To

All The Secretaries State Govts./
All The Directors ESI Scheme/
All The SSMCs/SMCs, ESIC
All Regional Directors/Jt. Dir. I/C, ESIC
All MS's ESIC/ESI Hospitals

Sub: Scheme for opening of under-utilised facilities in ESI Hospitals to persons covered under 'Other Beneficiaries and Members of their Families, Medical Facilities Scheme, 2010'

Sirs/Madam,

It is to inform that as per provision of Section 73 B read with Section 73 D of the Employees' State Insurance Act 1948 (34 of 1948) and Govt. of India, Ministry of Labour & Employment Gazette Notification No. 432 dated 4th August, 2010, a modified Scheme has been approved by the Hon'ble Minister of Labour & Employment entitled as "other beneficiaries and members of their families, Medical Facility Scheme 2010". (Copy enclosed). It is requested that appropriate necessary action may please be taken for implementation of the Scheme in all ESI/ESIC Hospitals, wherever applicable.

Yours faithfully

Encl. As above

Copy to -

1. PPS to Director General/PS to Financial Commissioner/
   Chief Vigilance Officer/Insurance Commissioner/ Medical Commissioner/Chief
   Engineer/AC(P&A)/AC(System)/AC(Benefit).
2. Director (Finance)/Director (P&D).
3. Jt. Director (PR)
4. System Division with the request to kindly upload the Scheme on ESIC website.

DY. MEDICAL COMMISSIONER.
SCHEME FOR OPENING OF UNDER UTILISED ESI HOSPITALS FOR MEDICAL FACILITIES TO PERSONS COVERED UNDER "THE OTHER BENEFICIARIES AND MEMBERS OF THEIR FAMILIES MEDICAL FACILITIES SCHEME, 2010"

In pursuance of the Ministry of Labour and Employment notification dt. 04.08.10 framing the Scheme called as "Other beneficiaries and Members of their families, medical facilities Scheme – 2010". ESI Corporation proposes to open the unutilized capacity in ESI Hospitals to such beneficiaries on payment of user charges. Accordingly, it is proposed as under:-

1. The Scheme will be known as “Scheme for opening of under utilized ESI Hospitals for medical facilities to persons covered under the “Other Beneficiaries and Members of their families, Medical Facilities Scheme, 2010”.

2. The Scheme will be opened to the beneficiaries of any of the Schemes as stated above subject to the payment of user charges as prescribed by ESI Corporation.

3. Under the Scheme non IPs can also use the facilities on payment of user charges after being registered under ESIC.

4. Only those ESI Hospitals where the bed occupancy is less than 60% will be opened for the above purpose.

5. ESI Corporation can also consider identifying Schemes for providing medical care facilities to other beneficiaries and members of their families after approval of the Central Govt.

6. The Medical treatment and attendance shall be made available to other beneficiaries utilizing the medical facilities of ESI Corporation on the
basis of registration / identity cards issued by ESI Corporation or
issued under any other Scheme framed under Notification dt.
04/08/10.

7. A separate account will be kept for the user charges collected in respect
of the service provided to various categories under the Scheme. The
user charges so collected shall form part of the ESI Fund.

8. A separate procedure will be specified by the Corporation for
maintenance of record and accounts for these transactions.

9. To start with the user charges will be levied as per the rates for various
procedures etc. as fixed under the RSBY Scheme of the Govt. of India.
For the procedures and facilities, for which rates are not specified
under RSBY, the rates of CGHS for the city (if not available then for
the neighboring city or the State) will be charged.

10. Director General is authorized to review the administrative
arrangement and user charges and other aspects of the Scheme
periodically and make appropriate changes in the administrative
arrangements and user charges with a view to implement the Scheme
effectively and efficiently.

11. Each Hospital will have a separate counter for registration and
collection of user charges relating to other beneficiaries. Wherever
required, separate OPD timings will be specified by ESIC for other
beneficiaries so that the services to the ESI beneficiaries are not
affected.
12. The opening of facilities of the ESI Hospitals to other beneficiaries would entail extra hours of work for the staff / additional staff where required. The additional expenditure incurred on the staff and honorarium and other misc. items shall be specified by the Director General by administrative instructions keeping in view the situation in each hospital from time to time.

13. The utilization of funds collected by levying user charges will be regulated as under:

a) The concerned ESI Hospital will collect the amount as per the rate fixed for various procedures etc. and the amount collected will be credited to ESI Fund Account.

b) At the end of every quarter, 50% of the amount collected would be given to the Hospital Development Committee for utilizing the fund for improving the concerned hospital. This amount will be over and above the budgetary allocation made to the concerned Hospital Development Committee.

c) 25% of the amount collected will be paid to the concerned State Govt. over and above ceiling towards the expenditure incurred by them on medical care provided to the beneficiaries covered under the scheme and improving the health care delivery at ESI Dispensaries.

d) 25% amount would be kept by ESI Corporation. In case of ESIC hospitals 'c' above is not applicable and total 50% will be kept by ESIC.
e) The additional expenditure incurred on the staff, incentives, and honorarium and other miscellaneous items for services to the other beneficiaries as per the Scheme notified shall be met from the funds allocated to the Hospital Development Committee.

f) The Scheme will be reviewed after every three years.

g) All the expenditure / payments on the service will be classified and booked under the head "Medical Benefit".

h) Director General is authorized to work out detailed procedures for accounting of the receipts / expenditure on the Scheme for other beneficiaries.

14 If the bed occupancy in respect of IPs and their families goes beyond 60% during last two years, the Scheme will be withdrawn in that Hospital.

15 Service tax, if applicable, will be realized from the concerned Scheme or from the other beneficiaries directly.