

ENCLOSURE-1


DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF ARUNACHAL PRADESH
ITANAGAR.

No.MED/AYUSH/004/2013/Pt.IV

Dated Itanagar, the 06/11/2013

::Order::

1. The Government of Arunachal Pradesh has decided to launch the "Arunachal Pradesh Chief Minister's Universal Health Insurance Scheme" to achieve the objective of providing quality health care to the people of Arunachal Pradesh.
2. The Arunachal Pradesh Chief Minister's Universal Health insurance Scheme shall be implemented in the following pattern.
 - I. The Arunachal Pradesh State Health Society (APSHS) is designated as the implementing authority for this insurance Scheme.
 - II. The main objective of the Scheme is to provide free medical and surgical treatment in Government and Private Hospitals in cashless manner to the families of Arunachal Pradesh. By cashless manner it is meant that when a beneficiary approaches an empanelled hospital for treatment, he is not required to make any payment instead the payment is made on his behalf by the Insurer to the empanelled hospital.
 - III. The Scheme will cover treatment procedures requiring hospitalization as per Annexure A and day care procedures as per Annexure B. Some procedures will be reserved for the government hospitals which will be decided later by the State Empowered Committee. Persons covered under RSBY and Arogya Nidhi shall also be covered subject to overall financial limit of Rs.2lakhs only. Poly trauma cases not covered by the Motor Vehicle Act will be covered. Pre-existing diseases prior to launching of the scheme will be covered. Cost of treatment of withdrawal symptoms of drug abuse will be covered for candidates voluntarily opting for de-addiction. Pre – natal expenses due to any complications requiring hospitalization prior to delivery will be taken care of under the scheme.
 - IV. Transportation allowance will be provided as per actual bus fare for travel to and fro in the State only to be included within the overall sum of Rs.2.00 lakhs.
 - V. The costs for each procedure will be as per the MoU of the service provider with the network hospitals which include bed charges in General ward, nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, transport cost etc. Expenses incurred for diagnostic test and medicines from the day of reporting at the network



hospitals by the patient and cost of diagnostic test and medicine up to 10 days of the discharge from the hospital for the same ailment/surgery including transport expenses will also be the part of the coverage. In instance of death, the carriage of the body of the deceased person from the networked hospital to the village /township/City would be covered under the Scheme.

VI. With regard to diagnostic procedures –

- a. The reports of the state government health institutions should be accepted as evidence by the network hospitals. In addition, any other diagnostic procedures specified/approved by Govt. like ECHO, USG, Angiogram etc for inclusion under insurance can be undertaken by the empanelled hospitals if needed and will be covered.
- b. The diagnostic procedures leading to surgery/medical management under this scheme will be covered.
- c. For the patients referred through govt. facilities/health camps requiring to undergo further diagnostic procedures at the empanelled hospitals specified/ approved by the government will also be covered under this scheme. The reimbursement to the empanelled hospitals will be due even if such diagnostic procedures do not lead to surgery/medical management. This facility will not be available to the beneficiaries who directly approach the empanelled hospitals without referral from government facilities/health camps.

VII. Exclusions under Maternity Benefit clause:

The insurer shall not be liable to make any payment under this scheme in respect of expenses whatsoever incurred by any insured person in connection with or in respect of:

- a. Expenses incurred in connection with voluntary medical termination of pregnancy **except** induced by accident or other medical emergency to save the life of mother.
- b. Sterilization and Fertility related procedures: Sterility, any fertility, sub-fertility or assisted conception procedure. Hormone replacement therapy, Sex change, or treatment which results from or is in anyway related to sex change.
- c. Vaccination
- d. Suicide, suicide attempts, intentional self-injury, all psychiatric and psychosomatic and related disorders.
- e. Naturopathy, Unani, Siddha, and Ayurveda
- f. War, and Nuclear invasion.

VIII. The beneficiaries will be all bona fide families of Arunachal Pradesh having the Domicile Certificate/Permanent Resident Certificate (PRC)/Temporary Resident Certificate (TRC) issued by competent authority and such other person who may be declared to be eligible for coverage under the “Arunachal Pradesh Chief Minister’s Universal Health Insurance Scheme” by the State Empowered committee. It is further clarified that all APST families and Non-APST families irrespective of income ceiling will be covered under



the scheme subject to furnishing of above mentioned documents. Regular Government employees and their dependents will presently not be beneficiaries under this scheme.

- IX. The entire premium will be paid by the Government through The Arunachal Pradesh State Health Society (APSHS) to the insurance company on behalf of the beneficiaries. Payment by insurance company to the empanelled hospital will be as per the MoU rates entered in between the hospital and insurer.
- a. The Arunachal Pradesh Health Insurance Society will pay the insurance premium on behalf of the eligible persons to the Insurance Company. The premium would be paid every year in four Quarterly installments on or before the first day of the quarter every year, with the year being reckoned from the date of commencement of the Scheme. The first premium for the first year of the scheme would be paid on or before the date of commencement of the scheme. The amount of premium would be arrived as twenty-five percent of the premium payable based on the number of eligible persons provided to Insurance Company by the Arunachal Pradesh State Health Society, on or before the date of commencement of the scheme. **For the subsequent quarters, insurance premium will be released based on (a) the number of health insurance cards issued; and (b) minimum utilization of 60% of health Insurance Cards issued.** In case a member is enrolled in the middle of the year, only proportionate premium shall be paid.
 - b. The card will bear the logo of Govt. of Arunachal Pradesh, on the front and back cover. The card will have group photograph of all the family members covered and their biometrics.
 - c. The Card Operating System used by Insurer shall be of the standard that complies with the advanced and latest version of software which is also as per National Informatics Center, New Delhi.
- X. The sum assured shall be Rs.2lakhs per family on floater sum basis with provision to pay Rs. 100/day on hospitalization of the head of the family (upto a maximum of 7 days) and pay a flat sum of Rs.50,000 in case of death of head of family and provide transportation charge within the overall insured sum of Rs. 2.00lakhs by the service provider in any of the network hospitals.
- a. The Scheme shall provide coverage for the treatments as defined above and as per Entitlement for 5 years from the date of commencement of the Scheme in any of the empanelled hospitals.
 - b. If any member of the family of an eligible person is eligible to have his name included in the family of an another eligible person, he would be eligible to have his name included in one health insurance identity card only and claim assistance under one card only;
 - c. The benefit will be on floater sum basis and can be availed of individually or collectively by members of the family during the policy year with no restriction



on the number of times the benefit is availed. The unutilized Entitlement will lapse at the end of every policy year till the scheme is in operation.

XI. Hospitals within the state will be recommended by The State Empowered Committee but will be empanelled by the Insurance Company. The Hospitals outside the state will be identified as well as empanelled by the Insurance Company subsequent to approval of the State Empowered Committee. The Insurer shall seek approval of the State Empowered Committee from time to time if any change in the networked hospitals is made.

a. The Hospitals under the Scheme shall include both Government and private hospitals. A Non- Govt. hospital shall be qualified as a networked hospital only if it complies with the minimum criteria as under:

- 1) It should have at least 30 inpatient beds.
- 2) It should be equipped and engaged in providing medical and surgical facilities along with diagnostic facilities i.e. All Pathological tests, X-ray and other investigations like Electro Cardiograph etc., for the care and treatment of injured or sick persons as in-patients.
- 3) It should have a fully equipped operation theatre of its own wherever surgical operations are carried out;
- 4) It should have qualified doctor(s) and nurses, physically in charge round the clock; (necessary certificates to be produced during empanelment).
- 5) It should maintain complete records as required on day to day basis and be able to provide necessary records of the insured patient to the successful bidder, the Director of Health Services, GoArP or their representatives as and when required;

b. The Insurer shall ensure a minimum of 50 networked Hospitals in various cities of India including following cities:

- 1) Guwahati
- 2) Dibrugarh
- 3) Jorhat
- 4) Kolkata
- 5) New Delhi
- 6) Mumbai
- 7) Chennai
- 8) Vellore
- 9) Hyderabad
- 10) Pune
- 11) Tezpur
- 12) Bengaluru

c. The Insurer, at any time of the implementation of the scheme, may add any hospital to the approved list of hospital, after getting concurrence of the State Empowered Committee.



- d. Where any fraudulent claim becomes directly attributable to a networked hospital, the hospital shall be removed and excluded under the Scheme by the Insurer with approval of the State Empowered Committee. The Insurance Company shall include the following clause in their agreement with the hospitals empanelled – “If any fraudulent claim by the hospital is proved, necessary criminal prosecution apart from civil proceedings for the recovery of such fraudulent amount shall be initiated”.
- XII. The Insurance Company shall complete the Insurer’s performance obligations listed out in the Activity Chart as per Enclosure 3 tender Document. The Third Party Administrator, if any, implementing the scheme on behalf of the Insurance Company should be an agency approved by the Insurance Regulatory and Development Authority (IRDA). They would be required to start operations within one month of signing the agreement. The Insurance Company shall arrange workshops and carry out publicity satisfying the need for the capacity building of the insured and implementers, at each district according to the need as decided by the State Empowered Committee. It should ensure that proper publicity is given to the scheme in all possible ways. This will include publicity on electronic and print media, distribution of brochures, banners, display boards etc. in public at appropriate places
- XIII. The Insurance Company would be required to have, within one month of signing of the Agreement, networked hospitals in all districts of the State and outside state. The yardstick mentioned in clause XI of this order shall be adhered to by the Insurance Company while accrediting the hospitals. The details of the Hospitals covered under the Scheme shall be furnished in the format in Enclosure 4 of Bid Documents within one month of the execution of agreement and to be updated on monthly basis.
- XIV. The enrollment data with respect to number of beneficiary families to be covered under the Scheme, viz. numbering about 2.61Lakhs families (approximately) will be provided to the Insurer in electronic /non-electronic format by Arunachal Pradesh State Health Society (APSHS) on basis of inputs from census data obtained from Directorate of Census Operations and Directorate of Economics and Statistics, as validated by concerned Deputy Commissioners immediately after award of tender. The data furnished by the State Government, shall be the property of the State Government and should not be used for any other purpose without the prior permission of the Government. The enrollment process will be done by Insurer in phase wise manner for various districts with assistance from PRI on basis of data provided by state government.
- XV. The Insurance Company shall ensure that the eligible person and members of his or her family are given treatment in the Hospitals without having to make any cash payment towards eligible expenditure for the treatments availed by them within the scope of the Scheme. The Insurance Company shall publish, locally and on the website, cost for each procedure. Further, the Hospital shall give a rough estimate to the patient on the likely expenditure before he is admitted. No advance payment of any kind shall be insisted upon by the hospitals accredited to the scheme for any eligible person.



- XVI. The Insurance Company shall furnish a monthly report on claims approved, amount disbursed, procedure/specialty wise and district wise etc to the Arunachal Pradesh State Health Society in addition to the specific reports as and when required.
- XVII. The Hospital will raise the bill on the Insurance Company. The Insurance Company shall process the claim and settle the claims expeditiously so as to ensure that the Hospitals provide the services to the beneficiaries without fail. The Arunachal Pradesh Health Insurance Society will reserve the right to monitor the claim processing through software and the Insurance Company shall provide facility in this regard. In case of any failure in services from the Hospitals due to pending bills, the Insurance Company will be held responsible.
- XVIII. The claims will have to be settled within 7 days of receipt of all reports, bills & the satisfaction report of the beneficiary.
- XIX. For ease of hospitalization, in case of emergency the beneficiary can directly approach the help desk of the network hospital and hospitalization procedure/medical treatment can be started subsequent to proper identification of beneficiary. It will be duty of network hospital along with help desk manager to inform the insurer regarding hospitalization within 3 days of the admission. In case of planned hospitalization, beneficiaries will consult doctors at Community Health Centers (CHC) or District Hospitals (DH), get **referral slip** signed and authorized in a **standard format** for hospitalization/medical treatment and proceed to help desk of the networked hospital for hospitalization with the referral slip. CHCs/DHs shall refer patients strictly after obtaining the signature and authorization of the MO In charge/ Medical Superintendent. For emergency medical treatment without referral outside the state, the benefit is extended to only APST.
- XX. The scheme will be implemented as per an agreement.
- a. The agreement will be in force for a period of 5 years from the date of commencement of the Scheme, subject to annual renewal and extendable by one more year beyond 5 years on mutual consent. The renewal on yearly basis will be based on currency of IRDA license and a review of performance. The APHIS shall have the right to cancel the agreement, if at any time during the period of the Scheme, the Insurance Company defaults in delivery of services or it is found that it has misrepresented any fact during the tender process to attain qualification or breaches any of the conditions of the contract agreement.
 - b. Either of the parties to the agreement can cancel the agreement for breach of terms and conditions under the agreement at any time during its currency by giving in writing an advance notice of 30 days. In the event of such cancellation, the Insurance Company will be liable to;
 - 1) Pay back the unutilized amount of premium after settlement plus service tax on pro rata basis within one week and Pay interest at the rate of 12% per annum on the amount refundable for the period extending from the due date till the date of receipt of refund.



- c. Either of the parties to the agreement by giving advance notice of at least three months, may propose modification or alteration of any or all the terms of the agreement and in the event that such modification or alteration is accepted in writing by the other party, the agreement shall stand modified or altered to that extent.
 - d. The agreement will be in force for a period of 5 years from the date of commencement of the Scheme, subject to annual renewal and extendable by one more year beyond 5 years on mutual consent. The renewal on yearly basis will be based on currency of IRDA license and a review of performance.
 - e. The Insurance Company shall establish a full time office with sufficient staffs in Itanagar for implementation of scheme related matters.
 - f. The Insurance Company shall also recruit specialized doctors for regular inspection of hospitals, attend to complaints from beneficiary families directly for any deficiency in services by the hospitals and also to ensure proper care and counseling for the patient at network hospital by Help Desk Officer and hospital authorities.
 - g. The Insurance Company shall set up a dedicated website for the Scheme to enable people to have access to information on the scheme and correspond. The Insurance Company shall set up a 24 hour call centre with toll free help line.
 - h. The Insurance Company will publish a detailed Manual for the "Arunachal Pradesh Chief Minister's Universal Health Insurance Scheme" with all operational guidelines and details of the scheme in consultation with The APHIS with provision to update and modify. The Insurer shall follow the guidelines and instructions given in the manual while implementing the scheme.
 - i. There will be regular review meetings held between the representatives of the Government of Arunachal Pradesh and that of the Insurer at Itanagar to discuss the performance/administration of the Insurance Scheme. The agenda and issues to be discussed would be mutually decided between the parties, in advance. The minutes of the meeting shall be drawn and a copy shall be forwarded to Government. The insurer shall also put in place a mechanism of their own to monitor the scheme on a real time basis. Detailed reports on the progress of the Scheme and issues, if any, emerging out of such meetings shall be reported to Government of Arunachal Pradesh.
- XXI. Performance of the Insurers will be monitored regularly based on Parameters such as timely claim settlement, complaints redressed, claim ratio and any other parameters prescribed.
- XXII. Network hospital will provide a help desk manager along with computer/printer/scanner etc. At the time of admission in the hospital, details of the beneficiary along with left over sum insured for the year will have to be mentioned along with tentative expenditure for the disease for which beneficiary is being hospitalized. In case of day care treatment also this procedure will apply. At the time of



discharge, the original papers will have to be submitted by the beneficiary at the help desk and a discharge slip will be generated indicating the balance amount available for the family for the rest of the year. The original papers will be submitted by the network hospital to the Insurer. At the time of discharge due transportation allowance as applicable for journey by bus in the state will also be paid which will be recorded in the discharge slip.

XXIII. The Hospital shall extend treatment to the beneficiaries under the Scheme on a cashless basis.

- a. Any complaints about any difficulty in availing treatments, non-availability of facilities, bogus availing of treatment for ineligible individuals, etc., shall be submitted to the Deputy Commissioners.
- b. The complaints received shall be placed for decision of a District Monitoring and Grievance Committee at District level headed by the Deputy Commissioner and DMO of concerned District, a representative of Arunachal Pradesh Health Society and the representative of Insurance Company as members.
- c. Any grievances and appeal against the decision of the District Monitoring and Grievance Committee may be referred to the State Monitoring and Grievance Committee which will be the State Empowered Committee. The decision of this committee shall be final.
- d. The Civil Courts having jurisdiction over Arunachal Pradesh shall judge any disputes, which remain unresolved by the above procedure.

XXIV. Obligations of the insurance company:

a. General:

Standards of Performance: The Insurance Company must perform the Services and carry out its obligations with all due diligence, efficiency and economy, in accordance with generally accepted professional techniques and practices, and will observe sound management practices, and employ appropriate advanced technology and safe and effective equipment, machinery, materials and methods. The Insurance Company must always act, in respect of any matter relating to the Agreement or to the Services, as a faithful adviser to the State, and will at all times support and safeguard the State's legitimate interests in any dealings with Third Parties. The Insurance Company must perform the Services in accordance with the Applicable Laws and must take all practicable steps to ensure that any Third Party, as well as the Personnel and agents of the Insurance Company, comply with the Applicable Laws.

b. Fraud and Corrupt Practices:

The Insurance Company and its Personnel must observe the highest standards of ethics and must not engage in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice (collectively the "Prohibited Practices"). In such an event, the State Government will forfeit and appropriate the performance security, if any, as mutually agreed genuine pre-



estimated compensation and damages payable to the State Government towards, *inter alia*, the time, cost and effort of the State Government, without prejudice to the State Government's any other rights or remedy or in law. If the Insurance Company is found by the State Government to have directly or indirectly or through an agent, engaged or indulged in any Prohibited Practices, during the Selection Process or before or after the execution of the Agreement, the Insurance Company shall not be eligible to participate in any tender or Request For Proposal issued during a period of 2 (two) years from the date the Insurance Company is found by the State Government to have directly or indirectly or through an agent, engaged or indulged in any Prohibited Practices. For the purposes of above, the following terms shall have the meaning respectively assigned to them:

- 1) "corrupt practice" means the offering, giving, receiving or soliciting, directly or indirectly, of anything of value to influence the actions of any person connected with the Selection Process (for removal of doubt, offering of employment or employing or engaging in any manner whatsoever, directly or indirectly, any official of the State Government who is or has been associated in any manner, directly or indirectly with Selection Process or LOA or dealing with matters concerning the Agreement before or after the execution thereof, at any time prior to the expiry of one year from the date such official resigns or retires from or otherwise ceases to be in the service of the State Government, shall be deemed to constitute influencing the actions of a person connected with the Selection Process); or engaging in any manner whatsoever, whether during the Selection Process or after the issue of LOA or after the execution of the Agreement, as the case may be, any person in respect of any matter relating to the Project or the LOA or the Agreement, who at any time has been or is a legal, financial or technical adviser the State Government in relation to any matter concerning the Project;
- 2) "Fraudulent practice" means a misrepresentation or omission of facts or suppression of facts or disclosure of incomplete facts, in order to influence the Selection Process;
- 3) "Coercive practice" means impairing or harming, or threatening to impair or harm, directly or indirectly, any person or property to influence any person's participation or action in the Selection Process or the exercise of its rights or performance of its obligations by the State Government under the Agreement;
- 4) "Undesirable practice" means (i) establishing contact with any person connected with or employed or engaged by the State Government with the objective of canvassing, lobbying or in any manner influencing or



attempting to influence the Selection Process; or (ii) having a Conflict of Interest; and

- 5) "Restrictive practice" means forming a cartel or arriving at any understanding or arrangement among Applicants with the objective of restricting or manipulating a full and fair competition in the Selection Process.

c. Confidentiality:

- 1) All attached documents, provided by the State are and shall remain or becomes the property of the State and are transmitted to the Bidders solely for the purpose of preparation and the submission of a Bid. Bidders are to treat all information as strictly confidential and shall not use it for any purpose other than for preparation and submission of their Bid. The provisions of this Clause shall also apply *mutatis mutandis* to Bids and all other documents submitted by the Bidders, and the State will not return to the Bidders any Bid, document or any information provided along therewith.
- 2) Information relating to the examination, clarification, evaluation and recommendation for the Bidders shall not be disclosed to any person who is not officially concerned with the process or is not a retained professional advisor advising the State in relation to or matters arising out of, or concerning the Bidding Process. The State will treat all information, submitted as part of the Bid, in confidence and will require all those who have access to such material to treat the same in confidence. The State may not divulge any such information unless it is directed to do so by Applicable Laws or judicial or administrative or arbitral process or by any governmental instrumentalities or any statutory entity that has the power under law to require its disclosure or is to enforce or assert any right or privilege of the statutory entity and/ or the State or as may be required by law or in connection with any legal process, provided that for any such disclosure, the Bidder shall give the Authority, prompt written notice, to ensure that such disclosure is accorded confidential treatment.

d. Insurance Company's actions requiring the State's prior approval:

The Insurance Company shall obtain the State's prior approval in writing before taking any of the following actions:

- 1) entering into a subcontract for the performance of any part of the Services, it being understood
 - a) that the selection of the Sub-Consultant and the terms and conditions of the subcontract shall have been approved in writing by the State Government prior to the execution of the subcontract, and



b) that the Insurance Company shall remain fully liable for the performance of the Services by the Sub-Consultant and its Personnel pursuant to the Agreement; or

2) Any other action that is specified in the Agreement.

e. Providing access to State's Officials to Project Office:

The Insurance Company shall ensure that the State, and officials of the State having authority from the State, is provided unrestricted access to the Project Office and to State's Officials during office hours. The State's official, who has been authorized by the State in this behalf, shall have the right to inspect the Services in progress, interact with Personnel of the Insurance Company and verify the records relating to the Project for his / her satisfaction.

f. Accuracy of Documents:

The Insurance Company shall be responsible for accuracy of the data collected by it directly or procured from other agencies/authorities, the designs, estimates and all other details prepared by it as part of these services. It shall indemnify the State against any inaccuracy in its work which might surface during implementation of the Project, if such inaccuracy is the result of any negligence or inadequate due diligence on part of the Insurance Company or arises out of its failure to conform to good industry practice. The Insurance Company shall also be responsible for promptly correcting, at its own cost and risk, the estimates, other details including any re-survey if need be.

XXV. Liquidated damages and penalties:

a. Performance Security

1) The Insurance Company shall be required to deposit before signing of the agreement, 10% of the total value of contract as Performance Bank Guarantee, payable to the Arunachal Pradesh Health Insurance Society for and behalf of the Secretary Health & Family Welfare, Government of Arunachal Pradesh, valid for the entire period of the contract.

b. Liquidated Damages

1) Liquidated Damages for error / variation:

In case any error or variation is detected in the reports submitted by the Insurance Company and such error or variation is the result of negligence or lack of due diligence on the part of the Insurance Company, the consequential damages thereof shall be quantified by the State in a reasonable manner and recovered from the Insurance Company by way of deemed liquidated damages.

2) Encashment and appropriation of Performance Security:

The State shall have the right to invoke and appropriate the proceeds of the Performance Security, in whole or in part, without notice to the



Insurance Company in the event of breach of this Agreement or for recovery of liquidated damages.

c. Penalty for deficiency in Services:

In addition to the liquidated damages not amounting to penalty, warning may be issued to the Insurance Company for minor deficiencies on its part. In the case of significant deficiencies in Services causing adverse effect on the Project or on the reputation of the State, other penal action including debarring for a specified period may also be initiated as per policy of the State.

- i. Deficiency in services – Failure to provide services as required by terms of Scheme in the tender document will attract penalty as may be determined by APHIS subject to the minimum of five times the amount of the expenditure incurred by the Government or beneficiary due to non compliance.
- ii. Non adherence of time line - Failure to adhere to Activity Chart as per the Annexure A in GO will attract the Penalty as may be determined by the Arunachal Pradesh Health Insurance Society (APHIS) subject to maximum of one percent of premium payable for each occasion.
- iii. Failure to settle claims within a week from the time of submission will attract the Penalty of payment of expenditure incurred by the hospital towards the treatment with interest.

3. The Director of Health Services, Govt. of Arunachal Pradesh will float nationwide open Bid through advertisement for inviting bids from Insurance Companies interested in implementing the Scheme. The bidder should be an Insurance Company authorized to conduct the business of Health Insurance by the Insurance Regulatory and Development Authority (IRDA). The agreement will be in force for a period of 5 years from the date of commencement of the Scheme, subject to annual renewal and extendable by one more year beyond 5 years with mutual consent. The renewal on yearly basis will be based on currency of IRDA license and a review of performance.
4. The amount for the scheme shall be allocated under the Annual Operating Plan, as approved by the State Government.
5. The Scheme shall commence on a date to be notified.
6. The Government shall constitute a State Empowered Committee under the Chairmanship of Development Commissioner Finance to Govt. of Arunachal Pradesh with the following members to process and finalize the bid/tender, give approval for various procedures, review the implementation of Insurance scheme periodically and to provide operational guidelines for implementation of the scheme whenever required.



1.	Development Commissioner Finance Govt. of Arunachal Pradesh	Chairperson
2.	Commissioner/Secretary Rural Development	Member
3.	Secretary (Labor & Employment)	Member
4.	Commissioner/Secretary (Personnel)	Member
5.	Commissioner/Secretary (WCD/SJE & TA)	Member
6.	Commissioner/Secretary (Planning)	Member
7.	Commissioner/Secretary Health & FW	Member
8.	Director Health Services	Member Secretary

This issues with the approval of competent authority.

(Indra Mallo) IAS
Secretary (Health & F.W.)
Govt. of Arunachal Pradesh
Itanagar.

Memo No.MED/AYUSH/004/2013/Pt.IV

Dated Itanagar, the 28/10/2013.

Copy to :-

- (1) The Commissioner to H.E. Governor of Arunachal Pradesh.
- (2) PPS to Hon'ble Chief Minister, Arunachal Pradesh, Itanagar.
- (3) PS to Hon'ble Health Minister, Arunachal Pradesh, Itanagar.
- (4) PS to Hon'ble Parliamentary Secretary(Health & FW), Arunachal Pradesh.
- (5) PS to All Hon'ble Ministers, Arunachal Pradesh, Itanagar.
- (6) PS to All Hon'ble Parliamentary Secretaries, Arunachal Pradesh, Itanagar.
- (7) PS to Chief Secretary, Govt. of Arunachal Pradesh, Itanagar.
- (8) All Commissioners and Secretaries, Govt. of Arunachal Pradesh, Itanagar.
- (9) The Director of Health Services, Arunachal Pradesh, Naharlagun.
- (10) All Deputy Commissioners/District Medical Officers, Arunachal Pradesh.
- (11) The Director IPR, for wide circulation.
- (12) The Director Printing with a request to published in extra ordinary Gazette.
- (13) Office copy / Spare copy.

(Takir Nyicyor)
Deputy Secretary(Health & F.W.)
Govt. of Arunachal Pradesh, Itanagar.