



क.रा.बी.नि.  
E.S.I.C.

कर्मचारी राज्य बीमा निगम  
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)  
EMPLOYEES' STATE INSURANCE CORPORATION  
(Ministry of Labour & Employment, Govt. of India)



सत्यमेव जयते

मुख्यालय  
Headquarters  
पंचदीप भवन सी०आई०जी रोड, नई दिल्ली-110002  
PANCHDEEP BHAWAN, C.I.G. MARG, NEW DELHI-110 002  
Phone: 011-23604700 Email: dir-gen@esic.nic.in  
Website: www.esic.nic.in / www.esic.in

No. U/160/2024-MED-I-Part(1)

Date : 21.02.2025

To,

All Medical Commissioner (Zonal Offices), ESI Corporation  
All Insurance Commissioner (Zonal Offices), ESI Corporation  
All DIMS, ESI Scheme, ESI Scheme  
All Regional Directors, ESI Corporation

**Subject** : Policy document for the provision of Medical Services to ESIC beneficiaries in non-implemented, partially implemented districts and Un-served Areas through state PHCs and CHCs.

Madam / Sir,

With reference to above cited subject, it is to inform that the In-principal approval on the policy for provision of Medical Services to ESIC beneficiaries in non-implemented, partially implemented districts and Un-served Areas through state PHCs and CHCs has been accorded by the Chairman, ESI Corporation.

The policy document (copy enclosed) is being circulated for necessary action.

This issues with the approval of Competent Authority.

Regards,

**Encl. As above**

Digitally signed by  
**Digvijay Prasad Sinha**  
Joint Director  
21-02-2025  
16:04:58

**Copy to :**

1. All Divisional Heads, Hqrs. Office, ESI Corporation
2. Website Content Manager, with request to upload on ESIC website

**Policy document for the provision of Medical Services to ESIC beneficiaries in non-implemented, partially implemented districts and Un-served Areas through state PHCs and CHCs**

**A. Overview**

Section 58(1) of the ESI Act, 1948 mandates that the State Government shall provide reasonable medical care to Insured Persons (IPs) and their families, ensuring access to necessary medical, surgical, and obstetric treatment. Based on recent consultations and deliberations, a series of recommendations have emerged aimed at strengthening the delivery of primary care through Primary Health Centres (PHCs) and Community Health Centres (CHCs) of respective State Governments in non-implemented/Un-served areas or areas lacking sufficient ESI/ESIC dispensaries or other medical arrangements.

**B. Current Norms for the establishment of PHCs/CHCs:**

The existing norms of IPHS for setting up of PHCs/ CHCs are as under:

- i.) A PHC in rural areas is to be established for a population of 20,000 (in hilly and tribal areas) and 30,000 (in plains). It should be established as a co-terminus with Panchayats (depending upon the population) to establish effective convergence and linkages with citizen-centric services.
- ii.) In urban areas norms for establishing PHCs shall be different from those in rural areas. UPHCs are established for every 50,000 populations, and in close proximity to urban slums. Multispecialty Polyclinics provide specialist healthcare services to a population of 2.5 to 3 lakhs, encompassing the catchment population of 5-6 UPHCs, depending upon geographic location, population density, available infrastructure, etc.
- iii.) **Non-FRU CHCs (rural):** Non-FRU CHCs are those that provide essential services including preventive, promotive, curative, palliative, and rehabilitative services etc. Curative services include normal delivery, stabilization of common emergencies, etc. Non-FRU CHCs in rural areas will have 30 essential beds.
- iv.) **FRU CHCs (rural and urban):** FRU CHCs, in addition to the above services, provide specialized care that can be rendered through specialists (physicians, surgeons, obstetricians, pediatricians, and anesthesiologists) and the accompanying infrastructure (functional operation theatre and blood storage unit). Both elective and emergency surgical services of secondary-level care shall be provided.

- v.) Community Health Centre in rural areas (CHC) is to be established for a population norm of 80,000 (in hilly and tribal areas) and 1,20,000 (in plains). To establish effective convergence and linkages with citizen centric services, a CHC should be established at the Community Development Block/Taluka/Tehsil/Circle Level.
- vi.) The Community Health Centre in urban areas (UCHC) is set up as a secondary care referral Centre in metro cities with a population of 5 lakhs and above and population of 2.5 lakh in non-metro cities.

### **C. Present Status:**

- i.) **Diverse Conditions of PHCs and CHCs:** There is a disparity in the quality of healthcare services provided by PHCs and CHCs across States including IT implementation. Some regions have well-functioning centres, while others face severe shortages of doctors and resources.
- ii.) **Consultation with respective State Government:** Any such arrangement will involve consent of the respective State Government along with their financial implications for such a system to be operationalized.
- iii.) **Key requirement from the PHC/CHC for ESIC:** As per agreement with the State the ESIC beneficiaries may utilise Primary or Primary and Secondary medical services. However, it is desired that ESIC should seek agreement with State for provision of comprehensive Primary and Secondary medical services for its beneficiaries. The Primary and Secondary medical services shall essentially be defined as medical care in respect of ESI-insured persons for the following:
  - i. **Primary Care**—The primary medical care in respect of the ESI Insured Persons/Families shall essentially include:
    - a) OPD consultation
    - b) Medical Investigations (Diagnostic Services including Lab Investigations)
    - c) Pharmacy
    - d) Medical Certification for Cash Benefits (only at notified CHCs/PHCs for this purpose)
  - ii. **Secondary Care**- The secondary medical care, diagnostic (Including Lab investigations) with medicines, will be provided through CHC by the State Govt. and ESIC/ ESIS hospitals, as per the nearest availability. Secondary Medical Care shall include the issue of the regulation certificate as well in notified PHCs/CHCs.

If secondary care is not available in the above facilities, it will be provided through PMJAY/CGHS empaneled tie-up hospitals (As per ESIC referral policy).

Therefore, the PHCs/CHCs shall have to adhere to the above-mentioned basic functions of the ESI Scheme.

## **D. Modalities for Implementation**

### **1. Assessment and Mapping**

- i.) The concerned RD in collaboration with the Zonal MC will conduct a detailed assessment of existing healthcare infrastructure in newly implemented, non-implemented and unserved areas where the system of medical care through PHC/CHC is to be given.
- ii.) The Regional Director will also assess the no. of PHCs/CHCs to be notified for providing Medical Care and issue of the Regulation Certificates to the Beneficiaries.
- iii.) The Regional Director will collaborate with the concerned State Govt. to gather qualitative data on PHCs and CHCs, including staff strength, available medical facilities, status of IT implementation in such PHCs/CHCs and to assess the requirement of IT infrastructure.
- iv.) The concerned Regional Directors shall map the area with high concentrations of the Insured Persons (IPs) to prioritize the locations that shall be required to be notified for dispensing primary medical care on behalf of ESIC through the PHCs/CHCs.
- v.) In order to provide hassle-free services to the IP/Beneficiary and to avoid traveling long distances to avail the health facilities, the IP Cluster should not exceed 8-10 km from the PHC/CHC. The Regional Director will have the discretion to notify CHCs/ PHCs for treatment/certification at his own discretion based on the assessment of local conditions.
- vi.) Once the PHCs and CHCs are notified, then based on the notification the patients will be entitled to Medical Care as well as certifications from such notified PHCs/ CHCs.
- vii.) The consultations and treatment may be availed from any of the PHCs/CHCs but the regulation certificates may be issued from the identified CHCs or PHCs only.

**2. Facilities to be provided at the CHCs/ PHCs to the ESIC Insured Persons/Families (as per agreement with the State):**

**a.** The State Government shall provide medical care to the ESI Insured Person/families as under: -

**i. Primary Care:** The primary medical care in respect of the ESI Insured Persons/Families shall essentially include:

- a. OPD consultation
- b. Medical Investigations (Diagnostic Services including Lab Investigations)
- c. Pharmacy
- d. Medical Certification for Cash Benefits (only at notified CHCs/PHCs for this purpose)

**ii. Secondary Care:** The secondary medical care, diagnostic (Including Lab investigations) with medicines, will be provided through CHC by the State Govt. and ESIC/ ESIS hospitals, as per the nearest availability. Secondary Medical Care shall include the issue of the regulation certificate as well in notified PHCs/CHCs.

If secondary care is not available in the above facilities, it will be provided through PMJAY/CGHS empaneled tie-up hospitals (As per ESIC referral policy).

**iii. Tertiary Care:** Tertiary care will be provided through ESIC / ESIS Hospital and PMJAY/CGHS empaneled tie up hospitals. (As per ESIC referral policy)

**b.** The medical care will be provided through above modalities till development of required infrastructure by ESIC/ESIS.

**c.** The State Govt. has to arrange for additional doctors or staff and infrastructure in case the patient load in CHC/PHC in more than the ESIC norms.

**d.** CHC/PHC will participate in all ESIC-run health programs.

**e. Referral** – If on examination it is felt that the patient is in need of Secondary/ Tertiary referral and the same is not available in the nearby CHCs, then the referral will be made by the PHC to the nearest ESIS/ ESIC Hospital. However, if no such ESIC/ESIS facility is available within 50 Km of the IP residence, then the IP/Beneficiary may be referred to the nearest CHC for further referral to PMJAY empanelled Hospital if notified by the Regional Director for this purpose.

For Secondary health care services when States have not included in MoU as part of the services referral to PMJAY empanelled hospital will be in accordance para as above, the bills shall be paid by the ESI Corporation through the Regional Director of the State.

- f. Certification** – The regulation certificate to avail cash benefits will be issued online in the Dhanwantri Module by the medical officer of the allocated PHC / CHC.
- g.** In case of shortage / non-availability of the prescribed medicines / diagnostics at the CHCs/PHCs, the DIMS (Director Insurance Medical Scheme)-ESIS, shall empanel Jan-Aushadhi stores / registered chemist/ registered diagnostic centres for cashless provision of diagnostics and Medicines to the IPs/Beneficiaries.

If PHCs/CHCs prescribed diagnostics and medicines are purchased by the IPs/Beneficiaries due to non-empanelment of such services, then the DIMS shall reimburse such bills and the payment shall be covered under the stipulated payment to States, as provisioned in the policy. If need be, ESIC can also provide technical support for empanelment process.

### **3. Provision of ESIC Mitra at Notified PHCs/CHCs**

- i)** To facilitate deliverance of quality health care to the beneficiaries of the Corporation and the hassle-free issue of regulation certificates to the IPs, the Regional Director will hire “ESIC Mitra (ESIC-M)” through tender process on a contractual basis every year (Third Party/Direct). The hiring through Service Provider Shall be for hiring of manpower as well was hardware (Laptop for manpower) including data connectivity for the supplied manpower.
- ii)** The decision for placement of ESIC Mitra (ESIC-M) should be on the number of IPs attached to a particular PHC/CHC and unless absolutely essential (example Proximity of a PHC to an industrial cluster), ESIC Mitra should be placed at CHCs only.
- iii)** However, it is to be ensured that if a PHC/CHC is having more than 1000 IPs attached to it, placement of ESIC Mitra would be mandatory. However, the Regional Director of the concerned state in consultation with the Insurance Commissioner – Zonal Office shall be the final authority in deciding the placement requirement of the ESIC Mitra for any particular CHC or PHC as per the local requirement.
- iv)** The expenditure incurred on hiring of ESIC Mitra and provision of IT hardware to him/her shall be borne by the ESIC only.

- v) The ESIC Mitra should be having minimum qualification of 10+2 from a recognized institution.
- vi) The ESIC-M should be proficient in local language – both in communication and writing.
- vii) ESIC-M should have basic proficiency in computer operations. The monthly remuneration of ESIC-M including fixed components should not be less than the minimum wages in the State as prescribed by the Minimum Wages Act for the concerned category of employee.
- viii) ESIC-M should have the basic knowledge of ESIC guidelines, Service Protocols and the Dhanwantri system for registration and certifications.
- ix) The Regional Director (through SMO) may co-ordinate with the ICT Division for training of the ESIC-M for training on certification modules/online P-1(referral form) generation and general operation of the Dhanwantri Module so that he can assist the staff at the PHCs/CHCs in smooth deliverance of services to the beneficiaries of the Corporation.
- x) The ESIC Mitra will be placed at Notified PHCs and CHCs as per the assessment of the Regional Director based on requirements (issue of regulation certificate/IP attached/referral needs/secondary care center (CHC) etc.
- xi) The attendance of the ESIC-M shall be provided by the Medical Office In-charge of the CHC PHC, where the ESIC-M is deployed and shall be sent to the Regional Director of the State, each month. The attendance as far as possible may be done through BAS if the infrastructure is available.

**4. The role and responsibility of the ESIC Mitra will be broadly (but not restricted to) as under:**

**a) Registration and Verification**

- Facilitate the verification of beneficiaries using the ESIC database to confirm their eligibility for services on the IP Portal "Panchdeep", the IT project of the ESIC.
- Assisting the IPs in the issue of regulation certificates by the Medical Officers from the notified PHCs/CHCs.
- Assisting with registration processes for new or visiting beneficiaries at PHCs/CHCs.
- Coordinating between ESIC and notified PHCs/CHCs to get the Medical Officers registered at the Dhanwantri Module for the issue of the regulation certificate and patient referral to the PMJAY empanelled Hospitals as notified by the concerned Regional Office.

**b) Coordination with ESIC Network and PMJAY empanelled Hospital.**

- Act as a liaison between the PHCs/CHCs and ESIC dispensaries, hospitals, or other empanelled facilities.
- Ensure timely referrals for cases requiring specialized care or treatment beyond the capacity of PHCs/CHCs.
- Assist the Medical Officer at the notified CHCs in the generation of the online referral form (P-1 form) of ESIC at the Dhanwantri Module and its approval by the Senior most Officer/Designated Officer for referral to the PMJAY empanelled Hospital.

**c) Grievance Redressal**

- Assist in the resolution of the grievances of beneficiaries by discussing with the local authority of the CHCs/PHCs related to healthcare services.
- Escalate unresolved issues to higher ESIC authorities or Nodal officers to ensure timely redressal.

**d) Awareness and Outreach**

- Conduct awareness sessions or disseminate information about ESIC services, benefits, and rights to beneficiaries visiting the PHCs/CHCs.
- Promote the use of ESIC dispensaries, tie-up hospitals, and ensure beneficiaries understand the referral process.

**e) Monitoring and Feedback**

- Maintain records of beneficiaries served, types of services accessed, and referrals made.
- Provide regular feedback to ESIC authorities on the functioning of PHCs/CHCs, including gaps in service delivery, beneficiary challenges, and potential improvements.

**f) IT System Support**

- Use ESIC's digital platforms to facilitate real-time beneficiary verification
- Assist beneficiaries in accessing online resources like the ESIC portal or mobile apps for service information and claim status updates.

**g) Coordination with Local Authorities**

- Work in collaboration with PHC/CHC staff, state health departments, and ESIC officials to ensure seamless integration of ESIC beneficiaries into the healthcare system.
- Provide inputs for capacity building and process improvement at the PHC/CHC level.



#### **h) Role in Public Health Initiatives**

- Support PHCs/CHCs in implementing public health programs by coordinating the inclusion of ESIC beneficiaries in state or national health campaigns.
- Facilitate vaccinations, screenings, and health check-ups for insured persons and their families

### **5. Integration of IT Systems:**

- i.) ESIC will develop IT solutions based on the level of IT implementation in the respective State Government to integrated IT platform that connects PHCs/CHCs with ESIC databases for real-time service delivery and certification processes.
- ii.) In case of non-availability of IT integration, the deployed manpower by ESIC (ESIC Mitra) will be provided with a dedicated PC/laptop at PHCs/CHCs for delivery of efficient medical services to the beneficiaries.

### **6. Patient Registration and Certification Process:**

- i.) All registration to be done through the Dhanwantri module/ State IT platform as far as possible.
- ii.) All issues of regulation certificates to be done as far as through the Dhanwantri Module.
- iii.) Identified/notified PHCs/CHCs decided based on IP cluster for the issuance of medical certificates to smoothen the process of issuing the Certificates to the IPs.
- iv.) The number of PHCs/CHCs which are to be notified for issuance of **Certificates** shall be as under: -
  - a) All the IPs residing within the jurisdiction of a PHC/CHC shall be tagged with that particular PHC/CHC. However, In the case where the number of IPs residing within the jurisdiction of a particular PHC/CHC is nearing 3000, then the Regional Director may take decision for the opening of an ESI Dispensary in the area so that the health requirements of the IPs/Families can be comprehensively addressed by the ESI System.
  - b) As far as possible, the distance of notified PHC/CHC should not exceed 8-10 Kms from the IP Cluster.

- c) The concerned Regional Directors may make additional arrangements with more PHC/CHC on a need basis in consultation of Zonal Insurance Commissioners.

**7. Collaboration with State Governments and Provision of expenditure incurred on availing Health Care Services by ESIC IPs/Families through PHCs/CHCs:**

- i) It is imperative to onboard the concerned State Governments to integrate ESI services with the healthcare services of the State. Accordingly, the concerned RD in consultation with the Zonal Medical Commissioner shall discuss the proposal and modalities/requirements with the State Government and seek consent for the arrangement of the provision of Medical Services to the beneficiaries of the Corporation in the partially implemented/non-implemented/Unserved districts of the State.
- ii) Once the consent of the State is obtained, the consolidated proposal shall be submitted to the ESIC HQ for necessary approval.
- iii) Once the proposal is approved, the Regional Director shall enter into a MoU with the State for provision of the Primary/Secondary medical care and Certifications to the IPs/Families of the ESI in such districts wherein the number of PHCs/CHCs is deemed adequate based on the qualitative and quantitative need/gap analysis of the health care requirement of the beneficiaries of ESI and State Health infrastructure available in the districts under consideration.
- iv) The districts for which MoU has been entered into with the State Government by ESIC shall be notified as fully implemented districts.
- v) The beneficiaries of ESI Scheme are paying contributions whereas general public accessing the General Health System is not paying such a contribution. The ESI Dispensaries are meant only for the ESIC beneficiaries. With a view to encourage IPs to availing of Primary and Secondary healthcare at notified PHCs/CHCs, dedicated access in the form of separate registration counters and que, where possible may be installed.
- vi) The notified PHCs/CHCs require to have well-lit and bi-lingual signages at such counters for ease of availing healthcare by the beneficiaries at such facilities.
- vii) The Primary/Secondary health care under the ESIC Scheme is required to be provided to IPs on cashless basis. It includes conduct of investigations and supply of drugs; as being offered in the normal course of PHC/CHC Services.

viii) The State Health Department shall ensure availability of essential drugs as identified by the State Health Authorities and ESIC.

**8. Sharing of Responsibilities and Cost:**

A. Under the arrangement of provision of health services to the ESIC beneficiaries through the State PHCs/CHCs.

B. A lump sum payment of Rs.650/- per IP Family unit per annum for Primary care and Rs. 1000/- per IP Family unit per annum for combined Primary and Secondary care to the State will be paid as per the OAP calendar on the basis of tagged IPs/Family units to the PHCs /CHCs. No other payment on medical expenditure/IP will be paid to the State under the On-Account Payment system for the IP covered under these newly notified non-implemented and partially implemented districts providing health facilities through state PHCs and CHCs.

9. As per existing provisions, all expenditure on the ESI scheme in newly implemented for 3 years is fully borne by ESIC.

**10.Payment to the States on account of Primary/Secondary healthcare and Certification Services provided to the ESI Beneficiaries: -**

**10.1 Primary Care Services Only:** The State will be paid @ 650 per IP Family Unit per Annum through On Account Payment System. No other payment on medical expenditure/IP will be paid to the State under the On-Account Payment system for the IP covered under these newly notified non-implemented and partially implemented districts providing health facilities through state PHCs and CHCs.

**10.2 Primary and Secondary Care:** The States to be paid @ Rs 1000/- per IP Family Unit per Annum through On Account Payment System. The payment shall be through the at present prevailing system of on-account payment. No other payment on medical expenditure/IP will be paid to the State under the On-Account Payment system for the IP covered under these newly notified non-implemented and partially implemented districts providing health facilities through state PHCs and CHCs.

**10.3** The payment to the States for Primary health care / Combined Primary & Secondary health care shall be for the additional / exclusive services, to be provided by the State to the ESI Beneficiaries which shall include (but not restricted to) services like referral services, separate line for registration, space and utilities to ESIC Mitra, Issue of regulation certificates for Cash Benefits and use of the Dhanwantri application of ESIC for registration etc., handling of grievances,

referral to ESI / PMJAY empanelled Hospitals, reimbursement of bills for purchase of Medicines/Diagnostics by the IP/Beneficiary, not available at the PHCs/CHCs etc.

**10.4** The choice of Model i.e. either providing Primary health care or combined Primary & Secondary health care shall be applicable for the entire state and not location / district specific. No piece-meal selection of healthcare model shall be allowed to the State.

**11.** The registration of the IP & beneficiary should only be through Dhanwantri Module of ESIC and not through the state system.

**12. Publicity and Information:** The ESIC shall coordinate with the State Government and concerned PHCs/CHCs for providing space and installation of ESIC signages/display boards at entrance and designated counters including display of IEC material for identification and spreading of awareness amongst the staff and ESI Beneficiaries. The signage cost may be borne by the ESI Corporation.

**13. Privacy:** The State shall respect the privacy / data privacy rights of the ESI IPs/Beneficiaries that is accessible to the State health facilities, while using the Dhanwantri application of ESIC. All data of ESIC IPs and Beneficiaries is to be considered confidential and may not be shared to any Agency (Govt. / Private) without explicit consent of ESIC. Penalty imposed on the State Govt., by any court of law, due to breach of data privacy at their end, shall be the responsibility of the State.

**14. Referral for Secondary or Tertiary medical care:**

- i.) If on examination it is felt that the patient is in need of Secondary/ Tertiary referral and the same is not available in the nearby CHCs, then the referral will be made by the PHC to the nearest ESIS/ ESIC Hospital. However, if no such ESIC/ESIS facility is available within 50 Km of the IP residence, then the IP/Beneficiary may be referred to the nearest CHC for further referral to PMJAY empanelled Hospital if notified by the Regional Director for this purpose.
- ii.) The secondary and tertiary care will be made available through ESIC tie-up hospitals with State Government Scheme where the hospital under AB-PMJAY is not available.

## **15.Special Considerations for North East/Hilly Areas**

- i.)** Need for flexibility in the norms for number of IPs required for dispensaries in hilly or difficult-to-access areas based upon the regional needs to be assessed by the concerned Regional Directors and the Zonal Medical commissioner will approve such relaxations needed in the specific conditions.
  - ii.)** The Zonal Commissioner will submit proposal for relaxation to the Competent Authority to relax the conditions as per local needs in individual cases.
  - iii.)** In case of any clarification or interpretation of the provisions of the policy related to the medical services and certification, the Medical Services Division and the Benefit Division, ESIC Hqrs, shall be the respective final authority.
- 16.** The proposed arrangement of the Primary/Secondary Medical Care through PHC/CHC will continue till the ESIC makes its own arrangement on the basis of prescribed norms.
- 17.** The implementation and monitoring of the Policy shall be the responsibility of the Regional Director of the concerned State under the supervision of Insurance Commissioner – Zonal Office and the Medical Commissioner – Zonal Office (for respective components of the Policy).
- 18.** The DIMS/State shall submit an annual expenditure & utilization statement for the payment made to the State under this policy. The statement shall form part of the expenditure & utilization certificate submitted annually by the DIMS along with the On Account Payment (OAP) expenditure of the State. **(Copy enclosed at Annexure- “B”)**
- 19.** The draft of Indicated MoU is enclosed as “Annexure – A” to this report. The MoU is not exhaustive and additional terms and conditions as per discussion with the state authorities and in the interest of the ESI Beneficiaries may be included in the MoU to be signed with the state by the Regional Offices in consultation with the Medical Commissioner – Zonal Offices and Insurance Commissioner – Zonal Office.

**DRAFT AGREEMENT BETWEEN THE EMPLOYEES' STATE INSURANCE CORPORATION AND DEPARTMENT OF HEALTH, GOVERNMENT OF..... FOR INTEGRATION OF STATE PRIMARY HEALTH CENTRES (PHCs) AND COMMUNITY HEALTH CENTRES (CHCs) AS ESIC DESIGNATED DISPENSARIES/HOSPITALS FOR THE INSURED PERSONS**

This Agreement is entered on this.....day of..... (Month).....(Year), on behalf of the **The Employees' State Insurance Corporation** represented by the Regional Director, being a Corporation established under the Employees State Insurance Act, 1948 (hereinafter called "**The Corporation**").

And **The Government of .....** through the Secretary, Department of Health (hereinafter called as the "**State Government**").

Whereas the ESI Corporation has surveyed a large number of areas where a good number of workers are eligible to be covered under the ESI Scheme (The beneficiaries under the ESI Scheme hereinafter are called the IPs).

And whereas before potential IPs are actually covered under the ESI Scheme, the State Government is required to provide primary and secondary health care facilities in such areas for the exclusive use of the IPs.

And whereas as per **Section 58/1 of the ESI Act, 1948**, the State Governments shall provide for insured persons and (where such benefit is extended to their families) their families in the State reasonable medical, surgical and obstetric treatment.

However, the State Government, at times, face difficulty in providing much primary/secondary/ health care facilities in areas where adequate number of IPs are not available to justify setting up of primary/secondary health care facilities exclusively for the IPs.

And whereas the Corporation and the State Government recognize that there is considerable scope of cooperation/synergy between the general health system of the State and the health system under the ESI Scheme.

And whereas an agreement is required to be entered into between **the Corporation** and the **State Government** in regard to the nature, extent and modalities of cooperation/synergy, and the agreement on the cost thereof between the Corporation and the State Government.

**THEREFORE, IN CONSIDERATION OF THE MUTUAL COVENANT AND OBLIGATIONS BY THE CORPORATION AND THE STATE GOVERNMENT HERETO IT IS AGREED THAT THIS DEED IS WITNESSED AS UNDER**

**1. Assessment and Mapping: -**

- i) The Regional Director of the State in collaboration with the Medical Commissioner – Zonal Office, will conduct a detailed assessment of existing health care infrastructure in new implemented areas, non-implemented and unserved areas with necessary support from State.
- ii) The collaboration with State will involve gathering of qualitative data on PHCs and CHCs, including staff strength, available medical facilities and status of IT implementation in such PHCs/CHCs and also assess the no. of PHCs/CHCs to be notified for providing Medical Care and issue of the Regulation Certificates to the Beneficiaries.
- iii) The Regional Director shall map areas with a high concentration of Insured Persons (IPs) to prioritize the locations, which shall be required to be notified for dispensing primary medical care on behalf of ESIC through PHCs/ CHCs.
- iv) Gaps in infrastructure for Primary/ Secondary care will be identified and consultation will be done with the State for agreement on notifying certain identified PHC/ CHCs for providing primary care to the IPs / families of ESIC.
- v) In order to provide hassle-free services to the IP/Beneficiary and to avoid traveling long distances to avail the health facilities, the IP Cluster should not exceed 8-10 km from the PHC/CHC. The Regional Director will have the discretion to notify CHCs/ PHCs for treatment/certification at his own discretion based on the assessment of local conditions.
- vi) Once the PHCs and CHCs are notified, then based on the notification the patients will be entitled to Medical Care as well as certifications from such notified PHCs/ CHCs.
- vii) The consultations and treatment may be availed from any of the PHCs/CHCs but the regulation certificates may be issued from the identified CHCs or PHCs only.

**2. Facilities to be provided by the State Government at the CHCs/ PHCs to the ESIC Insured Persons/Families:**

The State Government shall provide medical care to the ESI Insured Person/families as under **(to be amended as per agreement with the State**

**Government i.e. For Primary Care or Primary and Secondary Care): -**

**i) Primary Care:** The primary medical care in respect of the ESI Insured Persons/Families shall essentially include:

- a. OPD consultation
- b. Medical Investigations (Diagnostic Services including Lab Investigations)
- c. Pharmacy
- d. Medical Certification for Cash Benefits (only at notified CHCs/PHCs for this purpose)

**ii) Secondary Care- Secondary Care:** The secondary medical care, diagnostic (Including Lab investigations) with medicines, will be provided through CHC by the State Govt. and ESIC/ ESIS hospitals, as per the nearest availability. Secondary Medical Care shall include the issue of the regulation certificate as well in notified PHCs/CHCs.

If secondary care is not available in the above facilities, it will be provided through PMJAY/CGHS empaneled tie-up hospitals (As per ESIC referral policy).

**iii) Tertiary Care –** Tertiary care will be provided through ESIC / ESIS Hospital and PMJAY/CGHS empaneled tie up hospitals. (As per ESIC referral policy)

- a. The medical care will be provided through above modalities till development of required infrastructure by ESIC/ESIS.
- b. The State Govt. has to arrange for additional doctors or staff and infrastructure in case the patient load in CHC/PHC in more than the ESIC norms.
- c. CHC/PHC will participate in all ESIC-run health programs.

**iv) Referral –** If on examination it is felt that the patient is in need of Secondary/ Tertiary referral and the same is not available in the nearby CHCs, then the referral will be made by the PHC to the nearest ESIS/ ESIC Hospital. However, if no such ESIC/ESIS facility is available within 50 Km of the IP residence, then the IP/Beneficiary may be referred to the nearest CHC for further referral to PMJAY empanelled Hospital if notified by the Regional Director for this purpose.

For Secondary health care services when States have not included in MoU as part of the services referral to PMJAY empanelled hospital will be in accordance para as above, the bills shall be paid by the ESI Corporation through the Regional Director of the State.

**v) Certification –** The regulation certificate to avail cash benefits will be as far as



possible issued online in the Dhanwantri Module by the medical officer of the allocated PHC / CHC.

- vi) In case of shortage / non-availability of the prescribed medicines/diagnostics at the CHCs/PHCs, the DIMS (Director Insurance Medical Scheme)-ESIS, shall empanel Jan-Aushadhi stores / registered chemist/ registered diagnostic centres for cashless provision of diagnostics and Medicines to the IPs/Beneficiaries. If PHCs/CHCs prescribed diagnostics and medicines are purchased by the IPs/Beneficiaries due to non-empanelment of such services, then the DIMS shall reimburse such bills and the payment shall be covered under the stipulated payment to States, as provisioned in the policy. If need be, ESIC can also provide technical support for empanelment process.

### **3. Provision of ESIC Mitra at Notified CHCs/PHCs**

1. To facilitate deliverance of quality health care to the beneficiaries of the Corporation and the hassle-free issue of regulation certificates to the IPs, the Regional Director will place “ESIC Mitra (ESIC-M)” at certain PHCs/CHCs as per agreed policy of ESIC.
2. The expenditure incurred on hiring of ESIC Mitra and provision of IT hardware to him/her shall be borne by the ESIC only.
3. ESIC-M should have the basic knowledge of ESIC guidelines, Service Protocols and the Dhanwantri system for registration and certifications.
4. The attendance of the ESIC-M shall be provided by the Medical Office In-charge of the CHC PHC, where the ESIC-M is deployed and shall be sent to the Regional Director of the State, each month.

### **4. The role and responsibility of the ESIC Mitra will be broadly (but not restricted to) as under:**

#### **i. Registration and Verification**

1. Facilitate the verification of beneficiaries using the ESIC database to confirm their eligibility for services on the IP Portal "Panchdeep", the IT project of the ESIC.
2. Assisting the IPs in the issue of regulation certificates by the Medical Officers from the notified PHCs/CHCs.
3. Assisting with registration processes for new or visiting beneficiaries at PHCs/CHCs.
4. Coordinating between ESIC and notified PHCs/CHCs to get the Medical Officers registered at the Dhanwantri Module for the issue of the regulation certificate and patient referral to the PMJAY empanelled

Hospitals as notified by the concerned Regional Office.

**ii. Coordination with ESIC Network and PMJAY empanelled Hospital.**

1. Act as a liaison between the PHCs/CHCs and ESIC dispensaries, hospitals, or other empanelled facilities.
2. Ensure timely referrals for cases requiring specialized care or treatment beyond the capacity of PHCs/CHCs.
3. Assist the Medical Officer at the notified CHCs in the generation of the online referral form (P-1 form) of ESIC at the Dhanwantri Module and its approval by the Senior most Officer/Designated Officer for referral to the PMJAY empanelled Hospital.

**iii. Grievance Redressal**

1. Assist in the resolution of the grievances of beneficiaries by discussing with the local authority of the CHCs/PHCs related to healthcare services.
2. Escalate unresolved issues to higher ESIC authorities or Nodal officers to ensure timely redressal.

**iv. Awareness and Outreach**

1. Conduct awareness sessions or disseminate information about ESIC services, benefits, and rights to beneficiaries visiting the PHCs/CHCs.
2. Promote the use of ESIC dispensaries, tie-up hospitals, and ensure beneficiaries understand the referral process.

**v. Monitoring and Feedback**

1. Maintain records of beneficiaries served, types of services accessed, and referrals made.
2. Provide regular feedback to ESIC authorities on the functioning of PHCs/CHCs, including gaps in service delivery, beneficiary challenges, and potential improvements.

**vi. IT System Support**

1. Use ESIC's digital platforms to facilitate real-time beneficiary verification
2. Assist beneficiaries in accessing online resources like the ESIC portal or mobile apps for service information and claim status updates.

**vii. Coordination with Local Authorities**

1. Work in collaboration with PHC/CHC staff, state health departments, and ESIC officials to ensure seamless integration of ESIC beneficiaries into the healthcare system.
2. Provide inputs for capacity building and process improvement at the PHC/CHC level.

**viii. Role in Public Health Initiatives**

1. Support PHCs/CHCs in implementing public health programs by coordinating the inclusion of ESIC beneficiaries in state or national health campaigns.
2. Facilitate vaccinations, screenings, and health check-ups for Insured Persons and their families.

**5. Integration of IT Systems**

1. ESIC will develop IT solutions based on the level of IT implementation in the respective State Government to integrated IT platform that connects PHCs/CHCs with ESIC databases for real-time service delivery and certification processes.
2. In case of non-availability of IT integration, the deployed manpower by ESIC (ESIC Mitra) will be provided with a dedicated PC/laptop at PHCs/CHCs for delivery of efficient medical services to the beneficiaries.

**6. Patient Registration and Certification Process**

1. All registration to be done through the Dhanwantri module/ State IT platform as far as possible.
2. All issues of regulation certificates to be done as far as through the Dhanwantri Module.
3. Identified/notified PHCs/CHCs decided based on IP cluster for the issuance of medical certificates to smoothen the process of issuing the Certificates to the IPs.
4. The number of PHCs/CHCs which are to be notified for issuance of **Certificates** shall be as under: -
  - i. All the IPs residing within the jurisdiction of a PHC/CHC shall be tagged with that particular PHC/CHC. However, In the case where the number of IPs residing within the jurisdiction of a particular

PHC/CHC is nearing 3000, then the Regional Director may take decision for the opening of an ESI Dispensary in the area so that the health requirements of the IPs/Families can be comprehensively addressed by the ESI System.

- ii. As far as possible, the distance of notified PHC/CHC should not exceed 8-10 Km from the IP Cluster.
- iii. The concerned Regional Directors may make additional arrangements with more PHC/CHC on a need basis in consultation with Zonal Insurance Commissioners.

**7. Collaboration with State Governments and Provision of expenditure incurred on availing Health Care Services by ESIC IPs/Families through PHCs/CHCs:**

1. It is imperative to onboard the concerned State Governments to integrate ESI services with the healthcare services of the State. Accordingly, the concerned RD in consultation with the Zonal Medical Commissioner shall discuss the proposal and modalities/requirements with the State Government and seek consent for the arrangement of the provision of Medical Services to the beneficiaries of the Corporation in the partially implemented/non-implemented/Unserved districts of the State.
2. Once the consent of the State is obtained, the consolidated proposal shall be submitted to the ESIC HQ for necessary approval.
3. Once the proposal is approved, the Regional Director shall enter into a MoU with the State for provision of the Primary/Secondary medical care and Certifications to the IPs/Families of the ESI in such districts wherein the number of PHCs/CHCs is deemed adequate based on the qualitative and quantitative need/gap analysis of the health care requirement of the beneficiaries of ESI and State Health infrastructure available in the districts under consideration.
4. The districts for which MoU has been entered into with the State Government by ESIC shall be notified as fully implemented districts.
5. The beneficiaries of ESI Scheme are paying contributions whereas general public accessing the General Health System is not paying such a contribution. The ESI Dispensaries are meant only for the ESIC beneficiaries. With a view to encourage IPs to availing of Primary and Secondary healthcare at notified PHCs/CHCs, dedicated access may preferably be provided to the ESI Beneficiaries at such notified PHCs/CHCs in the form of separate registration counter, subject to available infrastructure with the state PHC/CHC.
6. The notified PHC/CHC to put up well-lit and bi-lingual signages at such counters for ease of availing healthcare by the beneficiaries at such facilities.

7. The Primary/Secondary health care under the ESIC Scheme is required to be provided to IPs on cashless basis. It includes conduct of investigations and supply of drugs; The State Health Department shall ensure availability of essential drugs as identified by the State Health Authorities and ESIC.
  8. The State shall provide adequate space/room for the working of ESIC Mitra from the premises of State PHCs/CHCs.
- 8. Payment to the States on account of Primary/Secondary healthcare and Certification Services provided to the ESI Beneficiaries: -**
- 8.1 Primary Care:** The State will be paid @ \_\_\_\_ per IP Family Unit per Annum through On Account Payment System. No other payment on medical expenditure/IP will be paid to the State under the On-Account Payment system for the IP covered under these newly notified, non-implemented, partially implemented districts and Unserved areas providing health facilities through state PHCs and CHCs.
  - 8.2 Primary and Secondary Care:** The States to be paid @ Rs \_\_\_\_ - per IP Family Unit per Annum through On Account Payment System. The payment shall be through the at present prevailing system of on-account payment. No other payment on medical expenditure/IP will be paid to the State under the On-Account Payment system for the IP covered under these newly notified, non-implemented and partially implemented districts providing health facilities through state PHCs and CHCs.
  - 8.3** The payment shall be through the at present prevailing system of on-account payment.
  - 8.4** The payment to the States for Primary health care / Combined Primary & Secondary health care shall be for the additional /exclusive services, to be provided by the State to the ESI Beneficiaries which shall include (but not restricted to) services like referral services, separate line for registration, space and utilities to ESIC Mitra, Issue of regulation certificates for Cash Benefits and use of the Dhanwantri application of ESIC for registration etc., handling of grievances, referral to ESI / PMJAY empanelled Hospitals, reimbursement of bills for purchase of Medicines/Diagnostics by the IP/Beneficiary, not available at the PHCs/CHCs etc.
  - 8.5** The choice of Model i.e. either providing Primary health care or combined Primary & Secondary health care shall be applicable for the entire state and not location / district specific. No piece-meal selection of healthcare model shall be allowed to the State.

9. This arrangement will be carried out on experimental basis for one year, after which the extension will be decided based on the performance of the partnership.
10. The registration of the IP & beneficiary should only be through Dhanwantri Module of ESIC and not through the state system.
11. **Publicity and Information:** The ESIC shall coordinate with the State Government and concerned PHCs/CHCs for providing space and installation of ESIC signages / display boards at the entrance and designated counters including display of IEC material for identification and spreading of awareness amongst the staff and ESI Beneficiaries. The signage cost may be borne by the ESI Corporation.
12. In case of shortage / non-availability of the prescribed medicines / diagnostics at the CHCs/PHCs, the DIMS (Director Insurance Medical Scheme)-ESIS, shall empanel Jan-Aushadhi stores / registered chemist/ registered diagnostic centres for cashless provision of diagnostics and Medicines to the IPs/Beneficiaries.  
If PHCs/CHCs prescribed diagnostics and medicines are purchased by the IPs/Beneficiaries due to non-empanelment of such services, then the DIMS shall reimburse such bills and the payment shall be covered under the stipulated payment to States, as provisioned in the policy. If need be, ESIC can also provide technical support for empanelment process.
13. Drugs in respect of Secondary care, after discharge from the CHC would be provided by the CHC up to 15 days from the date of discharge.
14. Both the Corporation and The State Government shall have access to the respective records of medical care provided to IPs and non-IPs respectively.
15. **Privacy:** The State shall respect the privacy / data privacy rights of the ESI IPs/Beneficiaries that is accessible to the State health facilities, while using the Dhanwantri application of ESIC. All data of ESIC IPs and Beneficiaries is to be considered confidential and may not be shared to any Agency (Govt. / Private) without explicit consent of ESIC. Penalty imposed on the State Govt., by any court of law, due to breach of data privacy at their end, shall be the responsibility of the State.
16. The state shall submit an annual expenditure & utilization statement for the payment made to the State under this policy. The statement shall form part of the expenditure & utilization certificate submitted annually by the DIMS along with

the On Account Payment (OAP) expenditure of the State(Enclosed as Annexure “B”)

17. The state shall require to maintain records of actual cost of expenditure on drugs and dressings on IPs and their family members (if not maintained, then as agreed upon in any particular case) and any additional remuneration paid to any medical officer or to other staff employed at such dispensaries or hospitals or institutions for the purpose of Audit Certification to be provided by the DIMS as part of OAP certificate.
18. The MoU shall be valid for \_\_\_\_\_ Years from the date of signing or till the time ESI develops it's health facilities/infrastructure for the beneficiaries of the Corporation, whichever is earlier.
19. **MIS and Grievances Nodal Officer-** The DIMS- ESIS /Nominated Officer by DIMS of the State Govt. will be the nodal officer for MIS reports and Grievances Redressal for the insured persons and the health centers. Further, the ESIC Mitra may be deputed to keep track of the grievance disposal by the DIMS. After an accepted period, Mitra may inform RD of unresolved grievances.

**UTILIZATION CERTIFICATE cum STATEMENT OF EXPENDITURE for ESIC designated PHC/CHC Scheme**

(For the Financial Year \_\_\_\_\_)

1. Name of the newly Implemented area: \_\_\_\_\_
2. Name of the District and State: \_\_\_\_\_
3. Letter No. and Date of Sanction: \_\_\_\_\_
4. Total amount sanctioned (in INR): \_\_\_\_\_

**CERTIFICATE**

It is certified that a Consolidated amount Rs \_\_\_\_\_ (Rupees \_\_\_\_\_) was received as financial assistance from the ESI Corporation for implementation of the ESI scheme vide sanction letter mentioned above.

Out of the above-mentioned amount, a total sum of Rs \_\_\_\_\_ (Rupees \_\_\_\_\_) has been utilized up to ( date ) for the purpose and objectives stated in the sanction order i.e. incentive for managing data of IPs, Dhanwantari integration, certification, reimbursement to IPs, infrastructure and resources etc. and has not been used for any other purpose beyond sanction order, as per the terms and conditions laid down.

The balance amount of Rs \_\_\_\_\_ (Rupees \_\_\_\_\_) remaining unutilized at the end of the financial year will be refunded to the ESI Corporation.

**Date:**  
**Place:**

**(Signature with stamp)**  
**DIMS**