MANIPUR STATE ILLNESS ASSISTANCE FUND

(MSIAF)

HEALTH DEPARTMENT

GOVERNMENT OF MANIPUR

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INTRODUCTION

Manipur State Illness Assistance Fund (MSIAF) is a fund, which provides financial assistance to the poor patients who are suffering from life threatening disorders & diseases, for treatment in Government Hospitals of Manipur. The Fund is proposed to be a significant step for bridging the gap and reach of economically backward section of society to quality healthcare. The fund is managed by an autonomous Society known as Manipur State Illness Assistance Fund Society. The Society is registered under the Manipur Societies Registration Act, 1989 (*Manipur Act 1 of 1990).*

MSIAF has been set up by suitably modifying the guidelines of the Rashtriya Arogya Nidhi (RAN) scheme managed under the Union Ministry of Health and Family Welfare according to local needs and conditions. MSIAF would essentially provide financial assistance to patients living below the poverty line (BPL) to receive medical treatment at Jawaharlal Nehru Institute of Medical Sciences (JNIMS), Imphal and Regional Institute of Medical Sciences (RIMS), Imphal, at present. The financial assistance to such patients would be released in the form of a "one-time grant", which shall be released to the Medical Superintendent of the Hospital in which the treatment is being received.

The MSAN/MSIAF is governed by a Memorandum of Association and related Articles of Association.

FUND INVOLVEMENT

The Manipur State Illness Assistance Fund (MSIAF), which is managed by an autonomous Society known as Manipur State Arogya Nidhi (MSAN), derives its revolving fund from three sources. These sources are as follows:-

1. Grants from the Government of Manipur;
2. Grants from the Government of India, Ministry of Health & Family Welfare; and,
3. Grants/donations from philanthropic individuals, organizations and other voluntary donors to pledge support and contribute to the funds of the Society in cash or kind. All contributions thus made to this fund shall be exempted from payment of income tax under Section 80-C of Income Tax Act, 1961 as is the case for Rashtriya Arogya Nidhi (RAN).

The Manipur State Exchequer has to contribute annually to MSAN/MSIAF in the form of Non-Plan expenditure as is done for RAN. The Ministry of Health & Family Welfare, Government of India, will release Grant-in-Aid annually to the extent of 50% of the contributions made by the State subject to a maximum of Rs 200.00 lakhs in case of Manipur. This dictates that to get the maximum GIA from the Centre, the State Exchequer has to contribute Rs 400.00 lakhs annually as Non-Plan expenditure towards MSAN/MSIAF.

FORMS

1. Manipur State Arogya Nidhi Application Form (Annexure VI)

2. Manipur State Arogya Nidhi Estimate Certificate Form (Annexure VII)

3. Manipur State Arogya Nidhi Affidavit (Annexure VIII)

4. Income Certificate (Annexure IX)

MANIPUR STATE ILLNESS ASSISTANCE FUND (MSIAF)

MEMORANDUM OF ASSOCIATION

Name of the Society: (1) The name of the autonomous Society shall be MANIPUR STATE ILLNESS ASSISTANCE FUND SOCIETY.

Registered Office : (2) The registered office of the above Society shall remain in Imphal, and at present is at the following address:-

Directorate of Health Services, Lamphelpat, Imphal - 795001.

Aims and Objectives: (3) The aims & objectives for which the Society is established are:-

a) To raise a revolving fund in the name of "Manipur State Illness Assistance Fund (MSIAF)" to be managed by this Society;

b) To utilize MSIAF solely for the one-time assistance of poor patients who are in the need of undergoing treatment for major ailments.

c) To motivate philanthropic individuals, organizations and other voluntary donors to pledge support and contribute to the funds of the Society in cash or kind.

d) To organize social, cultural and motivational events for raising such resources.

e) To liaise with health and other functionaries in the State such as District Hospitals, CHCs, PHCs, PHSCs, etc. for providing better health care;

f) To undertake information, education and communication (IEC) activities relevant to the basic aims and objectives of the Society;

g) To acquire, purchase or otherwise own or take on lease or hire in Manipur or outside, temporarily or permanently, buy any movable or immovable property necessary or convenient for the furtherance of the objects of the Society;

h) To monitor and control proper utilization of funds or materials received from the Governments from time to time for the functions of the MSIAF;

i) To frame rules and regulations for day to day execution of the Society's activities and to amend the Memorandum of Association from time to time, if necessary in consultation with the State Government;

j) To appoint or employ on contract basis any person for the purposes of the Society and to pay them such salary or wages as may be determined by the Management Committee;

k) To undertake all such lawful acts as are conducive or incidental to the attainment of the objectives of the MSIAF;

All the incomes, earnings, accrued interests, moveable and immoveable properties of the Society shall be solely utilized and applied towards the promotion of its aims and objectives only, set forth in the Memorandum of Association, and no profit there from shall be paid or transferred directly or indirectly by way of dividends, bonuses, profits in any manner whatsoever to the present or past Member of the Society. The Members shall not claim on any moveable or immoveable properties of the Society and make no profits, whatsoever, by virtue of their membership.

Management Committee of MSIAF:

(4) The Members of the Management Committee to whom the management of the Society is entrusted are as follows:-

(i) Chief Secretary, Govt. of Manipur. – Chairman
(ii) Commissioner (Health) -- Member
(iii) Director, Health Services, Manipur -- Member
(iv) Director, Family Welfare, Manipur -- Member
(v) Joint Secretary (H & FW) -- Member Secretary

a) Subscription: There is no subscription fee for membership.

b) Cessation of Membership: The Members shall be Members as long as they hold the office by virtue of which they are Members of MSIAF.

Screening Committee of MSIAF:

(5) The Screening Committee constituted in the Directorate of Health Services for Medical Re-imbursements of Govt. employees would be adopted as the Screening Committee of MSIAF.

MANIPUR STATE ILLNESS ASSISTANCE FUND (MSIAF)

ARTICLES OF ASSOCIATION

RULES AND REGULATIONS

1. The "Manipur State Illness Assistance Fund (MSIAF)" would be managed as an autonomous society known as "Manipur State Illness Assistance Fund Society".

2. In these Rules & Regulations, unless there is anything repugnant to the subject or context:-

a) 'Act' means the Manipur Societies Registration Act, 1989 (*Manipur Act 1 of 1990)*;

b) 'Chairman' means the Chief Secretary, Government of Manipur;

c) 'Management Committee' means the Management Committee of the Society;

d) 'Society' means the Manipur State Illness Assistance Fund Society;

h) 'Year' means the year commencing from 1st April ending with 31st March of the financial year.

3. The Society would manage the MSIAF to provide one-time assistance on re-imbursement basis to poor patients living in Manipur for treatment of major ailments at JNIMS, RIMS and other Govt. Hospitals.

4. (i) The sources of MSIAF shall be as follows:-

a) Grants from the Government of Manipur;

b) Grants from the Government of India;

c) Grants/donations from philanthropic individuals, organizations and other voluntary donors to pledge support and contribute to the funds of the Society in cash or kind.

(ii) All donations to this fund shall be made in the name of 'Manipur State Illness Assistance Fund Society'. A receipt shall be issued to every donor.

(iii) All donations received shall be unconditional and irrevocable.

(iv) A bank account in the name of the Society shall be operated jointly by the Commissioner (Health), Govt. of Manipur, and the Director of Health Services, Manipur, for the purposes detailed in the aims and objectives of the Society.

(v) The accrued interest from this Fund shall be used solely for the furtherance of the purposes detailed in the aims and objectives of the Society. The accrued interest on deposits of the Fund shall be construed as income/receipts of the fund and would be exempt from income-tax.

(vi) The nature of this Fund shall be revolving and can be carried over to the succeeding year for the purposes detailed in the aims and objectives of the Society.

(vii) Eligibility criteria for assistance under MSIAF shall be as given in Annexure I.

(viii) A list of ailments eligible under MSIAF is at Annexure II.

(ix) Application for assistance under MSIAF shall be submitted in the prescribed format as at Annexure III.

(x) **Procedure for Sanction**:-

a) Applications should be submitted to the Director of Health Services, Manipur, in the prescribed format. The report of the Screening Committee, indicating the expenditures eligible for re-imbursement under MSIAF, would be submitted to the Member Secretary, Management Committee of MSIAF. The Member Secretary would process for convening a meeting of the Management Committee at least once a month for consideration of the proposals for approval. The payment for approved cases would be released by Account Payee Cheques.

b) The decision of the Management Committee shall be final.

c) Financial aid so granted shall be a one-time grant only with an upper limit of Rs 1.00 (Rupees One Lakh) only.

d) Cases once approved and sanctioned cannot apply again.

5. (i). The chairman would have the power to co-opt any other person on the Management Committee meeting if the presence of such person is considered useful.

(ii) The Management Committee shall meet once a month for considering the application recommended by the Screening Committee. Meeting may be held to discuss the general functions of the Society, audit accounts, expenditure and receipts, and any other subject.

(iii) An extra-ordinary meeting of the Management Committee may be called by the Chairman to consider any special matter or resolution.

(iv) Since the Members are ex-officio members, they shall be members till they hold charge of the office concerned. Their successors, by virtue of the office held, will replace them as members automatically.

(v) The Chairman shall preside over the meetings. In the absence of the Chairman, one of the Members elected from amongst those present shall preside over the meeting.

(vi) The minimum quorum for conducting any meeting shall be a simple majority of the total members of the Management Committee. In the absence of quorum, the meeting shall stand adjourned by two hours. If there is no quorum even then, the meeting shall be adjourned until further notice.

(vii) A minimum of 3 days notice should be given for an ordinary and a minimum of 24, hours for an emergency meeting.

(viii) Decision of the Management Committee shall be on the basis of consensus of the majority of the Members.

(ix) Proceedings of the meeting of the Management Committee shall be drawn and circulated by the Member Secretary with the prior approval of the Chairman. ***All such proceedings shall be submitted to the Government for approval.***

(x) The Director, DHS, shall maintain proper accounts of the fund, and file the same with the Registrar of Societies along with the list of Members of Governing Body as per section 13 of the Act, whenever necessary.

7. All RTI cases relating to MSIAF shall be settled urgently and judiciously. The Public Information Officer of MSIAF shall be the Director, Health Services. The Additional Director, Medical Directorate, shall be the Assistant Public Information Officer.

8. All provisions under all the sections of the "Manipur Societies Registration Act, 1989 (*Manipur Act 1 of 1990)*" shall apply to the Society.

Annexure I

ELIGIBILITY CRITERIA FOR MSAN/MSIAF:

1. Patient must be permanent resident of Manipur and has to furnish domicile proof of residence in Manipur.

2. Patient should belong to a family living "Below Poverty Line" as notified by the State Government from time to time, and certified by an Officer not below the rank of Sub-Divisional Officer.

3. Government employees are not eligible under this scheme. However, retired Govt. Employees are eligible, subject to fulfilling income criteria.

4. Treatment should be from Jawaharlal Nehru Institute of Medical Sciences (JNIMS), Imphal; Regional Institute of Medical Sciences (RIMS), Imphal; or other Government Hospitals.

5. The patient should be suffering from a major ailment as at Annexure V.

6. The assistance from MSIAF (one-time) would be on re-imbursement basis and not exceed Rs 1.00 lakh (Rupees One Lakh).

Annexure II

THE LIST OF AILMENTS ELIGIBLE UNDER MSIAF

A) **Cardiology & Cardiac Surgery**:

1. Pacemakers
2. CRT/Biventricular pacemaker
3. Automatic Implantable Cardioverter Defibrillator (AICD)
4. Combo devices
5. Diagnostic Cardiac Catheterization including Coronary Angiography
6. Interventional procedure including Angioplasty, Rota-ablation, Balloon Valvuloplasty.
7. ASD, VSD and PDA surgery.
8. Peripheral Vascular Angioplasty, Carotid Angioplasty, Renal Angioplasty
9. Coil Embolization and Vascular plugs
10. Stents including Drug Eluting Stents
11. Electrophysiological Studies (EPS) and Radio Frequency (RF) Ablation
12. Heart surgery for Congenital and Acquired conditions including C.A.B.G
13. Vascular Surgery and all major cardiac surgeries
14. Cardiac Transplantation, etc.

B) **Cancer**:

1. Radiation treatment of all kinds
2. Anti-Cancer Chemotherapy
3. Bone Marrow Transplantation- Allogenic & Autologous
4. Diagonostic Procedures- Flow cytometry/cytogenetics /IHC Tumour Markers, etc.

C) **Urology/Nephrology/Gastroenterology** :

1.Dialysis and its consumable (Both hemodialysis as well as Peritoneal)

2.Plasmapheresis in acute renal failure

3.Continuous renal replacement therapy in acute renal failure in ICU patients.

4.Vascular access consumables (Shunts, catheters) for Dialysis

5.Renal transplant

6.PCN and PCNL Kits

7.Lithotripsy (for Stones)

8.Disposables/Stents for endoscopic surgical procedures in Urology & Gastroenterology.

D) **Orthopedics**:

1. Artificial prosthesis for limbs

2. Implants and total hip and knee replacement

3. External fixaters

4. AO implants, used in the treatment of bone diseases and fractures

5. Spiral fixation Implant- Pedicle Screws (Traumatic, Paraplegic, Quadri.)

6. Implant for Fracture fixation (locking plates & modular)

7. Replacement Hip –Bipolar /fixed

E) **Surgery**: All major surgeries.

F) **Investigations**:

Ultra-sound, Doppler studies, Radio-nucleotide scans, CT Scan, Mammography, Angiography for all organs, M.R.I, E.E.G, E.M.G, Urodynamic studies, Cardiac Imaging- Stress Thallium & PET, CT Coronary angiographic Cardiac MRI, Investigation for CMV, BK Virus, TMT, Echocardiography.

Annexure III

APPLICATION FORM FOR FINANCIAL AID FROM

MANIPUR STATE ILLNESS ASSISTANCE FUND (MSIAF)

1. **Name of the patient** (in Block Letters) :
2. **Age** :
3. **Father/Husband's Name** :
4. **Residential address** :

(Attach-photocopy of Ration card/Voter's Identity Card /Birth Certificate (in case of minor)

5. **Name of disease**; since when suffering & treatment required. :

6. **Name of the Hospital from where treatment was taken** :

7. **Amount of financial assistance required** :
(Certificate A or B, as applicable, to be attached in ORIGINAL)

8. **Monthly income of family from all sources** :
(Income/BPL Certificate to be enclosed in original as per Annexure IV).

9. **Two passport size photographs** of the patient to be enclosed (one should be pasted on Income/BPL Certificate and the other on this application form).

10. Whether the applicant has taken such assistance from any other sources ; if so, give details :

11. Whether the applicant has taken the assistance from MSIAF earlier; if so, details thereof :

It is certified that the information furnished above is true to the best of my knowledge & belief and that I am in no position at all to arrange for/provide funds for the purpose stated above. I also declare that neither my parents nor I are employees of the Central/State Govt. or a local body.

Checklist:-

1. Certificate A/B
2. Income/BPL Certificate (Annexure IV)
3. Affidavit (Annexure V)

Date: Signature of the applicant/patient

(In case patient is a minor, signature of father/mother).

Annexure IV

INCOME CERTIFICATE *(performa)*

On the basis of the affidavit filed/documents produced by Shri/Smt/Ms_____ _____ .____ Son/Daughter/Wife of _____ residence of _____ _____ before the undersigned and in view of the verification and enquiry report submitted by _____, the total family's income from all sources of Shri/Smt/Ms. _____ assessed to be/ is Rs._____ _____per month.

Concerned SDO/ADC/DC.

Annexure V

AFFIDAVIT (*Performa)*

I, _____s/o, d/o, w/o _____

_____ _____ r/o

_____

do hereby solemnly affirm and declare as under :-

1. That, I/my wife/husband/mother/father/son/daughter namely _____

_____ has been suffering from _____

_____ disease and is under treatment at _____

_____ Hospital for which the approximate expenditure shall be to the tune of Rs. _____

as certified by the hospital authorities.

2. That, my total family income is Rs. _____ per month. The source of income is by way of _____ (Give specific details).

3. That, I am *not* in a position to bear the expenses of the treatment.

4. That, I know that to make a false statement is an offence punishable under relevant Act and law and whatever is stated above is true to the best of my knowledge and belief.

DEPONENT

VERIFICATION :-

Verified at …… on this ……...……. day of …….. and that the contents of this affidavit are true and correct to the best of my knowledge and belief.

DEPONENT

WITNESSES:-

Sl.No. Name & Address Signature (with date)

1.

2.

CERTIFICATE – A

(To be completed in the case of patients who *are not admitted* to Hospital for treatment)

Certificate granted to Mr/Mrs/Miss _____ wife/son/daughter of Shri/Smt _____ employed in the _____.

I, Dr. _____ hereby certify

(a) That, I charged and received Rs _____ for _____ consultation on _____ (date to be given) at my consulting room/at the residence of the patient.

(b) That, I charged and received Rs _____ for administering _____ _____

(c) That, the injections administered were/were not for immunizing of prophylactic purpose.

(d) That, the patient has been under treatment of _____ Hospital/ my consulting room and that the under mentioned medicines prescribed by me in this connection were essential medicines for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the _____ Hospital for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily food, toiletries nor disinfectants.

Name of Medicines	Price in Rs.
1. _____	_____
2. _____	_____
3. _____	_____

(e) That, the patient is/was suffering from _____ and is/was under my treatment from _____ to _____

(f) That, the patient is/was not given pre-natal or post-natal treatment.

(g) That, the X-Ray, Lab Tests, etc. for which an expenditure of Rs _____ was incurred was incurred and were undertaken on my advice at _____ (name of Hospital/Laboratory).

(h) That, I referred the patient to Dr _____ for specialist consultation and that the necessary approval of the _____ (name of the CMO of the District) as required under the Rules was obtained.

(i) That, the patient did not require/required hospitalization.

Signature & Designation
Of the Medical Officer.

CERTIFICATE – B

(To be completed in the case of patients who *are admitted* to Hospital for treatment)

Certificate granted to Mr/Mrs/Miss _____ wife/son/daughter of Shri/Smt _____

Part-A

I, Dr. _____ hereby certify

(j) That, the patient was admitted to the Hospital on the advice of _____ (name of the Medical Officer/on my advice.

(k) That, the patient has been under my treatment at _____ and that the above mentioned medicines prescribed by me in this connection were essential to the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the _____ Hospital for supply to private patients and do not include proprietary preparations which are primarily foods, toiletries or disinfectants.

	Name of Medicines	Price in Rs.
1.	_____	_____
2.	_____	_____
3.	_____	_____

(l) That, the injections administered were/were not for immunizing or prophylactic purposes.

(m) That, the patient is/was suffering from _____ and under my treatment from _____ to _____

(n) That, the patient is/was not given pre-natal or post-natal treatment.

(o) That, the X-Ray, Lab Tests, etc. for which an expenditure of Rs _____ was incurred was incurred and were undertaken on my advice at _____ (name of Hospital/Laboratory).

(p) That, I called on Dr _____ for specialist consultation and that the necessary approval of the _____ (name of the Medical Superintendent) as required under the Rules was obtained.

Signature & Designation
Of the Medical Officer-in-charge of the case at the Hospital.

Part – B

I certify that the patient has been under my treatment at the _____ Hospital and that the service of the special nurse of which an expenditure of Rs _____ was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature & Designation
Of the Medical Officer-in-charge of the case at the Hospital.

COUNTERSIGNED
Medical Superintendent
_____ Hospital

I certify that the patient has been under the treatment at the minimum which were essential for the patient's treatment.

Medical Superintendent
_____Hospital

Place _____ Date _____

Note: Certificate not applicable should be struck off.