

Government of West Bengal
Medical Cell, Finance Department
2nd Floor, Khadya Bhavan
11A, Mirza Ghalib Street, Kolkata-700087

No. 3-F(MED)

Dated:17/01/2025

CIRCULAR

The West Bengal Health Scheme (WBHS) Portal under the URL www.wbhealthscheme.gov.in is presently hosted at the cloud infrastructure of National Data Centre (NDC), New Delhi. The process of migration of the WBHS Portal from National Data Centre, New Delhi to West Bengal State Data Centre (WBSDC) is currently in progress.

In order to complete the migration process, comprehensive back up of existing Data Base Server & Application Server of WBHS Portal at National Data Centre (NDC) is required to be created. To facilitate this process, the following downtime of the existing servers (www.wbhealthscheme.gov.in) is hereby scheduled during which the portal will remain completely inaccessible to all stakeholders except for downloading of Enrolment Certificate:

Date	Time
07.02.2025 (Friday) to	10 AM onwards
10.02.2025 (Monday)	Till 12 PM

Upon successful completion of back up and subsequent restoration at WBSDC, the new WBHS Portal under the URL healthscheme.wb.gov.in will go live on 10.02.2025 from 12 PM onwards.

During the downtime as stated above the various services to the beneficiaries and HCOs under WBHS shall not be affected and for this purpose a *Standard Operating Procedure (SOP)* has been prepared for information and guidance of all stakeholders.

Sd/-K. A. Anwar, IAS
Secretary to the
Government of West Bengal

Encl : The *Standard Operating Procedure (SOP)*

No. 3/1(300)-F(MED)/WB

Dated: 17.01.2025

Copy forwarded for information and necessary action to:

1. The Additional Chief Secretary, _____ Department.
2. The Registrar General, Calcutta High Court.
3. The Principal Secretary/Secretary, _____ Department.
4. The Director General & Inspector General of Police, West Bengal.
5. The Resident Commissioner, Govt. of West Bengal, New Delhi.
6. The Director/ Commissioner, _____.
7. The Secretary, Public Service Commission, West Bengal.
8. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-I/II/III
9. The District Judge, _____.
10. The District Magistrate, _____.
11. The Superintendent of Police, _____.
12. The Sub Divisional Officer, _____.
13. The Treasury Officer, _____.
14. The Block Development Officer, _____.
15. Shri Sumit Mitra, Network Administrator, with a request to upload the Circular on the official website of Finance Department.



Joint Secretary to the
Government of West Bengal

No. 3/2(200)-F(MED)/WB

Dated: 17.01.2025

Copy forwarded for information and necessary action to:

1. The President/Chief Executive Officer, _____
Health Care Organization (HCO).
2. The President/Chief Executive Officer, _____ Diagnostic Centre.



Joint Secretary to the
Government of West Bengal

Important Timeline for Migration

Server (www.wbhealthscheme.gov.in) Downtime Period:

Date	Time
07.02.2025 (Friday) to	10 AM onwards
10.02.2025 (Monday)	Till 12 PM

New WBHS portal under the URL www.healthscheme.wb.gov.in will go live on 10.02.2025 from 12 PM onwards.

Standard Operating Procedure (SOP) for Information & Guidance of All Stakeholders

1. ADMISSION AND DISCHARGE OF PATIENTS FROM IPD/DAY CARE

The following alternative mechanism for different online services under WBHS during downtime is hereby proposed in the interest of treatment of beneficiaries under the scheme:

a) Employees/Pensioners/Beneficiaries:

- i. Employees/Pensioners/Beneficiaries enrolled under WBHS may view/download their Enrollment Certificate under the existing URL www.wbhealthscheme.gov.in at the time of availing any treatment under scheme(s) from the empanelled Health Care Organizations (HCOs) during the server downtime in the following manner (any option can be chosen from the drop down menu) :

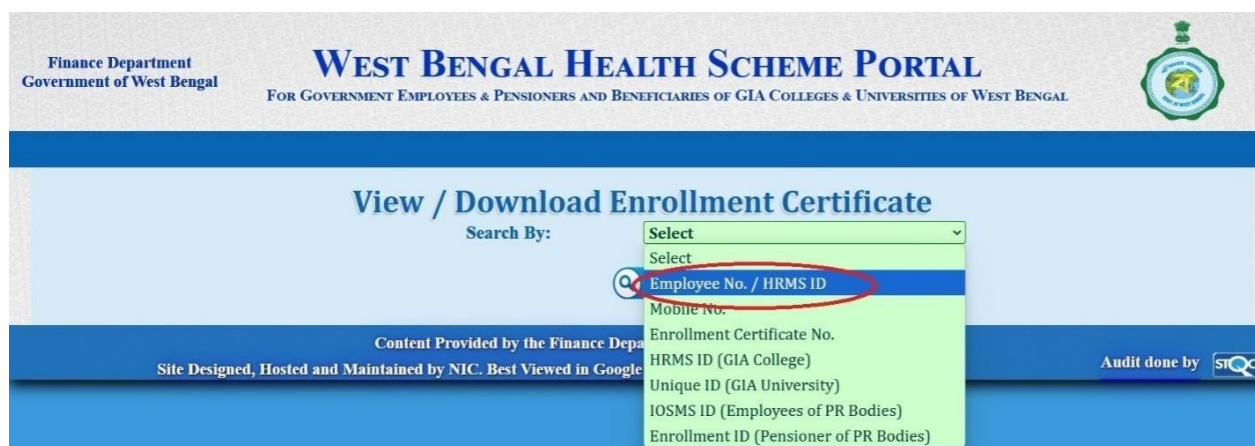


Figure-1

Finance Department
Government of West Bengal

WEST BENGAL HEALTH SCHEME PORTAL
FOR GOVERNMENT EMPLOYEES & PENSIONERS AND BENEFICIARIES OF GIA COLLEGES & UNIVERSITIES OF WEST BENGAL

View / Download Enrollment Certificate

Search By: Employee No. / HRMS ID
Employee No./HRMS ID: 1234567893

Search

Download Enrollment Certificate :

Enrollment No.	Beneficiary Name	Relation	Age	Enrollment Valid From	Photo
WB/EMP/01/000XXXXX	SXXXXX BAXXXXXXXXXXXX	SELF	29	01/01/2020	

Sl. No.	Category of Hospital	Bed Entitlement
1	Pay Ward / Pay Clinic in Govt. Hospital run by Govt. of West Bengal :	NOT ENTITLED
2	Tata Medical Center, Rajarhat :	GENERAL
3	Other Private Empanelled HCOs :	GENERAL

Figure-2

- ii. At the time of discharge from empanelled HCOs, employees/pensioners/beneficiaries are required to put their signature on manual D4 provided by the HCOs after checking all relevant details.
- iii. **All employees/pensioners/beneficiaries are also advised to download and preserve a copy of Enrollment Certificate from the WBHS Portal well in advance for record and reference.**

b) Health Care Organizations (HCOs):

- i. HCOs are to admit patients on the basis of scrutiny of Enrollment Certificate produced by the beneficiaries under the scheme during the admission procedure. Alternatively, HCOs may also access the existing URL www.wbhealthscheme.gov.in for verification of Enrollment Certificate in this regard.[Ref : 1(a) of pre page] HCOs are requested to note that only Enrollment IDs starting with “WB/EMP” and “WB/PEN” are only eligible for cashless IPD treatment under the scheme.
- ii. HCOs are to discharge patients on the basis of manual D4 form during this time. Signatures of patient/relatives are to be obtained in the said manual D4 form after incorporation of all necessary details regarding treatment.
- iii. During this time all HCOs are requested to mail a daily report on the Manual Admission/Discharge in prescribed format to the Medical Cell on the email id wbshospitalassist@gmail.com on the next day.
- iv. Only admission and discharges reported to Medical Cell in the proper format will be allowed to be incorporated in the newly hosted WBHS Portal afterwards.

2. PERMISSION FOR TREATMENT OUTSIDE WEST BENGAL ETC.

a) Employees/Pensioners/Beneficiaries:

- i. Employees/Pensioners are to apply manually or through e mail (if available) to the concerned Head of Office for availing treatment at recognized specialty hospitals outside the state of West Bengal in the prescribed form along with all relevant details.
- ii. Concerned HoO/Administrative Departments will take necessary action in this regard accordingly. If approved, the department will issue permission in prescribed manual form.
- iii. The concerned employee/pensioner/beneficiary has to apply online for the same permission once again on the newly hosted WBHS Portal afterwards to record the same in the WBHS Portal.
- iv. Concerned administrative department will act upon the said online application in the usual manner once the WBHS Portal is hosted and take necessary action online so as to ensure that the previous manual process is reflected in the Portal.

b) Administrative Departments/Head of Office :

- i. Based on the application submitted by the Employee/Pensioner, administrative department will process the permission and take necessary action as per extant rules. If approved, the department will issue permission in prescribed manual form in case of treatments at Tata Medical Centre, Mumbai, National Institute of Mental Health & Neurosciences, Bengaluru and All India Institute of Medical Sciences, New Delhi.
- ii. A copy of the manual approval issued by the administrative department is required to be forwarded to Finance Department, Medical Cell for future record and reference on the Email Id: permissionwbhs@gmail.com
- iii. For treatment outside the state of West Bengal except those mentioned under Para (i) above, administrative department will forward such application along with its recommendation to Medical Cell, Finance Department for assessment of essentiality of such treatment on the Email Id: permissionwbhs@gmail.com
- iv. On the basis of communication received from Medical Cell, Finance Department, the concerned administrative department will thereafter take necessary action in this regard on manual mode.
- v. All such permissions which were processed during this period will have to be recorded on the WBHS Portal once it is hosted thereafter on the basis of online application submitted by the employee/pensioner/beneficiary in this regard following usual procedure.

c) Health Care Organizations (HCOs) :

- i. Intimation of all kind of permissions (exceeding Rs. 3.5 lakhs, successive permission after every 10 (ten) days, Chemotherapy, more than two procedures, etc.) are required to be sought by HCOs & to be sent to dedicated Email Id: permissionwbhs@gmail.com
- ii. Only intimated permissions will be allowed to be incorporated in the newly hosted WBHS Portal during the time of In-Patient Department (IPD) bill preparation in the usual manner.

3. ADVANCE TO EMPLOYEES FOR IPD/OPD TREATMENT

a) Application by Employees:

During server downtime, an employee may apply for advance to his/her Head of Office (HOO) either manually with the required documents or via email (if available) with scanned copies of the essential documents. If submitted electronically, the employee must provide hard copies of all essential documents, including the original estimate issued by the HCO to his/her HOO before the final disbursement of the advance.

b) Processing by Head of Office/Administrative Department:

The HOO will review the application and may sanction the advance if the submitted documents meet the WBHS norms and the advance amount falls within the financial power of the HoO. If the advance amount exceeds the HOO's financial power, the application must be forwarded to the next higher office for approval.

i. Billing of Advance:

Once approved, the HOO will issue an offline sanction order for the advance. The DDO will prepare the advance bill in **Form No. 68** (not system-generated Form No. 68C) for disbursing the amount to the employee. A copy of the manual sanction order will invariably be forwarded to Finance Department, Medical Cell on Email Id: osd21med.fd-wb@bangla.gov.in

ii. Entry of Advance in WBHS System:

Employees must apply for the same (applied, approved, or in process) on the WBHS Portal from his/her login after the system migration is complete. The system will remain open for entering advance claims **till 28.02.2025**.

iii. Online Processing of Applications:

After the server is restored, all subsequent advance applications must be processed through the WBHS system as per regular procedures. However, no digitally signed sanction order (DSC) should be generated for claims already approved during the downtime, as the physical sanction order has already been used for payment.

4. Enrolment under WBHS

As the online service of issuance of Enrolment Certificate will not be available during downtime period, all Head of Offices (HOO) are hereby requested to process Application for Enrolment submitted by the employees/pensioners on priority basis and clear pendency in this regard well in advance. Any query in this regard may be forwarded to wbhsgovt.officeassist@gmail.com

Cashless Bills from the HCOs will continue to be received at Medical Cell during the downtime period of server.

Application for availing treatment outside the State under WestBengal Health Scheme

To

Sir/Madam,

I Sri /Smt /Miss (Name of the Employee) having (Enrollment Id), (Designation) do wish to avail treatment in enlisted Government/Private Hospital outside the state. For availing treatment there, it is mandatory to take prior permission from the Departmental Head of Other Office, Government of West Bengal as per Rules of WBHS.

I, therefore, pray to you to take necessary action for according the permission in favour of me.

All the particulars that are required for allowing such permission of the treatment are stated below for consideration;

Sl.No.	Particulars	Details
1	Name of enrolled beneficiary for which treatment is required	
2	Beneficiary ID	
3	Relation with the enrolled Employee	
4	Expected period of treatment	
5	Type of Treatment	
6	Name of referring Recognised/Empanelled/Enlisted hospital	
7	Name of referring Doctor with Qualification	
8	Name of Hospital in which treatment is sought for	
9	Nature of Disease(Inbrief)	
10	Name of state where residing at present	
11	Mobile No. of Employee	

I do hereby declare that:

1. Such treatment is urgently required for the survival of the patient.
2. There is no opportunity to avail this treatment in Recognized/Empanelled/Enlisted Hospitals within the state.
3. I shall also abide by the provision that is in vogue or may amend from time to time under WestBengalHealthScheme for availing treatment in enlisted hospital outside West Bengal.

Encl: Original copies of Prescription, Referral and Investigation Reports in support of seeking permission.

Signature of Employee
(Designation Of Employee)



Office Name
Department Name
Office Address
Head of Office Code

Memo No.

Date:

------(Department Name)

------(Office Name)

------(Office Address)

------(Treasury Name)

------(Treasury Address)

Sub: Granting permission for availing treatment in (Hospital Name) under WBHS

Permission is hereby accorded to avail treatment under West Bengal Health Scheme against the details given below:

Sl. No.	Particulars	Details
1	Enrollment ID of Employee	
2	Name of beneficiary for which permission is given	
3	Name of Hospital in which treatment is to be availed.	
4	Expected period of treatment	
5	Admissibility for treatment	
6	Admissibility of Travelling Expenditure (Will come in case of only Employee)	

Form –C5**Out-Patient Department (OPD) Treatment in State Aided/ Private Empanelled/Outside State Enlisted hospital under West Bengal Health Scheme***(As per Order No. 48-F(MED)WB, dated 29/03/2022)**(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office where Employee attached)*

To
 The.....(Designation of HoO)
(Name of the Office)
(Office Address of HoO)

Sir/Madam,

I am submitting a prayer of Rs..... (Rupees.....) towards **Advance** of cost of Out-Patient Department (OPD) treatment at state aided/ private empanelled / enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

1. Details of Employee/Pensioner.			
Full Name (in Block letters)		HRMS ID	
Enrolment ID No.		Claim Application ID. <i>(To be filled at the time of online entry from the end of Head of Office)</i>	
2. Details of Patient, Treating Hospital.			
2.1	Name of the Patient		
2.2	Name of hospital where treatment is going on or to be availed		

Part-II [Details of Cost Component of Estimate]

3. Estimate of Hospital							
3.1 No. of days for which hospital produced Estimated Expenditure					<input type="text"/>	() Days	
3.2 Details of OPD Diseases for which advance is sought							
Sl. No.	Particulars	Name of diseases					
3.2.1	Name of OPD Diseases for which advance is required(tick mark in appropriate box)	<input type="checkbox"/>	BitaThallasaemia	<input type="checkbox"/>	Hepatitis C	<input type="checkbox"/>	Carcinoma including Multiple Myelomais
4. Cost Component of OPD treatment as per estimate submitted by the state aided/ private empanelled/outside state enlisted hospital							
Sl. No.	Name of Component	Nos.	Period		Amount (Rs.)		
			From	To			
4.1	Consultation fees						
4.2	Cost of pathological and radiological Investigations						
4.3	Cost of medicines						

Manual Advance Application Form

4.4	Cost of implant / special device				
4.5	Miscellaneous (specify)				
Total					

Part-III [Advance Amount Selection Clause]

Sl. No.	Particulars	Amount (Rs.)
1	Maximum admissible amount for Advance (80 % of total of sl. no. 4)	
2	Amount of Advance Applied for	

Amount of Advance Claim: [Lowest amount of Sl. No. 1 and 2 of Part-III]	
Rs:	
In words:	Rupees

Part-IV [Details of Advance Claimant]

Sl. No.	Name of Claimant	Relation
1		

Part-V [Declaration of Employee]

I hereby declare that the statements made in the application of claim for advance is true to the best of my knowledge and belief. The person, for whom medical expenses to be incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against me in terms of WBS (CCA) Rules 1971 if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Enrolment certificate of the patient	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Original Cost Estimate issued by treating hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Prognosis Report of patient issued by the Treating Consultant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Filled ECS mandate form in case of those, whose bank details is not available in IFMS (In case of first claim only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date:

Signature of the Employee/Claimant :

Name in Block Letters :

Designation :

Government of West Bengal
Office of the

No: (2)

Dated:

To

1. The Principal Accountant General (A & E),
West Bengal, Treasury Building Kol - 1.

Claim ID: 00000

2. Pay and Accounts Officer/Treasury Officer

Sub:- Sanction order of Advance for incurring Medical Expenditure under West Bengal Health Scheme of ,

Sl. No	Particulars	Details
2.	Name of Employee	
3.	Name of Patient	
4.	Beneficiary ID	
5.	Relationship with the Employee	
6.	HOO Code of Head of Office	
7.	Designation of Head of Office	
8.	DDO Code of Drawing & Disbursing Officer	
9.	Designation of Drawing & Disbursing Officer	
10.	Type of treatment for which Advance is sanctioned	OPD Treatment
11.	Name of Hospital where treatment availed	
12.	Type of Hospital	Empanelled
13.	Head of Account	
14.	Amount applied for Advance	Rs. /-
15.	Amount sanctioned as Advance in figure	Rs. /-
16.	Amount sanctioned as Advance in words	Only
17.	Name of Claimant	N/A

All others concerned are requested to access WBHS portal using their Login for verification and necessary action.

Form –C6**In-Patient Department (IPD) Treatment in State Aided/ Private Empanelled/Outside State Enlisted hospital under West Bengal Health Scheme***(As per Order No. 48-F(MED)WB, dated 29/03/2022)**(Applicable for those who are not able to claim through online by himself/herself and online entry shall have to be done by the office of Head of Office where Employee attached)*

To
 The.....(Designation of HoO)
(Name of the Office)
(Office Address of HoO)

Sir/Madam,

I am submitting a prayer of Rs..... (Rupees.....) towards **Advance** of cost of In-Patient Department (IPD) treatment at state aided/ private empanelled / outside state enlisted hospital under West Bengal Health Scheme as per details stated below:

Part-I[General Information]

1. Details of Employee			
Full Name <i>(in Block letters)</i>		HRMS ID	
Enrolment ID No.		Claim Application ID. <i>(To be filled at the time of online entry from the end of Head of Office)</i>	
2. Details of Patient, Treating Hospital			
2.1	Name of the Patient		
2.2	Name of hospital where treatment is going on or to be availed		

Part-II [Details of Cost Component of Estimate]

3. Estimate of Hospital				
3.1 No. of days for which hospital produced Estimated Expenditure				<input type="text"/> () days
3.2 Estimate cost of Package Treatment				
Sl. No.	Name of Procedures/ Packages	Procedure Code	Amount (Rs.)	
3.2.1				
3.2.2				
3.2.3				
3.2.4				
3.2.5				
			Total	
3.3 Estimate cost of Implants Used				
Sl. No.	Name of Implants	Coded or Non-coded	Implants Code, if coded	Amount (Rs.)
3.3.1				
3.3.2				
3.3.3				
3.3.4				
3.3.5				

		Total (Rs.)	
3.4 Estimate cost of Non-Package Treatment.			
Sl. No.	Name of Component	Amount (Rs.)	
3.4.1	Room/ Bed rent		
3.4.2	Consultation fees.		
3.4.3	Cost of pathological and radiological investigations.		
3.4.4	Cost of medicines.		
3.4.5	Cost of consumables		
3.4.6	Charges of special nursing/aya		
3.4.7	Miscellaneous. (specify)		
Amount of Total Estimate submitted by Hospital(Rs.) (amount mentioned in 3.2+ 3.3+3.4)			
3.5 Mode of Treatment			
Availing Cashless Facility? (Tick mark in appropriate box)		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part-III [Advance Amount Selection Clause]

Sl. No.	Particulars	Amount (Rs.)
1	Maximum admissible amount for Advance If answer of 3.5 is yes {80 % of(3.2+ 3.3+3.4) minus Rs. 1,00,000.00} or If answer of 3.5 is No 80 % of (3.2+ 3.3+3.4)	
2	Amount of Advance Applied for	

Amount of Advance Claim: [Lowest amount of Sl. No. 1 and 2 of Part-III]	
Rs.	
In words:	Rupees

Part-IV [Details of Advance Claimant]

Sl. No.	Name of Claimant	Relation
1		

Part-V [Declaration of Employee]

I hereby declare that the statements made in the application of claim for advance is true to the best of my knowledge and belief. The person, for whom medical expenses to be incurred, is a beneficiary of West Bengal Health Scheme and possessed a valid enrolment certificate at the time treatment. I will be held responsible and liable to face any disciplinary action taken against in terms of WBS (CCA) Rules 1971 if the claim is found false and malafide due to any suppression of facts. I am enclosing the following instrument(s) to substantiate my claim in sequential manner.

[List of Enclosures]

Sl. No.	Name/Particulars of enclosures to be attached	Enclosed or not	
1	Enrolment certificate of the patient	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Original Cost Estimate issued by treating hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Manual Advance Claim Form

3	Prognosis Report of patient issued by the Treating Consultant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Filled ECS mandate form in case of those, whose bank details is not available in IFMS (In case of first claim only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Any other instruments (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date:

Signature of the Employee/Claimant :

Name in Block Letters :

Designation :

Government of West Bengal
Office of the

No: (2)

Dated:

To

1. The Principal Accountant General (A & E),
West Bengal, Treasury Building Kol - 1.

Claim ID: 0000

2. Pay and Accounts Officer/Treasury Officer
,

**Sub:- Sanction order of Advance for incurring Medical Expenditure under West
Bengal Health Scheme of ,**

Sl. No	Particulars	Details
2.	Name of Employee	
3.	Name of Patient	
4.	Beneficiary ID	
5.	Relationship with the Employee	
6.	HOO Code of Head of Office	
7.	Designation of Head of Office	
8.	DDO Code of Drawing & Disbursing Officer	
9.	Designation of Drawing & Disbursing Officer	
10.	Type of treatment for which Advance is sanctioned	IPD Treatment
11.	Name of Hospital where treatment availed	
12.	Type of Hospital	Empanelled
13.	Head of Account	
14.	Amount applied for Advance	Rs. /-
15.	Amount sanctioned as Advance in figure	Rs. /-
16.	Amount sanctioned as Advance in words	Only
17.	Name of Claimant	N/A

All others concerned are requested to access WBHS portal using their Login for verification and necessary action.