

Ayushman Bharat

Pradhan Mantri Jan Arogya Yojana

Guidelines for use of claim amount earned by public hospitals under PM-JAY

June 21, 2020

Background

All public hospitals empanelled under PM JAY to provide inpatient services to the eligible beneficiary families are reimbursed by the insurance companies / trusts for the services rendered by them as per package rates under PM-JAY as claim amount.

It is recommended that these funds be utilized by public hospitals for improvement in their infrastructure, equipment and capacity, strengthening of manpower and bridging the gaps between the services expected of the center and the actual services rendered.

The following guidelines are being issued to support the hospitals in better utilization of the AB PM-JAY funds towards these goals.

Guidelines for the use of claim amount by public hospitals

1. The claim amount earned by public hospitals under PM-JAY shall be retained locally at the hospital level with a simple administrative mechanism for disbursement of these funds. Preferably within the jurisdiction of the hospital superintendent, or at the most to the level of district CMO. Alternatively, the hospital level Chikitsa Prabandhan Samiti (CPS) / Hospital Management Committee (HMC) / Rogi Kalyan Samiti (RKS) may be used for utilization of this claim amount.
2. 60% - 80% of the claim amount shall be used for improving the overall infrastructure (critical gap funding), functioning of the hospital, quality of services and delivery of services.
 - 2.1 This claim amount can be used for the following, but not limited to:
 - a. **Development of infrastructure**
 - i. Acquisition of fixed assets such as machinery, equipment, instruments, tools, plants, furniture, building construction etc
 - b. **Development of Manpower**
 - i. Payment of honorarium for clinical and non-clinical services
 - ii. Payment of remuneration of Ayushman Mitra.
 - iii. Availing services from external sources in case of non-availability of in-house specialists
 - c. **Equipment & Upgrades**
 - i. Purchase of new equipment

- ii. Improve capacity or features of existing equipment
- iii. Purchase consumables, reagents or spare parts for medical equipment
- iv. Extend AMC, carry out maintenance not covered by AMC or any other contract
- d. **Enhancement of services**
 - i. Treatment for those ailments / procedures not covered under PM-JAY
 - ii. Investigations procured from external sources in case of non-availability within the hospital
 - iii. Outsourcing of diagnostic and radiological services
 - iv. Local purchase of medicines, injections, implants, devices and consumables
 - v. Upgrade and improve existing facility and services offered by the hospital or introduction of new services which improves the general health of the people
- e. **Patient Support**
 - i. Procurement of patient amenities such as crutches, wheelchairs, stretchers, braces etc.
 - ii. Support for patients in transport, loss of wages allowance or nutritional allowance
 - iii. To help the needy and poor people, especially children who undergo surgeries under the category of specialized procedures
- f. **Quality of care improvement**
 - i. Up gradation of the facility in terms of Quality Standards
- g. **Procurement of innovations / new technologies**
 - i. Here, innovations refer to the new and novel technologies which can impact operational efficiency, affordability, accessibility, and quality of care at the hospitals
 - ii. Innovations procured by the hospitals can be products or services that fall into following categories (but not limited to):
 1. Biomedical devices, products and services aimed towards diagnostics and treatment that may be using new and novel technologies or processes, potentially improving areas such as better clinical outcomes, reducing turn-around time, increasing ease of usage, reducing cost, etc.
 2. Digital innovative enterprise level innovations such as virtual clinical solutions (for training, diagnostics, treatment etc), data management and analytics platform and other operational streamlining solutions .
 3. Other innovative emerging technology solutions

- iii. Hospitals are encouraged to spend 10% of the total claim amount for procurement of innovations
- iv. In terms of hospitals identifying the innovations to procure, NHA through its Market Access Programme is actively working on selecting the innovations which have been clinically validated. Further, these innovations will be listed on the Government E-Marketplace (GeM) such that the public hospitals can access the procurement on these innovations in a streamlined manner. This can be one of the pathway for a hospital to identify and procure innovations. Further, the hospitals can also explore other mechanisms to procure innovations.

h. Any other clinical or non-clinical services of patient centric nature

3. A five-member committee should be formed chaired by the hospital superintendent, or at the most to the level of district CMO to deliberate and decide on the matter. All related hiring also should be done as per the deliberations of the committee.
4. Upto 25% of the claim amount or share as per already existing guidelines of the state as on 21.05.2020, whichever is higher, may be earmarked for payment of incentive to the hospital staff involved in providing care to AB PM-JAY beneficiaries.
- 4.1 An indicative list for the team of clinical and non-clinical specialist that shall be rewarded with incentive for service delivery under PM-JAY is as below-
 - a. **Clinical Staff**
 - i. Main Physician / Surgeon / Treating doctor
 - ii. Assistant surgeon / Other physician / Doctors involved in patient treatment
 - iii. Anaesthetist / doctor of other departments actively involved
 - iv. All other doctors in the hospital
 - b. **Nursing Staff**
 - i. Staff nurses
 - ii. Nursing assistants
 - iii. Nursing team
 - c. **Technicians / Paramedical Staff**
 - i. OT assistant
 - ii. Lab technician
 - iii. X-Ray / USG / CT / ECG Scan technician

- iv. Pharmacists
- v. Hospital attendant
- d. **Administrative staff**
 - i. MS / SDMO / BMO / MOIC / District Surgeon / Admin Medical officer / MS
 - ii. Record keeping system management
 - iii. Coordinator / PMAM / MEDCO
 - iv. ASHA / Anganwadi workers
 - v. Nodal officer – AB PM-JAY
 - vi. Accountant
 - vii. Contractual staff under AB PM-JAY
 - viii. Administrative Pool
 - ix. PRO (if in place)
 - x. Data entry operators / Claim processing team / Others
- e. **Other Staff**
 - i. Grade I staff not covered above
 - ii. Grade II & III workers
 - iii. Grade IV staff
 - iv. Concerned clerk
 - v. Ward boys
 - vi. Cleaning staff
 - vii. Registration and other supporting staff
- 5. Payment of the incentive amount is to be calculated and paid at least on a quarterly basis
 - a. Incentives for a given quarter should be paid within the following quarter
 - b. Incentive amount is to be calculated based on the 'claims approved' for that quarter
- 6. Percentage of claim earmarked for payment of incentive may also be varied depending on type of hospital
 - a. A higher percentage may be set aside as incentive to lower hospitals to attract specialists and increase the number of procedures done in these centers.
 - b. Since there is a higher volume of procedures done at higher centers, the incentive percentage may be kept at a lower level.

7. SHA may like to formulate a state specific guideline for distribution of incentive amount based on their local condition. Any specific issues that may arise with respect to distribution of incentive amount or utilisation of this claim amount by public hospitals be presented before the SHA for their resolution.
8. The State Health Agency (SHA) can modify and add to the guidelines for specific use of the utilisation of the claim amount.

A brief excerpt of different state guidelines is added as Annexure 1 for reference

Annexure 1 – Abridged guidelines from States

1. Andhra Pradesh

- a. Government hospitals treating Aarogyasri patients are entitled to receive the same payment as private and corporate hospitals.
- b. 65 % of the revenue goes to hospital development society and remaining 35% to the team of treating doctors and para medics as incentive.
- c. Government has decided to retain 20% of the earnings by the Government Hospitals to create revolving fund to regularly assist these hospitals to improve their infrastructure.
- d. This system motivates more and more government hospitals to participate in the scheme and utilize the revenue earned to improve facilities, provide quality medical care and bring reforms in tertiary medical care.

2. Arunachal Pradesh

- a. Each Public Hospital will feed the actual cost incurred for cashless treatment in the Chief Minister Arunachal Arogya Yojana (CMAAY) software during claim process and the data shall be used for payment purpose.
- b. The amount reflected in the software i.e. actual incurred cost will be credited in respective bank account of the hospital within the turnaround time (TAT) for claim settlement.
- c. Difference between package/admissible amount and actual incurred cost will be accrued against individual hospitals and shall be parked with the Chief Minister Arunachal Arogya Society. (CMAA Society)
- d. The Government hospitals shall place fund requirements under the schemes, other than medicines and consumables used for cashless treatment (actual incurred cost) to Head Office. Fund sanctions up to a ceiling of the accrued amount of the hospital with the Society shall be released with the approval of the Executive Committee/Governing Body of the Chief Minister Arunachal Arogya Society.
- e. To provide cashless treatment under the scheme, following will be the suggestive modalities for containing cost on medicines and consumables for scheme patients:
 - i. Government supplied medicines should be the first choice of prescription
 - ii. In case there is no stock of Government supplied medicines, Jan Aushadi medicines should be the second choice of prescription

- iii. For items not available in Government free supply or Jan Aushadi stores the same may be procured from an empanelled drug store/s in the locality for easy access 24x7. Rate for such drug and items may be determined by a board of officers by calling quotation from all drug stores where hospital is located observing all codal formalities.
- iv. For purchase of medicines from the store other than Government supply and Jan Aushadi, the treating doctor or the hospital authority has to certify that it is not available in stock.
- f. Expenditures for cashless treatment under CMAAY/PMJAY of eligible patients by hospitals should be restricted to only medicines, investigation charges, consumables etc. and the same cannot be more than the package cost.
- g. No expenditures should be made on salary and expenditures of capital nature like procurement of equipment, construction, etc without approval of the Governing body of CMAA Society.
- h. Specific permission of CMAA Society has to be obtained for any other expenditure which would be examined on case to case basis.
- i. Types of expenses carried out by the CMAA society shall include
 - i. Settlement of claims of the hospitals
 - ii. Consultancy / service charges of Management Support Provider
 - iii. Administrative expenses of the Programme Management Unit (PMU)

3. Assam

- a. In case of packages / procedures under Atal Amrit Abhiyan (AAA) and Pradhan Mantri Jan Arogya Yojana (PM-JAY) carried out in Government hospitals, the balance amount after incurring local expenditure for medicines, surgical implants etc (other than HR costs) for a particular procedure / package would be utilized for payment of the honorarium for attending doctors and hospital staff which would not exceed 20% of the procedure / package rate.
- b. The corpus available under AAA will be utilized to cover treatment for those ailments / procedures not covered under AAA / PM-JAY or in cases where the treatment cost exceeds the packages under AAA / PM-JAY
- c. 40% of the leftover amount would be contributed to the Assam Arogya Nidhi scheme.
- d. 60% of the leftover amount will be retained by the hospital management society and this will be used for the purpose of health care facilities, patient amenities etc after maintaining proper records.

- e. For example: Caesarean Delivery - Package rate Rs. 14,050
- i. Expenditure for hospital
 1. Medicine – Rs, 4,000
 2. Investigation – Rs. 1,000
 3. Honorarium for medical staff – Rs. 2,810 (20% of package rate)
 4. Total expenditure – Rs. 7,810
 - ii. Left over amount – Rs. 6,240
 1. 40% of leftover amount to be deposited in Assam Arogya Nidhi account – Rs. 2,496
 2. Remaining 60% of leftover amount will be used by hospital management society – Rs. 3,744
- f. Example 2: Lap cholecystectomy – Package rate Rs. 16,500
- i. Expenditure for hospital
 1. Medicine – Rs, 8,704
 2. Investigation – Rs. 3,310
 3. Honorarium for medical staff – Rs. 1,856 (Can be up to 11.25% only for this package)
 4. Total expenditure – Rs. 16,500
 - ii. Left over amount – Nil
 1. 40% of leftover amount to be deposited in Assam Arogya Nidhi account – Nil
 2. Remaining 60% of leftover amount will be used by hospital management society – Nil

4. Bihar (Roughly translated from Hindi)

- a. 25% of the claim amount shall be disbursed to the medical and paramedical team as incentive for patient care
- b. The distribution of the incentive amount shall be as follows

Surgical procedures		
1	Surgeon	40%
2	Anaesthetist	20%
3	Junior surgeon	12%
4	OT assistant	8%
5	Nursing team / paramedical staff	15%
6	Coordinator / PMAM	5%
Medical procedures		
1	Physician	30%

2	Roster duty doctor	30%
3	Nursing team / paramedical staff	35%
4	Coordinator / PMAM	5%

- c. For all cases where the claim amount is less than ₹5,000, a sum of Rs 100 per case would be given to the ASHA workers. For cases where the claim amount is more than ₹5,000, a sum of Rs 200 per case would be given to the ASHA workers
- d. Incentive payment to the team would be calculated as 25% of the claim amount after deducting the share of the Asha workers.
- e. In case of multiple members within the same category of incentive payment, the incentive amount would be equally distributed to all the members. Similarly, if a position is vacant in a hospital, the due amount would be used in the development of the hospital.
- f. The remaining 75% of the claim amount would be used as follows
 - i. Medical College / IGIC – 60% of the remaining amount to be used for development of institute, equipment and human resources such as concerned specialist, PMAM etc. The remaining 40% would be used for purchase of consumables for beneficiaries
 - ii. District Hospitals to Primary Health Centres – 70% of the remaining amount to be used for development of institute, equipment and human resources such as concerned specialist, PMAM etc. The remaining 30% would be used for purchase of consumables for beneficiaries

5. Chhattisgarh (Roughly translated from Hindi)

- a. Decision has been taken that 35% of the claim amount would be used for improvement in quality of hospitals, and for patient management
- b. 40% of the claim amount would be maintained in the Chief Minister Hospital Development Fund
- c. 25% would be used for incentivisation of the hospital staff as per the following division

1	Primary and associate clinician	55%
2	Nursing and paramedical staff	30%
3	Others (Registration and other supporting staff)	10%
4	Nodal officer	1%
5	Motivational / Incentive	4%

- d. Incentive amount would be due to the staff of a hospital only if 50 cases in a District Hospital, 30 cases in a civil hospital, 20 cases in a Community Health Centre, and 10 cases in a Primary Health Centre are performed. Incentive amount for fewer cases than those mentioned above would not be given.
- e. Distribution of the above would be done on a quarterly basis.

6. Gujarat (Roughly translated from Gujarati)

- a. 75% of the claimed amount would be deposited in the Hospital Rogi Kalyan Samiti (RKS) Fund
- b. 25% of the claimed amount is used for incentive payment of the hospital staff as per the following divisions

1	Medical staff	40%
2	Paramedical staff, Grade II & III workers	40%
3	Grade IV staff	20%

- c. Distribution of the incentive amount shall be as per decision of the committee chaired by the hospital superintendent
- d. If any amount of incentive remains unused, it shall be transferred to the RKS account
- e. Utilization of the RKS fund may be for any of the following
 - i. Procurement of medicines, injections, implants, devices and consumables
 - ii. Honorarium for clinical and non-clinical services
 - iii. Outsourcing of diagnostic and radiological services
 - iv. Infrastructure procurement
- f. All procurement in the hospital shall be as per government guidelines
- g. All manpower remuneration shall be as per guidelines laid out by the NHM

7. Jammu & Kashmir

- a. Insurance fund (settled amount) shall be divided into three heads namely RKS share (75%), Incentive share (20%), and SHA share (5%)

- b. The RKS share shall further be divided into tied and untied RKS heads. Tied RKS head shall bear the expenses vis-à-vis routines like patient registration, bed charges, diet and stationery, cost of drugs and diagnostics. Untied RKS head shall be used for all purposes except mentioned above.
- c. Incentive share part is calculated based on the settled claims by insurance company on case to case basis
- d. SHA share of 5% shall be on settled claims, calculated on monthly basis. The Empanelled public hospitals shall deposit the share on monthly basis in the SHA account. This will be utilized by the SHA in accordance with the laid down framework for administrative / financial rules besides the guidelines / norms and ceilings of AB PM-JAY
- e. Incentive share
- Incentive shall be paid only if expenses of the concerned claim are not above 75% of the package rates
 - 20% of the insurance fund (on case to case basis) earmarked as the staff incentive share shall be distributed as per the following general guideline

1	Surgeon / Main physician / treating doctor	25%
2	Assistant surgeon / other physician / doctors involved in treating	10%
3	Anaesthetist / doctor of other departments actively involved	20%
4	MS / BMO / MOIC	5%
5	Consultant / call duty etc.	5%
6	Staff nurses	15%
7	Nursing assistants / Hospital attendant	10%
8	Lab technician	3%
9	X-Ray / USG / CT Scan technician	3%
10	Others, if any	4%

8. Jharkhand (Roughly translated from Hindi)

- a. AB PM-JAY fund shall be divided by the hospital's RKS / Chikitsa Prabandh Samiti (CPS) / Hospital management society (HMS) in the following proportion
- Incentives for staff – 25%
 - Wages, Infrastructure & logistics – 75%
- b. Incentives for staff shall be divided as follows

1	Surgeon / Main physician / treating doctor	25%
2	Assistant surgeon / other physician / doctors involved in treating	10%

3	Anaesthetist / doctor of other departments actively involved	15%
4	Staff nurses	15%
5	Nursing assistants / Hospital attendant	10%
6	Lab technician	5%
7	X-Ray / USG / CT Scan technician	5%
8	Other involved paramedics	5%
9	Others, if any	10%

- c. Hospitals can change the percentage of incentivisation with the prior approval of the Health Medical Education and Family welfare department
- d. The incentive shall be disbursed at the end of each month
- e. The guidelines for the Wages, Infrastructure & logistics are as follows
 - i. Payment of helpers in lieu of wages
 - ii. For services from external sources in case of non-availability of in-house specialists
 - iii. For procurement of medicines / consumables not available within the hospital
 - iv. For investigation procured from external sources in case of non-availability within the hospital
 - v. Direct and indirect services used in patient care

9. Karnataka

- a. Revised incentives to the PHI teams under AB-ArK are to be distributed as follows
 - i. The percentage of the package rate as incentive is based on the type of hospital

1	Primary Health Centres	30%
2	Community Health Centres	30%
3	New Medical Colleges and District Hospitals	20%
4	Old Medical College Hospitals	15%
5	Tertiary Care hospitals	15%

- ii. Incentive is limited to 10% for the tertiary hospitals in respect of the hospitals claims with more than Rs. 20.0 crores during the year
- iii. A higher percentage is set aside as incentive to CHCs and Taluk hospitals in order to attract specialists and increase the number of procedures done in CHCs and Taluk Hospitals

- iv. There is a higher number of procedures being done by district hospitals and even higher number of procedures being done by medical college hospitals hence incentive percentage is fixed at a marginally lower level in order to be on par with the CHCs and taluk hospitals
- b. Division of the incentive amount amongst employees
- i. The total incentive should be divided in two categories
1. 50% of the incentive amount is reserved for the Group C and D staff of the hospital
 - a. The total incentive amount reserved for Group C & D staff is to be distributed amongst all the members with Group C receiving twice the amount as Group D
 - b. Group A & B staff who are not doctors are to be considered under the same category as Group C staff for the purpose of the calculation of incentive
 2. 50% of the incentive amount is reserved for group A & B staff of the hospital
 - a. The incentive amount reserved for doctors is to be distributed based on the package rate per procedure in the following manner

Deptt of H&F Welfare - Surgical Procedures		
1	Operating Surgeon	50%
2	Anaesthesiologist	25%
3	District Surgeon / Admin Medical officer / MS	2.5%
4	SAMCO	2.5%
5	Equally divided between all other doctors in the hospital	20%

Deptt of H&F Welfare - Non-Surgical / Medical Procedures		
1	Treating physician	45%
3	District Surgeon / Admin Medical officer / MS	2.5%
4	SAMCO	2.5%
5	Equally divided between all other doctors in the hospital	50%
Medical Education Department - Surgical Procedures		
1	Operating Unit	50%
2	Anaesthesia Department	25%
3	Medical Superintendent	2.5%
4	SAMCO	2.5%
5	Equally divided between all other doctors in the department	10%
6	Equally divided between all other doctors	10%

Medical Education Department – Non-Surgical Procedures		
1	Treating Medical Unit	50%
2	Medical Superintendent	2.5%
3	SAMCO	2.5%
4	Equally divided between all other doctors in the department	22.5%
5	Equally divided between all other doctors	22.5%

10. Kerala

- a. Money received from reimbursement schemes are to be used for improving quality of hospital services
- b. In order to equitable distribution of funds, not more than 40% can be used for hiring persons and not more than 20% for purchase of drugs. There is no limit on purchase on equipment
- c. Patients from the reimbursement schemes have to be treated using generic drugs provided by KMSCL
- d. Insurance reimbursement is for the hospital in general and not for purchasing branded drugs for treating individual cases
- e. HMC/HDC may use the funds for purchase of new equipment, improve capacity or features of existing equipment, extend AMC, carry out maintenance not covered by AMC or any other contract, purchase consumables, reagents or spare parts for them, carry out infrastructural modifications for proper use of these equipment, hire technical personnel to operate them or carry out any other expenditure deemed necessary by the technical committee for providing patient care
- f. Hiring of personnel is to be limited to service provision areas such as ward assistants, nursing assistants, nurses and technicians.
- g. A committee chaired by the hospital superintendent shall take all decisions on expenditure of these funds for expeditious decision making.
- h. If the hospital does not spend 60% of the funds received during the year, the difference between the amount spent and 60% shall be transferred to a challenge fund. Other hospitals can bid for this by preparing a project proposal which will be approved by the government. This will be funded from the corpus generated by transferring unspent amounts from the hospitals

11. Madhya Pradesh

- a. 60% of claim amount generated through the cases admitted under Ayushman Bharat “Niramayam” in Public Health Facilities of Madhya Pradesh, is redirected to the account of ‘Rogi Kalyan Samiti’ of respective facility. This amount is further segregated in two components-
 - i. 60% amount retains in the ‘RKS’ account which is to be utilized by the facility for
 1. Availability of drugs, implants, etc. used in the treatment of the patients of AB “Niramayam”
 2. E-hospital facility of the hospital
 3. Outsourcing of Diagnostic tests based on the guidelines provided
 4. Up gradation of the facility in terms of Quality Standards
 5. Hiring of specialists on the case to case basis in accordance to the guidelines provided.
 - ii. 40% amount is distributed as incentives to the treating team from the level of the Class I officer to the level of Class IV worker. This helps as a motivating factor as well to retain the skilled staff to serve the patients under the scheme.
- b. A policy decision to reserve 472 packages to be utilized in for the government hospitals will help in reallocation of funds to the government hospitals and will also prevent in the abuse of packages which aids in fraud control.
- c. To ensure the accessibility and quality care services, despite reserving the 472 procedures, NABH certification is a mandatory criterion for empanelment.

12. Maharashtra (Roughly translated from Marathi)

- a. As per the guidelines of Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY), 25% of the total claim amount would be returned to the government (finance section).
- b. 20% of the claim amount would be used for incentive payment of the hospital staff as follows

		Medical	Surgical
1	Treating doctor (Surgeon / Physician etc.)	30%	30%
2	Assistant doctor (Surgeon / Physician etc.)	15%	15%
3	Anaesthetist	-	15%
4	Any other associated consultant	10%	10%
5	Nursing staff	15%	15%

6	Category 'D' Staff	5%	5%
7	Technicians	4%	4%
8	Record keeping system management	1%	1%
9	Medical Coordinator	5%	5%
10	Others	15%	-

- c. Incentive amount for each category would not exceed 20% of the total remuneration of the individual
- d. 3% of the total claim amount would be paid to the agency supporting claim submission and other documentation as per the tender agreement
- e. 52% of the claim amount would be used in patient care related services

13. Meghalaya

- a. Out of the 100% funds generated through MHIS in public hospital, utilization shall be done in the pattern of 70% and 30%.
- b. 70% shall be used for infrastructure up graduation and 30% for incentive of staff which shall be distributed on a quarterly basis along with reports to be sent to the District Key Manager/District Programme Manager MHIS, for compilation and further reporting to the State Nodal Agency, MHIS.
- c. 70% Utilization should be strictly used to upgrade and improve existing facility and services offered by the hospital or introduction of new services which improves the general health of the people. Any construction work, exclusively for the hospital should be done after due consultation with the Health Engineering Wing (HEW) and the State Nodal Agency, MHIS.
- d. Distribution of incentive is meant to promote/encourage/motivate employees, the RKS Committee shall ensure that the MHIS Funds are not utilized for the individual benefit of any staff. It is encouraged that the 30% INCENTIVE FUND is to be given to only those who are directly involved in providing health care services in the hospital (IPD/OPD) (except administrative and record staff like accountant and PRO etc).
- e. The incentive structure for field key officers (ASHA/ANM) and doctors and staff for the implementation of the NHIS is as follows

FKO (ASHA/ANM) Incentive structure for enrolment		
Variable payment based on % of households enrolled		
1	>40% and upto 60%	Rs. 5.00
2	>60% and upto 65%	Rs. 5.25

3	>65% and upto 70%	Rs. 5.50
4	>70% and upto 75%	Rs. 5.75
5	>75% and upto 80%	Rs. 6.00
6	>80% and upto 85%	Rs. 6.25
7	>85% and upto 90%	Rs. 6.50
8	>90% and upto 95%	Rs. 6.75
9	>95% and upto 100%	Rs. 7.00

f. The incentive for hospitals staff shall be distributed on a quarterly basis

	Incentive for staff (case base)	50%
1	Surgeon / Main Physician / Doctor treating the case	25%
2	Surgeon assisting the surgery / other physician / doctors involved in treating the case / else will go to main doctor	10%
3	Anaesthetist / Doctors of other department actively involved in case management through case referrals / else will go to administrative pool	15%
	Incentive for staff (shared out to the rest of the staff from the remaining pool)	50%
4	Consultations / Call duty etc. (if amount not enough, money from unspent amount from item 3 above can be given)	5%
5	Staff nurses	12%
6	Nursing assistant and hospital attendant (Grade I & II)	8%
7	Lab tech	5%
8	X-Ray / USG / CT / ECG Scan technician	5%
9	Administrative Pool	10%
10	PRO (if in place)	5%
	Total (of the 30% of the claims received through MHIS)	100%

14. Tamil Nadu

- Full package cost is being given to Government Hospitals to improve their performance
- The Government has ordered creation of a corpus fund with an initial amount of Rs.10 Crores to help the needy and poor people, especially children who undergo surgeries under the category of specialized procedures
- The package cost received from the Insurance Company/TPA by the Government hospitals has been ordered to be shared as below

1	Consumables	45%
2	Institutional Development / Hospital Upgradation	20%
3	Incentive to Operating team	15%
4	Corpus fund	20%

- d. For equitable distribution of funds, allocation under consumables can be further divided among Sections/Departments. The Department who earns the claim to be given preference based on needs. This is to ensure that every department is motivated to earn for their development. However, the Committee should ensure that no fund is locked up by any department, even if it has earned it, if the fund cannot be used in that year on any real requirement.
- e. Similarly, 4% of incentive amount meant for supportive department/consultants among various supportive services viz. Laboratory, Radiology, Blood Bank etc. can also be reallocated with the approval of the Committee.
- f. Consumable fund should not be used for acquiring fixed assets such as machinery, equipment, instruments, tools, plants, furniture, building construction etc. Likewise, funds allocated under Institutional Development, Incentives & Corpus fund should not be used for purchase of consumable items and vice-versa
- g. The incentive to operating team has been further divided as follows

DMS Side		
1	Surgeon/Doctors	5%
2	Anaesthetists	4%
3	Theatre Staff / Staff nurses' team	2%
4	Supportive Departments / Consultants	4%
DME Side		
1	Surgeon/Doctors	5%
2	Anaesthetists	2%
3	Staff Nurse / Theatre staff team	4%
4	Supportive Departments / Consultants	4%

- h. In any Medical College/District HQ Hospital, if specialists are not available, they may be hired for performing the required procedure and the fee shall preferably be given from the 4% of claim earmarked for 'Supportive Department/Consultants'.
- i. The incentive amount should be disbursed to all the persons concerned once every month

15. Tripura

- a. Insurance fund (settled amount) shall be divided into three heads namely RKS share (75%), Incentive share (20%), SHA share (5%).
- b. The RKS share shall be divided into tied and untied part. In the Tied part following expenses must be made
 - i. Help Desk Costs including extra human resource and consumables, computer maintenance, Internet connectivity, Phone connectivity, Air conditioning, Stationeries etc.
 - ii. Patient Registration and Bed Charges and Diet.
 - iii. Cost of Drugs and diagnostics.
 - iv. For all purposes mentioned in the Paragraph -1.
- c. RKS share is not based on beneficiary basis but on monthly, expenditure basis.
- d. The remaining amount after above mentioned expenses will go to untied part of RKS share.
- e. Incentive share part is calculated based on the settled claims by Insurance Company on case to basis in which the service delivery costs not exceeded 80% of the package cost and followed service delivery guidelines.
- f. SHA share of 5% shall be on settled claims which will be calculated on monthly basis. This will be either auto deducted from the hospital package rates or hospitals has to pay back in SHA account. This will remain as a corpus fund in the Tripura Health Protection Society and will be used for AB PM-JAY.
- g. Executive Committee on insurance funds formed in the hospital will be responsible for sorting out issues if in connection with incentives of doctors and other staffs and implementation of AB PM-JAY.
- h. Incentive share will be calculated on case to case basis only on settled claims.
- i. Utilization of the staff incentive: 20% of the Insurance money share earmarked as the staff incentive share would be distributed as per the following general guidelines.

1	Surgeon / Main physician / treating doctor	25%
2	Assistant surgeon / other physician / doctors involved in treating	10%
3	Anaesthetist / doctor of other department actively involved	20%
4	Consultations / call duty etc.	5%
5	Staff nurses	12%
6	Nursing assistants / Hospital attendant	8%
7	Lab technician	2%
8	X-Ray / USG / CT Scan technician	2%
9	Records management	1%
10	M/S or SDMO or MOIC of the hospital	3%

11	Nodal officer – AB PM-JAY	1%
12	Concerned clerk	1.5%
13	Accountant	1%
14	Contractual staff under AB PM-JAY	2%
15	Others, if any	6.5%

- j. Incentive shall be paid only if expenses of the concerned claim are not above 80% of the package rates.

16. Uttarakhand (Roughly translated from Hindi)

- a. Claim amount for services rendered by Public Hospitals shall be divided as follows

1	Share of Ayushman Uttarakhand Society	50%
2	Drugs / Implants / Consumables / Other patient services	35%
3	Incentives for Staff	15%

- b. Incentives for staff shall be further divided as follows

1	Medical Superintendent of the Hospital	1%
2	Clinical staff	5%
3	OT technicians	1%
4	Lab Assistants	1%
5	Pharmacists	1%
6	Nursing team	3%
7	Ward boys	1%
8	Cleaning staff	1%
9	Data entry operators / Claim processing team / Others	1%