

BIJU SWASTHYA KALYAN YOJANA–SCHEME GUIDELINES

INTRODUCTION

“Every life is precious” has always been the guiding principle of Hon’ble Chief Minister, Odisha, Shri Naveen Patnaik. The vision of our Hon’ble Chief Minister has been to provide quality health care to all citizens of the State, especially the economically vulnerable sections. With this objective, Biju Swasthya Kalyan Yojana (BSKY) has been launched as a path breaking program to provide universal health coverage, with special emphasis on the health protection of vulnerable families and women.

COMPONENTS OF BSKY

The Scheme has two components as below:

1. **Component-1 (Cashless Health Care in State Government hospitals)**

State Government will bear the full cost of all health services delivered to all patients (irrespective of income, status or residence) in all State Government health care facilities starting from Sub Centre level to District Head Quarters and Government Medical College Hospital level.

2. **Component-2 (Cashless Health care in empanelled private hospitals)**

State Government will bear the cost of healthcare provided in empanelled private hospitals for identified economically vulnerable families in the State, for an annual health coverage of Rs. 5 lakh per family and additional Rs.5 lakh for the women members of the family after exhaustion of the initial limit.

ELIGIBILITY CRITERIA UNDER BSKY

Component – 1: All citizens of Odisha are eligible for cashless health care services at all State Government health care institutions from Sub Centre level to District Head Quarters Hospital and Government Medical College Hospital, for which the State Government will bear the full cost.

Component – 2: All BSKY Smart Health Card/ National Food Security Act (NFSA)/ State Food Security Scheme (SFSS) card holders are eligible to avail cashless health coverage of Rs. 5 lakh per annum per family and

additional Rs. 5 lakh for women members of the family after exhaustion of initial limit at empanelled private hospitals within and outside Odisha.

ENROLMENT PROCESS (under BSKY Component-2)

There is no direct enrolment process under Biju Swasthya Kalyan Yojana. All families covered under NFSA / SFSS within Odisha are eligible beneficiaries under this scheme and are provided with BSKY Smart Health Card. BSKY Smart Health Cards are distributed by the Government to each family. Beneficiary can also collect her/his BSKY Smart Health Card at designated Mo Seva Kendra by producing her/his valid NFSA/ SFSS Card. BSKY database is updated and synchronized with NFSA/ SFSS database in a real time manner.

COVERAGE PERIOD (under BSKY Component-2)

The BSKY Smart Health Card is valid till the names of the family members are there in the NFSA/ SFSS database. The card does not need renewal. The annual amount available against the beneficiary family gets refreshed every year.

SIZE OF THE FAMILY (under BSKY Component-2)

The family members covered under BSKY are there covered under the updated database of NFSA/ SFSS.

IDENTIFICATION OF BENEFICIARIES AT POINT OF SERVICE (under BSKY Component-2)

1. BSKY Smart Health Cards/ NFSA/ SFSS cards will be the proof of eligibility of beneficiaries for the purpose of the scheme.
2. The BSKY Smart Health Card is a 64 KB chip based SCOSTA card which is printed with card number and name of head of household. The chip contains the details of the family such as Name of the Family Members, Age, Gender, Demographic details, Aadhaar number of each beneficiary, unique smart card no and relation with head of the household.

3. A beneficiary considered to be eligible under BSKY through the following two-way authentication: -
 - i. The name of beneficiary should be there in the BSKY Smart Health card or NFSA/ SFSS card which shall be validated from NFSA/ SFSS server with the help of BSKY application or POS machine. If the details are not available in the NFSA/ SFSS database then it considered that s/he is not an eligible beneficiary.
 - ii. Once the validation from NFSA/ SFSS database is established, then the Aadhaar based authentication will be done through IRIS or POS device.
4. Either the patient's or a family members' finger print will be captured by the bio metric scanner of POS machine or the IRIS scanner to authenticate the beneficiary.
5. In case there is a report that the Aadhaar card could not be connected to the BSKY Smart Health Card and failed to authenticate the finger print or IRIS, then issue of Override Code will be requested to the appropriate authority.

BSKY BENEFITS (under BSKY Component-2)

Families having BSKY Smart Health Card/ NFSA/ SFSS card can avail cashless IPD and Day care treatment for the procedures for which the hospital is empanelled under BSKY within or outside the State upto the annual amount covered.

PACKAGES (under BSKY Component-2)

The updated package list under BSKY, as modified from time to time is available in the website www.bsky.odisha.gov.in. About 3% of the total packages are reserved for Government health institutions. About 10% of the packages are under referral category, which can be availed only on referral by appropriate authority.

1. **Reserved packages:** Treatment under these packages are only available in Govt. health care facilities. Treatment for minor ailments, diseases under National Health Programs such as Management of superficial burns, minor injuries, Malaria, Typhoid fever, Gastroenteritis, Diarrhea, Dysentery, Tuberculosis, Urinary Tract Infection, Heat stroke and surgeries for hydrocele, Abscess drainage, Lipoma and cyst excision and procedures like Dilatation and Curettage and MTP are reserved for Government facilities.

2. **Referral Package:** The updated list of referral packages is available in the website www.bsky.odisha.gov.in. To avail treatment under referral packages in empanelled private hospitals, patient shall be referred to empanelled private hospitals subject to following conditions:

- i. Referral will be done if the particular package/ procedure cannot be provided by a Government facility in the district.
- ii. Cases will be referred if there is a long waiting time to undertake the procedure at a Government facility in the district.
- iii. Where there is an emergency cases which requires immediate referral.
- iv. Referral process under BSKY is decentralized upto Sub-Divisional Hospital level. The following authorities have been designated to issue referral to beneficiaries under BSKY.

Sl No	Name of the Institution	Designation of Medical Officer
1	District Headquarter Hospital	CDM & PHO/ District Medical Officer-cum-Superintendent & concerned Specialist
2	Sub-divisional Hospital	Superintendent & concerned Specialist
3	All Govt. Medical College & Hospitals	Superintendent & HoDs of concerned Department of the Medical College & Hospitals

3. **Open packages:** Any beneficiary can directly walk in to any empanelled private hospital and avail the treatment under this category of packages, if he is found suitable for that package by the treating doctor of the empanelled hospital.

SERVICES INCLUDED IN PACKAGE RATE (under BSKY Component-2)

BSKY Component – 2 covers In-patient (IPD) and Day Care treatment packages only. OPD case in private hospital is not covered under BSKY. Package rate includes Registration Charge, Bed/ ICU charges, Nursing and Boarding charges, Surgeon/ Anesthetist/ Medical Consultants fees, Charges for Anesthesia/ Blood Transfusion/ Oxygen/ O.T. Charges, Medicines and Drugs costs, Prosthetic diet to patient, Pre (charges for consultation, diagnostic tests & medications) and Post (medicine cost for 5 days on discharge and follow up consultation) hospitalization expenses and any other

expenses related to the treatment. Apart from the package cost the Government also bears the cost of Devices/ implants utilised during hospitalization. The package master and the implant master are available in the website www.bsky.odisha.gov.in.

If any procedure is not available in the package master and is required for the treatment of the patient, the cost of the procedure and the implants, required for the procedure, can be claimed under “Unspecified” package code with prior preauthorization.

In case of medical conditions, the package price is defined on per day basis depending on whether the patient is admitted in General ward or ICU.

The actual cost of medicines may be added to the existing package price of ICU and ICU with Ventilator in all packages of General Medicine, subject to production of original invoices of medicines.

Package rates are also available for pre-admission and post-discharge diagnostics as well as post-discharge medicines upto 15 days.

PRE-AUTHORIZATION PROCESS (under BSKY Component-2)

1. Procedure with package cost of Rs 10,000 or more and all cases under “Unspecified” category requires Pre-authorization.
2. Minimum Documents, as specified in the package master, are required for settlement of Pre-authorization.
3. If the hospital fails to share minimum documents required, the hospital is asked to share the wanting documents. If documents asked for, are not uploaded within 7 days, the Pre-authorization request is auto rejected by the BSKY application.
4. The Turn Around Time (TAT) for the preauthorization is 24 hours in case the package cost is Rs. 10,000 or more. If a decision regarding preauthorization is not taken within 24 hours, it is auto approved by the BSKY application. But in case of pre-authorization for “Unspecified” package the same is auto approved after 48 hours, if no decision on the same is taken in the meantime.

5. Hospitals are not allowed to book medical and surgical packages together. In rare cases hospitals can book both medical and surgical packages together with proper justification and prior preauthorization.

EMPANELMENT OF PRIVATE HEALTH CARE PROVIDERS (under BSKY Component-2)

The State Health Assurance Society (SHAS), Odisha, empanels private hospitals inside and outside Odisha. Whenever SHAS gets a request for empanelment of a hospital, the inspection of the hospital is undertaken. On the recommendation the inspecting team, the hospital is empanelled.

The updated list of empanelled private hospitals is available in the website www.bsky.odisha.gov.in.

CLAIM SETTLEMENT (under BSKY Component-2)

1. Minimum documents required, as specified in the package master for settlement of claims, need to be uploaded in the BSKY application within 7 days of discharge of the patient. If uploaded after 7 days of discharge, it is rejected by the application.
2. Payment is done by electronic transfer through Public Financial Management System (PFMS) within four weeks of raising the claims in BSKY application.
3. If a beneficiary is required to undergo multiple surgical procedures in one OT session, then the procedure with highest rate shall be considered as the primary package and reimbursed at 100% of package rate, 2nd surgical procedure shall be reimbursed at 50% of package rate, 3rd & subsequent surgical procedures shall be reimbursed at 25% of the package rate.
4. If minimum documents required for settlement of claims, are not shared at the time of raising the claim in BSKY application, the hospital is asked to upload the wanting documents. If these documents are not shared with-in 7 days, the claims are auto rejected by the BSKY application.

AGREEMENT WITH EMPANELLED HOSPITAL (under BSKY Component-2)

The empanelled private health care providers shall enter into a Memorandum of Understanding (MoU) with the State Health Assurance Society (SHAS), Odisha to provide cashless health care services to the eligible beneficiaries under Biju Swasthya Kalyan Yojana. The MoU comes into effect from the date of execution and remains valid for one year. The MoU can be renewed on an annual basis if the performance of the hospital is satisfactory.

INCENTIVE FOR EMPANELLED HOSPITALS (under BSKY Component-2)

Government of Odisha has approved different incentives for the provider hospitals based upon the quality rendered by them to the BSKY eligible beneficiary.

- Additional incentive of 10% over & above package price is offered to the empanelled hospital having NABH entry level accreditation.
- Additional incentive of 15% over & above package price is offered to the empanelled hospital having NABH accreditation.

IT INFRASTRUCTURE UNDER BSKY AT EMPANELLED HOSPITALS (under BSKY Component-2)

Required IT infrastructure for smooth functioning of the scheme at empanelled private hospitals.

- i. One Computer
 - Operating System: Window operating System (Windows 10 or higher version)
 - Processor: Intel Pentium i3 processor or higher
 - Memory: 4 GB RAM, 1 TB Hard disk.
 - Connectivity: Ethernet port/ Wi-fi enabled
 - Input/ Output Terminals: Minimum 4 USB (2.0) port
- ii. Multi-Function Printer (with Scanner).
- iii. PCSC (Personal Computer / Smart Card) compliant smart card reader.

- iv. Android POS: Preferably (WATHDATA WD90F) Integrated finger print scanner.
- v. IRIS Machine: preferably Biomatiques / EPI 1000

DISTRICT & SUB-DISTRICT LEVEL UNITS & FIELD OPERATIONS

At district level, Chief District Medical & Public Health Officers (CDM&PHOs) is the Chief Supervisory officer of the scheme and Superintendent-DHHs are the designated Nodal officers at the district level.

1. **District Coordinators** are appointed by State Health Assurance Society (SHAS), Odisha in all such districts where there are private empanelled hospitals. District Coordinator in coordination with the District Kiosk look after all aspect of smooth implementation of BSKY. The updated District wise list of District Coordinators available at www.bsky.odisha.gov.in.
2. **District Kiosk:** It is an establishment of designated IT partner of SHAS, at district level. Kiosk Operator provides solution to IT infrastructure and BSKY application installed in private empanelled hospitals as and when required. Further, he/she ensures updating of the IT software from time to time after its modification at State level.
3. **Swasthya Mitras:** They are frontline facilitators to assist the beneficiaries at private empanelled hospitals. Swasthya Mitras, engaged at empanelled hospitals by State Health Assurance Society (SHAS), Odisha, are acting like a bridge between SHAS & private empanelled hospitals and are the first contact point for the beneficiaries. They look after all activities such as facilitation of beneficiaries/ redressal of their grievances in coordination with the hospital authorities/ Medical Coordinators of empanelled hospital along with grievances of hospitals regarding claim settlement & pre-authorization approval. Swasthya Mitras also facilitate DEOs appointed by empanelled hospitals in uploading of pre-authorization & claims. The update District wise & hospital wise list of Swasthya Mitras is available at www.bsky.odisha.gov.in.

GRIEVANCE & PATIENT FEEDBACK UNDER BSKY

For addressing the public grievance, a dedicated 24 X 7 BSKY call center (DIAL 104) is in place. Based on the requirement, the call center executives facilitate the beneficiary. If needed, they provide the contact details of the respective District Coordinator and Swasthya Mitra for better facilitation.

1. **104 Call Centre:** Any person can raise any query or complaint regarding BSKY Scheme at toll free number 104 which is available 24 X 7.
2. BSKY beneficiaries can also contact E & IT Department Toll Free Number-155369 for any BSKY Smart Health Card related issues.
3. **Mo Sarkar Feedback system:** The State Government takes direct feedback from the beneficiary patients regarding quality of treatment, behavior of the service providers, any out-of-pocket expenditure by the beneficiaries etc. Citizens can also register their contact number for feedback/ grievance through Mo Sarkar Call center no.14545.