SERVICE CONTRACT

FOR

THE INCLUSION OF GOVERNMENT EMPLOYEES, PENSIONERS, ETC.,

THE EVALAUTION OF HEALTH BENEFITS PACKAGES &

THE EVALUATION OF ADOPTING A PREMIUM SHARING MODEL

FOR THE IMPLEMENTATION OF THE

MEGHA HEALTH INSURANCE SCHEME

PHASE 7

MHIS
INSURING PEOPLE ENSURING HEALTH
MEGHALAYA

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This Agreement is made at Shillong on _____, 2026,

BETWEEN:

1. **The State Nodal Agency represented by the Chief Executive Officer, Megha Health Insurance Scheme and Additional Secretary, Health and Family Welfare, Government of Meghalaya having its office at State Nodal Agency, Megha health Insurance Scheme, Health Complex, Red Hill Road, Laitumkhrah, Shillong – 793003, Meghalaya (hereinafter referred to as the State Nodal Agency which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and permitted assigns);**

And

2. **_____ a profit/non-profit company/society/trust represented by the _____ having its registered office at _____** (hereinafter referred to as the **Consultancy Firm**, which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and permitted assigns).

The State Nodal Agency and the Consultancy Firm shall collectively be referred to as the Parties and individually referred to as the Party.

Whereas:

The Megha Health Insurance Scheme was launched in 2012 in the state of Meghalaya as a universal health insurance scheme, primarily targeting matters such as tackling issues of health shocks and out of pocket expenditure which leads to Households becoming impoverished and access to quality Health Care Services. The Government of Meghalaya has launched the MHIS with a focus to achieve Goal 3.8 of the Sustainable Development Goals - *to achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all*." MHIS was launched in convergence with the erstwhile Rashtriya Swasthya Bima Yojana (RSBY).

With the launch of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY) in 2018, MHIS-PMJAY implementation began in February 2019. MHIS leveraged its implementation with PMJAY increasing the insurance cover to ₹ 5,00,000 per family which was subsequently increased to ₹ 5,30,000/- to facilitate insurance cover for OPD benefits. Meghalaya is one of the only states in India that provides comprehensive OPD benefits which include maternity care, child care, OPD diagnostic benefits and routine visits for cardiac and diabetic patients. The insurance benefits encompass more than 2400 medical and surgical packages which includes implants and high-end drugs.

MHIS is in its 6th Phase of its implementation. The MHIS Phase 6 commenced in September 2023 and the MHIS 6 third policy is set to conclude in August 2026, the key highlights of MHIS and PMJAY in Meghalaya since 2019 is given as follows:

1. MHIS and PMJAY in Meghalaya since 2019:

1.1 Onboarding of Beneficiaries.

Launching of the MHIS-PMJAY scheme in Meghalaya meant that the state was faced with the challenge of bringing maximum number of beneficiaries on-board and creating awareness of the scheme to be implemented. Anticipating the implementation challenge, Meghalaya was the only state in the country that opted to undertake a Registration Drive to bring a maximum number of people on-board. Within 6 -7 months of start of the scheme, over 15 lakh beneficiaries were registered. Moreover, because people were registered, they knew the about the start of Policy period and how to avail benefits.

The Registration Drive was conducted in 2019 and followed a comprehensive and structured route maps designed and developed by the State Nodal Agency. Registration Centres were set up at the village level. Despite challenges pertaining to connectivity and topography over 1200 registration centres were set up across the state. Diversification of registration centres was key for accessibility. While, the involvement of stakeholders belonging to the District and Block Administration, District and Block Medical Officers, village level functionaries contributed in the dissemination of information to the people in the remotest part of the state.

At present, 6,44,952 families and 21,29,664 beneficiaries have been registered i.e., 93% of the total households as per the MHIS database.

1.2 Hospital Empanelment

Hospital Empanelment under MHIS-PMJAY is close to 100%. Hospital categories include PHCs, CHCs, District Hospitals, Private Healthcare Providers and one centrally funded regional medical institute. Hospitals outside Meghalaya are not empaneled by the State Nodal Agency on account of the national portability provision under PMJAY.

The exhaustive list of the hospitals empaneled in Meghalaya is given in Annexure 1.

1.3 Claims Utilisation

Claims Processing is one of the most significant tasks in the implementation of MHIS-PMJAY and it is programmed to be a cashless project and relies mainly on IT infrastructure capacity. The entire Claims Management which includes processing and settlement is undertaken by the insurer. The claims are settled directly to the accounts of the empanelled health care providers. The State Nodal Agency, facilitates the settlement of claims with regards to Public Health Care Providers mainly the PHCs and CHCs.

Since 2019, over 11 Lakhs Claims have been submitted which amounts to ₹ 1, 126 crores.

1.4 Premium

MHIS Phase 6's premium per household is ₹ 2,824.10. This marks a steady upward trend of 38% since 2019. This incremental increase is primarily attributed to the substantial rise in package rates introduced from MHIS Phase 4 onwards as well as the claim utilisation with the increase in registration of beneficiaries. These revisions were aimed at enhancing the quality and scope of healthcare services available to beneficiaries, ensuring better coverage and improved access to medical care across the state.

NOW THEREFORE IT IS AGREED AS FOLLOWS

2. MHIS Restructure and Redesign for the Purpose of the Implementation of the Megha Health Insurance Scheme Phase 7.

2.1. The State Nodal Agency has successfully implemented MHIS over the years since its inception in 2012. The MHIS, though, implements a universal health insurance scheme, there is a section of population that do not have access to cashless benefits which comprises of the government employees, pensioners, and their eligible dependents. At present, there are approximately 68,280 government employees, 24,044 pensioners and all-India servicing employees. Over all there are approximately 4,43,155 members who are getting medical and health benefits through the medical reimbursement system which is governed by the Meghalaya Medical Attendance (Amendment) Rules, 2025. The medical reimbursement system is complex in its operations, non-cashless, non-paperless and does not provide provisions for analysis of claims which makes the system less transparent.

These features backed with informal expressions from government employees and pensioners has prompted the State Nodal Agency to review and evaluate the possibility of including the government employees, pensioners and their eligible dependents under the scope of MHIS.

2.2. The MHIS Health Benefit Packages have been defined since the start of the MHIS policy in 2013. Prior to the launch of MHIS Phase 2 and to facilitate inclusion of OPD benefits, the MHIS HBP underwent through a scientific study in 2014. There has been no comprehensive evaluation or study that was done on MHIS HBP until 2021-22, where another round of evaluation was done through the Meghalaya Health System Strengthening Project (MHSSP).

It has been approximately 5 years since the last HBP study and it calls upon the State Nodal Agency to revisit the MHIS HBP to facilitate revision of rates, inclusion of new medical or surgical packages/procedures, design and develop new standard treatment guidelines, etc.

2.3. The increase nature and rise in Premium Rate for MHIS implementation has become a matter of thought for the State Nodal Agency. Since the start of MHIS, the entire premium is paid by the Government of Meghalaya and by merit of MHIS's implementation in convergence with RSBY and PMJAY, a part of the premium is also borne by the Government of India. Considering that the MHIS is a universal health insurance coverage, no contribution towards the premium is made by the families irrespective of their economic category. At present, the Government of Meghalaya spends approximately close to ₹ 160 crores per annum towards premium payment for the implementation of MHIS.

It has become imperative for the State Nodal Agency to review and explore the possibility of introducing co-insurance methods primarily a premium sharing model so as to ease and alleviate the Government of Meghalaya's spending on the premium.

2.4. On account of matters as mentioned in clause 2.1, 2.2 and 2.3 of this Service Contract, the Government of Meghalaya has notified the MHIS Policy Committee vide no. Health.125/2024/Pt/2 Dated Shillong, the 8th September, 2025 with responsibilities to analyse and evaluate adoption of premium sharing model, inclusion of government employees and pensioners under MHIS and the scientific evaluation of the MHIS HBP. The official notification is given in Annexure 2.

2.5. At the meeting of the MHIS Policy Committee Meeting that was held on 01st December, 2025, the MHIS Policy Committee has resolved that the review and evaluation as mentioned in clause 2.4 of this Service Contract is to be undertaken by a Consultancy Firm.

2.6. This Service Contract hereby contains the responsibilities and activities as given in Clause 3 of this Service Contract that are to be executed by the Consultancy Firm to meet the objectives of the MHIS Policy Committee and for the Consultancy Firm to recommend the State Nodal Agency, the redesigned and restructured MHIS for the purpose of MHIS Phase 7 implementation.

2.7. The Scope of Service is broadly described in Clause 3 of this Service Contract. The Scope of Service is categorised into to the following:

2.7.1. Consultancy Service to Evaluate the Inclusion of Government Employees, Pensioners and Eligible Dependents for MHIS Phase 7.
2.7.2. Consultancy Service to Evaluate and Define Health Benefit Packages for MHIS Phase 7.
2.7.3. Consultancy Service to Evaluate Adoption of Premium Sharing Model for MHIS Phase 7.

Apart from the scope of service as outlined in this clause 2.7, the Consultancy Firm shall also be required to evaluate the possibility of increasing and enhancing the MHIS's existing insurance cover of ₹ 5,30,000/.

3. Scope of Service

3.1 Enhance/Increase Existing Insurance Coverage under MHIS.

The Consultancy Firm shall require to review the existing insurance coverage of ₹ 5,30,000/- per household under MHIS-PMJAY.

3.1.1. The Consultancy Firm shall explore the possibility to increase and enhance the present insurance cover of ₹ 5,30,000/- per family/household to ₹ 7,30,000/- or ₹ 10,30,000/- or any amount as applicable which should not have any or minimum effect on the spending capacity of the Government of Meghalaya.

3.1.2. The Consultancy Firm shall define the new proposed rate of insurance cover for the purpose of MHIS Phase 7 implementation.

3.1.3. The Consultancy Firm evaluate the matter on any effect that the increase in insurance cover may have on the spending capacity of the Government of Meghalaya on premium payment.

3.1.4. The Consultancy Firm shall evaluate the increase in insurance coverage through study of the claims utilisation under MHIS-PMJAY over the last 5 years policy period, if there is a need to increase the insurance coverage based on the number of families that have utilised the maximum insurance coverage of ₹ 5,30,000/- or close to the maximum insurance cover and if such increase in insurance cover have a major financial impact on the Government of Meghalaya's spending towards the premium.

3.1.5. The Consultancy Firm may evaluate the enhance the insurance cover ₹5,30,000/- or of the IPD cover of ₹ 5,00,000/- of the OPD cover only or of both the covers.

3.2 Consultancy Service to Evaluate the Inclusion of Government Employees, Pensioners and Eligible Dependents for MHIS Phase 7.

3.2.1 Provisions of Medical Benefits for Government Employees and Pensioners.

MHIS presently provides health insurance coverage to the entire population of the state of Meghalaya irrespective of the household's economic category. The scope of insurance coverage, however, do not include the government employees, pensioners, and their eligible dependents.

The Government of Meghalaya through the Meghalaya Medical Attendance (Amendment) Rules, 2025 provides medical benefits to the following categories or persons:

3.2.1.1 Employees in service and pensioners of the Government of Meghalaya including All India Service Officers in service opting for these rules.

3.2.1.2 Retired member of the Joint Assam-Meghalaya Cadre of the All-India Services who had served and retired from the Meghalaya Wing, irrespective of their place of permanent settlement, or who are re-employed under Government of Meghalaya, or who proceeded on deputation from Meghalaya Wing to the Central Government or Public Sector Undertaking (PSU).

Provided that in the case of those Officers who retired from the Central Government or Public Sector Undertaking, for whom similar benefit are extended by the Central Government or Public Sector Undertakings, as the case may be, then such officer may opt for benefits either under these Rules or that of the Central Government or the Public Sector Undertaking. Option once exercised shall be final.

3.2.1.3 Retired judges of the High Court having jurisdiction over and who are residing in Meghalaya, unless they choose to opt for Rules otherwise applicable to them in this behalf.

3.2.1.4 The Meghalaya Medical Attendance (Amendment) Rules, 2025 provides medical benefits provisions to the family of the categories or persons as defined above as follows:

3.2.1.4.1 'Spouse' to also include judicially separated 'Spouse'.

3.2.1.4.2 Solely dependent 'parents' to also include 'step-parents' and 'adopted-parents'. In case of adopted-parents, the real parents are to be excluded. A Government employee may opt to include either his/her parents or his/her parents-in-law. Change of option may be allowed only once during service.

3.2.1.4.3 Solely dependent son/daughter, brother/sister not exceeding 25 years.

3.2.1.4.4 Solely dependent son/daughter, brother/sister, suffering from permanent disability of any kind (physical or mental), with no age limit.

3.2.1.4.5 Solely dependent son/daughter, brother/sister, suffering from diseases specified in Annexure 3, with no age limit.

3.2.1.4.6 Children include those adopted according to any law or custom

3.2.2 Existing Methodology/Process of the Medical Reimbursement of Government Employees and Pensioners.

The government employees, pensioners, eligible dependents, and other categories as defined in Clause 3.2.1 of this Service Contract avail health coverage benefits through a medical reimbursement system. A snapshot of the medical reimbursement system is given in Annexure 4. The process of the medical reimbursement system is complex and there are certain disadvantages which are outlined as follows:

3.2.2.1 The process involves two different departments i.e., the health department and the concerned department of the employee, pensioner, etc. Claims processing is the responsibility of the health department and the settlement of claims is the responsibility of the department of the employee, pensioners, and others.

3.2.2.2 The process is time consuming and, on an average, it takes about 6 months for the cost to be reimbursed.

3.2.2.3 The process is not cashless. The amount has to be either paid by the employee, pensioner, etc. at the time of hospitalisation or through an advance which is required to be pre-approved.

3.2.2.4 The process is not paperless. The entire operation and execution of the medical reimbursement system is manually done i.e., multiple forms and annexures along with bills and receipts are required to be submitted by the employee, pensioner, etc. The scrutinisation and evaluation of the forms submitted is also done manually, which involves screening of each form, annexure and line by line item of each bill or receipt.

3.2.2.5 The process does not allow further detailed analysis with regard to the amount reimbursed, type of health benefits availed.

3.2.2.6 The process is not IT driven which does not allow fraud control, data management, thereby leads to lack of transparency.

3.2.2.7 The medical reimbursement system is limited in access to hospitals outside Meghalaya. There are approximately only 179 hospitals inside and outside Meghalaya that are empanelled under the Health and Family Department, the exhaustive list hospitals empanelled under the Health and Family Department, Government of Meghalaya is given in Annexure 5.

3.2.3 The consultancy firm shall be responsible to examine the present features of the medical reimbursement system and further define and identify reasons to replace the medical reimbursement system with MHIS. This examination should include but not limited to the matters as mentioned in clause 3.2.2 of this Service Contract. Further the consultancy firm should make all efforts and attempt to examine and define the following:

3.2.3.1 The examination should include identification of the total amount spent annually on medical reimbursement as well as the average claim size during the 3 financial years immediately preceding the year this Service Contract is signed.

3.2.3.2 The number of persons who availed medical reimbursement during the 3 financial years immediately preceding the year this Service Contract is signed.

3.2.3.3 The average time taken for the complete medical reimbursement process until amount is sanctioned to the employee, pensioner and others.

3.2.3.4 The average amount that is approved in percentage during the 3 financial years immediately preceding the year this service agreement is signed which should also include the out-of-pocket money that is spent by an employee, pensioner and others.

3.2.3.5 The Consultancy Firm shall require to obtain this data form relevant departments of the Government of Meghalaya such as but not limited to the Directorate of Health Services (MI). The State Nodal Agency shall make its best efforts to assist the Consultancy Firm in obtaining this information/data. In a scenario where there is a challenge in obtaining the data, it is required that the Consultancy Firm resort to statistical sample size study in close coordination with the State Nodal Agency.

3.2.4 Notwithstanding to anything that is mentioned in clause 3.2.3 of this Service Contract, the consultancy firm shall acknowledge and execute evaluation which may be further required by the State Nodal Agency. Such activities and evaluation shall strictly be related or corresponding to the features or operations of the medical reimbursement system.

3.2.5 The consultancy firm shall be responsible to develop and design a mechanism to include government employees, pensioners, eligible dependents, and others under the scope of the existing MHIS. The evaluation shall include identifying the beneficiary database, manner of beneficiary's registration, claims management i.e., from raising to settlement of claims and other applicability features under MHIS's IT infrastructure. The evaluation shall also include the financial responsibility of the government employees, pensioners, eligible dependents and others in the form of a monthly/quarterly/yearly co-insurance contribution towards the family premium.

The consultancy firm shall be required to examine, define and develop features to cover government employees, pensioners, eligible dependents, and others under MHIS which should cover factors broadly classified as follows:

3.2.5.1 Defining Benefits Eligibility

3.2.5.1.1 The present insurance coverage under MHIS is ₹ 5,30,000/- per policy year. The consultancy firm shall be required to determine the amount of insurance coverage of the government employee, pensioner, eligible dependents and others on a family floater basis.

3.2.5.1.2 The consultancy firm shall be required to examine the possibility of such amount of insurance coverage to fall within the scope of the MHIS's TMS IT infrastructure or if there is a need to bifurcate the availability of insurance benefits over and above the ₹ 5,30,000/- insurance cover.

3.2.5.1.3 The Government of Meghalaya has issued the Government Resolution on the Recommendations of the Fifth Pay Meghalaya Commission vide no. F(PR) – 49/2017/192 Dated Shillong, the 28th November, 2017. This Resolution is given in Annexure 6.

3.2.5.1.4 The consultancy firm shall be required to design and develop cashless medical insurance benefits according to the grades of employees; pensioners as defined in the resolution. The benefit design shall include but not limited to categories of ward that benefits can be availed, ward entitlement for in-patient and day care services, out-of-pocket expenditure if an employee, pensioner, and others opt for wards higher than what they are entitled to and exclusions and non-payable items which may correspond to the exclusions and non-payable items under the new MHIS HBP.

3.2.5.2 Preparation of the Beneficiary Database.

3.2.5.2.1 The MHIS presently has an existing beneficiary database of 6,92,979 households, which comprises of household categories such as the SECC, RSBY, NFSA, ASHA, AHW and AWW which represents 3,85,708 households and 3,07,271 which represents household data that is sourced from the electoral database of 2016 as well as the families/households that have submitted request for new Head of Family that have been appended in the present MHIS database.

3.2.5.2.2 The State Nodal Agency shall require to share the existing MHIS database with the consultancy firm. Maximum efforts will be made by the State Nodal Agency to share the existing MHIS database in a Microsoft Excel format.

3.2.5.2.3 Since the MHIS database is also sourced from the electoral roll, the database already consists the household of government employees, pensioners and others. The consultancy firm shall be responsible to consolidate the existing MHIS database and identify the households that have government employees, pensioners, etc. The consolidation process should mandatorily include removal of any duplicity in any of the categories as well as the removal of a government employee or pensioner from categories such as the NFSA, RSBY, SECC, AWW, ASHA, AHW.

3.2.5.2.4 The consultancy firm shall evaluate the existence of households that may consists of two or more government employees. The consultancy firm shall ensure the household database of the government employees, pensioners and others include their eligible dependents as mentioned under clause 3.2.1.4 of this Service Contract. In a scenario that a dependent is not eligible to be covered under clause 3.2.1.4 of this Service Contract, the consultancy firm shall create another household for such a dependent(s) and categorise it under the MHIS category of the existing MHIS database unless the name of such dependent(s) is already a part of the MHIS database which includes categories under NFSA, RSBY, SECC, AWW, ASHA, AHW for which such names may be retained as households/families as existing.

3.2.5.2.5 The consultancy firm shall require to create and define another category within the MHIS database which should exclusively consists of government employee, pensioner households. An instance may occur that the government employee or the pensioner is not under the present MHIS database, the consultancy firm shall require to coordinate with the State Nodal Agency or coordinate with the respective government department through the State Nodal Agency to add such employees, pensioners as new households in the database.

3.2.5.2.6 The consultancy firm shall finalise the MHIS database which shall comprise of all the categories and the households of government employees, pensioners and others.

3.2.5.3 Utilisation of the MHIS Infrastructure IT Framework

3.2.5.3.1 The MHIS presently utilises the IT framework under PMJAY i.e., the Beneficiary Identification System and the Transaction Management Software.

3.2.5.3.2 The consultancy firm shall be required to explore the possibility of assigning a unique code or create a series of ID or logo or colour identification on the card which should operate within the BIS and enable the State Nodal Agency to identify household of government employees, pensioners, and others. The consultancy firm shall endeavour to ensure that this unique identification should be applicable to both the household ID and the personal ID.

3.2.5.3.3 The consultancy firm shall require to evaluate the possibility to create a separate section or a drop down for government employees, pensioners, within the Transaction Management Software.

3.2.5.3.4 The consultancy firm shall also examine the possibility to create provisions within the TMS to enhance or reduce the rate of the HBP which will be applicable when services are availed in a private or semi-private ward.

3.2.5.4 Registration of the Beneficiary and dependents

3.2.5.4.1 The consultancy firm shall require to develop a system or a process to conduct registration of the households of government employees, pensioners and others. This process may include a district or a departmental wise process of registration.

3.2.5.4.2 The consultancy firm shall be responsible to validate those households that may have already completed the registration process and highlight such incident to the State Nodal Agency. Registration of such household is not required any further provided that the Aadhaar is already linked or seeded with the MHIS or PMJAY card.

3.2.5.5 Premium Payment

3.2.5.5.1 The consultancy firm shall be responsible to determine the rate of premium contribution of each government employee's household, pensioner's or others' household.

3.2.5.5.2 The rate of premium contribution by the government employees/pensioners/others household may be defined as a flat rate or can be defined on the basis of the employee grade according to the Government Resolution on the Recommendations of the Fifth Pay Meghalaya Commission vide no. F(PR) – 49/2017/192 Dated Shillong, the 28th November, 2017.

3.2.5.5.3 The consultancy firm is required to evaluate and recommend the most financially sustainable form of premium contribution vis-à-vis the expected overall claims utilisation under MHIS.

3.2.5.5.4 The consultancy firm may define premium contribution of each government employee or a pensioner and others which can be on a monthly basis.

3.2.5.5.5 The consultancy firm is required to define a system to transfer or credit the premium collected to the State Nodal Agency account to further facilitate the State Nodal Agency's payment of premium to the insurer.

3.2.5.6 The consultancy firm shall be required to evaluate and examine other factors which is related to the insurance coverage of government employees, pensioners and others under MHIS as desired by the State Nodal Agency.

3.2.6 The consultancy firm shall make an attempt to consult and coordinate with the various government employees' and pensioners' association in the state of Meghalaya to gather insights and feedback which may be adopted as policies for the purpose of the inclusion of government employees, pensioners and others under the scope of MHIS.

3.2.7 It is desired that the consultancy firm examine other state governments in India that have adopted health and medical benefits of government employees, dependents, and others through health insurance coverage.

3.2.8 The Consultancy Firm shall require to submit a draft report of the inclusion of government employees, pensioners, eligible dependents and others within 2 months from the date this Service Contract is signed.

3.3 Consultancy Service to Evaluate and Define Health Benefit Packages for MHIS Phase 7.

The MHIS policy period commenced in convergence with RSBY in 2013. The number of medical and surgical packages at the time of commencement is 1,036. Immediately after the implementation of MHIS Phase 1 and with an intention to also include OPD benefits, a scientific study was done on MHIS's HBP, whereby, by the beginning of MHIS Phase 2, there were 1,704 medical and surgical packages which included OPD packages under maternity, childcare, routine visits for cardiac and diabetes and OPD Diagnostic benefits. This study also included a revision in the rate of the medical and surgical packages. During the implementation of MHIS Phase 3, there was a flat revision i.e., increase in the package rates by 10%.

The convergence of MHIS with PMJAY brought another change in the MHIS HBP i.e., the number of packages was increased to 2,700 in 2019. The MHIS HPB underwent through another evaluation in 2021-2022 which saw a revision in the number and the rate of the medical and surgical packages. Presently, the MHIS HPB comprises of almost 3000 medical and surgical packages and approximately 3700 medical and surgical procedures. Since 2022, there has been no evaluation of the MHIS HBP.

It has therefore, become imperative to evaluate the MHIS HBP which is to take effect for the implementation of MHIS Phase 7. The State Nodal Agency desires that the new MHIS HBP is more comprehensive and corresponds to the healthcare needs of the population of Meghalaya.

Meghalaya has close to 100% empanelment of hospitals which includes a mix of private healthcare providers, public healthcare providers at the primary, secondary and tertiary levels.

The Consultancy Firm shall be required to evaluate, design, develop the MHIS HBP for the purpose of its utilisation at the implementation of MHIS Phase 7.

3.3.1 Evaluation, Design and Development of MHIS HBP

3.3.1.1 The Consultancy Firm shall be required to assess claims utilisation of the last 3 policy years vis-à-vis the medical and surgical packages, hospital type i.e., comparison between private and public healthcare providers and amongst PHCs, CHCs and District hospitals. This assessment and evaluation shall assist the Consultancy Firm to conduct a proper evaluation and develop the MHIS HBP.

3.3.1.2 The State Nodal Agency shall be responsible to share with the Consultancy Firm the entire MHIS Claims Utilisation database of the last 3 MHIS Policy Periods immediately preceding the date this Service Contract is signed.

3.3.1.3 The Consultancy Firm shall require to review the existing MHIS HBP and propose for addition and of a medical or surgical package(s) or procedure(s). For this purpose, the consultancy firm is required to cover the following aspect while assessing:

3.3.1.3.1 To consult and coordinate with the State Nodal Agency and the empanelled healthcare providers i.e., empaneled private healthcare providers, medical professionals from District Hospitals, selected CHCs and PHCs and NEIGRIHMS. The selection of CHCs and PHCs shall be done by the State Nodal Agency.

3.3.1.3.2 To review the most utilised package(s) or procedure(s) which is/are presently blocked under the MHIS unspecified HPB.

3.3.1.3.3 To do a comparison with the exiting medical and surgical packages/procedures including Implants, Diagnostic Test and High-end Drugs that are currently listed under the PMJAY HBP i.e., to remove any duplicity or add a medical or surgical package(s)/procedures(s) that are otherwise not listed under the existing MHIS HBP.

3.3.1.3.4 The State Nodal Agency endeavours to also focus on preventive and promotive care for all households under MHIS. The Consultancy Firm shall be required to design and determine a routine check-up package, which may be subjected but not limited to certain limits such as number of visits, age, gender, etc.

3.3.1.4 The Consultancy Firm shall require to conduct an evaluation for the purpose of revising the rates of medical and surgical packages/procedures from the existing rates under MHIS HBP. For this purpose, the Consultancy Firm shall require to consult the empaneled private healthcare providers to establish their average incidence of cost of treatment or medical and surgical services while they are availed at a general ward. Such average cost so determined shall be required to be validated by the Consultancy Firms, the State Nodal Agency and senior medical professionals presently serving under the Directorate of Health Services, Government of Meghalaya, which will be duly notified by the State Nodal Agency.

3.3.1.5 The Consultancy Firm shall require to design and develop Standard Treatment Guidelines for the utilisation of the defined and developed MHIS HBP. The Consultancy Firm shall require to develop these STGs with focus on quality of medical/health service delivery. The Consultancy Firm shall require to review the present STGs under PMJAY and apply to the MHIS HBP STGs wherever applicable with a consideration of

the existing healthcare infrastructure and medical professionals in the state of Meghalaya.

3.3.1.6 The Consultancy Firm shall require to evaluate the present exclusions under MHIS and identify removal or additions of the existing exclusions for the purpose of MHIS 7 HBP.

3.3.1.7 The Consultancy Firm shall require to evaluate the present non-payable items under MHIS and identify removal or addition of non-payable items for the purpose of MHIS 7 HBP.

3.3.1.8 The Consultancy Firm shall require to submit the draft MHIS HBP to the State Nodal Agency within 3 months from the date this Service Contract is signed.

3.4 Consultancy Service to Evaluate Adoption of Premium Sharing Model for MHIS Phase 7.

The State Nodal Agency is considering the introduction of a premium sharing model payment between the Government and the MHIS households within the state of Meghalaya.

The objective is to develop a financially sustainable, beneficiary-responsive, and outcome-oriented health insurance model for Meghalaya by conducting a comprehensive study to design a premium sharing model.

Presently, the entire premium for the implementation of MHIS and PMJAY is borne by the Government of Meghalaya and the NHA for a defined number of households, particularly the SECC household database. MHIS and PMJAY implementation has witnessed a stark growth in claims utilisation which has resulted in the annual increase of the premium rate over the preceding policy years. The present model of premium payment has placed a growing financial burden on the State's exchequer. Continuing with a fully government-funded premium structure is unlikely to remain sustainable in the long run.

It has, therefore, become imperative for the State Nodal Agency to consider options such as the share in premium models wherein households with greater economic means have some form of contribution towards the premium; while families in the BPL category, low-income middle class and vulnerable households will continue to remain fully subsidised by the government.

The Consultancy Firm is required to undertake a comprehensive study and develop a scientifically robust, transparent, and implementable premium sharing model for Meghalaya.

The consultancy Firm is required to evaluate and assess the feasibility of adopting a premium sharing model. This evaluation should cover matters that are broadly described as follows:

3.4.1 Assess, Develop and Define Households that require Contribution towards the Premium

3.4.1.1 The Consultancy Firm shall assess the financial, operational, and social feasibility of introducing premium sharing model under MHIS, and its implications for scheme sustainability. This assessment shall cover the following aspects:

3.4.1.1.1 The Consultancy Firm shall require to study the current MHIS premium structure and its effect on financial sustainability of the government's exchequer.

3.4.1.1.2 Financial implications of introducing beneficiary contributions, including potential savings and projected revenue and reduction in financial burden on the government's exchequer.

3.4.1.1.3 The Consultancy Firm shall assess social feasibility in terms of acceptance among the higher income households, risks of drop-outs or reduced enrolment and impact on the scheme financially.

3.4.1.1.4 The Consultancy Firm shall provide projections on long-term sustainability of MHIS with and without adopting such premium sharing models. The evidence-based projections and scenario modelling should compare multiple scenarios.

3.4.1.2 The MHIS and PMJAY household database presently comprise of the SECC, NFSA, RSBY, ASHA, AWW, AWH and the MHIS category. The Consultancy Firm shall not be required to assess the feasibility of households belonging to the SECC, NFSA, RSBY, ASHA, AWW and AWH categories towards contribution towards premium payment.

3.4.1.2.1 The present MHIS category within the MHIS and PMJAY database consists of middle or lower middle-class households which are otherwise not eligible to be qualified under any of the SECC, NFSA, RSBY, ASHA, AWW, AWH; however, such MHIS households come from a poor economic status.

3.4.1.3 The Consultant Firm shall be required to define MHIS households that are require to contribute towards the premium based on their true economic status.

3.4.1.3.1 The Consultancy Firm shall require to define a threshold annual household income that will qualify for such families/households to contribute towards the premium contribution. For this purpose, the Consultancy Firm shall attempt and endeavour to assess and evaluate indicators such as income, consumption, assets, occupation and household size.

3.4.1.3.2 The Consultancy Firm shall require to resort to refer to any existing studies or papers that may have conducted such exercise such as defining annual threshold annual income of households that fall between Below Poverty Line and middle/higher income earning households.

3.4.2 Design and Develop a Premium Collection Process/Methodology

3.4.2.1 The Consultancy Firm shall require to design end-to-end processes for premium collection during the first policy period and subsequent renewal policy periods. This should also include scenarios of Policy Period extension, defining pro-rata premium for partial periods, etc. Timing and frequency of payments (annual, semi-annual, enrolment/registration linked). The framework must be simple, transparent, and administratively feasible.

3.4.2.2 The Consultancy Firm shall require to recommend suitable payment channels (e.g., digital platforms, bank/post office counters, CSCs, mobile wallets) based on accessibility, cost, and administrative feasibility.

3.4.2.3 The Consultancy Firm shall require to propose mechanisms for payment verification, reconciliation, automated reminders, and attempts should be made for possible

integration with MHIS existing IT infrastructure or for the insurer to create provisions to develop such a system as part of the Insurance Contract

3.4.3 Assessing Administrative, Operational and Financial Implications

3.4.3.1 The Consultancy Firm shall evaluate the Human Resource and infrastructure capacity of the State Nodal Agency related to premium collection.

3.4.3.2 The Consultancy Firm shall evaluate or identify additional administrative tasks, staffing requirements, training needs, and institutional strengthening measures.

3.4.3.3 The Consultancy Firm shall evaluate the estimated administrative and operational costs associated with implementing the new premium sharing model, including system upgrades, staffing, training, and communication.

3.4.4 The Consultancy Firm shall require to study social health insurance schemes with features of a co-payment/deductible/coinsurance models or social insurance schemes where the population covered requires to make financial contribution. The Consultancy Firm shall require to study such schemes in other states in India and in other countries such as Colombia, Thailand, etc.

3.4.5 The Consultancy Firm shall be required to conduct a pilot-test or create a testing environment during the period of this Service Contract to facilitate acceptance of certain MHIS households/families with regard to their contribution toward the premium payment. The Consultancy Firm shall ensure that this pilot test include factors to convince such households/families such as enhanced benefits as given in clause 3.3.1.3.4 of this Service Contract.

3.4.6 The Consultancy Firm shall require to submit the draft report of adopting a premium sharing model to the State Nodal Agency within 2 months from the date this Service Contract is signed.

3.5 Scope of Work Deliverables

The Consultancy Firm shall require to submit a Policy Document of the re-designed/re-developed Megha health Insurance Scheme Phase 7. The Consultancy Firm shall also be required to submit a Model Request for Proposal and a Model Insurance Contract for the purpose of the implementation of the Megha Health Insurance Scheme Phase 7.

The Consultancy Firm shall ensure that the Policy Document, the model Request for Proposal and the Model Insurance Contract for MHIS Phase 7 is comprehensive outlining the expectations and desires of the State Nodal Agency covering all aspects of the Scope of Service and by all means should possess the highest quality to enable the State Nodal Agency to undertake informed decisions with regard to the MHIS Policy.

These documents are required to be submitted before the end of the period of the Service Contract and prior to the release of the last installment of the Service Contract rate as given in Clause 4.15.2.3 of this Service Contract.

Notwithstanding to anything mentioned in this clause 3.5, the Consultancy Firm shall be required to submit the draft reports as mentioned under clause 3.2.8, 3.3.1.8 and 3.4.6 of this Service Contract within the applicable timelines.

4. General Terms and Conditions

4.1 Period of the Service Contract

The period of the Service Contract shall be effective for a maximum period of 4 months from the date the Service Contract is signed.

Notwithstanding to anything mentioned in this clause 4.1, the Consultancy Firm shall have the right to seek for an extension of the period of the Service Contract according to the terms as mentioned in clause 4.2.3 of this Service Contract.

4.2 Delivery of Services and Delays

4.2.1 Service Plan

Within 5 days from the date of the Service Contract, the Consultancy Firm shall submit a Service Plan to the State Nodal Agency detailing the methodology, process, delivery schedule and tentative personnel deployment to conduct the evaluation under the Scope of Service as mentioned in Clause 3 of this Service Contract. The Consultancy Firm shall require to give a detailed presentation to The State Nodal Agency with regard to the Service Plan. The State Nodal Agency may give directions and recommendations on the Service Plan and the Consultancy Firm shall comply and act according to the directions and recommendations of the State Nodal Agency.

4.2.2 Commencement of Service

4.2.2.1 The Consultancy Firm shall commence the Services and shall proceed with due expedition and without delay from the effective date of Contract, which is the date of signing of the service contract (all dates of delivery shall be counted from such a date), the Consultancy Firm shall begin carrying out the Services after confirming the following:

4.2.2.1.1 As required by the Service Contract, all key experts needed at the beginning of the assignment are effectively participating.

4.2.2.1.2 The Consultancy Firm shall ensure that the State Nodal Agency has provided the data, documents and assistance that is required at the commencement of service or from time to time as required under the Scope of Service.

4.2.2.2 Termination of Service Contract for Failure to Become Effective

4.2.2.2.1 If this Service Contract has not become effective as per clause 4.2.2.1 above within 15 days, the Consultancy Firm shall require to give a written notice to the State Nodal Agency, stating the reasons as to why the terms of the Service Contract cannot be executed. The reasons shall be reasonable and not subject to the terms mentioned in Clause 4.5 of this Service Contract.

4.2.2.2.2 The State Nodal Agency shall examine the notice and issue and acceptance of the written notice and declare the Service Contract to be null and void by giving in writing the notice of acceptance to the Consultancy Firm.

4.2.2.2.3 The termination of Service Contract for failure to become effective shall be subjected to a penal provision of 10% of the total Service Contract Fee. This penal provision shall be applicable if the State Nodal Agency opines that reasons given by the Consultancy Firm are not justified or matters related to Clause 4.5 of this Service Contract. This penal provision shall not be applicable for reasons of delay that may cause on account of delays by the State Nodal Agency.

4.2.2.3 Review of Progress and Phases of Service

The State Nodal Agency and the Consultancy Firm shall hold meetings at various phases of the Service Contract period to review the process and progress of the services. Unless otherwise agreed by both Parties, periodic reviews shall be conducted to assess progress against the Service Plan and to decide on any required remedial actions.

4.2.3 Delivery of Services, Time of Delivery and Extensions Thereof

4.2.3.1 The Consultancy Firm shall deliver all Services and submit deliverables as per the approved service plan in the manner specified in the Service Contract.

4.2.3.2 The time for delivery of Services shall be deemed to be the essence of the Service Contract. Subject to any requirement in the Service Contract as to the completion of any portions or portions of the Services before completion of the whole, the Consultancy Firm shall fully and finally complete the whole of the services comprised in the Service Contract as per the Delivery and Completion Schedule.

4.2.3.3 If at any time during the currency of the Service Contract, the Consultancy Firm encounters conditions hindering the timely performance of services; the Consultancy Firm shall promptly inform the State Nodal Agency in writing about the same and its likely duration.

4.2.3.4 The Consultancy Firm may request to the State Nodal Agency for an extension of the delivery schedule not less than one month before the expiry of the date/month fixed for completion of the services. The State Nodal Agency may agree to extend the completion schedule, with or without liquidated damages and denial clause, by issuing an amendment to the Service Contract.

4.3 Project Office

The Consultancy Firm shall require to set up a Project Office at a convenient place in Shillong for ease in coordination with the State Nodal Agency.

4.4 Human Resource of the Consultancy Firm

The Consultancy Firm shall require to undertake the evaluation under the Sope of Service by involving human resource personnels who are experts or have expertise in the fields of government sponsored health schemes, health financing, health economics, public health, health benefit package design, insurance, actuary, statistical methods with experience in using tools such as SPSS, Microsoft Excel, Minitab or any other software or application which have provisions for statistical evaluation.

4.5 Liquidated Damages and Penalties

4.5.1 Non-performance of Obligations

If the Consultancy Firm fails to perform any of the obligations, responsibilities, or deliverables as stipulated in the scope of services given in clause 3 of this Service Contract, the State Nodal Agency shall be entitled to levy liquidated damages at the rate of 2.5% of the Service Contract Price.

4.5.2 Delay or Non-Adherence to Timelines

If the Consultancy Firm fails to adhere to the timelines specified under Clause 3 (Scope of Work) of this Service Contract or any agreed project schedule, the State Nodal Agency shall impose liquidated damages at the rate of 1% per week of the Service Contract Price, subject to a maximum of 2.5% of the Service Contract Price.

4.5.3 The imposition of such liquidated damages shall not relieve the Consultancy Firm of its obligations to complete the work or preclude the State Nodal Agency from seeking other remedies available under law.

4.5.4 Payment of Liquidated Damages: The liquidated damages shall recoverable from payments due to the Consultancy Firm.

4.5.5 The imposition of liquidated damages under this clause shall be without prejudice to the State Nodal Agency's right to termination as given in Clause 4.6 of this Service Contract or pursue any other remedies available under applicable law.

4.6 Termination

4.6.1 The State Nodal Agency shall have the right to terminate this Service Contract upon the occurrence of any of the following events, provided that such event is not attributed to a Force Majeure as given in clause 4.7 of this Service Contract.

4.6.1.1 The Consultancy Firm has been adjudged bankrupt or become insolvent; or

4.6.1.2 There has been any petition for winding up of the Consultancy Firm has been admitted and liquidator or provisional liquidator has been appointed or the Consultancy Firm has been ordered to be wound up by Court of competent jurisdiction, except for the purpose of amalgamation or reconstruction with the prior consent of the State Nodal Agency, provided that, as part of such or reconstruction and the amalgamated or reconstructed entity has unconditionally assumed all surviving obligations of the Consultancy Firm under the Service Contract.

4.6.1.3 Default in Performance and Obligations

If the Consultant fails to deliver any or all of the Services or fails to perform any other contractual obligations within the period stipulated in the contract or within any extension thereof granted by the State Nodal Agency.

4.6.2 Notice of Default and Opportunity to Cure

In the event of such non-performance or delay, the State Nodal Agency shall issue a written Notice of Default to the Consultancy Firm specifying the nature of the breach and requiring the Consultancy Firm to remedy the same within a period not exceeding five (5) days from the date of receipt of such notice, or within such shorter period as may be considered appropriate in the circumstances.

4.6.3 Termination for Continued Default

If the Consultancy Firm fails to cure the default within the period specified in the Notice of Default, or fails to provide satisfactory justification acceptable to the State Nodal Agency, the State Nodal Agency may, without prejudice to any other rights or remedies available under the Service Contract or applicable law, terminate the Service Contract, in whole or in part, by issuing a written Notice of Termination.

4.6.4 Consequences of Termination

4.6.4.1 The Consultancy Firm shall immediately cease all further work under the Service Contract, except as may be directed by the State Nodal Agency for orderly transition;

4.6.4.2 The Consultancy Firm shall hand over all completed and partially completed deliverables, documents, data, records, and materials pertaining to the assignment;

4.6.4.3 The State Nodal Agency shall be entitled to impose liquidated damages, if applicable, in accordance with Clause 4.5 of this Service Contract and other relevant provisions of the Service Contract;

4.6.4.4 The State Nodal Agency shall not be liable to make any pending payment of the Service Contract Price as given in clause 4.16 of this Service Contract with the effect of termination after the Notice of Termination is issued; and

4.6.4.5 The State Nodal Agency shall be at liberty to engage any other agency to complete the remaining Services at the risk and cost of the Consultancy Firm, to the extent permissible under law.

4.7 Force Majeure

On the occurrence of any unforeseen event beyond the control of either Party, directly interfering with the delivery of Services arising during the currency of the Service Contract, such as war, hostilities, acts of the public enemy, civil commotion, sabotage, fires, floods, explosions, epidemics, quarantine restrictions, strikes, lockouts, or acts of God, the affected Party shall, within a week from the commencement thereof, notify the same in writing to the other Party with reasonable evidence

thereof. Unless otherwise directed by the State Nodal Agency in writing, the Consultancy Firm shall continue to perform its obligations under the Service Contract as reasonably practicable and seek all reasonable alternative means for performance not prevented by the Force Majeure event. If the force majeure condition(s) mentioned above be in force for 90 days or more at any time, either party shall have the option to terminate the Service Contract on expiry of 90 days of commencement of such force majeure by giving 14 days' notice to the other party in writing. In case of such termination, no damages shall be claimed by either party against the other except those which had occurred under any other clause of this Contract before such termination.

4.8 Assignment and Sub-service Contracting

The Consultancy Firm shall not sublet, transfer, or assign the Service Contract, in whole or part, without prior written permission of the State Nodal Agency. Any such subletting or assignment without approval shall constitute a breach of the Service Contract, entitling the State Nodal Agency to avail any or all remedies available thereunder.

4.9 Confidentiality and Intellectual Property Rights

4.9.1 Intellectual Property Rights

All deliverables, outputs, plans, specifications, designs, reports, and other documents submitted by the Consultancy Firm under this Service Contract shall become and remain the property of the State Nodal Agency and shall be subject to laws of copyright and must not be shared with third parties or reproduced, whether in whole or part, without the State Nodal Agency's prior written consent. The Consultancy Firm shall, not later than upon termination or expiration of this Service Contract, deliver all such documents to the State Nodal Agency.

4.9.2 Confidentiality

All documents, samples, data, associated correspondence or other information furnished by or on behalf of the State Nodal Agency to the Consultancy Firm in connection with the Service Contract, whether such information has been furnished before, during or following completion or termination of the Service Contract, are confidential and shall remain the property of the State Nodal Agency and shall, without the prior written consent of State Nodal Agency neither be divulged by the Consultancy Firm to any third party, nor be used by the third party for any purpose other than the design, procurement, or other services and activities required for the performance of this Service Contract. All copies of all such information in original shall be returned on completion of the Consultancy Firm's performance and obligations under this Service Contract.

4.10 Restrictions on the Use of Information

4.10.1 Without the State Nodal Agency's prior written consent, the Consultancy Firm shall treat and mark all information as confidential (or Secret – as the case may) and shall not divulge to any person other than the person(s) employed by the Consultancy Firm in the performance of the Service Contract. Further, any such disclosure to any such employed person shall be made in confidence and only so far as necessary for such performance for this Service Contract. The obligation of the Consultancy Firm, however, shall not apply to information that:

4.10.1.1 The Consultancy Firm needs to share with the institution(s) or departments within the Government of Meghalaya who may or may not play a role or responsibility to execute this Service Contract;

4.10.1.2 now or hereafter is or enters the public domain through no fault of Consultancy Firm;

4.10.1.3 can be proven to have been possessed by the Consultancy Firm at the time of disclosure and which was not previously obtained, directly or indirectly, from the State Nodal Agency; or

4.10.1.4 otherwise lawfully becomes available to the Consultancy Firm from a third party with no obligation of confidentiality.

4.11 Obligation to Indemnify the State Nodal Agency

4.11.1 For breach of Intellectual Property Rights: The Consultancy Firm shall indemnify and hold harmless, free of costs, the State Nodal Agency and its employees and officers from and against all suits, actions or administrative proceedings, claims, demands, losses, damages, costs, and expenses of any nature, including attorney's fees and expenses, which may arise in respect of the Services provided by the Consultancy Firm under this Service Contract, as a result of any infringement or alleged infringement of any patent, utility model, registered design, copyright, or other Intellectual Proprietary Rights (IPR) or trademarks, registered or otherwise existing on the date of the Service Contract.

4.11.2 For Losses and Damages Caused by Consultancy Firm: The Consultancy Firm shall indemnify and keep harmless the State Nodal Agency, from and against, all actions, suit proceedings, losses, costs, damages, charges, claims, and demands of every nature and description brought or recovered against the State Nodal Agency because of any act or omission or default or negligence or trespass of the Consultancy Firm, its agents, or employees despite all reasonable and proper precautions may have been taken, during the execution of the Services.

4.12 The Entire Agreement:

This Service Contract and its documents constitute the entire agreement between the State Nodal Agency and the Consultancy Firm and supersede all other communications, negotiations, and agreements (whether written or oral) of the Parties made before the date of this Service Contract. No agent or representative of either Party has the authority to make, and the Parties shall not be bound by or be liable for, any statement, representation, promise or agreement not outlined in this Service Contract.

4.13 Modifications and Amendments of Service Contract.

4.13.1 After the Service Contract documents have been signed, no modified provisions shall be applicable unless the State Nodal Agency Suo-moto or, on request from the Consultancy Firm, by written order, amend the Service Contract, at any time during the currency of the Service Contract, by making alterations and modifications within the general scope of the Service Contract. Requests for changes and modifications in the Service Contract may also be submitted in writing by the Consultancy Firm to the State Nodal Agency.

4.13.2 If the Consultancy Firm does not agree to the suo-moto modifications/amendments made by the State Nodal Agency, the consultancy Firm shall convey its views within 7 days from the date of amendment/modification. Otherwise, it shall be assumed that the Consultancy Firm has consented to the amendment.

4.13.3 Any verbal or written arrangement abandoning, modifying, extending, reducing, or supplementing the Service Contract or any of the terms thereof shall be deemed conditional and shall not be binding on the State Nodal Agency unless and until the same is incorporated in a formal instrument and signed by the State Nodal Agency, and till then the State Nodal Agency shall have the right to repudiate such arrangements.

4.14 Severability

If any provision of this service Contract is invalid, unenforceable or prohibited by law, this Service Contract shall be considered divisible as to such provision and such provision shall be inoperative and the remainder of this Insurance Contract shall be valid, binding and of the like effect as though such provision was not included herein.

4.15 Communications

4.15.1 All communications under the Service Contract shall be served by the parties to each other in writing, in the Service Contract's language, and served in a manner customary and acceptable in business and commercial transactions.

4.15.2 The effective date of such communications shall be either the date when delivered to the recipient or the effective date mentioned explicitly in the communication, whichever is later.

4.15.3 Notices may be given; by being delivered to the address of the addressees as set out below (in which case the notice shall be deemed to be served at the time of delivery) by courier services or by fax/email (in which case the original shall be sent by courier services).

To:

Attn:

E-Mail:

Phone:

Fax:

To: **State Nodal Agency, Megha Health Insurance Scheme**

Department of Health and Family Welfare, Government of Meghalaya, Health Complex Red Hill Road, Laitumkhrah Shillong-793003, Meghalaya.

Attn: **Mr. Ramakrishna Chitturi, IAS**

E-Mail: **state.manager@mhis.org.in**

Phone: **0364-2507477**

Fax: **NA**

4.16 Waivers and Forbearance:

The following shall apply concerning any waivers, forbearance, or similar action taken under this Service Contract:

4.16.1 Any waiver of a State Nodal Agency's rights, powers, or remedies under this Service Contract must be in writing, dated, and signed by an authorized representative of the State Nodal Agency granting such a waiver and must specify the terms under which the waiver is being granted.

4.16.2 No relaxation, forbearance, delay, or indulgence by State Nodal Agency in enforcing any of the terms and conditions of this Service Contract or granting of an extension of time by State Nodal Agency to the Consultancy Firm shall, in any way whatsoever, prejudice, affect, or restrict the rights of State Nodal Agency under this Service Contract, neither shall any waiver by State Nodal Agency of any breach of Service Contract operate as a waiver of any subsequent or continuing breach of Service Contract.

4.17 Prices and Payments

4.17.1 Service Contract Price: In consideration of the Services to be provided by the Consultant in accordance with the provisions of this Contract, and pursuant to the tendering process and identification of the successful bidder as the Consultancy Firm, the State Nodal Agency shall pay the Consultant a total Service Contract Price of **₹ (Amount in Figure) (Amount in Words)** inclusive of tax.

4.17.2 Terms of Payment

4.17.2.1 First Installment: Upon signing of the Service Contract, the Consultancy Firm shall submit an invoice for the first instalment equivalent to forty percent (40%) of the Service Contract Price. The State Nodal Agency shall, subject to due verification and in accordance with the terms and conditions of the Service Contract, release the said payment within fifteen (15) working days from the date of receipt of the invoice.

4.17.2.2 Second Installment: Upon completion of three (3) months from the Effective Date of the Service Contract or upon submission and acceptance by the State Nodal Agency of the deliverables under the clause 3.2 and 3.3 of this Service Contract relating to (i) *Evaluation for inclusion of Government Employees, Pensioners and their dependents under the Megha Health Insurance Scheme* and (ii) *Comprehensive study to assess the relevance, cost-effectiveness, and sustainability of the Health Benefit Packages for strengthening the implementation of the Megha Health Insurance Scheme*; whichever is earlier; the Consultancy Firm shall raise the

second invoice equivalent to thirty percent (30%) of the Service Contract Price. The State Nodal Agency shall, subject to acceptance of the deliverables and compliance with the terms and conditions of the Service Contract, release the said payment within fifteen (15) working days from the date of receipt of the invoice.

4.17.2.3 Third Installment/Final Payment – The final payment, equivalent to thirty percent (30%) of the Service Contract Price, shall be released only after the Consultancy Firm has submitted the final report and all final deliverables, along with a final invoice clearly marked as 'Final Invoice'. The State Nodal Agency shall examine the final deliverables, and, upon being satisfied that the Services have been performed in accordance with the terms of the Service Contract, issue written acceptance thereof. The final payment shall be released within fifteen (15) working days from the date of such acceptance.

4.17.3 Taxes and Duties

4.17.3.1 The Consultancy Firm shall be entirely responsible for all taxes, duties, fees, levies etc., incurred relating to the delivery of the Services.

4.17.3.2 If applicable under relevant tax laws and rules, the State Nodal Agency shall deduct from all payments and deposit required taxes to respective authorities on account of GST and Income Tax.

4.18 Resolution of Disputes

4.18.1 All disputes and differences between the parties hereto, as to the construction or operation of this Service Contract, or the respective rights and liabilities of the parties on any matter in question, or any other account whatsoever; arising out of or in connection with the Service Contract, shall attempt to resolve the Dispute amicably in accordance with the amicable resolution procedure set forth in Clause 4.16.2.1 of this Service Contract.

4.18.2 The aggrieved party shall give a 'Notice of Dispute' indicating the Dispute and claims citing the relevant Service Contractual clause to the designated authority mentioned in the service contract for invoking resolution.

4.18.2.1 Resolution of disputes through Amicable Resolution.

4.18.2.1.1 In the event of any dispute between the Parties, either Party may require such dispute to be referred to the Chief Executive Officer, State Nodal Agency and the higher level of management of the Consultancy Firm i.e., at the level of the General Manager/Vice President/Executive Director for amicable settlement. Upon such reference, the said persons shall meet no later than 3(three) days from the date of reference to discuss and attempt to amicably resolve the dispute.

4.18.2.1.2 If the dispute is not amicably settled within 7 (seven) days of the meeting for amicable resolution between the parties; either Party may refer the Dispute to the MHIS Policy Committee of the Sate Nodal_Agency in accordance with the provisions of the clause 4.16.2.2 of this Service Contract.

4.18.2.2 Resolution of Dispute through Policy Committee of the State Nodal Agency.

4.18.2.2.1 The Government of Meghalaya has constituted and notified the MHIS Policy Committee as given in clause 2.4 of this Service Contract.

4.18.2.2.2 The aggrieved party shall inform the MHIS Policy committee in writing specifying the matters which are in question or subject of the dispute or difference indicating the relevant Service Contractual clause.

4.18.2.2.3 Within 7 days, after receiving the representation, the MHIS Policy Committee shall meet and make and notify decisions in writing on all matters referred to the aggrieved party.

4.18.2.2.4 If not satisfied by the decision of the MHIS Policy Committee, or if the committee fails to notify its decision within the abovementioned time-frame, the aggrieved party may proceed to invoke the process of Arbitration as given in Clause 4.16.2.3 of this Service Contract.

4.18.2.3 Arbitration

4.18.2.3.1 Any dispute which is not resolve following the above-mentioned procedure shall be finally decided by reference to arbitration by a Board of Arbitrators appointed in accordance with Clause 4.16.2.3.2 of this Service Contract. The provisions of the Arbitration and Conciliation Act, 1996 and Rules thereunder will be applicable, and the award made there under shall be final and binding upon the parties hereto, subject to legal remedies available under the law. Such differences shall be deemed to be a submission to arbitration under the Indian Arbitration and Conciliation Act, 1996, or of any modifications, Rules or re-enactments thereof. The seat and venue of such Arbitration proceedings will be held at Shillong, Meghalaya, India. Any legal dispute will come under the sole and exclusive jurisdiction of Shillong (Meghalaya), India. The language of arbitration proceedings shall be English.

4.18.2.3.2 The Board of arbitrators shall consist of 3 arbitrators, with each Party appointing one arbitrator and the third arbitrator being appointed by the two arbitrators so appointed. If the parties cannot agree on the appointment of the Arbitrator within a period of one month from the notification by one party to the other of existence of such dispute, then the Arbitrator shall be appointed by the High Court of Meghalaya, Shillong.

4.18.2.3.3 The Arbitrator shall make a reasoned award (the “Award”). Such award shall be implemented by the parties concerned within such time as directed by the Arbitrator in such Award.

4.18.2.3.4 The Consultancy Firm and the State Nodal Agency agree that an Award may be enforced against the Consultancy Firm and/or the State Nodal Agency and their respective assets wherever situated as stated in Arbitration Award. Both the Parties to bear their own cost pertaining to the Arbitration Proceedings.

4.18.2.4 Performance Pending Disputes: This Agreement and the rights and obligations of the Parties shall remain in full force and effect, pending written settlement in any amicable settlement proceedings or the Award in any arbitration proceedings hereunder, unless this Agreement has been terminated; or expressly provided otherwise in this Agreement.

4.19 Governing Laws and Jurisdiction

4.19.1 This Service Contract, its meaning and interpretation, and the relation between the Parties shall be governed by the Laws of India for the time being in force.

4.19.2 The courts in Shillong, Meghalaya shall have the exclusive jurisdiction over any disputes arising under, out of or in connection with this Service Contract.

IN WITNESS WHEREOF, the Parties have caused this Insurance Service Contract to be executed by their duly authorized representatives as of the date stated above.

SIGNED, SEALED and DELIVERED

For and on behalf of

_____

Represented by:

_____

Chief Executive Officer,

State Nodal Agency, Megha Health Insurance Scheme and

Additional Secretary, Health & Family Welfare Dept.,

Government of Meghalaya.

In the presence of:

1. _____

2. _____

SIGNED, SEALED and DELIVERED

For and on behalf of

Represented by:

_____

_____

_____

In the presence of:

1. _____

2. _____

Annexure 1

List of the MHIS empaneled Hospitals in Meghalaya

Sl No.	HOSPITAL NAME	DISTRICTS
1	WILLIAMNAGAR CIVIL HOSPITAL	EAST GARO HILLS
2	NENGMANDALGRE PHC	EAST GARO HILLS
3	RONGRONG PHC	EAST GARO HILLS
4	SAMANADA PHC	EAST GARO HILLS
5	DOBU PHC	EAST GARO HILLS
6	BANSAMGRE PHC	EAST GARO HILLS
7	MANGSANG PHC	EAST GARO HILLS
8	SONGSAK PHC	EAST GARO HILLS
9	RONGJENG CHC	EAST GARO HILLS
10	DAGAL PHC	EAST GARO HILLS
11	CIVIL HOSPITAL KHLIEHRIAT	EAST JAINTIA HILLS
12	SUTNGA CHC	EAST JAINTIA HILLS
13	UMKIANG PHC	EAST JAINTIA HILLS
14	LUMSHNONG PHC	EAST JAINTIA HILLS
15	PAMRA PAITHLU PHC	EAST JAINTIA HILLS
16	SAIPUNG PHC	EAST JAINTIA HILLS
17	RYMBAI PHC	EAST JAINTIA HILLS
18	BATAW PHC	EAST JAINTIA HILLS
19	BETHANY HOSPITAL	EAST KHASI HILLS
20	PASTEUR INSTITUTE SHILLONG	EAST KHASI HILLS
21	NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES	EAST KHASI HILLS
22	THE CHILDREN HOSPITAL	EAST KHASI HILLS
23	CIVIL HOSPITAL SHILLONG	EAST KHASI HILLS
24	DR.H GORDON ROBERT HOSPITAL	EAST KHASI HILLS
25	RAMAKRISHNA MISSION HOSPITAL SOHRA	EAST KHASI HILLS
26	MEGHALAYA INSTITUTE OF MENTAL HEALTH & NEURO SCIENCE	EAST KHASI HILLS
27	MISSIONTRUST	EAST KHASI HILLS
28	NAZARETH HOSPITAL	EAST KHASI HILLS
29	WOODLAND HOSPITAL	EAST KHASI HILLS
30	GANESH DAS HOSPITAL	EAST KHASI HILLS
31	SUPERCARE HOSPITAL	EAST KHASI HILLS
32	COMPOSITE HOSPITAL BSF SHILLONG	EAST KHASI HILLS
33	REID PROVINCIAL CHEST HOSPITAL	EAST KHASI HILLS
34	ICHAMATI CHC	EAST KHASI HILLS
35	MAWPHLANG CHC	EAST KHASI HILLS
36	MAWSYNRAM CHC	EAST KHASI HILLS
37	SOHIONG CHC	EAST KHASI HILLS
38	MAWIONG CHC	EAST KHASI HILLS
39	SOHRA CHC	EAST KHASI HILLS

40	PYNURSLA CHC	EAST KHASI HILLS
41	MAWKLIAW PHC	EAST KHASI HILLS
42	DIENGPASOH PHC	EAST KHASI HILLS
43	MAWSIATKHNAM PHC	EAST KHASI HILLS
44	SMIT PHC	EAST KHASI HILLS
45	LAITKYNSEW PHC	EAST KHASI HILLS
46	KHATAR SHNONG PHC	EAST KHASI HILLS
47	MAWROH PHC	EAST KHASI HILLS
48	MAWKYNREW PHC	EAST KHASI HILLS
49	DIENGIEI PHC	EAST KHASI HILLS
50	SWER PHC	EAST KHASI HILLS
51	JATAH PHC	EAST KHASI HILLS
52	MAWLONG PHC	EAST KHASI HILLS
53	MAWSAHEW PHC	EAST KHASI HILLS
54	DANGAR PHC	EAST KHASI HILLS
55	SOHBAR PHC	EAST KHASI HILLS
56	MAWRYNGKNENG PHC	EAST KHASI HILLS
57	NONGSPUNG PHC	EAST KHASI HILLS
58	LAITRYNGEW PHC	EAST KHASI HILLS
59	PONGTUNG PHC	EAST KHASI HILLS
60	RYNGKU PHC	EAST KHASI HILLS
61	POMLUM PHC	EAST KHASI HILLS
62	JONGKSHA PHC	EAST KHASI HILLS
63	WAHSHERKHMUT PHC	EAST KHASI HILLS
64	NONGUR WEILYNGKUT PHC	EAST KHASI HILLS
65	LAITLYNGKOT PHC	EAST KHASI HILLS
66	LAWBAH PHC	EAST KHASI HILLS
67	RIANGDO CHC	EASTERN WEST KHASI HILLS
68	KYNRUD PHC	EASTERN WEST KHASI HILLS
69	MYRIAW PHC	EASTERN WEST KHASI HILLS
70	LAITDOM PHC	EASTERN WEST KHASI HILLS
71	MAWEIT PHC	EASTERN WEST KHASI HILLS
72	SHALLANG PHC	EASTERN WEST KHASI HILLS
73	PARIONG PHC	EASTERN WEST KHASI HILLS
74	RAMBRAI PHC	EASTERN WEST KHASI HILLS
75	DONGKI-INGDING PHC	EASTERN WEST KHASI HILLS
76	NONGTHLIEW PHC	EASTERN WEST KHASI HILLS
77	RESUBELPARA CHC	NORTH GARO HILLS
78	GABIL PHC	NORTH GARO HILLS
79	DAMAS PHC	NORTH GARO HILLS
80	MENDIPATHAR PHC	NORTH GARO HILLS
81	WAGEASI PHC	NORTH GARO HILLS
82	ADOKGRE PHC	NORTH GARO HILLS
83	BAJENGDOBA PHC	NORTH GARO HILLS
84	RARI PHC	NORTH GARO HILLS
85	MANIKGANJ PHC	NORTH GARO HILLS
86	DAINADUBI PHC	NORTH GARO HILLS

87	SUALMARI PHC	NORTH GARO HILLS
88	PA SANGMA INTERNATIONAL MEDICAL COLLEGE & HOSPITAL	RI BHOI
89	PARTHONA ORTHOPAEDIC AND SUPERSPECAILTY HOSPITAL	RI BHOI
90	HOLY CROSS HEALTH CENTRE UMSAWKHAN	RI BHOI
91	BETHANY OUTREACH	RI BHOI
92	NONGPOH CIVIL HOSPITAL	RI BHOI
93	ARHI HOSPITAL	RI BHOI
94	BHOIRYMBONG CHC	RI BHOI
95	PATHARKHMAH CHC	RI BHOI
96	UMSNING CHC	RI BHOI
97	BYRNIHAT PHC	RI BHOI
98	UMDEN PHC	RI BHOI
99	MAWHATI PHC	RI BHOI
100	MAWLASNAI PHC	RI BHOI
101	UMTRAI PHC	RI BHOI
102	KYRDEM PHC	RI BHOI
103	WARMAWSAW PHC	RI BHOI
104	MARNGAR PHC	RI BHOI
105	BAGHMARA CIVIL HOSPITAL	SOUTH GARO HILLS
106	CHOKPOT CHC	SOUTH GARO HILLS
107	RONGARA PHC	SOUTH GARO HILLS
108	SILKIGRE PHC	SOUTH GARO HILLS
109	MOHESHKOLA PHC	SOUTH GARO HILLS
110	SIBBARI PHC	SOUTH GARO HILLS
111	SIJU PHC	SOUTH GARO HILLS
112	NANGALBIBRA PHC	SOUTH GARO HILLS
113	Ampati Civil Hospital	SOUTH WEST GARO HILLS
114	MAHENDRAGANJ CHC	SOUTH WEST GARO HILLS
115	GAROBADHA PHC	SOUTH WEST GARO HILLS
116	RANGSAKONA PHC	SOUTH WEST GARO HILLS
117	MELLIM PHC	SOUTH WEST GARO HILLS
118	BETASING PHC	SOUTH WEST GARO HILLS
119	SALMANPARA PHC	SOUTH WEST GARO HILLS
120	BELBARI PHC	SOUTH WEST GARO HILLS
121	KALAICHAR PHC	SOUTH WEST GARO HILLS
122	ZIKZAK PHC	SOUTH WEST GARO HILLS
123	NOGORPARA PHC	SOUTH WEST GARO HILLS
124	CIVIL HOSPITAL MAWKYRWAT	SOUTH WEST KHASI HILLS
125	RANIKOR CHC	SOUTH WEST KHASI HILLS
126	WAHKAJI PHC	SOUTH WEST KHASI HILLS
127	RANGTHONG PHC	SOUTH WEST KHASI HILLS
128	MAWTHAWPDAH PHC	SOUTH WEST KHASI HILLS
129	DISTRICT TUBERCULOSIS HOSPITAL TURA	WEST GARO HILLS
130	TURA CHRISTIAN HOSPITAL	WEST GARO HILLS
131	TURA CIVIL HOSPITAL	WEST GARO HILLS
132	HOLY CROSS TURA HOSPITAL	WEST GARO HILLS
133	JENGJAL SUB DIVISIONAL HOSPITAL	WEST GARO HILLS

134	DMCH HOSPITAL	WEST GARO HILLS
135	DADENGIRI CHC	WEST GARO HILLS
136	DALU CHC	WEST GARO HILLS
137	BHAITBARI CHC	WEST GARO HILLS
138	ALLAGRE CHC	WEST GARO HILLS
139	SELSELLA CHC	WEST GARO HILLS
140	DARENGRE PHC	WEST GARO HILLS
141	ASANANGRE PHC	WEST GARO HILLS
142	BABADAM PHC	WEST GARO HILLS
143	PURAKHASIA PHC	WEST GARO HILLS
144	JELDUPARA PHC	WEST GARO HILLS
145	TIKRIKILLA PHC	WEST GARO HILLS
146	CHIBINANG PHC	WEST GARO HILLS
147	KHERAPARA PHC	WEST GARO HILLS
148	PHULBARI CHC	WEST GARO HILLS
149	PEDALDOBA PHC	WEST GARO HILLS
150	DR NORMAN TUNNEL HOSPITAL JOWAI	WEST JAINTIA HILLS
151	RASONGSLI NURSING HOME	WEST JAINTIA HILLS
152	JOWAI CIVIL HOSPITAL	WEST JAINTIA HILLS
153	WOODLAND WK HOSPITAL	WEST JAINTIA HILLS
154	100 BEDDED MCH HOSPITAL JOWAI	WEST JAINTIA HILLS
155	NONGTALANG CHC	WEST JAINTIA HILLS
156	NAMDONG CHC	WEST JAINTIA HILLS
157	LASKEIN CHC	WEST JAINTIA HILLS
158	UMMULONG CHC	WEST JAINTIA HILLS
159	DAWKI PHC	WEST JAINTIA HILLS
160	PDENGSHAKAP PHC	WEST JAINTIA HILLS
161	SAHSNIANG PHC	WEST JAINTIA HILLS
162	NARTIANG PHC	WEST JAINTIA HILLS
163	MYNSO PHC	WEST JAINTIA HILLS
164	SHANGPUNG PHC	WEST JAINTIA HILLS
165	IOOKSI PHC	WEST JAINTIA HILLS
166	BARATO PHC	WEST JAINTIA HILLS
167	JARAIN PHC	WEST JAINTIA HILLS
168	KHLIEHTYRSHI PHC	WEST JAINTIA HILLS
169	NANGBAH PHC	WEST JAINTIA HILLS
170	TIROT SINGH MEMORIAL HOSPITAL	WEST KHASI HILLS
171	HOLY CROSS MAIRANG	WEST KHASI HILLS
172	NONGSTOIN CIVIL HOSPITAL	WEST KHASI HILLS
173	MAKARIOS MEDICAL CENTER	WEST KHASI HILLS
174	NONGKHLAW CHC	WEST KHASI HILLS
175	NONGUM PHC	WEST KHASI HILLS
176	NONGLANG PHC	WEST KHASI HILLS
177	KYNSHI PHC	WEST KHASI HILLS
178	MAROID PHC	WEST KHASI HILLS
179	MARKASA PHC	WEST KHASI HILLS

Annexure 2

MHIS Policy Committee

GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT
ORDERS BY THE GOVERNOR
NOTIFICATION

Dated Shillong, the 8th September,2025.

No. Health.125/2024/Pt/2: - The Governor of Meghalaya is pleased to constitute a Policy committee for the State Nodal Agency, Megha Health Insurance Scheme (MHIS) consisting of the following members:

1.	Principal Health & Family Welfare Department	– Chairman
2.	Additional Secretary, Health & Family Welfare Department Cum CEO, MHIS	– Member Secretary
3.	Secretary, Finance Department	- Member
4.	Secretary, Planning Department	- Member
5.	Secretary, Law Department	- Member
6.	Director of Health Services (MI)	- Member
7.	Director of Health Services (MCH&FW) and Joint CEO, MHIS	- Member
8.	State Manager, Finance and Accounts Manager and Monitoring and Control Officer State Nodal Agency, MHIS	- Member

Terms of Reference.

- For analysing and evaluating the potential adoption of the co-insurance model within MHIS.
- It will review the inclusion of government employees, pensioners and their eligible dependents under MHIS, as well as conduct a scientifically rigorous re-evaluation of the medical and surgical packages and their corresponding rates under MHIS and the Ayushman Vay Vandana Scheme, etc.

Sd/-(Sampath Kumar, IAS.,)
Principal Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.
*****

Memo.No. Health. 125/2024/Pt/2- A **Dated Shillong, the 8th September,2025.**

1. Principal Secretary to the Govt. of Meghalaya, Health & Family Welfare Department.
2. Additional Secretary to the Govt. of Meghalaya, Health & Family Welfare Department.
3. Secretary to the Govt. of Meghalaya, Finance Department.
4. Secretary to the Govt. of Meghalaya, Planning Department.
5. Secretary to the Govt. of Meghalaya, Law Department.
6. Director of Health Services (MI)/(MCH) and Joint CEO (MHIS), Meghalaya, Shillong.
7. State Manager, Finance and Accounts Manager and Monitoring and Control Officer State Nodal Agency, MHIS.

By Orders etc.,

Under Secretary to the Govt. of Meghalaya
Health & Family Welfare Department.
*****

Annexure 3

List of Chronic Diesses

1. **Cardio-vascular system.**
    a. Hypertension.
    b. Rheumatic Heart Disease and its Sequelae Such as MS, MR, AS, AR, PS etc.
    c. Valve disease of the Hearl due to any aetiology.
    d. Ischaemic Heart Disease.
    e. Ch. Congestive Heart Failure.
    f. Ch. Corpulmonale.
    g. Congenital Heart Disease.
    h. All kinds of Arrhythmias.
    i. Cardiac Myopathy

2. Respiratory System.
    a. Ch. Bronchial Asthma,
    b. Nasobronchial Allergy.
    c. Pneumoconiosis o Pulmonary Tuberculosis and Tuberculosis of any organ
    d. Post Lobectomy/Post Pneumonectomy cases.
    e. Ch. Emphysema. o Ch. Obstructive Air way Disease.
    f. Ch. Respiratory Failure.
    g. Pulmonary Arterial Hypertension.
    h. Bronchiectasis.
    i. Lung Abscess Empyema

3. Genito-Urinary System.
    a. Nephrotic Syndrome.
    b. Ch. Renal Failure.
    c. Ch. Nephritis.
    d. Ch. Interstitial Cystitis.
    e. Ch. Pyelonephritis.
    f. Endometriosis.

4. Gastro Intestinal System
    a. Ch. Peptic ulcer.
    b. Mal-absorption Syndrome
    c. Ch. Ulcerative Colitis.
    d. Ch. Pancreatitis.
    e. Haemorrhoids.
    f. Irritable Bowel Syndrome

5. Hepato-Biliary System.
    a. Cirrhosis of Liver
    b. Ch. Active Hepatitis
    c. Portal Hypertension

6. Endocrine Disease
    a. Diabetes Mellitus and its complications.
    b. Hyperthyroidism o Hypothyroidism.
    c. Disease of Pituitary Gland.
    d. Addison's disease.
    e. Cushing Syndrome

7. Disorder of Bones, Joints and Connective Tissue.
    a. Rheumatoid Arthritis.
    b. Ankylosing Spondylitis
    c. Osteoarthdtis.
    d. Chronic Gout.
    e. Osteoporosis.
    f. Cervical & lumbar spondylosis.
    g. Ch. Osteomyelitis.
    h. Collagen Disease.
    i. Skeletal Fluorosis

8. Nervous System
    a. Degenerative disease of the Nervous System (to be specified by the AMA)
    b. Demyelinating Disease to be specified by the AMA.
    c. Epilepsy.
    d. Post CVA Syndromes (Sequelae of CVA to be specified by AMA)
    e. Post-Meningitis/Encephalitis disorder.
    f. Cerebral Palsy.
    g. Cerebro- vascular disease
    h. Post Encephalitic Sequelae.
    i. Intra Cranial Space Occupying Lesions.
    j. Peripheral Neuritis.
    k. Trigeminal Neuralgia

9. Disease of Musculo-Skeletal System
    a. Muscular dystrophy.
    b. Motor Neuron Disease.
    c. Myasthenia gravis.
    d. Periodic Muscular Paralysis.
    e. Paget's Disease

10. Mental Disease
    a. Manic Depressive Psychosis.
    b. Schizophrenia.
    c. Mental Retardation.
    d. Psychosis.

11. Chronic skin Diseases
    a. Chronic Eczema.
    b. Lichen Planus.
    c. Eqthema Multiforms
    d. Vitiligo.
    e. Melanosis.
    f. Psoriasis.
    g. Pemphigus.

12. Disease of ENT
    a. Chronic S.O.M.
    b. Meniere's Syndrome

13. Disease of Eye
    a. Ch. Glaucoma.
    b. Ch. Uveitis.
    c. Retinal Detachment.
    d. Ch. Iridocyclitis.

14. Dental Disease
    a. Ch. Destructive Periodontitis.
    b. Disease of T.M. Joint.

15. Malignancies of all types.

16. Haemopoetic system.
    a. Haemolltic Anaemia.
    b. Aplastic Anaemia.
    c. Leukaemia.
    d. Blood Disorders

17. Metabolic Disorder.

    Congenital Disorders of Metabolism.

18. Paediatrics.
    a. Congenital Hydrocephalous.
    b. Cerebral Palsy.
    c. Fibrous Dysplasia

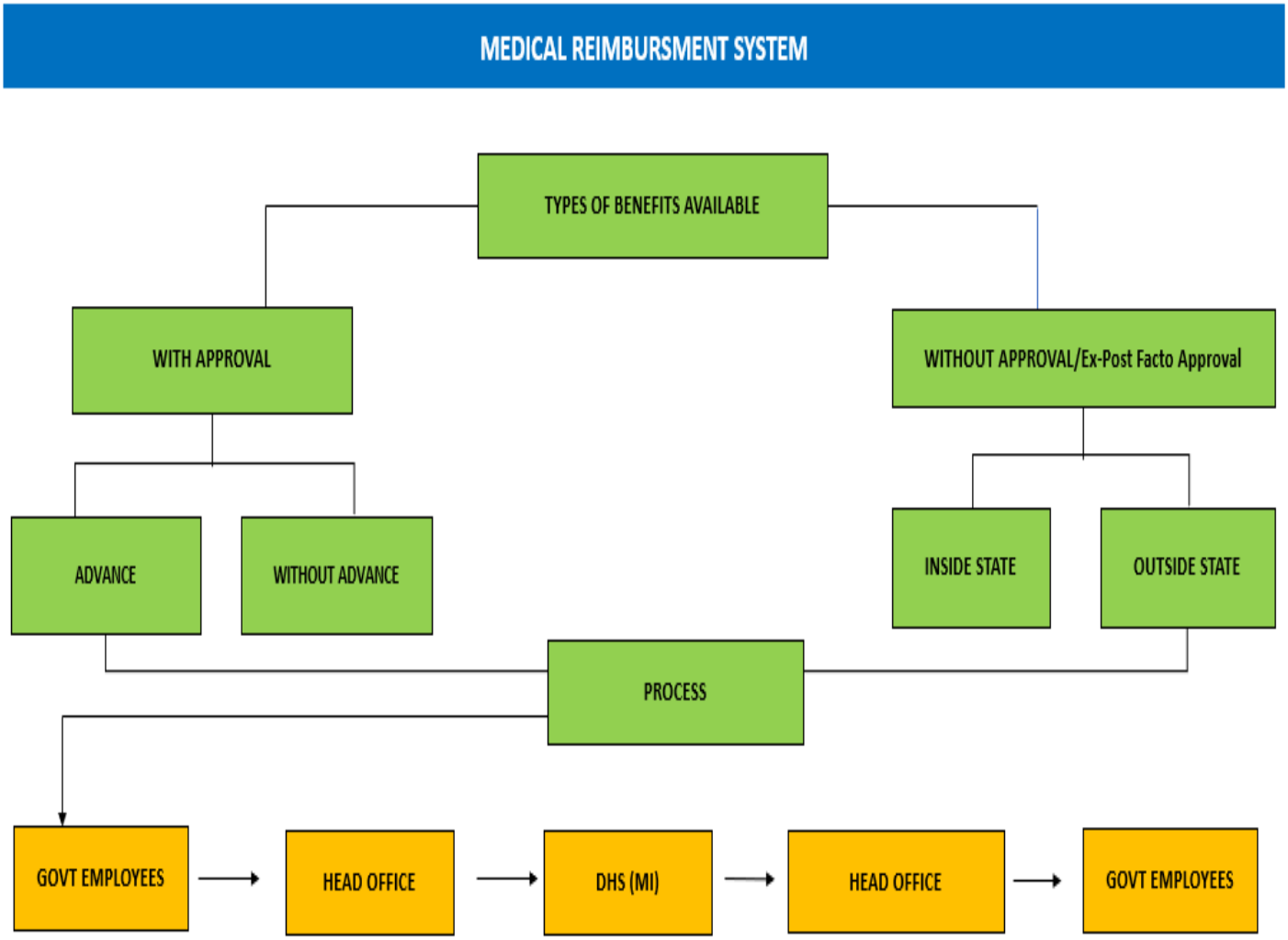
19. Systemic lupus erythematosus.

    Lupus nephritis

1. Miscellaneous.
    a. Rabid dog/animal bite.
    b. Contact of Hydrophobia.
    c. AIDS.

Annexure 4

A snapshot Existing Methodology/Process of the Medical Reimbursement of Government Employees and Pensioners.



Forms and Annexures:

- ✓ *Annexure XIV or Annexure XII and Annexure XIV as applicable.*
- ✓ *Essentiality Certificate.*
- ✓ *Copies of Discharge Summary/Medical Report/Advice Slips or Prescriptions pertaining to each bill/cash memos*
- ✓ *Referral Certificate for Ex-post Facto/Emergency Certificate.*

Annexure 5

Name of the Medical Institution Recognised by Government of Meghalaya

ANNEXURE - I

List of Hospitals Empanelled with Govt. of Meghalaya.

1. Calcutta Medical College Hospital/Seth Suklai, Kanani Memorial Hospital, Calcutta.(Letter No.Health.136/80 dt.4.12.1981).
2. Tata Cancer Institute Mumbai. (Letter No.Health.136/80 dt.4.12.1981).
3. Jaslok Cancer Institute, Mumbai.(Letter No.Health.136/80 dt.4.12.1981).
4. Christian Medical College &Hospital, Vellore.(Letter No.Health.136/80 dt.4.12.1981).
5. Mental Hospital, Ranchi.(Letter No.Health.136/80 dt.4.12.1981).
6. Orthopaedic and Prosthetic Centre, Chennai. (Letter No.Health.136/80 dt.4.12.1981).
7. Eye Hospital, Sitapur, Uttar Pradesh.(Letter No.Health.136/80 dt.4.12.1981).
8. Chittaranjan Cancer Institute, Calcutta. (Letter No.Health.136/80 dt.4.12.1981).
9. All India Institute of Medical Science, New Delhi.(Letter No.Health.136/80 dt.4.12.1981)
10. School of Tropical Medicines, Calcutta.(Letter No.Health.136/80 dt.4.12.1981).
11. B.B.Cancer Institute, Guwahati.(Letter No.Health.136/80 dt.4.12.1981).
12. Assam Medical College, Dibrugarh.(Letter No.Health.151/88/37 dt.14.12.1992).
13. Guwahati Medical College, Dispur.(Letter No.Health.151/88/37 dt.14.12.1992).
14. Silchar Medical College, Silchar.(Letter No.Health.151/88/37 dt.14.12.1992).
15. Down Town Hospital, Guwahati.(Letter No.Health.151/88/37 dt.14.12.1992).
16. Ramkrishna Seva Kutisdan, Calcutta.(Letter No.Health.151/88/37 dt.14.12.1992).
17. Cancer Research Centre, Thakurpukur, Calcutta.(Letter No.Health.151/88/37 dt.14.12.1992).
18. Apollo Hospital, Chennai.(Letter No.Health.151/88/37 dt.14.12.1992).
19. Sankara Nethralaya, Chennai.(Letter No.Health.151/88/37 dt.14.12.1992).
20. G.B.Pant Hospital, Delhi.(Letter No.Health.151/88/37 dt.14.12.1992).
21. Post Graduate Institute of Medical Education and Research, Chandigarh.(Letter No.Health.151/88/37 dt.14.12.1992).
22. Guwahati Neurological Research Centre, Guwahati.(Letter No.Health.151/88/37 dt.14.12.1992).
23. Apollo Hospital, Hyderabad.(Letter No.Health.151/88/66 dt.26.08.1993).
24. B.M.Birla Institute, Calcutta.(Letter No.Health.151/88/66 dt.26.08.1993).
25. Nightingale Diagnostic & Eye Care Research Centre, Calcutta.(Letter No.Health.151/88/66 dt.26.08.1993).
26. Guwahati Neurological Research Centre Heart Institute.(Letter No.Health. 136/80/Pt.I/30 dt.24.08.1994).
27. Indraprastha Apollo Hospital, New Delhi. (Letter No.Health.136/80/217 dt.5.10.1996).
28. Medwin Hospital, Hyderabad.(Letter No.Health.136/80/Pt.I/2 dt.4.11.1998).
29. Good Health Hospital Pvt. Ltd, G.S.Road Dispur, Guwahati.(Letter No.Health.136/80/Pt.I/2 dt.4.11.1998).
30. Cancer Institute, Adyara Chennai. (Letter No.Health.136/80/Pt.I/3 dt.29.4.1999).
31. Sankara Deva Nethralaya, Beltola, Guwahati, Assam.(Letter No.Health.136/80/Pt/169 dt.8.10.1999).
32. Madras Medical Mission, Institute of Cardiovascular Diseases, Chennai.(Letter No.Health. 136/80/Pt/174 dt.6.1.2000).
33. Ruby General, Hospital, Kolkatta.(Letter No.Health.272/2002/Pt/21 dt.19.02.2003).
34. Nemcare Hospital, Guwahati.(Letter No.Health.151/88/Pt/174 dt.24.4.2003).
35. Rajiv Cancer Institute and Research Centre, New Delhi.(Letter No.Health.272/2002/Pt/69 dt.26.09.2003).

36. North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS), Shillong.(Letter No.Health.272/2002/Pt/155 dt.24.05.2004).
37. Shri. Ganga Ram Hospital, New Delhi.(Letter No.Health.224/2000/Pt/76 dt.22.08.2006).
38. B.M.Birla Heart Institute, Kolkatta.(Letter No.Health.224/2000/Pt/76 dt.22.08.2006).
39. Rabindranath Tagore International Institute of Cardiac Sciences, Kolkatta.(Letter No.Health.224/2000/Pt/76 dt.22.08.2006).
40. Cancer Centre Welfare Home and Research Limited, Kolkatta.(Letter No.Health.224/2000/Pt/76 dt.22.08.2006).
41. Lifeline Healthcare Services, Chennai.(Letter No.Health.224/2000/Pt/76 dt.22.08.2006).
42. Bethany Hospital, Shillong.(Letter No.Health.224/2000/Pt/76 dt.22.08.2006).
43. Khasi Jaintia Presbyterian Synod Hospital, Jaiaw, Shillong.(Letter No.Health. 224/2000/Pt/76 dt.22.08.2006).
44. Woodland Hospital, Shillong.(Letter No.Health.224/2000/Pt/76 dt.22.08.2006).
45. B.P.Poddar Hospital & Medical Research Limited, Kolkata.(Letter No.Health. 224/2000/Pt/76 dt.22.08.2006).
46. Nazareth Hospital, Shillong.(Letter No.Health.244/2000/Pt/123 dt.6.02.2007).
47. Tura Christian Hospital, West Garo Hills, Tura.(Letter No.Health.244/2000/Pt/123 dt.6.02.2007).
48. Holy Cross Hospital, West Garo Hills, Tura. (Letter No.Health.224/2000/Pt/76 dt.22.08.2006).
49. Pratiksha Hospital, Guwahati.(Letter No.Health.244/2000/Pt/158 dt.13.3.2007).
50. Global Hospital, Chennai& Health City, Chennai.(Letter No.Health.54/2010/35 dt.8.3.2011).
51. Super Care Hospital, Laitumkhrah, Shillong. (Letter No.Health.244/2000/Pt/158 dt.17.10.2007).
52. Bawri Nethralaya, Shillong. (Letter No.Health.54/2010/24 dt.15.12.2010).
53. Hayat Hospital, Guwahati. (Letter No.Health.54/2010/74, dt.20.10.2011).
54. Rahman Hospital, Pvt.Ltd, Guwahati. (Letter No.Health.54/2010/74, dt.20.10.2011).
55. Primus Super Speciality, New Delhi. (Letter No.Health.54/2010/74, dt.20.10.2011).
56. Artemis Health Institute, Gurgoan, Haryana. (Letter No.Health.54/2010/74, dt.20.10.2011).
57. Desun Hospital and Heart Centre, Kolkatta. (Letter No.Health.54/2010/146, dt.13.02.2012).
58. Bansara Eye Care Centre, Shillong. (Letter No.Health.54/2010/231, dt.10.05.2012).
59. The Children's Hospital, Pohkseh, Shillong. (Letter No.Health.54/2010/319, dt.16.08.2012).
60. Agile Hospital Pvt.Ltd, Guwahati. (Letter No.Health.54/2010/345, dt.15.10.2012).
61. K.G.Hospital and Post Graduate Medical Institute Coimbatore.(Letter No.Health.54/2010/354 dt.26.03.2013).
62. The Vision Care Hospital, Kolkatta.(Letter No.Health.228/2012/103, dt.7.8.2013).
63. SANKER Hospital Mawroh, Shillong. (Letter No.Health.228/2012/136, dt.19.12.2013).
64. Institute of Human Reproduction (IHR), Guwahati, Assam.(Letter No.Health.228/2012/158, dt.7.8.2013).
65. Fortis Escorts Heart Institute and Research Centre, New Delhi. (Letter No.Health.228/2012/141 dt.14.01.2014).
66. Dispur Hospital, Pvt.Ltd, Guwahati. (Letter No.Health.228/2012/145, dt.30.1.2014).
67. Unit-I and Unit-II HCG Hospital, Bangalore. (Letter Memo.No.Health.228/2012/191-A, dt.5.1.2015).
68. Swagat Endolaparoscopic Surgical Research Institute, Guwahati. (Letter Memo.No.Health. 228/2012/Pt/105-A, dt.2.6.2015).

69. SRM Institute for Medical Sciences, Chennai. (Letter Memo.No.Health.228/2012/Pt/123-A, dt.11.6.2015).
70. Manipal Hospital, Bengaleru. (Letter Memo.No.Health.228/2012/Pt/123-A, dt.11.6.2015).
71. Dr.Sivakumar. Multispecialty Hospital, Vellore.(Letter No.Health.228/2012/Pt/124, dt.11.6.2015) (recognized/empanelled for the medical emergencies needs of the staff and immates of the Meghalaya House, Vellore).
72. Narayana Superspeciality Hospital, Amingaon, Guwahati-781031-Assam. (Letter Memo.No.Health.228/2012/Pt/196-A, dt.13.2.2017).
73. International Hospital Guwahati modified as Apollo Hospital, Guwahati-Vide (Letter No.Health.54/2010/357 dt.2.8.2017).
74. Swagat Super Speciality Hospital, Guwahati (Letter No.Health.228/2012/Pt/276, dt-16.9.2019).
75. Charnock Hospital, Kolkata (Letter No.health.228/2012/Pt/277, dt-16.9.2019).
76. AMRI, Kolkata (Letter No.Health.228/2012/Pt/278, dt-16.9.2019).
77. Medica Super Speciality Hospital, Kolkata (Letter No.Health.228/2012/Pt/279, dt-16.9.2019).
78. Apollo Gleaneagles Hospital, Kolkata (Letter No.Health.288/2012/Pt/280, dt-16.9.2019).
79. Bangalore Baptist Hospital, Bangalore (Letter No.Health.228/2012/Pt/281, dt-16.9.2019).
80. Smile and Profile Dental Treatment Centre Pvt. Ltd., 130 A, Rashbehari Avenue, 1st Floor, Kolkata (Letter No.Health.228/2012/Pt/283, dt-15.11.2019).
81. Sher-i-Kashmir Institute of Medical Sciences (SKIMS), Soura, Srinagar, J&K (Letter No.Health.111/2018/107, dt-10.2.2020).
82. Sri Maharaja Hari singh Hospital (Letter No.Health.111/2018/107, dt-10.2.2020).
83. The Medanta- Medicity Hospital, Gurgaon (Letter No.Health.111/2018/110, dt-11.6.2020).
84. W Pratiksha Hospital, Gurgaon (Letter No.Health.111/2018/110, dt-11.6.2020).
85. Fortis Hospital, Noida, UP (Letter No.Health.111/2018/186, dt-6.5.2021).
86. Fortis Escorts Hospital, Faridabad, Haryana (Letter No.Health.111/2018/186, dt-6.5.2021).
87. Fortis Memorial Research Institute, Gurgaon, Haryana (Letter No.Health.111/2018/186, dt-6.5.2021).
88. Fortis Hospital, Shalimar Bagh, New Delhi (Letter No.Health.111/2018/186, dt-6.5.2021).
89. Fortis Flt. Lt. Rajan Dhall Hospital, Vasant kunj, New Delhi (Letter No.Health.111/2018/186, dt-6.5.2021).
90. Pushpawati Singhania Hospital & Research Institute, New Delhi (Letter No.Health.111/2018/239, dt-7.3.2023).
91. Apollo Children's Hospital, Chennai (Letter No.Health.111/2018/239, dt-7.3.2023).
92. Max Hospital Shalimar Bagh, New Delhi (Letter No.Health.111/2018/239, dt-7.3.2023).
93. Guwahati Metro Hospital, Guwahati (Letter No.Health.111/2018/258, dt-21.9.2023).
94. HCG EKO Cancer Centre, Kolkata (Letter No.Health.111/2018/258, dt-21.9.2023).
95. Retina Centre, Guwahati (Letter No.Health.111/2018/258, dt-21.9.2023).
96. MIOT International Hospital, Chennai (Letter No.Health.111/2018/258, dt-21.9.2023).
97. North East Cancer Hospital & Research Institute, Guwahati (Letter No.Health.111/2018/258, dt-21.9.2023).

98. Rajagiri Hospital, Kerala (Letter No.Health.111/2018/258, dt-21.9.2023).
99. Ayursundra Super Speciality Hospital, Guwahati (Letter No.Health.111/2018/258, dt-21.9.2023).
100. Health City Centre, Guwahati (Letter No.Health.111/2018/258, dt-21.9.2023).
101. Apollo Excel Care Hospital, Guwahati (Letter No.Health.111/2018/258, dt-21.9.2023).
102. Critical Care Hospital & Research Institute, Guwahati (Letter No.Health.111/2018/258, dt-21.9.2023).
103. Centre for Sight Eye Hospital, Guwahati (Letter No.Health.111/2018/258, dt-21.9.2023).
104. Naruvi Hospitals, Vellore, Tamil Nadu (Letter No.Health.111/2018/258, dt-21.9.2023).
105. Chaudhari Eye Centre & Laser Vision (Eye 7), New Delhi (Letter No.Health.111/2018/258, dt- 21.9.2023).
106. Shilja Hospital & Research Institute Pvt. Ltd. Manipur (Letter No.Health.111/2018/258, dt- 21.9.2023).
107. Pushpawati Singhania Research Institute, New Delhi (Letter No.Health.111/2018/258, dt- 21.9.2023).

Annexure 6

Government Resolution on the Recommendations of the Fifth Pay Meghalaya Commission vide no. F(PR) – 49/2017/192 Dated Shillong, the 28th November, 2017.

This document can be obtained through the web link https://meghalaya.gov.in/circulars/content/32444 or will be provided separately by the State Nodal Agency.