



कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation
श्रम एवं रोजगार मंत्रालय, भारत सरकार
Ministry of Labour & Employment, Govt. of India

Medical Services (North-Eastern States)



ESI Scheme - An Introduction

The Employees' State Insurance Scheme is designed to provide Social Security Scheme to cover employees against the impact of sickness, maternity, disablement, and death due to employment injury and provide medical care to insured persons and their families.

The ESI Scheme applies to factories and other establishments viz. Hotels, Restaurants, Cinemas, Newspaper, Shops, and Educational/ Medical Institutions, etc. registered under ESIC.

The main benefits provided under ESI Scheme are Medical Benefit & Cash Benefits for Sickness, Disablement, Dependents, Maternity. Other benefits provided are Confinement Expenses, Funeral Expenses, Unemployment Allowance (RGSKY), Vocation Rehabilitation Allowance, Physical Rehabilitation, Skill upgradation training, Atal Bimit Vyakti Kalyan Yojana (ABVKY) and Old Age Medical Care.

ESIC is the only Social Security Organization in the country which covers most of the exigencies (provided in the list of ILO) which are sickness, medical care for the worker, maternity, unemployment, work injury, death of worker, invalidity and widowhood.

Statutory bodies as per ESI Act

ESI Corporation is headed by Hon'ble Labour & Employment Minister

Standing Committee is headed by Secretary, Labour & Employment
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Medical Benefit Council headed by DG, ESIC
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Criteria for registration/coverage under ESI Act, 1948

The ESI Act, 1948 applies to factories employing 10 or more persons. The provisions of the Act are being brought into force in district area-wise in stages. The Act contains an enabling provision under which the State Govt. is empowered to extend the provisions of the Act to class of establishments, industrial, commercial, agricultural or otherwise.



Medical Services (North-Eastern States)



Glimpses of Review Meeting held under the Chairmanship of Dr. Mansukh Mandaviya, Minister of Labour & Employment and Youth Affairs & Sports and Ms. Shobha Karandlaje, Minister of State for Labour & Employment and Micro, Small & Medium Enterprises at Ministry of Labour & Employment

Under these provisions, the State Governments have extended the provisions of the Act to shops, hotels, restaurants, cinemas including preview theatres, road motor transport undertakings, newspaper establishments, educational, medical institutions employing 10 or more employees.

The Central Govt. has extended the coverage under Section 1(5) to Shops, Hotels, Restaurants, Road Motor Transport establishments, Cinema including preview theatres, Newspaper establishments,

Medical Services

(North-Eastern States)



establishment engaged in Insurance Business, Non-Banking Financial Companies, Port Trust, Airport Authorities, Warehousing establishments employing 20 or more persons.

Thirty-one State Governments have reduced the threshold for coverage of shops and establishments to 10 or more persons. The employees of registered factories and establishments drawing wages up to Rs. 21000/- (Rs. 25,000/- for Persons with disability) are covered under the Act.

Salient Features of Benefits of ESI Scheme

- All types of employees covered-regular, contractual, casual, temporary
- Admissible from day one of the employment.
- No medical examination necessary for registration.
- No upper age limit for coverage.
- Can avail primary, secondary and super-specialty treatment in respect of self/family.
- No ceiling on medical expenses.
- Medical Benefit to retired I.P. and Spouse for Rs.10/- per month.
- Commuting accidents treated as employment injury.

Medical Infrastructure

To meet the social security requirements, ESIC provides Medical Services through ESIC/State run ESI Hospitals, Dispensaries/AYUSH units, empanelled Clinics, Tie-Up with private hospitals, m-IMPs, m-EUD and Dispensary-cum-Branch Offices (DCBOs).

As on Date	
1. Total No. of ESI hospitals (i) + (ii)	165
(i) Hospitals run by ESI Corporation	59
(ii) Hospitals run by State Government	106
2. Total number of Dispensaries	1590
(i) ESIC dispensaries	36
(ii) ESIS Dispensaries	1554



Medical Services

(North-Eastern States)

3. Total number of ISM (Ayush) unit	387
4. Total number of hospital beds (sanctioned)	28,360
5. No. of Dispensary Cum Branch Office (DCBOs)	105
No. of Branch Offices	610
6. Total number of IMP clinics	927
7. No. of tie-up (private) hospitals	2,466

Primary Medical Care

Health being a State subject, the Primary Medical Care in an implemented/notified area has to be provided by the State Government. ESIC will fund 7/8th of the budget which is Rs.2600/- per Insured Person plus Rs.400/- as incentives, total of Rs.3000/- per Insured Persons in the formula given under OAP.

The various modes of Primary Medical Care are as under:

1. Service Dispensaries

The out-patient medical care including essential lab investigations is provided through dispensaries established under the Scheme for the exclusive use of the Insured Persons and their families. These Service Dispensaries are manned largely by full-time Medical Doctors.

2. Dispensary Cum Branch Office (DCBOs)

Subjected to NOC from the State Govt., Dispensary cum Branch Office (DCBO) will be opened in notified districts which will be directly run by ESIC. A DCBO would perform the functions of both dispensary and branch office and are planned to supplement existing Primary Medical Care Services administered by State Govts. so as to add to the quality & quantity of such Primary Medical Care services.

Besides providing medicines to patient attending DCBO, it would distribute medicines to m-IMP/m-EUD referred patients. It would also make referrals for secondary care, payment of bills of empaneled chemist/diagnostic center and would provide health care services to IPs/employers.

Medical Services

(North-Eastern States)



Zonal meet held under the Chairmanship of the Director General on extending ESI coverage at North Eastern states & Sikkim at Assam Administrative Staff College, Guwahati

100% of the establishment and operational cost of DCBO would be borne by ESIC and the State concerned would not be bearing any expenditure under this head.

3. Hospital OPDs

Outpatient services under various specialties and super specialties like Medicine, Surgery, Paediatrics, Gyne. & Obst., ENT, Eye, Cardiology, Nephrology, Neurology, Urology, CTVS etc. are being provided through network of ESI hospitals all over the country. The newly constructed Hospitals are to be directly run by ESIC unless insisted by the State Govt.

4. Additional Primary Care Arrangements

i. Modified Insurance Medical Practitioners (m-IMP) Scheme:

(a) Panel Doctor - Private Medical Practitioners are appointed as panel doctors. A panel doctor is expected to have his own consulting



Medical Services

(North-Eastern States)

room and dispensary. Each panel doctor is allowed to register up to 2000 IP family units. The IMPs under the panel system are paid capitation fee (Rs.500/- per IP per year) for providing medical care to the ESI beneficiaries which include consultation, basic lab investigation and cost of medicine. Further to make IMP scheme more attractive, modified IMP (m-IMP) will be replaced the earlier IMP System.

(b) Chemist - A private or public local chemist shop/pharmacy of a defined service area registered by ESIC for serving Insured Persons (IPs) is called an empaneled Chemist. The chemist shop/pharmacy should



be complying with the statutory rules, regulations and licenses. ESIC Regional office in coordination with DCBO/BO will empanel locally available Jan Aushadhi Kendra or a local Chemist Shop through Notification for expression of interest (EOI). Interested shops/establishments shall apply online through the specified Web App (www.esic.nic.in) for enrolment. Selection of suitable Chemist shall be based on various factors such as suitability, service availability, proximity to a registered IMP or desired location, discount offered, conformity to statutory licenses, laws and authorizations, quality of drugs etc.

(c) Diagnostic Centre - A private or public local Diagnostic Center of a defined service area registered by ESIC for serving Insured Persons (IPs) is called an empaneled Diagnostic Center. The Diagnostic Center should be complying with the statutory rules, regulations, and licenses. The Diagnostic Center having facility for Lab., X-ray, ECG, etc. are preferred. ESIC Regional Office in coordination with DCBO/BO will empanel a local Diagnostic Centre as per CGHS rates for basic investigations through Notification for expression of interest (EOI). Interested shops/establishments shall apply online through

Medical Services

(North-Eastern States)



the specified Web App (www.esic.gov.in) for enrolment. Selection of suitable Diagnostic Centre shall be based on various factors such as suitability, service availability, proximity to a registered IMP or desired location, discount offered, conformity to statutory licenses, laws and authorizations, quality of diagnostic services etc.

ii. Modified Employer Utilization Dispensary (m-EUD)

In areas where employer has its own set up or agrees to have its own set up in the form of Employer Utilization Dispensary (EUD), ESIC pays capitation fees to the employer based on per IP family unit per annum. In this scheme the employer opens up the dispensary in his premises and provides the primary care services to the workers of its own establishment and is paid @ Rs.450/- per IP per annum. Further in order to make EUD scheme more attractive, modified EUD (m-EUD) has also been operationalized. Under m-EUD, ESIC shall provide medical and surgical equipment and drugs and dressing materials and shall replace & replenish the same from the nearest ESI Dispensary/Hospitals/ESIC Medical Store. ESIC shall pay for the rent of the building to the Employer. However, manpower required for the m-EUD shall be hired by the Employer

Secondary Medical Care

In-patient services are being provided through a chain of ESIC/State ESI hospitals spread across the country. The services which are not available in ESIC/State ESI hospitals are provided through cashless tie-up is arranged with reputed private hospitals by the State.





Medical Services

(North-Eastern States)

Tertiary Medical Care

In addition to facilities available in ESIC/ESIS hospitals comprehensive tie-up arrangement for all Super Specialty Treatment (SST) has been made with public/private hospitals across India. Expenditure under Super Specialty Treatment is 100% borne by ESIC.

Provision of Primary Medical Treatment through Empanelled Hospitals

Considering difficulties faced by ESIC beneficiaries in availing medical services due to non-availability of Hospital/Dispensaries in the vicinity within a radius of 10 kms of their residence, ESI Corporation has allowed ESI beneficiaries to seek medical services from nearby empaneled hospital directly without referral.

Facility of Medical Treatment through Ayushman Bharat (PM-JAY)

ESIC has collaborated with Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) scheme for providing secondary and tertiary medical care services to ESI beneficiaries in newly implemented area of 102 designated districts/locations through PMJAY empaneled hospitals. Any Insured Persons can avail Secondary & Tertiary Medical Services from approved PM-JAY Hospitals. At present, the convergence between ESIC and Ayushman Bharat PMJAY scheme has been implemented in a total of 157 districts, through PMJAY empaneled hospitals. However target is to cover the entire country in near future.

Ayush Medical Services

ESI Corporation has also provision of AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy) medical facilities in certain ESI hospitals and dispensaries.

Budget & Payment on Medical Care - Covered By ESIC

State Governments are being reimbursed at a ceiling rate of Rs. 2,600/- and Rs. 400/- (as incentives) per Insured Person per annum. (*Refer OAP Booklet*)

Medical Services

(North-Eastern States)



Details of Medical Arrangements made in NER

State-wise details of IMPs/M-IMPs in NE States & Sikkim are as under :-

S. No.	NER State	No. of IMPs/m-IMPs
1.	Arunachal Pradesh	0
2.	Assam	23
3.	Manipur	03
4.	Meghalaya	0
5.	Mizoram	0
6.	Nagaland	0
7.	Sikkim	0

Details of districts covered under Pradhan Mantri Jan Arogya Yojana (PMJAY) in NE States & Sikkim is as under:-

S. No.	NER State	No. of IMPs/m-IMPs
1.	Arunachal Pradesh	Nil
2.	Assam	Biswanath, Chirang, Lkhimpur, Majuli, Sibsagar and Udalgiri (06)
3.	Manipur	Imphal East (01)
4.	Meghalaya	Nil
5.	Mizoram	Nil
6.	Nagaland	Mokochung (01)
7.	Sikkim	Nil
8.	Tripura	Dhalai, Gomati, North Tripura and Sipahijala (04)

Initiatives taken by ESIC in North-Eastern States

1. Adoption of following norms for the NER & other Hilly areas of the country for creating medical infrastructure:

1	Setting up of two Doctor Dispensary	2000 or more
2	Setting up of diagnostic Centres	5000 or more
3	Setting up of 100 bedded hospital	15000 or more



Medical Services

(North-Eastern States)

- 2. Setting up of new Hospital/Dispensary based on futuristic IP population and geographical necessity:** For further updation of the existing norms on setting up of ESI Hospitals & Dispensaries based on futuristic IP population and geographical necessity throughout the country, ESIC has given approval as below:
- Health facilities may be created based on projected futuristic number of IP population in upcoming 05 years in case of Hospitals and 03 years in case of Dispensaries instead of the present IP population.
 - In respect of non-notified Districts or non-notified areas of partially implemented Districts, new Dispensaries may be established based on number of coverable employees instead Insured Person, as ascertained during the pre-implementation survey data so as to arrange medical facilities before the implementation of new areas.
 - For implementation of ESI Scheme in partially implemented and non-implemented Districts, in any location (non-implemented area) does not fulfill the criteria/norms for setting up of ESI Dispensary, Regional Director/State Govt. may make necessary arrangement through m-IMP, m-EUD as per norms for providing Primary Care Medical Services and Tie-up arrangement with public/private hospitals and /or PM-JAY for arrangement of Secondary Care Medical Services.
 - Norms of minimum 15000 IPs for setting up of a 100 bedded ESI Hospital in North-East Region/Hilly Region will continue to prevail as approved earlier.
- 3. Proposal for setting up new ESI Hospitals in the State based on ESIC norms:** As per existing guidelines, ESI Scheme in the State is run by the State Govt. which provides medical services to its beneficiaries. ESIC also supplement services in the State through few ESIC Hospitals which are directly run by ESI Corporation. ESIC has decided that newly constructed/approved Hospitals will be run by ESI Corporation directly unless the State Govt. insists to run the same.

Medical Services (North-Eastern States)



In the case of setting up of new Dispensary, the State Govt. will send proposal along with existing proforma of Dispensaries based on ESIC norms.

4. ESI Corporation in its 190th meeting held on 19th – 20th February 2023 considering the geographical, demographical, social, industrial and commercial conditions of North-Eastern States (including Sikkim) has decided to extend the following special financial assistance to the States:

a. 100% expenditure (upto the ceiling) to be borne by ESI Corporation

Keeping in view the sparsely populated North Eastern Region, acute shortage of private hospitals / dispensaries / nursing homes etc. and financial position of ESI Schemes, entire expenditure upto the ceiling to be borne by ESI Corporation for North Eastern States (except Assam) w.e.f. FY 2023-24. Rest of the terms & condition as circulated from time to time will apply thereto with the modification that instead of support for a limited period, the support will be provided till the IP population reaches 50,000 (i.e. 50% of the lowest IP population in the rest of the states) or for additional five years, whichever is earlier. For newly implemented districts of Assam, the Scheme will be for first five years only.

b. Additional Financial Assistance (AFA)

North- Eastern States (including Sikkim except Assam) w.e.f. FY 2023-24 will be eligible for AFA to the tune of Rs.40 lac per dispensary (Rs.10 lac quarterly). AFA would be an additional benefit apart from regular fund allocation under Standard Medical Care. This shall also remain available for the new dispensaries, if same is opened as per the extant instructions and till the IP population of a State concerned reaches 50,000 or for next five years, whichever is earlier. For newly implemented dispensaries of Assam, Scheme will remain for first five years after implementation. This Fund shall be released by Regional Office concerned on quarterly basis starting from April 2023.



Medical Services

(North-Eastern States)

First (1/4th) and Second (2/4th) installment shall be released in advance and subsequent installments shall be released on submitting expenditure statement / utilization certificate of quarter preceding the last quarter. Further, audit certificate has to be submitted along with the audit certificate of 'On Account' payment for the financial year concerned. In absence of audit certificate, amount is liable to be recovered / adjusted from the 'On-Account' payment.

c. Flexible Ceiling

There shall be flexible sub-ceiling, so that component of 'Administrative' expenditure shall have maximum capping of Rs.1,300 in such a way that both components remain within Standard Medical Care ceiling i.e., Rs. 2,600/-. This should be allowed for North- Eastern States (including Sikkim except Assam) for 5 years w.e.f. FY 2022-23 and 'full & final' computations shall be carried out on the basis of audit certificate accordingly.

5. The ESI Corporation during its 193rd Meeting held on 10.02.2024 has approved the upgradation of one-doctor dispensary to two-doctor dispensary with the same minimum criteria of 1000 IPs. This will also enable the dispensary to be designated as hub dispensary which can provide medical facilities to surrounding areas within reasonable commuting time (including medical services through mobile van). In areas where there are no alternative, primary care services may be provided through IMP and tie-up arrangement with PM-JAY empaneled private hospitals. The posting of the second doctor may be done on requirement basis after assessing the consolidated requirement of the surrounding districts (spoke districts).

Disclaimer:

This document is provided for informational purposes only and is not intended to serve as legal advice or a legally binding document. While every effort has been made to ensure the accuracy of the information, it may not reflect the most current developments.



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