

By: Registered Post and Email



Dr. N. B. Dholakia

Additional Director (FW)

No. FW/MA/Suggestions from MA empanelled hospitals/16-17/

Commissionerate of Health, MS & ME,

Government of Gujarat, Block No-5,

Dr. Jivraj Mehta Bhavan, Gandhinagar.

Ph: (079) 23253311, Fax: (079) 23253304

Date: 10/02/2016

To,

Hospitals

Subject: Revamping of MA & MA Vatsalya Yojana-Gujarat.

With your kind support, it is our privilege to share that very soon "MA" Yojana is going to complete its four years of successful implementation in Gujarat. During this tenure, the scheme not only received appreciations within the State but also nationally. The scheme received SKOCH AWARD -2014, PLATINUM AWARD -2014 and CSI-NIHILENT e-Governance Award-13-14 as National awards and all this has become possible only with your active support and co-operations.

Recently under MA yojana the state has decided to collect feedback/suggestions from all MA Network hospitals on the following points:

1. Addition/ deletion of any existing "MA" procedures. In the case of any addition of new procedure, then its pre and post mandatory and non-mandatory investigations along with minimum required follow-ups and tentative market rate.
2. Standard procedure guideline of each existing as well as additional procedures.
3. Suggestions if any on claim processing: preauthorization, claim process, documentation, software process, existing or any other suggestions (Annexure-1).

In this regard, State has already constituted cluster-wise committees at the state level including representatives from multi-specialist public and private hospitals. But State needs your feedback, also, on the aforementioned points so that if it is found to be suitable by the committee can be considered under MA Yojana during current revamping of scheme.

We need your support and cooperation in this regard. Please provide your kind suggestions on your Institution's letterhead with sign and stamp, before 25th February 2016. Afterwards, we will not be able to represent your suggestions to the aforementioned specialist committees.

(N. B. Dholakia)

Enclosure: Annexure-1

Copy to: Mr. Jatin Joshi, Project Head – MA, MD India Healthcare Network Pvt. Ltd.

Feedback Form : MA and MAV

Hospital Name :	
Address	
Name of Authority	
Designation Of Authority	
Date:	

1. Preauth Process :

2 Claim Process :

3 Documentation :

4 Software process :

5 Any other suggestion :

6 Procedures:

Addition of procedure

modification of procedure

deletion of procedure

This need to provide
on separate sheet cluster wise with hospital authority sign and stamp

Signature :

Name :

Desigantion / Authority :