

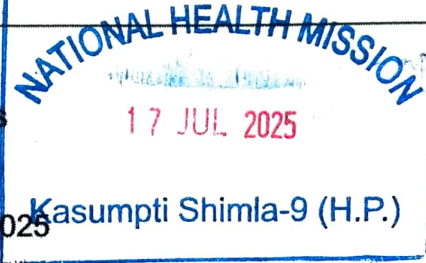


[E- 12595] NHMHP-HWC0PBI/1/2019-HWC-Section
National Health Mission,
Directorate of Health Services,
SDA Complex, Kasumpti
Himachal Pradesh, Shimla-9

To

All the Chief Medical Officers
In Himachal Pradesh

Dated: Shimla-9, the, July, 2025



Subject: Regarding SoP for disbursement of PLP and TBI in respect of Indicator 15 "A" and 15 "B".

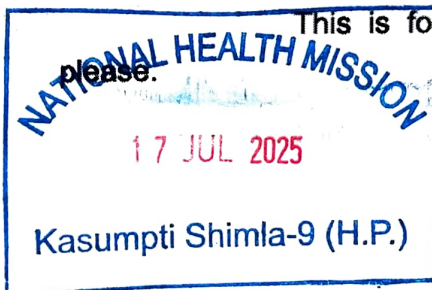
Sir/Madam,

This is in reference to the notification No. No. NHMHP-HWCOPBI/1/2019-HWC-Section- Part(1)-63399-3212 dated 4.6.2022

Queries were received regarding procedure for verifying and disbursing PLP and TBI in respect of indicator 15 (a); monitoring of reference cases upward and 15 (b) :monitoring of referral cases downward.

In this regard a SoP has been devised for the purpose of verification of PLP and TBI for HSC as attached as Annexure-1 and PLP and TBI for PHC/UPHC attached as Annexure -2.

This is for your kind information and further necessary action please.



Yours faithfully,

Mission Director (NHM)
Himachal Pradesh, Shimla-9
Dated Shimla-9. The

Endst. No. As above

Copy to:

1. The Secretary (Health) to the Government of Himachal Pradesh for information please
2. The Director Health Services, Himachal Pradesh for information please
3. The Joint Controller (F&A) NHM for information please
4. All the State Programme Officers (NHM) for information please
5. All the District Programme Officers (AAM) for information and necessary

- action please.
6. The Consultant (MIS) for information and with the request to upload the copy of the letter on NHM website

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Mission Director (NHM)
Himachal Pradesh, Shimla-9

Annexure-1

Standard Operating Procedure (SOP) for verification and disbursement of PLP & TBI at HSC level

Indicator 15a: Monitoring of Referred Cases Upwards

1. Indicator:

15 (a) Monitoring of Referral Cases upward:

2. Bench Mark 80%

2. Indicator Definition

- **Numerator:** Number of referred cases that were seen at the higher referral centre.
- **Denominator:** Total number of cases referred to the higher centre.

3. Verification Process

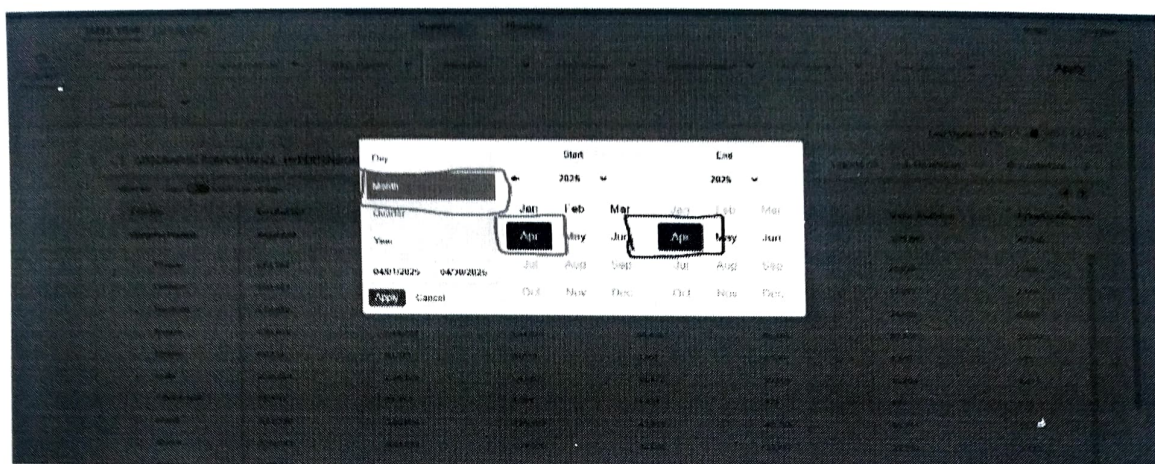
A. Verification of Denominator (Referred Cases)

1. Time Period Selection:

- For example, if verifying data for month of **April 2025**, the reference timeline would be **1st April to 30th April 2025**.

2. Data Access:

- The **BMO (Block Medical Officer)** will extract the number of referred cases from a particular **SHC (Sub-Health Centre)** using the portal by applying the timeline filter from **01-04-2025 to 30-04-2025**.



3. Illustrative Example:

- If SHC 'X' shows **6 referrals** during April, this number

Referrals	Hatched	2025-04-01 - 2025-04-30
9		
0		
1		
0		
222		
8		
5		
0		
42		
18		
6		
0		
1		
20		
4		
5		
89		
184		

becomes the **denominator**.

B. Verification of Numerator (Cases Seen at Higher Center)

1. CHO Submission Process:

- The **CHO (Community Health Officer)** submits an **Incentive Claim Form** to the **BMO** during the monthly meeting.

2. Supporting Documents:

- The CHO must attach **screenshot printouts** from the portal for **each referred patient** showing their referral and whether they were seen at the higher centre.
- Screenshots must show:
 - **Date of Referral**
 - **Date Examined** (as updated by the doctor at the higher institution)

Date	Updated by	BP Readings	Blood Sugar Levels	Measurements
02-06-2025	106-cho22001	167 / 90		
02-06-2025	doc_1060116	167 / 90		
02-06-2025	106-cho22001		22.2 (504g, 190 mg/dL)	22.2 (504g, 190 mg/dL)

3. Example Scenario:

- Out of **6 referred cases**, **5 patients** were examined at the higher centre.
- The CHO submits **5 screenshots** with dates verified.

4. Authentication:

- Each screenshot must be **self-verified** by the CHO with a **signature**.
- The CHO is **responsible for the authenticity** of these documents.

5. Eligibility Check:

- If **≥80%** of referred cases were examined (e.g., $5/6 = 83\%$), the CHO and her team are **eligible for PLI** for the month.

4. Special Case Handling

1. Cross-Month Referrals:

- There may be cases where referral made in a previous months are examined in the higher centre in the next month such cases would be considered for disbursement of PLP / TBI as follows:.
- For Example, if a patient was **referred on March, 2025** and **seen in April 2025**, this case may be **included in both numerator and denominator** for April.

2. Old Referrals:

- Patients referred 2 or more months earlier and examined in the current month will not be considered for PLP/TBI.
- For Example Patients **referred in February or earlier** and **seen in April** will **not be considered** for PLI calculation in April.

5. Responsibilities

Role	Responsibility
CHO	Submit complete incentive claim with verified screenshots, maintain accuracy and authenticity.
BMO	Verify timeline, validate numerator and denominator data, and approve PLI eligibility.

6. Documentation Checklist

- ✓ Incentive Claim Form
- ✓ Screenshots for each referred case (showing referral and seen date)
- ✓ CHO's signature on each screenshot
- ✓ Monthly summary submitted to BMO

Annexure-2

Standard Operating Procedure (SOP) for verification and disbursement of PLP & TBI at HSC level

Indicator 15b: Monitoring of Referred Cases Downwards

3. Indicator:

15 (b) Monitoring of Referral Cases Downward:

4. Bench Mark 80%

2. Indicator Definition

- **Numerator:** Number of patients seen at home / SHC after being referred downward by the higher centre
- **Denominator:** Number of SHC referred patients, seen at higher centres

3. Verification Process

- **A. Verification of Denominator (Number of SHC referred patients, seen at higher centres)**

4. Time Period Selection:

- For example, if verifying data for month of **April 2025**, the reference timeline would be **1st April to 30th April 2025**.

- The BMO will have the number of patients seen at higher institution for a particular HSC based upon the claim for indicator 15 (a). The patients seen at higher institutions must report to the HSC/ home within one month of the check-up at the higher centre.
- If the patients dose not report to HSC/home within one month the HSC team will not be eligible for PLP/TBI.
- As and when the patient reached his/ her house the ASHA has to make a home visit as per guidelines and update this visit as a follow up on her application. It may be noted that the follow up of such a patient can be recorded on the application/ portal on the expiry of the number of days for which a MO has prescribed drugs for a particular patients. For example if the MO has prescribed drug for 1 month the follow up can be updated after 1 month. If drugs are prescribed for 5 days the follow up can be up dated after 5 days.
- If a patient reports back to a HSC after visiting the higher institution the CHO has the mandate to update the application / portal on follow up.
- CHOs will be eligible to claim the incentive in the month of June, based on follow-up conducted in May at home/SHC for patients who were referred and examined in April.

4. Data Access:

- The **BMO (Block Medical Officer)** will check the number of referred cases from a particular **SHC (Sub-Health Centre)** that how many individual she claimed the incentive for the month of April.

5. Illustrative Example:

- If SHC 'X' was disbursed PLP & TBI for upward referral of 5 patients in the month of April than 5 patients will become the denominator for indicator 15 (b).

B. Verification of Numerator (Cases Seen at Higher Centre)

6. CHO Submission Process:

- The **CHO (Community Health Officer)** submits an **Incentive Claim Form** to the **BMO** during the monthly meeting.

7. Supporting Documents:

- For all the patients which have reported back after check-up at a higher institution and for whom the follow up has been updated on the application / portal, the CHO will submit the screen short for each such patient.
- During the process of verification it may be noted that the patients who had been seen at the higher institution are the

Date	Updated By	BP Readings	Blood Sugar Levels	Measurements
17-06-2025	105-dia22001	167 / 90	180 / 90	
02-06-2025	105-dia22001	167 / 90	180 / 90	
02-06-2025	dia_1050115	167 / 90	180 / 90	
02-06-2025	105-dia22001			BMI (Weight, Height) 22.2 (34 kg, 176 cm) Head Circumference 51.95 cm

same for which the CHO has raised claim in respect of indicator 15 (a) for the same month.

- Screenshots must show:
 - **Date of Referral**
 - **Date Examined** (as updated by the doctor at the higher institution)
 - **Date Follow up (as updated by the CHO/MO)**

7. Example Scenario:

- If CHO claimed the incentive for the 5 patient in 15a, 4 patients were follow-up in the SHC/PHC.
- The CHO submits **4 screenshots** with dates verified.

8. Authentication:

- Each screenshot must be **self-verified** by the CHO with a **signature**.
- The CHO is **responsible for the authenticity** of these documents.

9. Eligibility Check:

- If **≥80%** of referred cases were examined (e.g., 4/5 = 80%), the CHO and her team are **eligible for PLI** for the month.

5. Special Case Handling

6. Cross-Month Referrals:

- There may be cases where the patient had reported in the higher institution in the previous month and the cases have

now reported at HSC Level/ home in the next month, such cases would be considered for disbursement of PLP / TBI as follows:.

- For Example, if a patient was examined in **March, 2025** and followed up in **April 2025**, this case may be **included in both numerator and denominator** for April.

2. Old Referrals:

- Patients seen at higher facility 2 or more months earlier and followed up in the current month will not be considered for PLP/TBI.
- For Example Patients **seen at higher institution in February or earlier** and **followed up in April** will not be **considered** for PLI calculation in April.

5. Responsibilities

Role	Responsibility
CHO	Submit complete incentive claim with verified screenshots, maintain accuracy and authenticity.
BMO	Verify timeline, validate numerator and denominator data, approve PLI eligibility.

6. Documentation Checklist

- ✓ Incentive Claim Form
- ✓ Screenshots for each referred case (showing referral and seen date)
- ✓ CHO's signature on each screenshot
- ✓ Monthly summary submitted to BMO

Annexure-3

Standard Operating Procedure (SOP)for verification and disbursement of PLP & TBI at PHC level

Indicator 15a: Monitoring of Referred Cases Upwards

6. Indicator:

15 (a) Monitoring of Referral Cases upward:

7. Bench Mark 80%

2. Indicator Definition

- **Numerator:** Number of referred cases that were seen at the higher referral center.
- **Denominator:** Total number of cases referred to the higher center.

3. Verification Process

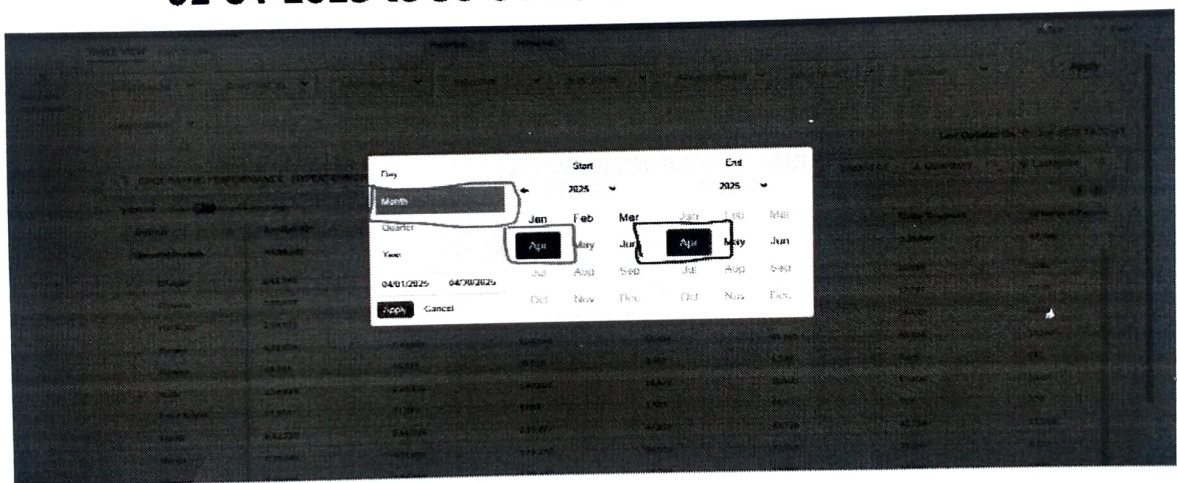
A. Verification of Denominator (Referred Cases)

7. Time Period Selection:

- For example, if verifying data for month of **April 2025**, the reference timeline would be **1st April to 30th April 2025**.

8. Data Access:

- The **BMO (Block Medical Officer)** will extract the number of referred cases from a particular **PHC (Primary-Health Centre)** using the portal by applying the timeline filter from **01-04-2025 to 30-04-2025**.



9. Illustrative Example:

- If PHC 'X' shows **6 referrals** during April, this number becomes the **denominator**.

TABLE VIEW

Screened indicator includes count of unique individuals screened or rescreened for any of the 5 NICDs.

Geographic Performance

2025-04-01 - 2025-04-30

Apply

Last Updated On: 17 Apr 2025 10:30:57

GEOGRAPHIC PERFORMANCE

Expand All Download Customize

VBPAS Count Count % Percentage

Disorder	Referred To Secondary
Alcohol Problems	111
Bingeing	44
Crack Cocaine	2
Heroin Use	12
Blunt Use	6
Buprenorphine	0
Suboxone PM	0
Other PM	11
Other PM	0
Suboxone PM	0

B. Verification of Numerator (Cases Seen at Higher Center)

11. MO Submission Process:

- The **MO (Medical Officer)** submits an **Incentive Claim Form** to the **BMO** during the monthly meeting.

12. Supporting Documents:

- The MO must attach **screenshot printouts** from the portal for **each referred patient** showing their referral and whether they were seen at the higher center.
- Screenshots must show:
 - Date of Referral**
 - Date Examined**(as updated at higher institution)

Profile

20 years / Female

Vitals History

Date	Updated By	BP Readings	Blood Sugar Levels	Measurements
04-06-2025	Abu, A. 1000721	117 / 80		
07-06-2025	Abu, A. 1000710	117 / 80		
10-06-2025	100-00022001			Weight (kg), Height (cm), BMI (kg/m ²), Blood Pressure (mmHg), Heart Rate (b/min)

Weight (kg): 60.0
Height (cm): 160
BMI (kg/m²): 23.4
Blood Pressure (mmHg): 117/80
Heart Rate (b/min): 70

13. Example Scenario:

- Out of **6 referred cases**, **5 patients** were examined at the higher center.
- The MO submits **5 screenshots** with dates verified.

14. Authentication:

- Each screenshot must be **self-verified** by the MO with a **signature**.
- The MO is **responsible for the authenticity** of these documents.

15. Eligibility Check:

- If **≥80%** of referred cases were examined (e.g., 5/6 = 83%), the MO and her team are **eligible for PLI** for the month.

4. Special Case Handling

3. Cross-Month Referrals:

- There may be cases where referral made in a previous months are examined in the higher center in the next month such cases would be considered for disbursement of PLP / TBI as follows:.
- For Example, If a patient was **referred on March, 2025** and **seen in April 2025**, this case may be **included in both numerator and denominator** for April.

4. Old Referrals:

- Patients referred 2 or more months earlier and examined in the current month will not be considered for PLP/TBI.
- For Example Patients **referred in February or earlier** and **seen in April** will **not be considered** for PLI calculation in April.

5. Responsibilities

Role	Responsibility
MO	Submit complete incentive claim with verified screenshots, maintain accuracy and authenticity.
BMO	Verify timeline, validate numerator and denominator data, approve PLI eligibility.

6. Documentation Checklist

- ✓ Incentive Claim Form
- ✓ Screenshots for each referred case (showing referral and seen date)
- ✓ MO's signature on each screenshot

- ✓ Monthly summary submitted to BMO

Annexure-4

Standard Operating Procedure (SOP) for verification and disbursement of PLP & TBI at PHC level

Indicator 15b: Monitoring of Referred Cases Downwards

1. Indicator:

15 (b) Monitoring of Referral Cases Downward:

Bench Mark 80%

2. Indicator Definition

- **Numerator:** Number of patients seen at home / PHC after being referred downward by the higher centre
- **Denominator:** Number of PHC referred patients, seen at higher centres

3. Verification Process

- **A. Verification of Denominator (Number of PHC referred patients, seen at higher centres)**

Time Period Selection:

- For example, if verifying data for month of **April 2025**, the reference timeline would be **1st April to 30th April 2025**.
- The BMO will have the number of patients seen at higher institution for a particular PHC based upon the claim for indicator 15 (a). The patients seen at higher institutions must report to the PHC/ home within one month of the check-up at the higher centre.
- If the patients do not report to PHC/home within one month the PHC team will not be eligible for PLP/TBI.
- As and when the patient reached his/ her house the ASHA has to make a home visit as per guidelines and update this visit as a follow up on her application. It may be noted that the follow up of such a patient can be recorded on the application/ portal on the expiry of the number of days for which a MO has prescribed drugs for a particular patients. For example if the MO has prescribed drug for 1 month the follow up can be updated after 1 month. If drugs are prescribed for 5 days the follow up can be up dated after 5 days.
- If a patient reports back to a PHC after visiting the higher institution the MO has the mandate to update the application / portal on follow up.
- MOs will be eligible to claim the incentive in the month of June,

based on follow-up conducted in May at home/PHC for patients who were referred and examined in April.

Data Access:

- The **BMO (Block Medical Officer)** will check the number of referred cases from a particular **PHC (Primary-Health Centre)** that how many individual she claimed the incentive for the month of April.

Illustrative Example:

- If PHC 'X' was disbursed PLP & TBI for upward referral of 5 patients in the month of April then 5 patients will become the denominator for indicator 15 (b).

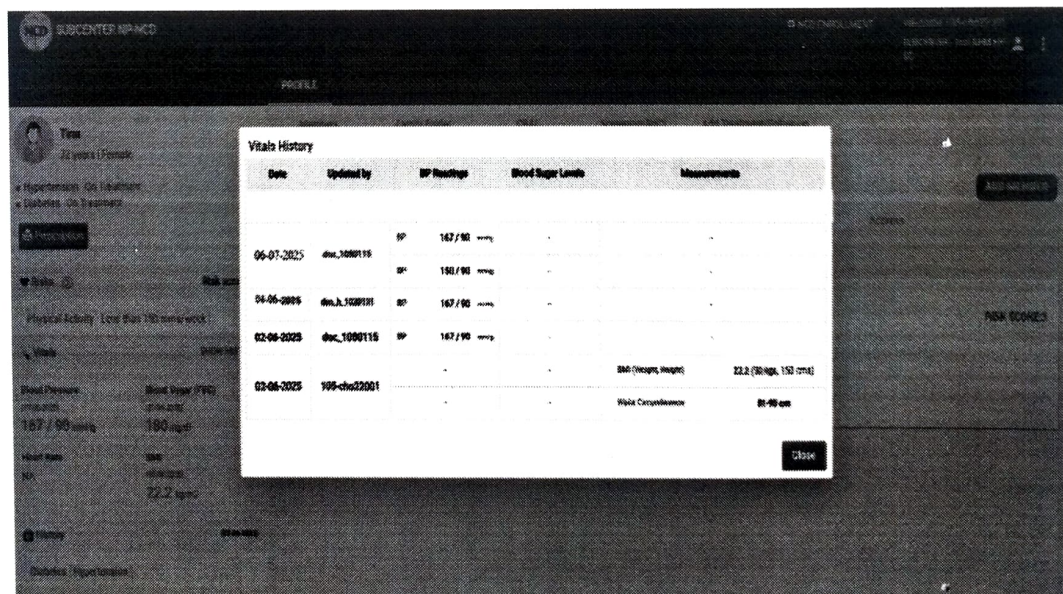
B. Verification of Numerator (Cases Seen at Higher Centre)

MO Submission Process:

- The **MO (Medical Officer)** submits an **Incentive Claim Form** to the **BMO** during the monthly meeting.

Supporting Documents:

- For all the patients which have reported back after check-up at



Date	Updated by	BP Readings	Blood Sugar Levels	Measurements
06-07-2025	doc_1000115	BP 167/90 mmHg		
06-07-2025	doc_1000115	BP 161/90 mmHg		
06-06-2025	doc_1000115	BP 167/90 mmHg		
02-06-2025	doc_1000115	BP 167/90 mmHg		
02-06-2025	100-cho22001			BMI (Weight/Height) 22.2 (50 kg, 153 cm)
				Waist Circumference 81-90 cm

a higher institution and for whom the follow up has been updated on the application / portal, the MO will submit the screen short for each such patient.

- During the process of verification it may be noted that the patients who had been seen at the higher institution are the same for which the MO has raised claim in respect of indicator 15 (a) for the same month.

- Screenshots must show:
 - **Date of Referral**
 - **Date Examined** (as updated by the doctor at the higher institution)
 - **Date Follow up (as updated by the CHO/MO)**

Example Scenario:

- If MO claimed the incentive for the 5 patient in 15a, 4 patients were follow-up in the SHC/PHC.
- The MO submits **4 screenshots** with dates verified.

Authentication:

- Each screenshot must be **self-verified** by the MO with a **signature**.
- The MO is **responsible for the authenticity** of these documents.

Eligibility Check:

- If **≥80%** of referred cases were examined (e.g., $4/5 = 80\%$), the MO and her team are **eligible for PLI** for the month.

Special Case Handling Cross-Month Referrals:

- There may be cases where the patient had reported in the higher institution in the previous month and the cases have now reported at PHC Level/ home in the next month, such cases would be considered for disbursement of PLP / TBI as follows:.
- For Example, If a patient was examined in **March, 2025** and followed up in **April 2025**, this case may be **included in both numerator and denominator** for April.

Old Referrals:

- Patients seen at higher facility 2 or more months earlier and followed up in the current month will not be considered for PLP/TBI.
- For Example Patients **seen at higher institution in February or earlier** and **followed up in April** will **not be considered** for PLI calculation in April.

Responsibilities

Role	Responsibility
MO	Submit complete incentive claim with verified screenshots, maintain accuracy and authenticity.
BMO	Verify timeline, validate numerator and denominator data, approve PLI eligibility.

Documentation Checklist

- ✓ Incentive Claim Form
- ✓ Screenshots for each referred case (showing referral and seen date)
- ✓ MO's signature on each screenshot
- ✓ Monthly summary submitted to BMO