise specified by Government for certain conditions.
  - d) Portability of benefits of the scheme across the country will be ensured and a beneficiary covered under the scheme will be allowed to take cashless benefits from any empanelled hospitals across the country riding on AB PM-JAY platform.
  - e) Comprehensive IT Platform will be prepared which will be robust, modular, scalable, and interoperable. It will also link with AB PM-JAY IT platform and will be ABDM compliant. Electronic Health Records of beneficiaries will be linked appropriately as the scheme progresses. The IT Platform will also get features over time for premium collection.
  - f) A well-defined Complaint and Public Grievance Redressal Mechanism, actively utilising electronic, mobile platform, internet as well as social media, will be in place through which complaints/ grievances will be registered, acknowledged, escalated for relevant action, resolved, and monitored.
  - g) Defined vertical programmes integration where benefits are overlapping will also be followed.
  - h) **Referral mechanism of patient:** Higher public facilities will be the first point of referral of inpatient from an empanelled public or private health facilities, subject to prior confirmation of bed availability and accompanied with a standardized referral note which will be made available to all hospitals. This will be applicable for both intra and inter district referrals within the state.
  - i) Criteria of empanelled health facility under MUHCS for claim submission, will be subject to availability of the Medical Officer (Allopathy/Homeopathy) within the facility.
  - j) Public hospitals will have the flexibility to keep part of the claims revenue received from claims paid under MUHCS and use it as per the Financial Guidelines.

## 2. Institutional Mechanism

- a) A strong institutional mechanism is required at State level to manage and implement a universal health coverage programme. MSHCS that is currently managing AB PM-JAY will be given the responsibility to manage MUHCS. The agency will be strengthened.
- b) For giving policy directions and fostering coordination between different departments, it is proposed to set up a Universal Health Coverage Council (UHCC) comprising of the Chief Secretary, Secretary Health & Family Welfare, Secretary Finance, Secretary Food, Civil Supplies & Consumer Affairs, CEO MSHCS and Chaired by the Minister, H & FW, etc. Other members as necessary may be added. Secretary Health & Family Welfare Department shall be the Member Secretary of UHCC. CEO of MSHCS will be the Convener of UHCC.

## 3. Details of MUHCS and Implementation Plan

### 3.1. Scheme Rollout

The scheme shall take effect from 1<sup>st</sup> April, 2025.

### 3.2. Eligibility criteria under MUHCS

All bona fide residents of Mizoram will be eligible under the Scheme. Different categories of eligible beneficiaries are as follows:

- a) Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) beneficiaries as revised by NHA from time to time.
- b) State Government Employees and their dependents as per IFMIS database.
- c) Mizoram State Health Care Society (MSHCS) employees and their dependents as per PDS database.
- d) Provisional Employees / Muster Roll, under Government of Mizoram and their dependents as per IFMIS database.
- e) Civil Pensioners under Government of Mizoram and their dependents within the ambit of PDS database.
- f) General population not included in the categories mentioned above as per PDS database and will be considered as Contributory Beneficiaries.

### 3.3. Registration and Verification of Beneficiary Family Units and Obligations

- a) The MSHCS shall register / enroll only those beneficiaries mentioned under Clause 3.2 as above.
- b) During the beneficiary registration / enrolment process, the following documents shall be mandatory for identification and verification.
  - (i) For personal / individual identification
    - Aadhaar
  - (ii) For family/dependent identification or proof of relationship
    - Ration Card
    - In the absence of Ration Card, Village council / Local Council recommendation letter clearly stating the reasons for the absence and certifying the list of family members residing under the same household/roof.
  - (iii) The mandatory documents may be added or removed as per notice issued by the Government of Mizoram from time to time.
- c) Registration / Enrolment will be done on family basis while the beneficiary identification verification process will have to be undertaken by each members of the family. Once the

beneficiary is successfully verified, the beneficiary will be provided with a unique MUHCS ID which may be used by the beneficiary at the time of availing benefits in the empanelled hospitals.

- d) The MSHCS shall ensure that the centres to conduct registration and verification of beneficiaries such as the District Kiosk and the facility Kiosk at CHC/PHC are functional and operational.
- e) The MSHCS shall ensure the availability of the IT infrastructure in such centres along-with the functionality of the web portal to facilitate beneficiary registration and verification.
- f) The Government Employees and Provisional Employees / Muster Roll do not need to register / enroll. Eligibility under MUHCS can be verified through IFMIS database.
- g) Government Offices may reach out to MSHCS for verification and generation of MUHCS ID. MSHCS may organize beneficiary identification drive to verify and generate MUHCS ID for general population in their respective Wards/villages as well as Government Employees in their respective offices. Verification and generation of MUHCS ID can also be done at MHSCS Office, Dinthar, Aizawl during office hours.
- h) The beneficiaries under 5 years of age may avail benefits using their parent's card.
- i) Civil Pensioners list as available in each treasury will be used for their eligibility while the eligibility of their dependents will be within the ambit of PDS database.

#### **3.4. Online Registration / Enrolment Mechanism**

Contributory beneficiaries under 3.2 (f) will be registered / enrolled as per the following:

- a) Information about enrolment time, premium amount and benefits will be informed to the population through mass media like TV, newspaper, radio, and social media. In addition, other mechanism like using of church groups and village committees etc. will be used to inform and motivate beneficiaries to join.
- b) Beneficiary will be able to register / enroll themselves by providing all the relevant documents online. Payment of premium can be done online through UPI, credit / debit cards and internet banking.
- c) Premium once deposited will not be refunded to beneficiaries under any conditions unless otherwise as specified in the guidelines.

#### **3.5. Offline Registration / Enrolment Mechanism**

Provisions for Offline Registration / Enrolment will be available where online registration / enrolment is not feasible.

- a) Offline registration / enrolment will be done at the sub-centre level where physical registration / enrolment forms will be filled manually.
- b) Document referred to in 3.3(b) must be produced at the time of offline registration / enrolment.
- c) Duplicate offline registration / enrolment form will be sent to MSHCS from the Sub-Centres and data will be entered in the IT system.
- d) The physical registration / enrolment forms and supporting documents must be sent to MSHCS within a stipulated timeframe.

#### **3.6. Premium contribution by the Beneficiaries**

Certain set of conditions pertaining to contribution by beneficiaries are laid out for each category of beneficiaries. The amount payable for contribution by beneficiaries under MUHCS may however be revised by the State Government from time to time.

### 3.6.1. Contribution from AB PM-JAY beneficiary households

No contribution from AB PM-JAY beneficiaries is required.

### 3.6.2. Premium from Contributory Beneficiaries

There will be three plan options for contributory beneficiaries:

- Option 1 (General Plan)** – Premium of ₹2,500/- per family per year that allows family to get benefit of ₹5,00,000/- per family per year in **General Ward**
- Option 2 (Standard Plan)** – Premium of ₹5,000/- per family per year that allows family to get benefit of ₹5,00,000/- per family per year in **Semi-Private (shared) Ward**.
- Option 3 (Private Plan)** - Premium of ₹10,000/- per family per year that allows family to get benefit of ₹5,00,000/- per family per year in **Private Ward**.

The options are summarized as given in the table below:

Table 1: Premium for Contributory Beneficiaries

| Plan Option     | Premium amount (for 1 policy year) | Benefit cover                   | Room entitlement           |
|-----------------|------------------------------------|---------------------------------|----------------------------|
| <b>GENERAL</b>  | ₹2,500/-                           | ₹5,00,000/- per family per year | General Ward               |
| <b>STANDARD</b> | ₹5,000/-                           | ₹5,00,000/- per family per year | Semi Private (Shared) Ward |
| <b>PRIVATE</b>  | ₹10,000/-                          | ₹5,00,000/- per family per year | Private Ward               |

**3.6.3. Contribution from Government Employees:** Each Government Employee will be required to pay a monthly premium as per their Pay Level as given below:

Table 2: Monthly Contribution from Govt. Employees

| Pay Level                                     | Monthly Contribution | Room / Ward   |
|---|----------------------|---|
| 13 & above                                    | ₹1,500/-             | Notification for Room entitlement for hospitals will be issued by the Finance Department. |
| 10-12   | ₹1,000/-             |   |
| 6-9   | ₹700/-               |   |
| 3-5   | ₹400/-               |   |
| 1-2   | ₹300/-               |   |
| Provisional Employees (PE) / Muster Roll (MR) | ₹200/-               | General Ward  |

For employees under MSHCS, the monthly premium contribution as per pay level and benefit coverage for Government Employees will be adopted.

### 3.6.4. Contribution from Civil Pensioners:

- a) Civil Pensioners will be categorized based on the amount of their monthly pension into Category A and Category B as detailed in the table below-

Table 3: Monthly Contribution from Civil Pensioners

| Category   | Definition                             | Monthly Contribution | Benefit                          | Room / Ward       |
|------------|--|----------------------|----------------------------------|-------------------|
| Category A | Monthly basic pension $\geq$ ₹20,000/- | ₹1,000/-             | ₹12,00,000/- per family per year | Private Ward      |
| Category B | Monthly basic pension $<$ ₹20,000/-    | ₹500/-               | ₹5,00,000/- per family per year  | Semi-Private Ward |

- b) Civil pensioners under Category B can opt for benefits under category A by paying a contributory amount of ₹1,000/-. This option should be exercised within one month of implementation of MUHCS. New pensioners of Category B will also have to exercise the option within one month of their retirement.
- c) Household having two/three pensioners will be eligible for double/triple amount of the Sum Assured respectively, their dependents can be split accordingly as per their convenience. If there is a pensioner and a Government Servant in a family, each will avail its own benefit, dependents can be split accordingly as per Government OM for a Government Employee and those not eligible for Government Employee dependents will be as dependent of the pensioner.

### 3.7. Benefit Coverage

- a) Travel expenditure will be covered upon production of the tickets and boarding passes for portable cases as depicted in Table 4. The permissible upper limit for travel expenditure will be issued by the Finance Department.
- b) Upon non availability of entitled room accommodation, it is admissible for such to occupy room accommodation below the entitlement, while expenditure for occupation of room accommodation above the entitlement will not be included in the package rate and will be borne by the beneficiary/patient.

Table 4: Summary of Benefit Coverage under MUHCS

|                         | Contributory Beneficiaries      | AB PM-JAY | Govt Employees   | PE/MR        | Civil Pensioners<br>(Based on amount of contribution) |                              |
|-------------------------|---------------------------------|-----------|--|--------------|---|------------------------------|
|                         |                                 |           |  |              | Cat A Contribution<br>₹1,000/-                        | Cat B Contribution<br>₹500/- |
| Sum Insured             | ₹5 Lakhs                        | ₹5 Lakhs  | Unlimited  | ₹5 Lakhs     | ₹12 Lakhs   | ₹5 Lakhs                     |
| Ward                    | As per the premium paid (3.6.2) | General   | As per entitlement   | General      | Private   | Semi-private                 |
| Travel                  | Patient only                    | No        | Patient +1 attendant OR as recommended by the concerned Medical Referral Board | Patient only | Patient only  | Patient only                 |
| OPD & Day Care Services | Yes                             | No        | Yes  | Yes          | Yes   | Yes                          |



### 3.8. Package Rates

- a) Public and private empanelled hospitals will utilise approved package rates to ensure provision of appropriate payment to the hospitals for treatment of beneficiaries.
- b) Hospitals will be categorized and incentivised.
- c) Package rates will comprise of the essential items, services as enclosed in Annexure 4.
- d) Indicative list of Consumables chargeable to beneficiaries as enclosed in Annexure 5.
- e) MUHCS Package Master is based on AB PM-JAY Health Benefit Package National Master. However, considering into the local context, package rates has been rationalised.
- f) The detailed package rates will be notified separately.

### 3.9. Unspecified Surgical Package

To ensure that MUHCS beneficiaries are not denied care, provision of exclusive unspecified package is enabled in the TMS (Transaction Management System) for booking such treatments/procedures that are not featured in the listed interventions, subject to satisfying certain defined criteria (as mentioned below in para 3.9.1).

#### 3.9.1. Using an unspecified surgical package

Criteria for treatments that can be availed under unspecified surgical package:

- a) Only for surgical treatments.
- b) Within the state, unspecified surgical packages are reserved for public hospitals only.
- c) Compulsory pre-authorization is in-built while selecting this code for booking treatments.
- d) Cannot be raised under multiple package selection.
- e) Cannot be booked for removal of implants, which were inserted under the same policy.
- f) Aesthetic treatments of any nature cannot be availed under this code or as such under any other listed codes under MUHCS. Only medically necessary, having significant functional impairment for functional purpose / indications can be covered, the procedure of which results in improving/ restoring bodily function, to correct significant deformity resulting from accidental injury, trauma or to address congenital anomalies.
- g) None of the treatments that fall under the exclusion list of MUHCS as given in Annexure 2 of this guideline can be availed.
- h) In case MSHCS receives multiple requests for the same unspecified package from multiple hospitals or for multiple patients, then the same may be taken up with the Medical Expert Cell for inclusion in the MUHCS Package Master from time to time.
- i) Forced approval will not be applicable for unspecified packages.

For deciding on the approval amount of Unspecified surgical package, MSHCS may consider the rate of closest match of the requested surgery in listed MUHCS packages. It should be noted that the amount approved by the Pre-auth Panel Doctor (PPD) would be sacrosanct, to be communicated to the hospital, and the Claim Panel Doctor (CPD) would not be able to deduct any amount or approve partial payment for that claim.

#### 3.9.2. Unspecified Package above ₹1 Lakh

Utilization of Unspecified surgical package above ₹1 lakh is to ensure that the same is approved only in Exceptional circumstances and/or for life saving conditions.

##### 3.9.2.1. Exceptional circumstances may include:

- a) Rare disease conditions or rare surgeries.
- b) Procedure available under MUHCS Package Master in a different speciality but not available in the treating Empanelled Health Care Provider speciality.
- c) Other conditions / treatments which are not excluded under MUHCS but not listed in MUHCS Package Master.

### 3.9.2.2. Life-saving conditions may include:

- a) Emergencies or life-threatening conditions: While it is difficult to define all the situations where unspecified surgical package may be used or the upper limit for booking the package, it can be allowed as long as it is approved by Medical Expert Cell under MSHCS.
- b) A Medical Expert Cell constituted under MSHCS will provide inputs on requests received for unspecified surgical packages.
- c) CEO, MSHCS will recommend every case for approval after taking inputs from the Medical Expert Cell, with details of treatment and pricing that is duly negotiated with the provider.
- d) The price should be based on the principle of case based lump sum rate that includes all investigations, procedure cost, medicines and consumables – preferably citing rates as ceiling from any Govt. purchasing scheme like CGHS etc., if available.

### 3.10. Availing Benefits under the scheme

MUHCS is a cashless scheme which utilizes an IT platform for seamless and paperless process for processing and approval of claims. All claim processes, such as patient registration, Pre-authorization and approval, Pre-authorization enhancement and approval, claim submission, approval and payment of claims will be an online process. Thus, to avail cashless benefits under the scheme -

- a) A beneficiary must have MUHCS ID which is mandatory.
- b) A beneficiary, once admitted into the hospital will be registered as a patient in the IT platform by the hospital. A back date of up to a maximum of 5 days will be permissible in the IT Platform. Treatment cost or hospitalization expenses beyond permissible back date provisions in TMS will not be covered under the scheme.
- c) A pre-authorization must be raised after registration of patient. The initial pre-authorization will be auto approved or as configured in MUHCS Package Master. Once approved, the pre-authorization will be valid for 24 hours.
- d) If the beneficiary requires further hospitalization, pre-authorization enhancement for up to 5 days may be requested by the hospital. Upon approval of the pre-authorization enhancement, the beneficiary will be able to continue availing benefits under the scheme.
- e) The granted permission will be valid for up to 5 days as requested and if continuation of hospitalization for that particular patient is required, hospitals must continuously seek approval within 48 hours after the expiry of granted permission.
- f) Mizoram State Health Care Society (MSHCS) approval must be sought by empanelled hospitals for all cases requiring continuation of hospitalization for more than 30 days. The approval of MSHCS is to be sought by the Empanelled Hospital in written, addressing the Chief Executive Officer (CEO), MSHCS and can be sent via email to ***[muhcs.prolongedstay@gmail.com](mailto:muhcs.prolongedstay@gmail.com)*** for the 31<sup>st</sup> day of hospitalization onwards. MSHCS may provide approval to continue availing benefits under the scheme for up to a maximum of 5 days per application received. Prior permission must be sought from MSHCS within 48 hours before the expiry of the granted permission.

MUHCS has an exception wherein home dialysis will be on reimbursement basis. The permissible amount for reimbursement will be based on the quantity of usage, the rate of which will be fixed by the Government from time to time.

### 3.11. Empanelment of Hospitals

- a) All public hospitals with inpatient facilities will be empanelled.
- b) All private hospitals meeting the empanelment criteria of H&FW Department will be eligible for empanelment. A hospital once empanelled will need to provide services to all beneficiaries

of MUHCS irrespective of their category. They will also agree to be paid within 30 days of the claims being received by MSHCS or other arrangements made by the Government of Mizoram from time to time.

- c) All hospitals empanelled under AB PM-JAY will be deemed empanelled under MUHCS.

### **3.12. Portability (Referral) Cases under MUHCS**

3.12.1. Portability feature is available under MUHCS where a beneficiary can get treatment in any Empanelled Hospital outside Mizoram in a cashless manner. No Empanelled Hospital can deny services to any eligible beneficiary. Below mentioned points is to be noted for the portability cases:

- a) All portable or referral cases will need to get a referral from the Medical Referral Board.
- b) The process of beneficiary identification will have to be completed by the Hospital.
- c) The hospital will be paid as per MUHCS package rates agreed in the MoU/contract.
- d) All portability cases will require a mandatory pre-authorization to be approved by MSHCS.
- e) Package specific documents, as mandated under the guidelines is to be submitted by the treating hospital at the time of raising a pre-authorization request, as well as at the time of claim submission.
- f) MSHCS specific thresholds with respect to utilization of wallets for secondary, tertiary and unspecified packages, if any, will be applicable. It will be the responsibility of the MSHCS to check whether these thresholds are being breached at the time of Pre-authorization.

3.12.2. In addition, MUHCS beneficiaries (excluding PM-JAY beneficiaries) will be allowed to take treatment in Non-Empanelled Hospitals outside Mizoram only, provided that such treatment is not available from the empanelled network of Hospitals or in an emergency and such treatment will be on reimbursement basis as per MUHCS package rates with certain terms and conditions. If the treatment given by the Hospital is not in MUHCS Package Master, reimbursement will be made to the beneficiary as per the closest match of the MUHCS package amount or CGHS rates (whichever is applicable) within 45 days of receiving the complete set of documents by MSHCS.

3.12.3. For Contributory Beneficiaries as well as Civil Pensioners, travel expenses of patient only will be reimbursed by MSHCS with capping. The amount will be defined by the Finance Department. These will not be applicable for beneficiaries who failed to obtain referral letter from Medical Referral Board and Final Authorization Letter from Mizoram State Health Care Society prior to seeking treatment outside the state.

### **3.13. Strengthening of Supply Side**

To ensure that supply side is strengthened for catering services to the population, Government has decided to undertake defined set of activities including but not limited to the following:

- a) Capacity building
- b) Signages inside and outside hospital
- c) Setting up of help desk inside each empanelled hospital
- d) Strengthening each empanelled public hospital.
- e) IEC and awareness activities.

### 3.14. Vertical Program Integration

As defined vertical programmes have been identified for integration in MUHCS (Annexure 1), the IT platform of MUHCS with provisions to track treatment provided under these vertical programmes will support in reporting to Ministry of Health and Family Welfare.

### 3.15. Standardized Management system through Standard Operating Procedure

For an efficient system, a Standard Operating Procedure needs to be in place and the following modules are developed for the implementation of MUHCS:

- a) **Beneficiary Registration and Verification:** Registration, validation, verification and approval of beneficiaries will be available in online and offline. Online payment will also be incorporated for beneficiaries to register within the enrolment window. MUHCS cards with unique ID will be issued to all beneficiaries. 'Beneficiary Registration and Verification Guidelines' will be notified separately.
- b) **Claims Management and Adjudication:** The purpose of claims management and adjudication guidelines are to build capacities of adjudication team for accurate and time bound processing/ settlement of claims under MUHCS and to enhance the skills for combining fundamental concepts, system capabilities and human intelligence during claim processing. The necessity of accurate processing is important in multiple aspects, approval of admissible claims, payment of correct amount to Empanelled Health Care Providers, genuine utilisation of beneficiary's wallet etc. 'Claims Management and Adjudication Guidelines' will be notified separately.
- c) **Anti Fraud:** The scope of Anti Fraud Guidelines covers prevention, detection and deterrence of different kinds of fraud that could occur at any stages of scheme implementation. The Anti Fraud guidelines sets out the mechanisms for fraud management and lays down the legal framework, institutional arrangements and capacity that will be necessary for implementing effective anti fraud efforts. 'Anti-Fraud Guidelines' will be notified separately.
- d) **Grievance Redressal:** For the smooth implementation of the scheme, where beneficiaries could lodge their complaints anywhere around the globe, a grievance management system in line with the Grievance Redressal Guidelines is being developed to ensure that grievances of all stakeholders are redressed within the given timeframe upto the satisfaction of the aggrieved party based on the principles of natural justice while ensuring that cashless access to timely and quality care remains uncompromised. 'Grievance Redressal Guidelines' will be notified separately.
- e) **Verification and Categorization of Private Health Care Providers:** As health care providers differs in terms of service quality provided as well as other factors, it is judicious that categorization of private health care providers, based on an exhaustive criterion be made. This can justify the variation in incentives for services while at the same time, it would bring efficient Government fund utilisation for services under Government sponsored schemes. This categorization is also an attempt to bring improvement in quality of services across the network of private health care providers, motivate them to aspire for continuous enhancement of services, thus contributing to overall efficiency. 'Guidelines for Verification and Categorization of Private Health Care Providers' will be notified separately
- f) **Service Quality Audits, Monitoring and Control:** Reporting, monitoring and control mechanism are critical audits and related processes necessary for ensuring the seamless implementation of MUHCS constituting a set of continuous procedures of evaluation and review involving the beneficiary and concerned stakeholders. 'Service Quality Audits, Monitoring & Control Guidelines' will be notified separately.
- g) **Financial Guidelines:** Financial Guidelines for reporting, utilisation and disbursement of funds under MUHCS will be notified and amended from time to time.

## Annexure 1: Details of Vertical Programme Components to be Integrated under MUHCS

- 1. Revised National Tuberculosis Control Programme (RNTCP):** Diagnosis and ATT Drugs will not be admissible
- 2. National Mental Health Programme (NMHP):** Detoxification will be excluded and the duration of stay (IPD) for psychiatric patients may be limited to a maximum period of 30 days.
- 3. Reproductive and Child Health (RCH) Programme:** Complicated vaginal delivery such as Breech, Shoulder Dystocia, Big Baby, Caput 3rd Degree, Molding and Caesarean Section only will be admissible. Normal and assisted vaginal delivery will be excluded.
- 4. Rashtriya Bal Swasthya Karyakram (RBSK):** Benefits not covered under RBSK programme will be admissible for coverage with mandatory production of prior verification certification from RBSK for non-coverage.
- 5. National Programme for Control of Blindness & Visual Impairment (NCB):** Claims from empanelled private & public centres under NCB will be admissible and consideration of the amount given to them from the programme will be considered while estimating the MUHCS Package Master.
- 6. National Viral Hepatitis Control Programme (NVHCP):** Admissibility of Hepatitis C & B for treatment will be subject to production of verification certificate from NVHCP for non-availability of services such as drugs and diagnostics under the programme.
- 7. Pradhan Mantri National Dialysis Programme (PMNDP):** Cost of Dialyzer will not be admissible as it is provided under the programme.
- 8. National Programme for Palliative Care (NPPC):** Morphine drug will not be admissible, and the maximum admissible hospitalization period of palliative treatment will be no more than 14 days.

## Annexure 2: Exclusions under MUHCS

The MSHCS shall not be liable to make any payment under any of the Covers in respect of any expenses whatsoever incurred by any Beneficiary in connection with or in respect of:

### 1. Conditions that do not require Hospitalization

- a) Expenses incurred at an Empanelled Health Care Provider primarily for Screening, i.e., evaluation or diagnostic purposes only during the Hospitalization, food supplement/nutritional supplement, other than such expenses that are required as a part of the expenses for:
  - (i) Hospitalization expenses for a Medical Treatment or Surgical Procedure, as certified by the attending physician;
  - (ii) Follow-up Care; or
  - (iii) the OPD consultations and Screening covered under selected permissible Day Care/OPD Benefits. (*Annexure 3*)
- b) Any dental treatment or Surgical Procedure which is corrective, cosmetic or of aesthetic nature, filling of cavity, root canal including extraction, wear and tear, dentures, dental implants etc., is excluded.

### 2. Congenital Anomalies and Convalescence

- a) Treatment or procedures for external Congenital Anomalies except club foot, cleft lip, cleft palate and other anomalies that disrupts bodily functions.
- b) Convalescence or treatment for general debility, "run down" condition or rest cure.
- c) Any treatment received in a convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.

### 3. Fertility

- a) Sterilization and Re-canalisation

### 4. Normal Vaginal Delivery:

Normal and assisted vaginal delivery. (With an exception for Regular Government Employees under the Government of Mizoram). Normal and assisted Vaginal Delivery will not be covered for Provisional Employees / Muster Roll (MR) under the Government of Mizoram.

### 5. Vaccinations and Cosmetic Treatments

- a) Vaccination or inoculation.
- b) Change of life or cosmetic or aesthetic treatments of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- c) Circumcision, unless necessary for treatment of a disease or illness not excluded here under or as may be necessitated by any accident.

### 6. War, Nuclear invasion:

Disease, illness, or injury directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not) or by nuclear weapons/materials.

### 7. Intentional self-injury:

With an exception for Regular Government Employees under the Government of Mizoram

### 8. Domiciliary Care Expenses:

No benefits shall be available for domiciliary care, except home dialysis.

### 9. Detoxification due to alcohol or drug / substance abuse

### 10. Other Exclusions

- a) Persistent vegetative state
- b) Cost of spectacles and contact lens
- c) Refractive eye surgery less than 5.5 dioptre
- d) Blepharoplasty for beneficiary less than 60 years of age. However, Blepharoplasty will be permissible under MUHCS if the beneficiary is above 60 years of age, with visual field obstruction not less than 20%.

### Annexure 3: Selected Day Care/OPD Benefits Inclusions under MUHCS

1. Hepatitis B
2. Hepatitis C
3. Dialysis
4. Parenteral Chemotherapy for cancer and other chronic disease e.g., Rheumatoid arthritis for rituximab infusion etc.
5. Refractive Eye Surgery for single procedure (not less than 5.5 dioptre)
6. Laser Therapy for Diabetic Retinopathy
7. Hemifacial Spasm/ Blepharospasm/ Cervical Dystonia requiring Therapeutic Botox injection
8. Connective Tissue Diseases e.g., SLE, DLE
9. Lithotripsy
10. Laparoscopic Therapeutic Surgeries
11. Central Line Insertion
12. Chronic Heart Failure
13. Coronary Artery Disease
14. Pulmonary Hypertension
15. Herniotomy under GA
16. Chronic Anal Fissure under GA
17. Circumcision under GA
18. Diagnostic laparoscopic examination
19. Thalassemia and other haematological disorders requiring repeated transfusions/treatment
20. OME for Grommet Insertion under GA
21. Myringoplasty (adults) under LA
22. Surgery for Cataract
23. Surgery for Squint (Adults only)
24. Surgery for Glaucoma
25. Laser procedure for Glaucoma
26. Laser procedure for posterior capsular opacity
27. Continuous Ambulatory Peritoneal Dialysis (CAPD)
28. Arteriovenous (AV) Fistula
29. Sensorineural or mixed hearing loss requiring Hearing Aid (for Government Employees and their dependents)

#### Annexure 4: Items/Services inclusive in the Package rate

1. Bed charges inclusive of water, electricity, files/stationery items
2. Admission fee
3. Hospital diet charges for the patient only.
4. Doctor consultation/bedside visit charge
5. Nursing charge
6. Investigation cost which are relevant to reason for admission/diagnosis or treatment but excluding high end diagnostics. High end diagnostics such as MRI, PET scan etc. may be booked additionally for selected packages/ailments and will be covered under the cashless scheme.
7. Medicines and consumables. Consumables which are solely for the purpose of cure will be covered.
8. Surgery- OT charge, Surgeon charge, Assistant surgeon charge, Anaesthetist charge
9. Charges for oxygen, syringe pump, monitor, ventilator if required.
10. Therapeutic pleural and ascitic tapping
11. Bedside Physiotherapy

*Note: Inclusiveness of package rate is applicable within the hospitalization period.*



## Annexure 5: Indicative list of 'Consumables and Services' chargeable to Beneficiaries

1. Accommodation beyond entitlement
2. Treatment cost not related solely for the curative component of that particular hospitalization
3. Accommodation for attendants of ICU/NICU/HDU patient.
4. Implant costs beyond the permissible package amount
5. Laundry Services
6. Extra/special attendant services
7. Soap, toothpaste and tooth brush
8. Newspaper and magazines
9. Mineral water
10. Hand sanitizer
11. Diaper
12. Unsterile gloves
13. Blood sugar testing machine and test strips (e.g., accucheck etc.)
14. Disposable sheets (eg. Underpads, Macintosh etc.)
15. Wheelchair
16. Air mattress
17. Crutch
18. Commode chair
19. Mouth wash
20. Moisturising lotion
21. Toilet paper
22. Tissue paper/wipes
23. Hot water bag, heat pouch, heat bag
24. Hand wash
25. Nurse cap/disposable cap
26. Cidex
27. Polythene/Plastic bag/Paper bag
28. Thermometer
29. Measuring cup
30. Urine pot
31. BP apparatus
32. Pulse oximeter
33. Shaving kit (eg. Easy glide etc.)
34. Bed pan
35. Apron
36. Nebulizer
37. Disposable shoe cover
38. Bath towel
39. Baby Bath
40. Steam Bath/Hydrotherapy
41. Disposal gown
42. Plaster/Band aid
43. Cotton roll
44. Mask
45. Spirit
46. Oxygen concentrator
47. Suction machine
48. CPAP, BiPAP, APAP