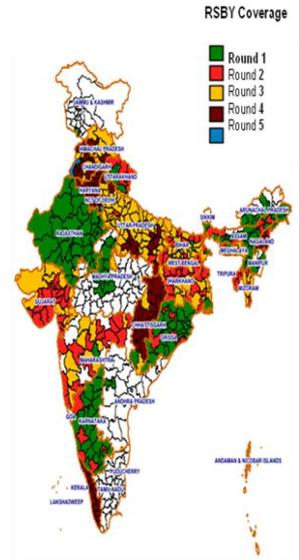




RASHTRIYA SWASTHA BIMA YOJANA



IEC Activity

Beneficiary
Enrolment

Cashless
Healthcare

RSBY,
TRIPURA



Labour Department,
Government of Tripura

RASHTRIYA SWASTHYA BIMA YOJANA (RSBY)

Overview

RSBY is formally launched by the Ministry of Labour and Employment, Government of India to provide health insurance coverage for Below Poverty Line (BPL) families in April 2008. The objective of RSBY is to provide protection to BPL households from financial liabilities arising out of health shocks that involve hospitalization. Beneficiaries under RSBY are entitled to hospitalization coverage up to Rs. 30,000/- for most of the diseases that require hospitalization.

Features of the scheme

1. Eligibility for benefits: BPL families, MGNREGA job card holder families, Beedi Workers, Domestic Workers, Street Vendors etc.
2. Smart cards will be issued to every BPL & eligible MGNREGA job card holder family in their respective NP / AMC Ward / Villages/ Panchayats. This Smart card will contain a Sum Insured of Rupees 30,000/- (Thirty Thousand) for one year which will cover maximum of five members of a family.
3. RSBY Smart Card holder families shall be entitled to cashless hospitalization coverage in the empanelled hospitals under the scheme. Benefits are applicable only when there is need for minimum of 24 hrs hospitalization or certain daycare procedures.
4. Benefits of this scheme include all pre-existing diseases and maternity. A new born shall be covered along with the mother.
5. Transportation cost of Rs.100/- per hospitalization (upto a maximum of Rs.1000/- in a year) will be paid to the patient by the hospital.
6. Expenditure exceeding Rs.30,000/- for any Smart Card Holder family shall be borne by themselves.
7. Exclusions Under the scheme: Conditions that do not require hospitalization, Drug and alcohol induced illnesses, Sterilization and fertility related procedures, Vaccination, Cosmetic procedures, Terrorism, Nuclear Attack, War, Suicide, Naturopathy, Homeopathy, Ayurveda, Unani, Siddha and Congenital external diseases etc.
8. BPL family will have to pay Rs.30/- as a registration fee at the time of card issuance. Rest of the premium shall be borne by the State and Central Govt. to Insurance Company.
9. Exclusions under maternity: Voluntary medical termination of pregnancy and pre natal expenses are not covered.
10. Both Public and Private hospitals are eligible for empanelment under RSBY.

RSBY – ROLE OF STATE GOVERNMENT/ STATE NODAL AGENCY

1. Labour Department, Government of Tripura is the State Nodal Agency (SNA) for implementation of the scheme in the State.
2. District Chief Labour Officer / Labour Officer, have been appointed a Nodal Officer for RSBY in each District. They are also being the District Key Manager (DKM).
3. Organize a State-level Workshop. An MoU between Central and State Government will be signed in this workshop.
4. Provide assistance to the Insurance Company in the registration of beneficiaries and issue of smart cards.
5. Provide assistance to the Insurance Company through the district and block level officials in the Issuance of Smart cards in the NP/AMC Ward /GP/ VC by:
 - a. Finalising NP/AMC Ward /GP/ VC wise schedule with the Insurance Company.
 - b. Assisting to publicise the visit of the enrollment team in advance.
 - c. Support in identifying location for the enrollment stations.
 - d. Ensure presence of nominated official FKO for authenticating cards at the time of issue.

6. Make available the public health care facilities, such as State, District , Sub-Divisional Hospitals, Community Health Centres (CHCs) and Primary Health Centres (PHCs) for empanelment and ensure through the District level officials that sufficient number of hospitals have been empanelled.
7. Facilitate, monitor and evaluate the implementation of the scheme as per the guidelines issued from time to time by the Central Government and such additional guidelines as the State Government itself shall adopt from time to time in relation to the scheme.

RSBY – ROLE OF DKMA

1. State Government/ Nodal agency will provide DKMA card the DKMA card will be used by the DKMs to issue three authority cards
 - i. Field Key Officer - FKO (Master Issuance Card - MIC),
 - ii. Hospital Authority (Master Hospital Card - MHC) and
 - iii. District Kiosk (Master Kiosk Card - MKC) cards.
2. Identify location for DKM server and organise necessary hardware and software
3. Issuing Field Key Officer (FKO) Cards to FKOs according to the specified schedule. The data of issuance of cards will be stored on the DKMA server so that it can be tracked.
4. Monitor the participation of FKOs in the enrollment process by ensuring their presence at the enrollment station.
5. Monitor the enrollment data at DKMA server (as downloaded from FKO cards) and compare it with enrollment data provided by the Insurer to determine the amount needed to be paid to the Insurance Company.
6. Provide support to the Insurance Company in the enrollment in the form of helping them in coordinating with different stakeholders at District, Block and Panchayat level. They may facilitate the process of meeting of insurance company with these stakeholders.
7. Coordinate with district administration to organize health camps which will help in building awareness about RSBY which in turn will increase the hospitalization in the district. This work will be done once the smart cards are issued in the district.
8. Communication with State Nodal agency & MoLE, GoI: The DKM should contact the State Nodal Agency in case of any problems related to DKMA software, cards or implementation issues etc
9. Review the performance of Insurance Company through periodic review meetings – The DKM shall organize periodic review meetings with the Insurance Company and their representatives. The periodicity should be high (weekly or fortnightly) in the initial period of the implementation of the scheme.

RSBY – ROLE OF FIELD KEY OFFICER

- A. Pre-Enrollment
 - a. DKMA will provide personalized Master Issuance Card after obtaining the fingerprint.
 - b. Receive information about the name of the village (s) and the location of the enrollment station inside the village for which FKO role have to be performed
 - c. Reach the enrollment station at the given time and date (Inform the Insurance Company a day in advance in case unable to come)
 - d. Check on the display of the BPL list in the village
- B. Enrollment
 - a. Ensure that the BPL list is displayed at the enrollment station.
 - b. Identify the Beneficiary at the enrollment station either by face or with the help of identification document (Can also make use of the representatives of PRIs & Local Self Governments or any other person to correctly identify the beneficiary).

- c. Immediately after card is printed, should validate the card by inserting his / her smart card and providing fingerprint.
- d. Make sure that the enrollment team is issuing the smart card on the spot to the beneficiary.
- e. Make sure that the enrollment team is collecting only Rs. 30/- from the beneficiaries.
- f. Ensure that the details of all eligible (within RSBY limits of Head of family + spouse + 3 dependents) family members as per BPL list and available at the enrollment station entered on the card, their fingerprint & photograph taken.
- g. Ensure that the enrollment team is providing a brochure to each BPL family along with the smart card.
- h. Make sure that the smart card is given inside a plastic cover and people are told not to laminate it.
- i. If a beneficiary complains that their name is missing from the BPL list then make sure that this information is collected in the specified format and shared with the District administration.
- j. If all dependents of a beneficiary, eligible for enrollment are not present at the camp, they should be informed that those can be added to the card at the District kiosk.

C. Post Enrollment

- a. Return the FKO card to the DKMA after the enrollment is over at the location(s) for which the FKO is responsible.
- b. Furnish a brief report to the DKMA.
- c. Receive the incentive from the State Government (if any).

RSBY – ROLE OF INSURANCE COMPANY

Pre Enrollment Activities

- A. Empanelment of Hospitals
 - a. Basis on the criteria laid down in tender, identification and empanelment of both public and private Hospitals.
 - b. Installation of POS machines in all network hospitals.
 - c. Organization of Hospital workshops at regular intervals.
- B. Setting up of District Kiosk at allotted space by District Administration / Health Authority.
- C. Verification of suitable data downloaded from RSBY website through field survey of sample data .

Enrollment Activities

- A. Organize Block workshop where presence of key district people, BDOs and FKOs should be must.
- B. Panchayat wise route map planning with concerned authorities.
- C. IEC activities- 1 week before enrollment
 - a. BPL list pasting at the prominent places of Village.
 - b. House to House Distribution of intimation slips.
 - c. Announcement through Loudspeakers / Mike.
- D. Setting up of Enrollment stations and issuance of Smart cards to the eligible families in the field as per the defined route map.
- E. Handing over the cards along with Pamphlets and Guide books on the spot.
- F. Sharing of enrollment figures regularly with District, State and Centre.

Post Enrollment Activities:

1. **Utilization of Services by Beneficiaries**-The transaction process begins when the member visits the participating hospital. After reaching the hospital, beneficiary will visit the RSBY help desk at hospital where his identity will be verified by his photograph and fingerprints which are stored on his/her smart card. If a diagnosis leads to a hospitalization, patient is entitled for free treatment in the hospital. Upon release of the beneficiary from the hospital, the card

is again swiped along with finger print verification and the pre-specified cost of the procedure is deducted from the amount available on the card. The beneficiary is also paid by the hospital Rs. 100/- as transportation expense at the time of the discharge. However, total transportation assistance cannot exceed Rs. 1000/- per year and it is part of Rs. 30,000/- coverage. No proof is required to be submitted by the beneficiary to get the transportation assistance

2. **Claim Settlement** After rendering the service to the patient, the hospitals need to send an electronic report to the insurer. The Insurer after going through the records, will make the payment to the hospital within a specified time period which has been agreed between the Insurer and the hospital
3. Organization of Regular Health Camps at frequent interval with the support of the State and District Administration.
4. Organization of Frequent Hospital workshops and capacity building workshops for all stake holders.
5. Active participation in spreading the awareness among beneficiaries.
6. Submission of MIS reports to all concerned.
7. Control Fraud and malpractice.

RSBY extended to other vulnerable groups:

Realizing its effectiveness in reaching out to the beneficiaries, Government of India has already decided to extend RSBY to many other categories of unorganized sector workers who are not BPL such as:

- ✓ MGNREGA workers who worked for 15 days or more in the last FY.
- ✓ Street Vendors
- ✓ Registered Construction Workers
- ✓ Domestic Workers
- ✓ Bidi Workers
- ✓ Rickshaw Pullers.

ROLE OF DIFFERENT STATE GOVERNMENT DEPARTMENTS

1. The Labour Department:

- i) The Labour Department, being the Nodal Department, shall formulate project proposal of the scheme for every policy period through the State Nodal Officer (Labour Commissioner) and get it approved from the Ministry of Labour & Employment (MoLE) and thereafter keep regular liaison with the Ministry on all aspects of RSBY.
- ii) The Department will take necessary action for selection and engagement of the health insurance provider for every policy period through tendering process in time.
- iii) The Department will prepare electronic list of BPL, MGNREGA and coverable categories of workers in RSBY format and get them validated by the MoLE and make them available to the health insurance provider for the purpose of enrollment and issue of Smart Cards.
- iv) The Department will co-ordinate with the District/Sub-Divisional/Block and AMC/Nagar Panchayat Officers and PRI representatives and representatives of Urban Local Bodies for motivation towards smooth execution of enrollment process.
- v) The IEC activities for enrollment of targeted beneficiaries with adequate measures shall be undertaken by the Department to generate awareness among the stake holders of the scheme.
- vi) The Department will provide redressal mechanism for sorting out disputes between the Insurer and Health Service provider and between the Health Service provider and the beneficiary.

2. The Health & Family Welfare Department:

- i) The Health Department will provide indoor health care facilities to the RSBY Smart Card holders through the 34 empanelled hospitals / health centers, listed in Annexure.
- ii) The Health Department will decentralize billing & claiming system under RSBY through the Rogi Kalayan Samities (RKSs) of the National Rural Health Mission.
- iii) The RKSs shall take the responsibility for empanelment of medicine shops and pathological laboratories and ensure supply of required medicines and pathological tests to the beneficiaries.
- iv) The RKSs shall ensure payment of cost of medicines and pathological tests to the respective medicine shops and pathological laboratories. They shall also ensure the payment of traveling cost worth Rs.100/- per visit per beneficiary subject to a maximum of Rs.1,000/- per family per annum.
- v) Help Desks will function on out sourcing basis with stringent terms and conditions outlining the performance indicators for operators. No manpower will be engaged for the Help Desk operation by the Department.
- vi) The Department shall provide cashless health care facilities to the RSBY Smart Card holders as per the prescribed package rates of treatment in due course.
- vii) The RKSs shall provide and install computer hardwares, if any, for the operation of the Help Desks in the empanelled hospitals. They shall also provide internet facility in the Help Desks and ensure online hospital transactions therein.

3. The Urban Development:

- i) The Urban Development Department shall extend all necessary assistance in holding pre-enrollment of workshops for AMC or Nagar Panchayats to be scheduled by the Labour Deptt. from time to time.
- ii) The Urban Development Department shall arrange suitable accommodation for setting up of enrollment stations through the Chief Executive Officer/ Executive Officers of AMC/ Nagar Panchayats and provision for lodging of enrollment personnel.
- iii) The Urban Development Department shall ensure appointments of the Field Key Management Officers, who may preferably be the Ward Secretaries, through the CEO / EOs for identification and ensuring proper enrollment of RSBY beneficiaries and distribution of chits/slips to the pre-identified beneficiaries through them.

4. The District Administration:

- i) The District Magistrates and Collectors shall co-ordinate, monitor for implementation of RSBY and extend all necessary assistance in holding pre-enrollment workshops at the District and Block level to be scheduled by the Labour Deptt. from time to time.
- ii) The DM & Collectors shall arrange suitable accommodation for setting up of enrollment stations at the GP/ Village Committee level and provision for lodging of enrollment personnel through the BDOs.
- iii) The DM & Collectors shall ensure appointments of the Field Key Management Officers, who may preferably be the Panchayat/Village Secretaries/GRS, through the BDOs for identification and ensuring proper enrollment of RSBY beneficiaries and distribution of chits/slips to the pre-identified beneficiaries through such functionaries.
- iv) As required by the MoLE, the DM & Collectors shall hold the meeting of District Level Grievance Redressal Committees on RSBY, on a fixed date, preferably on the 10th working day of a month as per the circular issued earlier by the Labour Department, whether or not there is any complaint/grievances.

ROLE OF RASHTRIYA SWASTHYA BIMA YOJANA COUNTERS (HELP DESKS)

- i) A RSBY Counter should function round the clock. Duty chart of the computer operators is to be displayed in a conspicuous place with mobile phone numbers.
- ii) Registration is to be done for all patients coming for IPD treatment under the scheme.
- iii) Every Smart Card has to be verified at the time of patient admission through thumb impression verification.
- iv) If patient's thumb impression is not matching or patient is unable to give thumb impression, his/ her photo, name and other family member's identity (whose name is in card) should be matched.
- v) Hospital transactions are to be conducted online in all cases. However, if for technical reasons (non-availability of electricity / internet connectivity etc.) authorization from the Insurance Company is to be obtained for offline transactions.
- vi) If patient's identification does not match by any means, particulars be emailed in prescribed format to the Insurance Company for allowing offline transactions.
- vii) At every evening, the hospital transaction data are to be uploaded in the server, if not possible for technical reason, the data should be uploaded in the next morning.
- viii) In case of offline hospital transactions, the digitalized data are to be uploaded in the server on the next day.
- ix) Where multiple operations are to be done at a time on a single patient or for a non- packaged surgery treatment (unspecified code), the approval of the Insurance Company is to be obtained through mail/ authorization.
- x) The Smart Card should invariably be returned to the beneficiary family at the time of discharge of beneficiary patient.
- xi) The Help Desk computer operators shall guide/help a patient / his or her attendants in locating path labs, ultrasound, x-ray rooms in the empanelled hospitals and procurement of prescribed medicines.
- xii) At the time of discharge of a patient, a receipt with the details of amount claimed, blocked and the balance in the Smart Card should be given to the patient.

**Rashtriya Swasthya Bima Yojana (RSBY)
(Frequently Asked Questions)**

➤ What is Hospitalization?

Under RSBY scheme, hospitalization applies to admission to hospital for 24 hours or more. However, it also includes such day care treatments which require less than 24 hours.

➤ What is meant by day care surgeries ?

Day care surgeries are the procedures which require a surgical intervention but patient need not be admitted to hospital after the surgery. A list of day care surgeries is provided below:

- ✓ Haemo- Dialysis
- ✓ Parenteral Chemotherapy
- ✓ Radiotherapy
- ✓ Eye Surgery
- ✓ Lithotripsy (Kidney stone removal)

- ✓ Tonsillectomy
- ✓ D & C
- ✓ Dental Surgery following an accident
- ✓ Surgery of Hydrocele
- ✓ Surgery of Prostrate
- ✓ Certain Gastrointestinal Surgeries
- ✓ Genital Surgery
- ✓ Surgery of Nose
- ✓ Surgery of Throat
- ✓ Surgery of Ear
- ✓ Surgery of Urinary System
- ✓ Treatment of fractures / dislocation (excluding hair line fracture), contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalization.
- ✓ Laparoscopic therapeutic surgeries that can be done in day care.
- ✓ Identified surgeries under General Anesthesia
- ✓ Any disease / procedure mutually agreed upon.

➤ Are pre-existing disease covered under RSBY?

Unlike most health insurance policy which does not cover diseases that was present at any time in the past (including any disease, which the insured person may not have been aware of), RSBY cover pre-existing diseases from day one itself. There is no discrimination with respect to the pre-existing diseases.

➤ What is not covered?

RSBY does not cover OPD expenses, or expenses in hospitals which do not lead to hospitalization. Moreover, it also does not cover the ailments specifically excluded.

➤ What are the excluded ailments?

- Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalisation for treatment.
- **Congenital external diseases:** Congenital external diseases or defects or anomalies, Convalescence, general debility, "run down" condition or rest cure.
- **Drug and Alcohol Induced illness:** Diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- **Fertility related procedures:** Any fertility, sub-fertility or assisted conception procedure. Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- **Vaccination:** Vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident).

- **War, Nuclear invasion:** Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.

- **Suicide:** Intentional self-injury/suicide.

➤ Is OPD covered?

OPD is not covered in RSBY. Therefore, medicines and tests which are not related or do not lead to hospitalization need to be paid by the beneficiary.

➤ How are day care surgeries different from hospitalization of less than 24 hours?

Hospitalization can be for both medical and surgical procedures. Therefore, in all the surgical cases, whether there is a need for hospitalization or can be handled on a day care basis, are covered. Also, medical procedures which need hospitalization for more than 24 hours are covered.

➤ Are maternity benefits covered?

Yes, maternity benefits are covered.

➤ What is covered under maternity expenses?

All expenses related to the delivery of the baby in the hospital are covered and hospital will be reimbursed by the insurer.

➤ What all types of deliveries are covered?

Both normal and caesarean deliveries are covered under RSBY. A hospital will be paid Rs.2500 for normal and Rs.4500 for caesarean delivery. Ante Natal Care only 1 day and Post delivery 5 days treatment / medication is covered.

➤ Is there any provision to take care of the new-born?

A new born is covered under RSBY since birth automatically for the remaining period of the health insurance policy.

➤ If there are five members already covered in a family under RSBY, will the new-born be covered?

Yes. Even if the new-born is sixth member, he / she will be covered.

➤ For how long will the new-born be covered?

The new-born will be covered for the remaining RSBY policy period in which he / she is born. However at the time of renewal of the policy, the household will have to take a decision whether to include the new born for the following year (provided the baby is included in the list)

➤ Is there any provision for payment of transaction charges?

Transportation charges are covered in RSBY. For every case of hospitalization, beneficiary is paid Rs.100/- as the transportation charge subject to a maximum of Rs.1000/- during the policy period.

- Is there any proof, like ticket etc. required claiming transportation charges?
There is no proof required to claim transportation charges.
- When will the beneficiary get the transportation charge, at the time of hospitalization or discharge?
The beneficiary will be paid transportation charge, at the time of discharge.
- Who will give this Rs.100/- at the time of discharge?
The hospital which has provided the treatment will give this Rs.100/- at the time of discharge to the beneficiary.
- Is the food for family members also covered?
Food is only for the person who is hospitalized is covered in the package rate.
- In case of any dispute arising between the beneficiary and the hospital, what would the grievance redressal mechanism be?
The parties shall refer such dispute to the redressal committee constituted at the District level under the chairmanship of concerned District Magistrate & Collector and authorized representative of the insurance company and hospital as members. This committee will settle the dispute.

If either of the parties is not satisfied with decision, they can go to the State level committee chaired by the Secretary of the Nodal Department with representatives of the Insurance Company, Health Department and representative of the State Nodal Agency as members.

- In case of any dispute arising between the Insurance Company and the hospital, what would the grievance redressal mechanism be?
The parties shall refer such dispute to the redressal committee constituted at the District level under the chairmanship of concerned District Magistrate & Collector and authorized representatives of the insurance company & Health Department. If either of the parties is not satisfied with the decision, they can go to the State level committee chaired by the Secretary of the Nodal Department (Labour Department) with representatives of the Insurance Company, Health Department and representative of the State Nodal Agency as members.
- Who provides PoS machine?
The compute has to be provided by the hospital and the Smart card related devices as well as software should be from the service provider contracted by either the insurer of the SNA.
- Who provides Transaction Software?
Insurers or TPA arrange the transaction software from an approved vendor and upload the same. The cost of the software is to be borne by the hospital only.
- What happens if there is some technical problem with PoS machine?
Normally the vendors who install the equipment provide an Annual Maintenance Contract (AMC) also at extra cost. If a hospital has not opted for AMC, they have to address the problem on their own.

- What does a hospital do in case payments are not made by insurers within mandated 28 days?
The hospital should approach to the District Help Desk center (at Kiosk) and lodge a complaint and expect resolution within 7 days. If otherwise they should approach the state head of insurer / TPA. If all such efforts fail, they should bring the issue to the notice of the District Nodal Agency.
- In case there is a change of insurer, can a hospital continue to use old PoS machine?
Yes, hospitals can continue to use the old PoS machine.
- In case there is a change of insurer, can a hospital continue to use Transaction software provided by previous insurer?
If new insurer is using the same software then only previous insurer's software can be used. If otherwise, they should approach the new insurer.
- What recourse does a hospital have if there are unjustified deductions (even in case of pre-agreed package rates) or rejections of claims by insurers?
Hospital should immediately write to insurers, TPA and District Nodal Agency and ask for an explanation. If no justification is available, insurers / TPA are contract-bound to make full payment.
- What does a hospital do if the credit balance in a card is less than the charges for carrying out treatment?
Such amounts should be charged from the patient but the situation needs to be adequately explained to patient / attendants before start of the treatment.
- What if the treatment sought by a card holder falls under exclusions under RSBY?
All such expenses shall have to be borne by the patient only. The situation should be explained to the patient / attendants before start of the treatment.
- What action an insurer or the Nodal Agency take in case a hospital indulges in malpractices?
Such a hospital will be removed from RSBY panel and action against them under the laws of the land may be taken by insurer / TPA.
- If a hospital is empanelled under RSBY, is it free to offer treatment to the general public?
Yes.
- What happens if fingerprints don't match?
In such a case any other family member insured under the card can also authenticate the patient. Post treatment, the card holder should be advised to visit a District Kiosk for rectification. In case none of the fingerprints of the available members match, the hospital should immediately contact the District Nodal person of the Insurer for guidelines.
- Can a hospital charge more than the package rates forming part of RSBY?
No.

- RSBY is a paper-less scheme but are hospitals required to maintain usual records at their end?
Yes. All medical records which hospitals are otherwise required to maintain, should be maintained.

List of Empanelled Hospitals of Tripura

| Name of District | Name of the Health Center |
|-------------------------|---|
| West Tripura | 1. Cancer Hospital, Agartala |
| | 2. GBP Hospital, Agartala |
| | 3. IGM Hospital , Agartala |
| | 4. TMC & BRAM Teaching Hospital, Hapania, West Tripura District |
| | 5. Jirania CHC, West Tripura |
| | 6. Mohanpur CHC, West Tripura |
| | 7. Mandai PHC |
| | 8. Ranirbazar PHC |
| | 9. Katlamara PHC |
| | 10. Bamutia PHC |
| Sepahijala | 11. Bishalgarh SD Hospital, Shipahijala District |
| | 12. Melaghar SD Hospital |
| | 13. Takarjala CHC, Shipahijala District |
| | 14. Kathalia CHC, Shipahijala District |
| | 15. Sonamura CHC |
| | 16. Madhupur PHC |
| | 17. Boxanagar CHC |
| | 18. Taibandal PHC |
| Khowai | 19. Khowai SD Hospital, Khowai District |
| | 20. Kalyanpur CHC, Khowai District |
| | 21. Teliamura CHC, Khowai District |
| | 22. Tulashikar PHC |
| | 23. Baijalbari PHC |
| South Tripura | 24. Belonia SD Hospital, South Tripura |
| | 25. Sabroom SD Hospital |
| | 26. Manu Bazar CHC |
| | 27. Santir Bazar PHC |
| | 28. Hrishyamukh CHC |
| | 29. Rajnagar CHC |

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|---------------|---|
| | 30. Niharnagar CHC |
| | 31. Jolaibari CHC |
| | 32. Sringar PHC |
| | 33. Rupaichari PHC |
| Gomati | 34. Amarpur SD Hospital |
| | 35. Tripura Sundari Hospital, Udaipur |
| | 36. Gomati District Hospital |
| | 37. Natun Bazar CHC |
| | 38. Ompi Nagar CHC |
| | 39. Kakaraban PHC |
| | 40. Killa PHC |
| | 41. Karbook CHC |
| North Tripura | 42. Dharmanagar SD Hospital, North Tripura |
| | 43. Kanchanpur SD Hospital, North Tripura |
| | 44. Pecharthal PHC, North Tripura District |
| | 45. Kadamtala PHC, North Tripura District |
| | 46. Panisagar PHC |
| | 47. Damcherra PHC |
| | 48. Anandanagar PHC |
| | 49. Vangmun PHC |
| Unakoti | 50. RGM Hospital , Unakoti District |
| | 51. Kumarghat CHC, Unakoti District |
| Dhalai | 52. Chailengta SD Hospital, Dhalai District |
| | 53. Gandhacherra SD Hospital, Dhalai District |
| | 54. Bimal Sinha Memorial SD Hospital, Dhalai |
| | 55. Manu CHC, Dhalai District |
| | 56. Chawmanu PHC, Dhalai District |
| | 57. Kulai District Hospital, Dhalai District |

List of 31 new District Hospital/ PHCs / CHCs are to be brought under RSBY.

| Name of District | Name of the Health Center |
|------------------|---|
| North Tripura | 1. Dasda 2. Jalebasa 3. Tilthai 4. Khedachara |
| Unakoti | 5. Unakoti District hospital, Kailashahar 6. Kanchanbari 7. Fatikroy 8. Machmara |
| Dhalai | 9. 82 Miles 10. Marachara 11. Nakashipara 12. Gamnganagar |
| South Tripura | 13. Manmubnakul CHC 14. Kowaifung 15. Kalachara 16. Barpathai 17. Nalua |
| Gomati | 18. Atharabola 19. Maharani 20. Tulamura 21. Shilachari |
| Khowai | 22. Chebri 23. Dasarath Deb Smriti PHC 24. Behalabari |
| West Tripura | 25. Narasingarh 26. Chachubazar 27. Anandanagar |
| Shipahijala | 28. Dhanpur |

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| | 29. SB Memorial |
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| | 30. Kamalnagar |
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| | 31. Microsapara |
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