

File No. S-12019/127/2021-NHA
Government of India
National Health Authority

9th Floor, Jeevan Bharati Building,
Connaught Place, New Delhi - 110001
Dated 31.03.2021

Subject: Guidelines for Covid vaccine payment through PMJAY-website by the concerned hospital to National Health Authority (NHA).

1. DO letter dated 27th February 2021 number D.O.NO 1920764/2020/Immunization provides that private empanelled hospitals under AB-PMJAY, CGHS or under State Health Insurance scheme will deposit cost of vaccines immediately in the bank account of the National Health Authority. Further, OM File No S-12019/127/2021-NHA dated 28.02.2021 was issued for payment through SBI collect form. This is with reference to the better monitoring and reconciliation of payments received from hospitals in the bank account of NHA for Covid vaccines, hospitals are further advised to follow the following guidelines in reference to payments made for Covid Vaccination:
 - A. Hospitals are required to use only electronic mode of transfer for payment of money into the bank account of NHA. Hospitals are advised not to deposit cash directly in the bank account of NHA.
 - B. Hospital are advised to follow steps mentioned in para 2 for making payment into the bank account of NHA through the payment portal as mentioned.
 - C. Hospitals are required to submit required details of all payments made till date by following steps provided in para 2 and more specifically Step E and and Step G in para 2.
 - D. Hospitals are required to present both the receipt in physical form generated through payment portal to DIO (District Immunization officer).
2. In order to facilitate the same, following steps are required to be followed by the hospital in making payment in the designated NHA bank account for Covid vaccines:
 - A. Hospitals should make the payment for vaccines online under Cowin-19 tabs in the link:<https://pmjay.gov.in/cowin/>.Hospital can select either Covid Vaccination Payment or SBI Collect Form. (*Annexure 1*)
 - B. In case of selection of Covid Vaccination Payment, hospital has to provide following required information in the portal (*Annexure 2*)
 - For Advanced Search
 - Hospital State
 - Hospital District

- Hospital Name
- Or
- Search with Hospital Code
 - Hospital Code as provided by Cowin System
- C. Hospital need to select itself from the search results. (*Annexure 3*)
- D. Hospital need to provide following information on payment page
 - Empanelment category of the hospital from the drop down 1) If a facility is empanelled under more than one scheme then if it is empanelled under PM-JAY then PM-JAY may be chosen. 2) If not empanelled under PM-JAY but empanelled under CGHS & SHI then CGHS may be chosen. 3) If not empanelled under PM-JAY or CGHS but empanelled under SHI 4) All other facilities may choose "others"
 - Hospital type drop down
- E. In case of **new payment**, select "New Payment" bullet and in case of **payment made earlier or through any other payment mode**, select, "Generate Past Payment Acknowledgment" bullet and provide following information (*Annexure 4*)
 - Amount
 - Number of Vaccine doses
 - Captcha Verification.
 - Mobile based OTP verification.
 - Payment reference No of the Bank in case of Past Payment as given in original payment receipt
 - Image upload of original payment receipt (banking transaction acknowledgement) in case of "Generation Past Payments Acknowledgement"
- F. After OTP verification, it will be redirected to SBI payment gateway, download and save the receipt to be produced to DIO (District Immunization Officer)
- G. In case of "Past Payment", receipt will be generated bearing payment reference number of original receipt. Hospital is required to carry the receipt generated in this receipt as well as original receipt to DIO (District Immunization Officer)
- H. If SBI Collect Form is selected in Step A, it will redirect to external link which Hospital needs to agree after reading its as per its discretion (*Annexure 5*):
 - Select "Covid Vaccine payment" for payment category and enter "Site manager login_ID" as provided by Cowin is required (*Annexure 6*)
 - The portal will automatically fetch certain details and following details need to be entered at the portal (*Annexure 7*):
 - Amount
 - Empanelment Category
 - Hospital Type
 - No. of Vaccines
 - Name of Hospital

- Date of Incorporation of Hospital
 - Mobile Number of authorized person by the hospital to make the payment
 - Email ID
 - Captcha Image
3. DIOs will cross check and verify the payment transaction receipts as generated from the portal as well as original receipt in case payment made through other portals before disbursement of vaccines to the hospital.
4. Hospitals are directed to follow the above process to ensure timely compilation and monitoring of payment information. Any reconciliation issues arising due to non-adherence to these guidelines shall be the sole responsibility of concerned hospitals. State Health Agencies (SHAs) will also assist the hospitals in this process. In case of any difficulty in payment, please call on the following mobile number: 9164414555 or write to the following email id: covid.payments@nha.gov.in.



Varunesh Mishra
Deputy Director - IT

To:

1. All CEOs, SHA
2. Hospitals empanelled under PMJAY/ CGHS/ State Health Insurance Schemes and other private hospitals approved by GoI.

Copy to:

1. ACS/ Pr. Secretary (Health), all states
2. PPS to the Secretary (Health & Family Welfare), GoI
3. PPS to the CEO, NHA

Annexure 1:

The screenshot displays the official website for COVID-19 vaccination in India. The main banner features the text "VACCINATION FOR A STRONGER NATION" in large, bold letters, with "Book your vaccine through www.cowin.gov.in" below it. The website is branded with the Ministry of Home Affairs and National Health Authority logos. A navigation menu includes Home, COVID-19, Resources, Portals, FAQs, and Contact Us. A dropdown menu for COVID-19 lists options like COVID Vaccine Register, COVID Vaccination Appointment, and others. The "About COWIN" section explains that the nationwide drive, launched on 19th January 2021, is being expanded from 1st March 2021. It lists target groups: all citizens above 65 years of age, and those with specific comorbidities. It also mentions that approximately 10,000 private hospitals are participating under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) scheme.

VACCINATION FOR A STRONGER NATION
Book your vaccine through www.cowin.gov.in

About COWIN

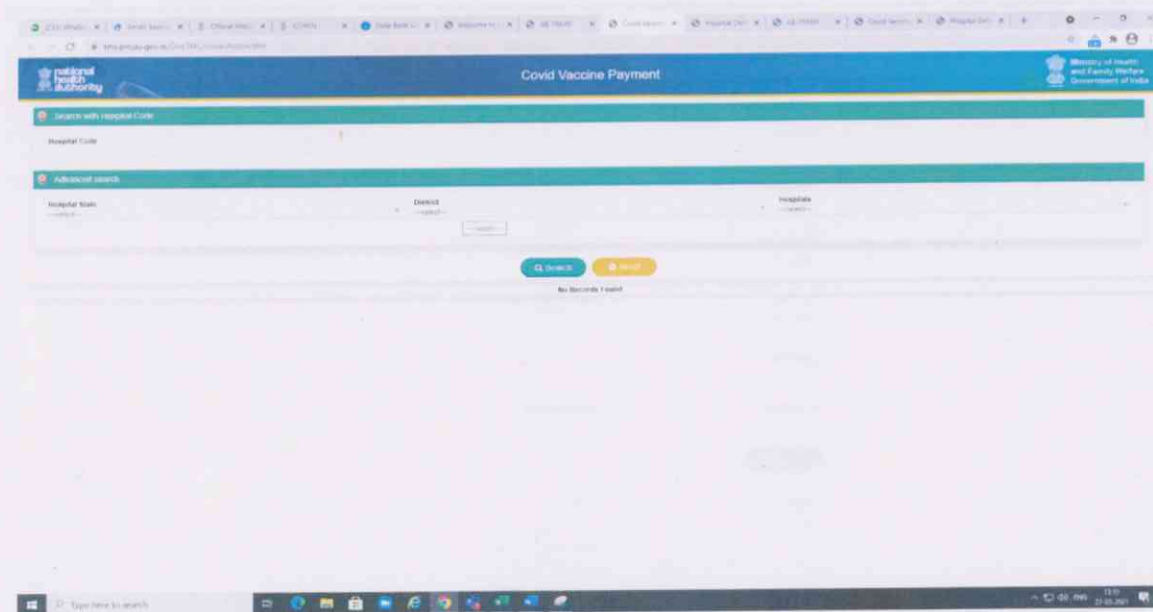
The ongoing nationwide COVID-19 vaccination drive, that was launched on 19th January 2021, is going to be exponentially expanded from 1st March 2021. It will cover following age-groups

- All citizens above 65 years of age, and
- Those with the age bracket of 45 to 59 years with specified comorbidities.

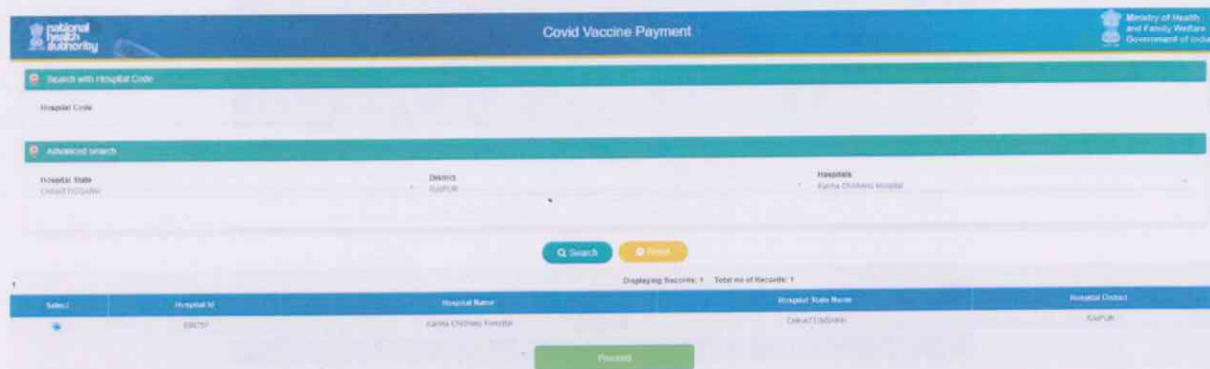
To ramp up the COVID vaccination capacity manifold, significantly large number of private hospitals are going to be engaged in this drive. Around 10,000 private hospitals empanelled under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY), COVID and various State Government Health Insurance schemes will be taking part as COVID Vaccination Centers (CVCs). The list of such hospitals can be found here: <https://mha.gov.in/covid-vaccination-hospitals>

Photo Gallery

Annexure 2



Annexure 3



Annexure 4

Hospital Details

Hospital Name *	
Hospital ID *	
Hospital Type *	<input type="text" value="HOSPITAL"/>
Hospital Category *	<input type="text" value="HOSPITAL"/>
Order Type *	Payment Reference No. *
<input type="radio"/> Biller Order	
Payment Date	
No. of Vouchers *	Amount Deposited *
Upload Attachment	
	<input type="text" value="APP ID/IDNO"/>

Annexure 5

State Bank Collect

Products & Services Know More
98

STATE BANK COLLECT
A MULTI-MODAL PAYMENT PORTAL

DISCLAIMER CLAUSE

Terms Used

- Corporate Customer/ Firm/Company/Institution/ I/O reflecting payment from their beneficiaries
- User: The beneficiary making a payment to FCI for the services/goods or/other
- Bank shall not be responsible in any way, for the quality or availability of any production/service in any of the services subject thereto, whatsoever offered to the User by the Corporate Customer. Any disputes regarding the nature or quality of the Service or otherwise will be settled between Corporate Customer and the User and Bank shall not be a party in any such dispute. Any request by refund by the User on any grounds whatsoever should be taken up directly with the Corporate Customer and the Bank will not be concerned with such a request.
- Bank does not responsibility in respect of the services provided and User shall not be entitled to make any claim against the Bank for deficiency in the services provided by the Corporate Customer.
- The User shall not publish, display, apply or transmit any information prohibited under Rule 129 of the Information Technology (Intermediaries Guidelines) Rules, 2011.
- In case of non-compliance of the terms and conditions of usage by the User, the Bank may the right to immediately terminate the access or usage rights of the User to the computer resource of the Bank and reserve the non-compliance information.

I have read and accepted the terms and conditions stated above.
(Click Check Box to proceed for payment)

[Proceed](#)

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Annexure 6

SBI State Bank Collect

State Bank Collect - State Bank Maps

State Bank Collect - State Bank Collect

State Bank Collect 07 May 2021 (2:33 PM IST)

NATIONAL HEALTH AUTHORITY
7 AND 9TH FLOOR, JEEVAN BHARTI BUILDING, PARLIAMENT STREET CONNAUGHT PLACE, New Delhi-110001

Provide details of payment

Select Payment Category * COVID VACCINE PAYMENT

Mandatory fields are marked with an asterisk (*)

Enter HOSPITAL LOGIN ID (SITE MGR COWIN PORTAL) *

Submit

- Mandatory fields are marked with an asterisk (*)
- The payment structure document is available with detailed instructions about the online payment process.
- Data generated may result in the format of "ddmmyyy" Eg. 03022020

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Annexure 7

Select Payment Category * COVID VACCINE PAYMENT

HOSPITAL LOGIN ID (SITE MGR COWIN PORTAL) *

HOSPITAL NAME *

HOSPITAL STATE * Gujarat

HOSPITAL DISTRICT * Gu Sonelakh

AMOUNT *

HOSPITAL EMPANELMENT CATEGORY * -Select HOSPITAL EMPANELMENT

HOSPITAL TYPE * -Select HOSPITAL TYPE

PAYMENT FOR NO. OF VACCINES *

Remarks

- PLEASE ENSURE THAT THE AMOUNT IS IN MULTIPLE OF NO. OF VACCINES
- PLEASE CONFIRM YOUR DETAILS BEFORE FINAL SUBMISSION

Please enter your Name, Date of Birth (For Personal Banking) / Incorporation (For Corporate Banking) & Mobile Number. This is required to register your e-receipt / remittance (RAP) form, if the need arises.

Name *

Date Of Birth / Incorporation *

Mobile Number *

Email ID

Enter the text as shown in the image * 10034

Submit Reset Back

