

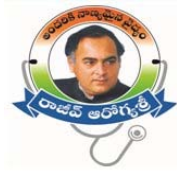
GUIDELINES FOR RAJIV AAROGYASRI SCHEME

FIFTH EDITION, MARCH 2013

**CASHLESS TREATMENT FOR
THE POOR**

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CASHLESS TREATMENT FOR THE POOR



Aarogyasri Health Care Trust
Quality Medicare For The Unreached

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This book is produced by the staff of Aarogyasri Health Care Trust. It contains the guidelines for scheme implementation as on 1st March 2013 and are subject to change from time to time.

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APPENDIX-A

Aarogyasri scheme Manual

GENERAL

1. DEFINITIONS

1.1 General

Definitions

In this document, the following terms shall be interpreted as indicated below.

- i. “Applicable Law” means the laws and other instruments having the force of law in India.
- ii. “Benefit” shall mean the extent or degree of service the beneficiaries are entitled to receive under the scheme.
- iii. “BPL” means Below Poverty Line population as defined by the Civil Supplies Department of Government of Andhra Pradesh through the issue of Ration Cards.
- iv. “Claim Float; shall mean the money made available to the TPA for settlement of claim of the Insured Person by the Insurer.
- v. “Claim Float Account” shall mean the bank account where the claim float is parked and replenished on agreed terms by the Insurer.
- vi. “Co-morbid conditions” shall mean all the associated diseases being suffered by the patient in addition to the disease among listed therapy.
- vii. “Coverage” shall mean the entitlement by the beneficiary to Health Services provided under the scheme, subject to the terms, conditions, of the scheme.
- viii. “Government” means the Government of Andhra Pradesh or the Government of India.
- ix. “Government Authority” shall mean either GoAP or GoI or Aarogyasri Health Care Trust (AHCT) or any entity exercising executive, legislative, judicial, regulatory or administrative functions of or pertaining to Government and having jurisdiction over the Company, the parties, any shareholder or the assets or operations of any of the foregoing including but not limited to the Insurance Regulatory and Development Authority
- x. “IRDA” means the Insurance Regulatory And Development Authority of India established under the Insurance Regulatory and

Development Authority Act 1999.

- xi. "Law" includes all statutes, enactments, acts of legislature, laws, ordinances, rules, bye-laws, regulations, notifications, guidelines, policies, directions, directives, and orders of any Government, Government Authority, Court, Tribunal, Board or recognized stock exchange of India, as may be applicable to the Scope and Terms of this Agreement.
- xii. "The Scheme" means the description of services including the disease and financial coverage, the terms and conditions of services available under the scheme. (xiii) "TOS" means Terms of the Scheme.
- xiii. "TAP" means a TAP card issued by Government in place of a BPL ration card or white ration card, and having the same benefits as a white ration card, through Rachabanda Program of Government during February, 2011.

1.2 Entities

- i. "GNWH" means Government Network Hospital.
- ii. "Insurer" means one who is identified to provide all the management services under this scheme.
- iii. "Network Hospital" or "NWH" shall mean the hospital, nursing home or such other medical aid provider empanelled with the Trust duly following the empanelment procedure.
- iv. "PNWH" means Private Network Hospital.
- v. "Party" means the Purchaser or the Supplier, as the case may be; and "Parties" means both of them.
- vi. "Purchaser" means Aarogyasri Health Care Trust.
- vii. "Project Manager" means the person appointed by the Purchaser (Project Manager) to perform the duties delegated by the Purchaser.
- viii. "Third Party" means any person or entity other than the Government, the Trust, the Service Providers or a Subcontractor.
- ix. "Third Party Administrator" shall mean any TPA who is licensed under the Third Party Administrator Health Services Regulation 2001 by the IRDA to practice as a third party administrator.
- x. "Trust" means Aarogyasri Health Care Trust of Government of Andhra Pradesh.

1.3 Scope

- i. “Budget” means the amount that is allocated by the Trust for the purpose of funding the scheme during the contract period, for this bid.
- ii. “Category” means the groups of therapies as mentioned in the scheme. For example, Poly trauma, Cardiology, General Surgery etc., are categories under the scheme.
- iii. “Confidential Information” means all information (whether in written, oral, electronic or other format) that have been identified or marked confidential at the time of disclosure including Project Data which relates to the technical, financial and business affairs, customers, suppliers, products, developments, operations, processes, data, trade secrets, design rights, know-how and personnel of each Party and its affiliates which is disclosed to or otherwise learned by the other Party whether a Party to this Agreement or to the Project Agreement in the course of or in connection with this Agreement (including without limitationsuch information received during negotiations, location visits and meetings in connection with this Agreement or to the Project Agreement).
- iv. “Deliverables” means the products, infrastructure and services specifically developed for “Aarogyasri Health Care Trust” and agreed to be delivered by the Service Provider in pursuance of the agreement and includes all documents related to the service, user manuals, technical manuals, design, methodologies, process and operating manuals, service mechanisms, policies and guidelines, and all their modifications.
- v. “Goods” means all equipment, machinery, furnishings, Materials, and other tangible items that the Supplier is required to supply or supply and install under the Contract, including, without limitation, the Information Technologies and Materials, but excluding the Supplier’s Equipment.
- vi. “Health Services” shall mean the health care services and supplies covered under the Policy.
- vii. “Hospitalization Services” shall have the meaning ascribed to it for all treatments and other services of network hospital as defined

in the scheme.

- viii. "Listed Therapies" means the list of surgeries, procedures and medical treatments mentioned in the scheme.
- ix. "Package" shall be as defined in Term- 19.
- x. "Package Price" means the price paid for the package to a NWH.
- xi. "Proprietary Information" means processes, methodologies and technical, financial and business information, including drawings, design prototypes, designs, formulae, flow charts, data, computer database and computer programs already owned by, or granted by third Parties to a Party hereto prior to its being made available under this Agreement, Project Agreement or a Project Engagement Definition.
- xii. "Services" shall mean all medical health care and ancillary services agreed to be made available by the TPA to the insurer and or the Policy Holders and or the Insured Persons.
- xiii. "Service Area" shall mean the area within which insurer or TPA is authorized to provide services.
- xiv. "Service Level" means the level and quality of service and other performance criteria which will apply to the Services as set out in any Project Agreement.
- xv. "Software" is a collection of computer programs and related data that provide the instructions for telling a computer what to do and how to do it.
- xvi. "Materials" means all documentation in printed or printable form and all instructional and informational aides in any form (including audio, video, and text) and on any medium, provided to the Purchaser under the Contract.
- xvii. "Intellectual Property Rights" means any and all copyright, moral rights, trademark, patent, and other intellectual and proprietary rights, title and interests worldwide, whether vested, contingent, or future, including without limitation all economic rights and all exclusive rights to reproduce, fix, adapt, modify, translate, create derivative works from, extract or re- utilize data from, manufacture, introduce

into circulation, publish, distribute, sell, license, sublicense, transfer, rent, lease, transmit or provide access electronically, broadcast, display, enter into computer memory, or otherwise use any portion or copy, in whole or in part, in any form, directly or indirectly, or to authorize or assign others to do so.

2. BACKGROUND, OBJECTIVE AND IMPLEMENTATION

2.1. Back ground

Financing health care of persons living below poverty line, especially for the treatment of serious ailments such as cancer, kidney failure, heart diseases, is one of the key determinants that affects the poverty levels in Andhra Pradesh. Available network of government hospitals neither have the requisite infrastructure, manpower, resources and management autonomy nor the ability to satisfy the patients, in order to meet the tertiary care needs of the poor. As a result, many such poor approach private hospitals and incur catastrophic expenditures leading to sale of assets, indebtedness and impoverishment. In many cases, patients die in harness unable to access medical treatment which is beyond their means. Medical expenses are identified as one of the causes driving the farming community into poverty. Chief Ministers' Relief Fund (CMRF) provides reimbursement of expenses for treatment of ailments. Though, a large number of poor patients request for assistance from CMRF, this was not helpful in meeting their total expenditure on treatment. Health insurance could be a way of removing the financial barriers and improving access of poor to quality medical care; of providing financial protection against high medical expenses; and negotiating with the providers for better quality care. Government of Andhra Pradesh, therefore, designed this scheme for implementation on a pilot basis in three most backward districts of the State viz., Anantapur, Mahaboobnagar and Srikakulam. While designing the scheme, experience gained in other State implementing similar schemes viz. Yashaswini of Karnataka, Karuna of Tamilnadu, and Universal Health Insurance Scheme of Govt. of India was carefully studied.

A budget of Rs.50 Crores was allocated during 2007-08 to implement this scheme. Aarogyasri Health Care Trust was set up in February 2007 to act as a state level nodal agency for the implementation of the Scheme. Rajiv Aarogyasri Community Health Insurance Scheme was launched in the three districts from 01-04-07, and later extended to all other districts of the State in five phases covering the entire poor population.

Coverage was given for 163 treatments including those for heart, cancer, Neuro-surgery, Renal procedures, Burns and Poly-trauma cases, etc. under the banner Aarogyasri-I. Since coverage of treatments was limited, a large number of patients continued to seek assistance from CMRF for treatment of other ailments. The Trust therefore constituted 31 teams of specialist doctors from government and private hospitals, analyzed all diseases afflicting the poor and listed more than 1500 medical and surgical procedures.

The selection was based on twin criteria of the procedure being life saving in nature, and secondly shortage of specialist doctors performing the procedure in government hospitals. A list of 533(389 surgical and 144 medical) such procedures was identified for inclusion under the scheme. These procedures were covered under the banner Aarogyasri-II and launched in the State on 17th July 2008 in order to enable all BPL families avail cashless treatment for more procedures. 79 new procedures in the Specialities of Obstetrics, Eye, ENT, Cardiology, and Trauma and Critical care were further added in the Scheme with effect from 14th November, 2008, thus bringing the total procedures covered under the Scheme to 942.

2.2 Objective

To improve equity of access to BPL families to quality tertiary medical care both by strengthening the Public Hospital infrastructure as well as through purchase of quality private medical services to provide financial support for catastrophic health needs. The treatment of diseases shall be by way of hospitalization, and surgeries or therapies through an identified network of health care providers.

2.3 Modes of implementation Name

Rajiv Aarogyasri is being implemented by Aarogyasri Health Care Trust in the state to assist 233 lakh poor families.

The name of the scheme is Rajiv Aarogyasri Scheme.

3. POPULATION COVERAGE

- 3.1 Beneficiaries** The Scheme intended to benefit 233 lakh. BPL families in the all the 23 districts of the state
- 3.2 Eligibility Definition** All poor families of the state of Andhra Pradesh, as defined by Civil Supplies Department of Government of Andhra Pradesh as BPL families, shall be eligible under this scheme.
- 3.3 Eligibility card** The eligible families are provided with Below Poverty Line ration cards or Rajiv Aarogyasri Health Cards, herein after called eligibility cards.
Eligibility card for this scheme means:
- i. White ration card;
 - ii. Antyodaya Anna Yojana (AAY) card;
 - iii. Annapurna card;
 - iv. Rajiv Aarogyasri Health card
 - v. TAP card
 - vi. RAP Card
- 3.4 Eligibility verification** The eligibility of beneficiary under the scheme shall be verified using Aarogyasri IT application or through any other means as decided by the Trust.
- 3.5 Excluded beneficiaries** Such of the beneficiaries who are covered for the “listed therapies” by other insurance scheme such as CGHS, ESIS, Railways, RTC etc., shall not be eligible for any benefit under this scheme.
- 3.6 Family** Family means members as enumerated and photographed on the Rajiv Aarogyasri Health Card or BPL Ration Card. The photograph or name indicated in the Health Card or BPL Ration Card will be taken as the proof for determining the eligibility of the beneficiary
- 3.7 Enrolment process** Trust will provide the details of each eligible family covered under the scheme through the eligibility card. This eligibility card shall be considered as the result of an enrolment and identification process for availing the health insurance facility. The BPL database of the Civil Supplies Department of Govt. of Andhra Pradesh shall be the sole basis for determining the eligibility.

4. BENEFIT COVERAGE

- 4.1 Out-Patient** No out-patient services are covered as part of “Listed Therapies”
- 4.2 In-patient** The scheme shall provide coverage for the 938 “Listed Therapies” for identified diseases in the 31 categories - Annexure-I.
- 4.3 Pre-existing diseases** All diseases under the scheme shall be covered from day one. A person suffering from any disease prior to the inception of the scheme shall also be covered
- 4.4 Pre and Post hospitalisation requirement**
- i. From date of reporting to hospital up to 10 days from the date of discharge from the hospital shall be part of the package rates.
 - ii. In case of Kidney Transplantation the postoperative care under package has to extend to 1 year.
- 4.5 Follow-up Services** Network Hospitals will provide free follow-up services to the patients under 125 follow-up packages.
- 4.6 Pre- authorisation** The prior authorization shall be as specified at Term

5. FINANCIAL COVERAGE

5.1 Collection Fund

The Trust has allocated an amount as specified in scheme budget. This fund has been mobilized through tax revenues of the GoAP and allocated to the Trust. GoAP being the agency who is collecting the prepayment from the beneficiaries through taxes, the GoAP/Trust will be the insurer for this scheme.

5.2 Fund

The collected fund is transferred to AHCT which in turn manages it.

5.3 Risk Identification and Transfer if Any

In case the Trust transfers the risk of actual expenditure of the scheme exceeding the collected amount, an insurer will be identified. This firm is expected to arrive at the risk of actual expenditure under the scheme exceeding the budget and quote the premium for covering this risk.

The Trust shall pay the insurance premium to the Insurer directly in instalments as specified in the contract for purchase of risk coverage. In case of engagement of an insurer:

- i. Administrative cost: The admissible administrative cost ceiling under the scheme shall be as specified in the contract. Any administrative charges in excess of the admissible administrative costs shall not be allowed.
- ii. Refund The insurance cover shall be triggered the moment expenditure under the scheme exceeds the budget. Any premium paid to the insurer which remains utilized due to the actual expenditure incurred being less than the sum of budget and premium shall be refunded to the Trust as specified in the contract.

5.4 Financial cover

The financial entitlements of the beneficiary shall be as follows:

i. Coverage limit :

The scheme shall provide coverage for the services to the beneficiaries up to Rs.1.50 lakh per family per annum on floater basis. And 0.50 lakh through buffer, thus total coverage is for Rs.2.0 lakhs

ii. Floater Basis :

The coverage limit on a beneficiary family shall be on floater basis. The beneficiary family shall have the ability to avail of the total coverage limit either individually by one member or collectively by two or more members of the family.

iii. Deductible :

There shall be no deductible under this scheme.

iv. Co-payment :

There shall be no co-payment under this scheme.

5.5 Buffer Sum

- i. An additional sum shall be provided as Buffer (also referred as corporate floater) in case the cost of services to the beneficiary family exceeds the coverage limit. The buffer shall also be utilized on floater basis. The buffer utilization shall be authorized by the CEO or his designee.
- ii. Buffer sum of Rs. 50,000=00 shall be additionally available to the either to one or more individuals of the family on authorization by CEO or his designee, if the expenditure exceeds the original coverage limit of Rs 1.50 lakhs.
- iii. In case of Renal Transplant Surgery with Immunosuppressive therapy for 12 months, the buffer amount of Rs.1,00,000=00 (Rupees one lakh only) will getapplied automatically.

5.6 Scheme

experience

The scheme experience for the listed therapies is at trust website.

6. PERIOD

- 6.1 Period of coverage** The coverage under the scheme by the Trust shall be in periods of one year each.
- 6.2 Period of contract** The risk coverage by an insurer, if any, under the scheme shall be in force for the policy period as specified in contract. In case of a new bidder taking over the risk coverage at the end of contract period, the existing contractor shall ensure that there is a smooth transition or take over by the new contractor within 3 months without causing any disruption to the scheme.
- 6.3 Run-off period** A “Run Off period” of one month shall be allowed after the expiry of the policy period. This means that pre-authorisations can be done till the end of policy period and surgeries for such pre- authorisations can be done up to one month after the expiry of policy period and all such claims shall be honoured.

EMPANELMENT AND DISCIPLINARY ACTION

7. EMPANELMENT

7.1. Introduction Aarogyasri Health Care Trust provides health insurance coverage to around 200 lakh poor families in the State of Andhra Pradesh for up to Rs.2 lakhs per annum through a network of empanelled Government and private hospitals spread across the state. The geographical distribution of hospitals ranges from urban/semi-urban areas to rural and tribal areas. The network hospitals include both teaching and non-teaching hospitals. Payments are made on the basis of prefixed package rates for various treatments.

Empanelment process is done through an online platform in order to bring in transparency. The hospitals should meet certain requirements in the areas of infrastructure, manpower, equipment, and services offered. A health care provider who fulfils the empanelment criteria of the trust will become eligible for empanelment with the trust. An empanelled health care provider is referred to as a network hospital.

Interested public and private hospitals can apply for empanelment at any point of time provided they meet the requirements. The hospitals shall have to apply for empanelment of all the specialties available with the hospital at the time of application. The hospitals would be inspected for verification of the infrastructure, equipment, manpower and services, and if found to be complying with the requirements would be empanelled. The empanelled hospitals are required to enter into a Service Contact Agreement and offer services at the package prices fixed by AHCT from time to time.

The hospital or nursing home applying for empanelment must be in Andhra Pradesh, established for indoor medical care and treatment of disease and injuries and should be registered under Andhra Pradesh Private Allopathic Medical Establishments (Registration & Regulation) Act and Pre-conception and Pre-Natal Diagnostic Techniques Act (Wherever applicable).

A large no. of patients need to travel to urban centres such as Hyderabad, Visakhapatnam, Vijayawada where a large no. of multi speciality and super speciality empanelled hospitals are currently available. The trust intends to

see that similar facilities are available and empanelled in remote districts such as Adilabad, Ananthapur, Mahboobnagar, and Srikakulam under the scheme.

The eligibility under the scheme is given below.

- i. Bed Strength: A hospital intending to empanel is required to have a minimum 50 beds, at least two specialties.
- ii. Statutory Requirements: The hospital shall have AMCE Registration. A hospital intending to empanel is required to have an Outpatient Department, Inpatient Department, Operation Theatre, Speciality Care Units –Intensive care units & Post-operative wards, Speciality specific care units, Emergency and Accident Department/ Casualty, Central Sterilization and Supply Department, Medical Records Department. All the Essential drugs should be available in the Pharmacy round the clock. Adequate number of nursing staff, helpers, administrative and maintenance staff are mandatory. A minimum of 9 duty doctors are mandatory. All the above requirements are in accordance with the Allopathic Private Medical Care Establishments Act, 2002.

7.2.

Requirements of the hospitals

- i. General requirements:
General Empanelment requirements are for three purposes viz., Rajiv Aarogyasri Scheme, Secondly for ensuring quality treatment of patients, and thirdly for convenience and safety of patients & public.
 - a. Requirements for the scheme: The requirements below are specific to Rajiv Aarogyasri Scheme and are mandatory for empanelment. These are intended for Scheme administration.
 - i) Reception: The hospital shall earmark a space of 50 sft. in its reception for a dedicated Aarogyasri kiosk. It should be by the side of the hospital entrance.
 - ii) Computer: For submission of Pre-auths and claims in electronic format to AHCT, hospital must have dedicated equipment (Computer and Peripherals), connectivity (Minimum 2 Mbps), webcam and biometric device.

- iii) Rajiv Aarogyasri Medical Coordinator (RAMCO): Hospital shall provide a Doctor (Allopathic) as Medical Coordinator for Rajiv Aarogyasri who is responsible for all the entries of work flow in the Trust portal and shall act as medical representative of hospital.
 - iv) Aarogyasri Medical Camp Coordinator (AMCCO): Hospital shall provide a paramedic as coordinator for conducting health camps as and when instructed by AHCT.
- b. Requirements of functional units in the hospital: The following are the minimum requirements for functional units. The detailed requirements are at annexure ab.
- i) Out Patient: The hospital must have separate outpatient department and shall have earmarked outpatient services for Aarogyasri patients.
 - ii) Casualty: Hospital must have 5% of total bed strength subject to minimum of three bedded emergency department equipped with multipara-monitors, defibrillators, crash carts, resuscitation equipment, central oxygen & suction facilities and attached toilet facility.
 - iii) ICCU: Hospital must have at least 10% of total bed strength subject to minimum of five bedded intensive care department with multipara-monitors, Defibrillators, Crash Carts, Resuscitation equipment, central oxygen & suction facilities.
 - iv) Operation Theatre: Hospital must have fully equipped Operation Theatre along with required equipment and trained staff.
 - v) Post Operative Ward: Hospital must have at least 5% of total bed strength subject to minimum of three bedded post operative ward with bed side multipara-monitors, central oxygen and suction.
 - vi) Inpatient Ward: The Hospital shall have separate male & female wards for the patients and the hospital shall agree to allocate minimum of 25% Bed Strength in each speciality for Rajiv Aarogyasri Scheme patients.

- vii) Diagnostic Facilities: It is mandatory on the part of hospital to have basic laboratory and imageology facilities in-house. Higher diagnostic facilities shall be provided either in-house or through tie-up. The types of laboratories are given below.
- Small Laboratory: It is a laboratory performing routine tests in the field of haematology, fluids and excretions and biochemistry up to 100 tests per day, either manual or semi-automated should be manned by a qualified doctor/ lab-technician (M.Sc).
 - Medium Laboratory: It is a laboratory performing 101-500 tests per day. It should be manned by a qualified doctor/ lab-technician (M.Sc).
 - Large Laboratory: A laboratory performing more than 500 tests per day with automated instruments. It should be manned by a qualified doctor.
- viii) Imageology: A hospital shall have X-Ray and ultra sound facility. Facilities such as MRI, CT-Scan, Endoscopy, etc., shall be made available by the hospital as per the required by the specialities empanelled.
- ix) Pharmacy: A hospital shall have 24 Hrs In-house pharmacy. Pharmacy shall have approval given by the competent authority, Director General (Drug Control and Administration), AP., Hyderabad. Separate male and female windows shall be there.
- x) Physiotherapy: Physiotherapy centre facility either 'In-House' or 'Tie-up' with a nearby Physiotherapy Center, wherever applicable shall be available.
- xi) Blood Bank: Round-the-clock Blood Bank facility either 'In-House' or 'Tie-up' with a nearby Blood Bank shall be available.
- c. Requirements of other facilities in the Hospital: The hospital must also have the following requirements for safety, logistics and convenience of the patients and public.
- i) Food & Pantry: Food and Dietary facilities shall be provided as per the prescribed diet regulations to the patients and also to the

attendants. Food & Diet Facilities must be made available either “In-house” or “Tie-Up and shall carry a Food & Sanitation Inspector’s Certificate of the Local Authority.

- ii) Ambulance: Mobile facility provided for the transportation of the patient with basic emergency services such as oxygen, ventilator etc. shall be available.
- iii) Bio Medical Waste Disposal: Bio medical waste management processes are to be followed mandatorily in every hospital as per applicable law. Authorisation from Pollution Control Board is required.
- iv) Fire Fighting System: The hospital shall have Fire fighting system in working condition as licensed by the Fire and Municipal Authorities.
- v) 24 hrs uninterrupted Power: A Generator in working condition to support 24hrs OT, ICU, Casualty, Elevator and other important hospital functional requirements is required.
- vi) Ramp/Lift: Hospital shall have either or both Elevator and Ramp facility to cater to the Emergency or Non-Ambulatory patients.
- vii) Linen & Laundry: Proper washing and drying facilities must be available in accordance with the hospital bed strength and departments.
- viii) CSSD: Hospital must have proper sterilization facility.
- ix) Safe drinking water: Clean & filtered drinking water must be made available to all the patients in a tidy place in all the floors of the hospital.
- x) Medical Records : A separate section with proper upkeep of all patient records must be made available.
- xi) Stores: A centralized procurement and storage cell must be available.
- xii) Training: For ongoing training and capacity building for nursing staff, paramedics and doctors a training cell must be available.

ii. Speciality wise requirements:

A hospital intending to empanel under specific categories needs to fulfil the necessary manpower, infrastructure and medical equipment mandatory for the specific category. Guidelines on combination of specialities are given in Annexure xy. Category wise requirements are given in Annexure yz.

a. Basic specialities: The specialities that can be empanelled as single entities are ENT, Ophthalmology, Dental and Psychiatry. A hospital can be empanelled for single, dual or multiple basic specialities. The combinations for basic specialities are provided in Annexure xy. Category wise requirements for basic specialities are mentioned in Annexure yz.

- i) General Surgery: Empanelment for General Surgery requires a Qualified M.S or DNB (General Surgery), Laparoscopic equipment & trained staff.
- ii) Orthopaedic Surgery: Empanelment for Orthopaedic Surgery requires a Qualified M.S or Diploma or DNB (Ortho.) and an Operation theatre with C-Arm facility.
- iii) Obstetrics and Gynaecology: Empanelment for Obstetrics and Gynaecology requires a Qualified M.S or DGO or DNB (OBG) Operation theatre with Laparoscopic equipment.
- iv) Ophthalmology : Empanelment for Ophthalmology requires a Qualified M.S or D.O or DNB (Oph.), Optometry facility and a well equipped Operation theatre facility
- v) ENT: Empanelment for ENT requires a Qualified M.S or D.L.O or DNB (ENT), Operating Micro Scope & Endoscopic equipment.
- vi) General Medicine: Empanelment for General Medicine requires a Qualified M.D or DNB (General Medicine), AMC & ICU facilities.
- vii) Paediatrics: Empanelment for Paediatrics requires a Qualified M.D or D.C.H or DNB (Paed.), well equipped PICU & NICU.

- viii) Pulmonology: Empanelment for Pulmonology requires a Qualified Pulmonologist M.D (chest diseases) or equivalent to DTCD, RICU with spirometry & bronchoscopy and well equipped AMC & ICU facilities.
 - ix) Dermatology: Empanelment for Dermatology requires a Qualified M.D (Derm.) or M.D (DVL) or D.D.V.L or DNB (DVL), well equipped AMC and General Physician support.
 - x) Cochlear Implant Surgery with Auditory–Verbal Therapy: Empanelment for Cochlear Implant Surgery with Auditory Verbal Therapy requires services of Qualified and Trained ENT Specialist in Cochlear Implant Surgery and sufficient number of qualified Auditory–Verbal Therapists, Equipment and Infrastructure related to Cochlear Implant Surgery.
 - xi) Poly Trauma: Empanelment for Polytrauma requires round the clock anaesthetist services and ability to provide round the clock services of Neuro-surgeon, Orthopaedic Surgeon, CT Surgeon, General Surgeon, Vascular Surgeon, Oral and Maxillofacial Surgeon and other support specialties wherever applicable.
 - xii) Prostheses (Artificial limbs): Empanelment for prostheses requires facilitation, supply, fitting of appropriate prosthesis and gait training of patient by physiotherapist. The hospital shall ensure that an appropriate prosthesis is prescribed based on occupation of the person and standard prosthesis is supplied as per quality norms of BIS (Bureau of Indian Standards).
- b. Super Specialities: A hospital can be empanelled for dual or multiple super specialities in combination with either specified basic or super specialities according to Annexure xy. Category wise requirements for super specialities are mentioned in Annexure yz.
- i) Cardiology: Empanelment for Cardiology requires a Qualified D.M (Cardiology) or equivalent Degree (Round the clock), well equipped ICCU and Cath-lab facilities.
 - ii) Cardio-thoracic surgery: Empanelment for Cardio-thoracic surgery requires a Qualified CT Surgeon (M.ch or equivalent),

well equipped ICCU, CT theatre with Heart Lung machine & IABP machine.

- iii) Neurology: Empanelment for Neurology requires a Qualified Neurologist (DM or equivalent) EEG, ENMG, Angio CT facility & Neuro ICU facility.
- iv) Neuro surgery: Empanelment for Neuro surgery requires a Qualified Neuro-Surgeon (M.Ch or equivalent) Well Equipped Theatre with Operating Microscope, Post Operative ward and ICU facilities, Neuro ICU facility & round the clock CT/MRI services.
- v) Nephrology: Empanelment for Nephrology requires a Qualified Nephrologist (DM or equivalent) & Heamo-dialysis facility.
- vi) Urology: Empanelment for Urology requires a Qualified urologist (M.ch or equivalent), C-ARM facility, Availability of Endoscopic equipment, ESWL (optional- Tie up allowed).
- vii) Paediatric Surgery: Empanelment for Paediatric Surgery requires a Qualified Paediatric surgeon (M.ch or equivalent), well equipped theatre, Post Operative ward and PICU facilities.
- viii) Medical Gastroenterology: Empanelment for Medical-Gastro-Enterology requires a Qualified specialist (DM or equivalent) Endoscopic facilities, Well equipped AMC & ICU facilities.
- ix) Surgical Gastroenterology : Empanelment for Surgical-Gastro-Enterology requires a Qualified Surgical Gastroenterologist or equivalent Well Equipped Theatre, Endoscopic equipment, ICU & Post Operative ward.
- x) Plastic Surgery: Empanelment for Plastic surgery requires a Qualified Plastic Surgeon (M.ch or equivalent), well Equipped Theatre with Operating Microscope, Post Operative ward, ICU and support services of General Surgeon, Burns ward, Post-op rehabilitation & Physio therapy.
- xi) Endocrinology: Empanelment for Endocrinology requires a Qualified Endocrinologist (DM or Equivalent), well equipped AMC & ICU facilities.

xii) Rheumatology: Empanelment for Rheumatology requires a Qualified Rheumatologist, well equipped AMC & ICU facilities, Physician, Nephrologist and Orthopaedic Support.

7.3. How to get empanelled

The empanelment process has to be initiated by the Hospital through an online application available on the Aarogyasri home page. The hospital having the required facilities may submit their application for empanelment. The process flow is shown below.

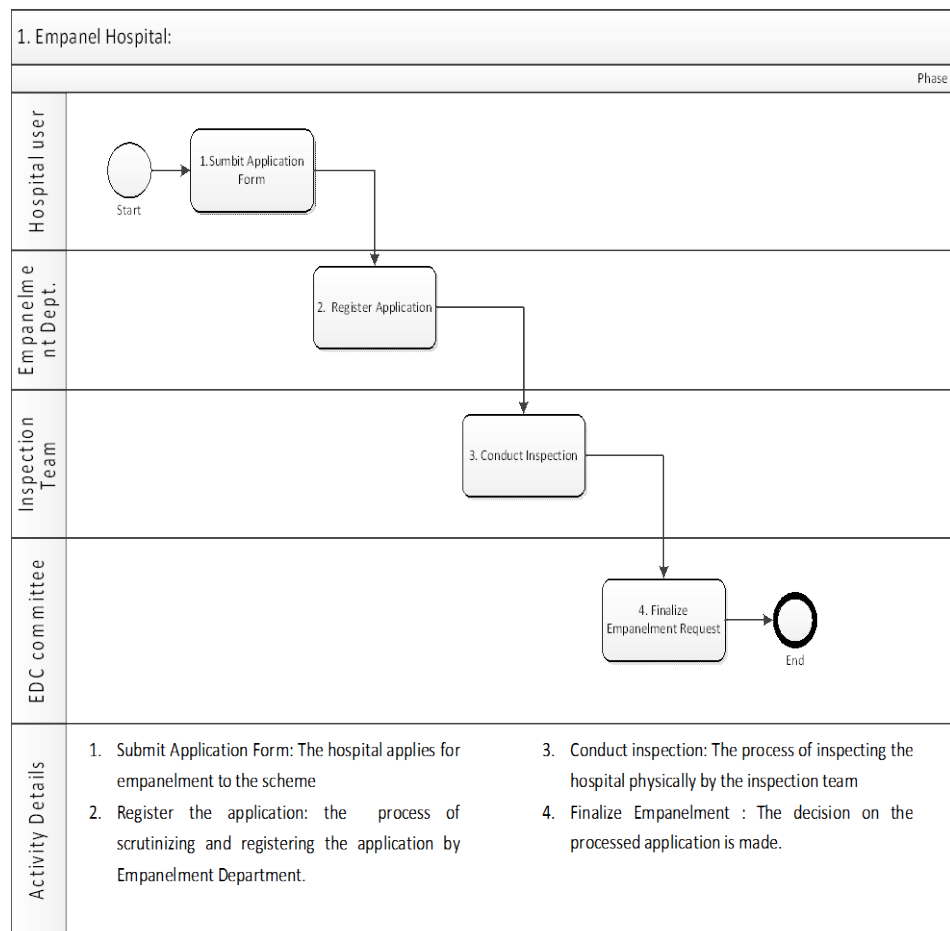


Diagram 1: Overview of Empanelment of Hospital

7.4 Apply for empanelment

- i. Fill the fresh application form:
Application form consists of six parts which need to be duly filled in for further processing.
 - a. First step: Hospital Basic Information -The basic details of the hospital like name, address etc are to be duly filled in. All fields are mandatory.
 - b. Second step: Hospital Mandatory Approval Details – All the concerned licences and approvals from various authorities like APMCE registration certificate, etc with date of issue and date of expiry are to be provided. All fields are mandatory. The following documents are mandatory requirements for an existing hospital and hence are necessary for Aarogyasri empanelment

Table -I

S. No	Name of the Certificate	Issuing Authority	Mandatory (M) /Desirable(D)
a	Building plan approval	Municipal Commissioner/ Executive Officer Panchayat	M
b	D & O trade licence	Municipal Commissioner/ Executive Officer Panchayat	M
c	Fire dept., clearance certificate	Fire Services Authority	M
d	APMCE Registration	DM & HO	M
e	PCPNDT Act Registration	DM & HO	M

f	Blood bank licence	Director Drug Control administration (DCA)	M
g	Pharmacy licence	Director Drug Control administration (DCA)	M
h	Transplantation of human organs registration certification	Director of Medical Education Committee	M*
i	Pollution Control Board certificate	Pollution Control Board	M
j	Registration certificate of Ambulance	Regional Transport Authority	M
k	Licence for surgical spirit	Excise Authority	D
l	Licence for morphine	Excise Authority	D
m	Licence for opium	Excise Authority	D

* In the specialties of Urology, Ophthalmology, ENT & Cochlear Implant Surgery, Surgical Gastroenterology, CT Surgery and Plastic Surgery.

c. Third step: Hospital Infrastructure Details – The infrastructure details of the hospital specifying various departments, floor areas, bed strengths, etc are to be provided. All fields are mandatory.

- d. Fourth step: Financial Details – Details of Bank account number and other concerned specifications are to be provided. All fields are mandatory.
 - e. Fifth step: Specialty Services Facilities – Speciality wise admissions for previous two consecutive financial years are to be provided. Details pertaining to those specialities which are to be treated in the hospital are to be filled in.
 - f. Sixth step: General Services Facilities – All the facilities available in the hospital, e.g.: radiology, laboratory, blood bank, ambulance, pantry, etc. are to be provided.
 - g. Once the basic details are submitted, an HSIN No. and Pin No. will be generated.
- ii. Fill the signed application form:
- a. After receiving the HSIN No. and Pin No., the hospital applicants fill-up the details online. The applicant shall go back to the home page, click ‘Online Application Form for Empanelment’, scroll down the page till the end and then click on signed application, enter the HSIN No. and Pin No. Select the option to fill up the application either in ‘Excel form or online form’.
 - b. If the hospital applicant would like to opt for excel format, it needs to follow 3 steps.
 - Step 1: Download the form and fill all the details,
 - Step 2: save and upload the excel sheet.
 - Step 3: Click on ‘show online application form’. Filled-up hospital application form will be displayed, then applicant shall click on the add attachment option; upload all the certificates and photographs.
 - c. If the hospital would like to fill an ‘online application form’, click on ‘online application form’ and fill out
 - Step 1: Fill the details in Basic Application Form
 - Step 2: Fill the details in General – Infrastructure Form
 - Step 3: Fill the details in General – Equipment Form
 - Step 4: Fill the details in General – Manpower Form
 - Step 5: Fill the details in General – Services

Step6: Fill the details for the applied speciality which automatically reflects based on the previously filled fresh application form.

- d. Applicant shall click on the print application form, take the print out and the MD/CEO of the hospital shall sign with hospital seal on the form, scan the form and attach the e-copy of the application form. Then submit the application.
 - e. All information shall be furnished in the application. If particular facility is not available, it shall be entered as 'not available'; it shall not be mentioned as 'not applicable'.
 - f. The application is liable to be ignored if the information given on eligibility criteria is not complete.
- iii. Time lines for empanelment process: If the hospital fulfils the criteria the empanelment team shall process the submitted application. The timelines for each step in the process of Empanelment has been mentioned below.
- a. Application: Initial processing within 7 days.
 - b. Registration: Within 24 hours on complete updation.
 - c. Inspection: Within 14 working days after Registration.
 - d. Submission of Inspection Report: Within 48 hours after the Inspection.
 - e. EDC proceedings: Within 7 working days from receipt of inspection report.
 - f. Training and orientation: Within 15 days of empanelment proceedings.
 - g. Signing of Contract agreement: Within 7 days on receipt of communication of Empanelment.
 - h. Empanelment: Within 24 hours of signing and registration of agreement, logins will be given.

7.5. Scrutiny of applications

The online Applications shall be scrutinised by the Empanelment department. The deficiencies of the application will be pointed out in the form of remarks and it will be sent to hospital by keeping it in 'pending' status. Accordingly hospital shall respond to all the remarks to update the 'pending-remarks'. After rectifying defects/deficiencies the application

will be registered.

7.6. Inspection of hospitals

After the registered status the inspection team will be assigned for the physical verification of the online data submitted by the hospital.

The inspection team shall visit the Hospital and submit its report on the following aspects:

- i. Availability of the physical facilities for providing the services for which hospital has requested.
- ii. Availability of requisite medical, paramedical and nursing manpower.
- iii. Compliance with statutory requirements like registrations, biomedical waste disposal, fire fighting etc.

7.7. EDC & final steps in empanelment

- i. Final approval by the EDC:
 - a. The inspection team report will be placed in EDC.
 - b. The EDC after verification of the inspection report supported by photographic and videos evidences and the recommendation /rejections are forwarded to CEO for final approval.
 - c. In case, the hospital is recommended for empanelment, it shall be informed accordingly to the hospital.
- ii. Orientation programme for the empanelled hospital:
 - a. Based on the CEO's approval Hospital CEO/MD, RAMCO, Billing head, allotted Aarogyamithras will be invited for Orientation programme.
 - b. Orientation is given for preauths, claims, follow-ups, and Health camps etc.
 - c. At the end of the programme login and password letter will be issued to the hospital.
- iii. Service contract agreement: The hospital after CEO's approval for empanelment shall enter into Service Contract Agreement (SCA) with the AHCT for providing services at the approved Package rates. The SCA has to be signed at the beginning of the training session.
- iv. Re-orientation programme for the empanelled hospital: The Network hospitals will be called for periodical re-orientation programmes after a gap of 6 months to 1 year for updation of the online changes that are done in various modules.

8. DISCIPLINARY ACTION

8.1 Reasons for disciplinary action

The EDC shall initiate disciplinary proceedings against erring NWHs for the following reasons:

- i. Infrastructure deficiencies
- ii. Equipment deficiencies
- iii. Man power deficiencies
- iv. Service deficiencies
- v. Violation of service contract agreement

A case shall be initiated by the EDC for the above mentioned deficiencies.

8.2 Pre requisites for initiating a case.

- i. Receipt of an unresolved complaint from the grievance department with the available material evidence or from field operations in the form of an enquiry report or a report of Medical audit shall be the basis of initiation.
- ii. The following items shall be verified for availability of satisfactory material evidence before a case can be admitted in EDC. The report
 - a. It shall be related to the NWH, but not to outsiders or Aarogyasri staff.
 - b. It shall contain the name, date, address, contact number and be duly signed /with thumb impression of the complainant.
 - c. It shall accompany with documentary /voice /video evidence establishing the allegations and based upon facts in issue rather than mere hearsay.
 - d. Shall have proper date, time and place with name of persons involved.
 - e. The complaint shall supported by material evidence i.e., any evidence of money collection prescription, investigation reports and diagnosis proof or any other related evidence concerning the matter establishing the involvement of the NWH or its personnel in the particular case
- iii. The report may be returned to respective department if it does not satisfy the above pre-requisites, for re submission after compliance.

8.3. Initiation of Case

EDC shall start disciplinary action by initiating a case against the network hospital. A show a cause notice with a direction to offer their remarks on the charges shall be sent electronically on IT portal seeking a counter within seven working days through postal.

The NWH or its authorized representative of hospital shall have the opportunity to attend the EDC proceedings of their case at the appointed time and place mentioned in the show a cause notice with relevant material. The EDC shall hear the case based on available material on record even if the NWH does not appear in the EDC proceedings of the case. The EDC may also call for records, documentation or further explanation from the NWH to ascertain the truth.

The EDC if necessary may at its discretion cause further enquiry to be conducted in the matter by appointing sub-committees for obtaining expert opinion, conducting inspection etc., in the matter.

The EDC after the conclusion of hearing the case complaint shall pass an order within (7) days of conclusion of hearing either by allowing the complaint by imposing the necessary penalty or by closing it. The order will be issued by the Chief Medical Auditor as Chairman of Empanelment, Disciplinary Committee (EDC).

8.4. Disciplinary Action

Based on the assessment of deficiencies, the EDC shall have the powers to impose one or more of the following penalties’.

- i. During the course of hearing a case, the EDC may take the following interim actions.
 - a. Withholding of payments: Cashlessness is the bedrock and the primary non-negotiable of this scheme. Any violation of this condition shall result in immediate withholding of entire payments of the hospital. Payments shall be released only after the hospital repays the patient and takes corrective measures. A particular claim may also be withheld in case of any service deficiency in management of any case and the payment may be released based on the expert opinion obtained by the Trust or after rectification.
 - b. Suspension: NWH cannot raise preauth and claims.
- ii. Permanent Disciplinary Actions:

- a. Levy of fine: In cases where all the payments have been released to the NWHs, a penalty shall be levied on the NWH for violations attracting action at Term 8.4 (i).
 - i) Exemplary costs: The EDC may impose levy fine against the erring NWHs for the following acts of omissions and or commissions of NWH and its personnel.
 - Collection of money either in cash or kind from Aarogyasri patients.
 - Deficiency in services by the NWH and its personnel.
 - ii) The EDC shall follow the principles of natural justice while levying fines against the NWHs.
 - iii) Quantum of fine.
 - The fine will be determined as per the reasonable value of omission and or commission determined by the EDC may extend up to 10 times of its said value.
 - The amount of the fine ordered by EDC panel while pronouncing orders may be remitted by the NWHs or its personnel in Aarogyasri Account. In case the erring NWH against whom the fine is imposed fails to pay then such a NWH may forthwith be ‘Delisted’ without any notice or intimation.
- b. De-empanelment of specialities: The NWH shall be de-empanelled for a particular specialty in case of service deficiencies.
- c. Delisting: The NWH shall be delisted for repeated violation of service contract agreement and other service deficiencies for a period of not less than two years. The delisted NWHs for default are barred from re-empanelment till the expiring of 2 years.

8.5.Appellate Authority

A NWH has the opportunity to prefer an appeal to the Chief Executive Officer, AHCT, within 15 days of an order of EDC. An appeal shall be decided within(2) weeks of the filing.

In the event of non-compliance of a decision of imposing of penalty by EDC and in the absence of an appeal to the CEO, the NWH may be delisted.

**8.6. Procedure
after
delisting**

- i. In case of delisting of NWH the login and used id of NWH cannot be used for registering of new patients. However the NWH can login for processing on bed cases. Treating new patients under Aarogyasri Scheme shall not be allowed.
- ii. The on-bed patients who are already admitted under Aarogyasri and undergoing treatment in NWH have to be provided 100% cashless facility till they are discharged by the hospital.
- iii. All cases which are registered or admitted and for which preauthorization is already given shall be treated under the scheme as per preauthed amount.

9. MEDICAL AUDIT

9.1 Medical Audit

There shall be a Medical Audit of the services provided by the empanelled hospital. The medical audit team shall scrutinise the following data among other items. In case the medical audit team finds improper or poor quality care, the case against the hospital shall be referred to the Disciplinary committee.

- i. The Hospital shall assist and cooperate with the medical auditing team from the Trust as and when required. The Hospital shall allow the inspection of any facility and medical audit of any case of a below poverty line card holder treated either under the scheme or as cash patient.
- ii. The Hospital shall allow any person carrying an authorization letter from the DC, or CMA to inspect the hospital, interact with any beneficiary and check his medical records without prior intimation round the clock.
- iii. The Hospital shall submit all the mandatory records and documents as prescribed in the manuals.
- iv. The Hospital shall submit the discharge summary to the Trust as well as the patient satisfaction letter.
- v. The Hospital shall submit periodical reports to the Trust as prescribed.
- vi. The Hospital shall submit the records relating to any patient on demand.
- vii. The Hospital shall not undertake unnecessary or un-indicated procedures and cause moral hazard to the patient.
- viii. The Hospital shall provide treatment to the Aarogyasri beneficiaries as per Applicable Law.
- ix. The Hospital shall ensure that the best and complete diagnostic, therapeutic and follow-up services based on standard medical practices/recommendations are extended to the beneficiary.
- x. The Hospital shall provide quality medicines, standard prostheses, implants and disposables while treating the beneficiaries.

10. NWH REQUIREMENTS

- 10.1** A NWH shall fulfill the minimum requirements relating to infrastructure, equipment, manpower and services as laid down by the Trust. The requirements are classified under two headings viz., General services requirements and Specialty service requirements based on the Andhra Pradesh Private Medical Care Establishments Act 2002. The detailed requirements are given in trust website.
- 10.2** The network hospitals shall have the following infrastructure.
- Infrastructure requirements in brief**
- i. A minimum of 50 in-patient medical beds.
 - ii. Separate Male and Female General Wards.
 - iii. ICU, Post-operative ward with adequate facilities.
 - iv. In-house round the clock basic diagnostic facilities.
 - v. Fully equipped Operation Theatre.
 - vi. Advanced diagnostic facility either in-house or with tie-up.
 - vii. Blood bank facility either in-house or tie-up.
 - viii. Pharmacy
 - ix. Ambulance
 - x. Pantry
- 10.3 Equipment requirement in brief**
- i. Outpatient: Specialty wise op instruments
 - ii. ICU: Bedside Monitors, Ventilators, Oxygen, Suction.
 - iii. Post-operative ward: Bedside Monitors, Oxygen, Suction.
 - iv. Operation theatre: Equipment, Specialty Wise equipment such as operation table C-Arm, Endoscopes.
 - v. Sterilization: Adequate number of sterilizers.
 - vi. Casualty: Oxygen, suction, monitors.
- 10.4 Manpower requirement in brief**
- i. Qualified doctor(s) of modern medicine should be physically in charge round the clock.
 - ii. Casualty duty doctors.
 - iii. Qualified Nursing staff.
 - iv. Availability of Qualified or trained paramedics.
 - v. Availability of specialists in the concerned specialties and support fields within short notice.

- 10.5 Infrastructure needed for the scheme**
- i. Separate space and kiosk for running Aarogyasri counter manned by NAMs.
 - ii. Computer with networking (Minimum 2 MBPS), printer, webcam, scanner, bar code reader, biometrics, digital camera and digital signatures.

10.6 Special functionaries to be provided by the NWH

RAMCO: The network hospital shall provide the services of a dedicated Medical Officer to work as Rajiv Aarogyasri Medical Coordinator (RAMCO) for the scheme. He will be responsible to the Trust for doing various activities under the scheme including consultation, diagnostics, preauthorization, real time updation of case details, treatment, discharge, follow-up and claims submission. He shall communicate using the CUG (Closed User Groups) Connection provided by the Trust and the web portal of the Trust.

11. OBLIGATIONS OF NWH

11.1 Reception & Registration

Kiosk and facilitation counter: The service provider shall establish a Rajiv Aarogyasri assistance counter in the form of a Kiosk for the purpose of reception and registration of beneficiaries as per the model given by the Trust.

- i. The kiosk should be at the reception counter or at the patient entry point of the hospital, or any other location as decided by the trust from time to time.
- ii. It should be easily visible and accessible to the common man.
- iii. A board is to be displayed in broad letters at a conspicuous place of the Kiosk in Telugu and English language mentioning Cashless treatment is being provided to the BPL families.
- iv. “The Trust grievance and 104 contact numbers are to be displayed in front view beneath the wordings ‘Aarogyasri’ Help Desk, in broad wordings and Digits.
- v. It shall provide 2 MBPS net connection and computer with peripherals.

The Service Provider shall establish a Rajiv Aarogyasri Assistance Counter in the form of a Kiosk as per the model at the reception.

Registration: The Service Provider shall register all the patients having BPL ration card/health card under RAS and other Health Schemes managed by the government under Aarogyasri as soon as he reports at the hospital on his own or through referral after verification of online card details available in the Database of Aarogyasri web portal provided by Civil Supplies department. The Service Provider shall intimate Aarogyamithras and RAMCO regarding emergency admissions of the Beneficiary.

- 11.2. Preference to Beneficiaries**
- i. The Service Provider agrees not to refuse admission to the beneficiary in case the hospital is empanelled for that required speciality where it has consultants and equipments.
 - ii. The Service Provider agrees not to deny admission of the beneficiary for want of pre-authorization approval.

The Service Provider agrees to render services to Aarogyasri beneficiaries on par with other patients.

11.3. Separate OP

Provide separate Aarogyasri Out-Patient Services manned by qualified doctors to facilitate initial consultation. The Service Provider shall provide separate OP facilities for Aarogyasri patients.

The Service Provider shall conduct counselling for all OP patients in order to ascertain their eligibility under Aarogyasri so that conversion of cash patients at a later date is avoided.

11.4 .Separate Aarogyasri Ward :

The Service Provider shall provide a separate ward for Rajiv Aarogyasri Beneficiaries.

Renovations: The Service Provider agrees to intimate the Trust prior to the commencement of renovations to be undertaken in the hospital and declares that the renovations work shall be taken up without interrupting medical services to the Aarogyasri patients.

Providing 25% of beds in each specialty: The Service Provider shall provide at least 25% of their overall bed capacity as well as specialty bed capacity for occupation by the patients of the Trust.

11.5 Free pre evaluation

All the beneficiaries shall be pre-evaluated for the listed therapies till the diagnosis is established.

11.6 Counseling for Non-Aarogyasri packages

The patient shall be properly counseled and referred to nearby Govt. Hospital for further management, if found to be suffering from diseases other than listed therapies of the scheme.

- 11.7 Admission and Pre-Authorization** The beneficiary shall be admitted as per the medical requirement and before pre-authorisation. NWH shall send pre-authorisation for all the cases suffering from listed therapies after the final diagnosis and treatment plan along with the required documentation.
- 11.8 Treatment** NWH shall offer complete treatment to the beneficiary as per the standard medical practices choosing best possible mode of treatment. NWH shall use standard and approved medications, implants and other inputs. NWH shall attend to all the complications arising out during the course of 25 hospitalization and make efforts to complete the treatment irrespective of costs incurred.
- 11.9 Discharge** NWH shall discharge the patient after satisfactory recovery, duly giving discharge summary. NWH shall give ten days post discharge medication, return transport fare as per the scheme norms and counsel the patient for follow-up.
- 11.10 Food & Transport:**
- i. The Service Provider shall provide free, quality, prescribed food to the patients either through an in-house pantry or through an external Service Provider.
 - ii. The Service Provider shall bear the cost of transport for onward as well as return journey from the place of residence of the beneficiary.
- 11.11 Follow up** NWH shall provide follow-up treatment for 125 identified listed therapies under the scheme (Annexure-II). The Service Provider shall provide follow-up services for a period of one year, following the guidelines in the manual, and submit claims for reimbursement of expenses to Aarogyasri Health Care Trust Office, as per the Packages & Package rates mentioned in Appendix-D annexed hereto. The Service Provider shall provide free post surgical physiotherapy services, before the date of discharge, if required

**11.12
Management of
Complications**

- i. During hospitalization: NWH shall attend to all the complications arising during the course of treatment in the hospital.
 - a. Related complications: NWH shall attend to all the related complications within the package price.
 - b. Unrelated complications: NWH may obtain preauthorisation for unrelated complications due to underlying co-morbid conditions, if the said complication is among listed therapies or may apply for package price enhancement.
- ii. After hospitalization:
 - a. Related complications: NWH shall attend to all the complications related to the primary treatment up to the period of one month from date of discharge within the package price.
 - b. Unrelated complications: NWH may obtain preauthorisation for unrelated complications due to underlying co-morbid conditions, if the said complication is among listed therapies.
 - c. NWH may counsel and refer the patient to the nearest Govt. Hospital for unrelated complication not in listed therapies.

**11.13 Quality of
Services**

NWH shall follow the standard medical protocols and use only approved medications, implants and other inputs to ensure quality treatment. NWH shall follow the best medical practices as per the standard medical practices and ensure quality of services for the best outcome of the treatment. The hospital may establish internal medical audit mechanism for the above purpose.

11.14

NWH shall facilitate the interaction between white card holders both Aarogyasri and non-Aarogyasri getting treated in NWHs with field staff. NWH shall facilitate collection of any document /photograph or any other evidence as required by field staff.

**11.15 RAMCO
Services**

NWH shall provide RAMCO services as specified in Term No 9.6.

**11.16 Health
Camps**

NWH shall participate in the mega health camps as and when planned by the Trust

11.17 Cashless Service

- i. The Beneficiaries are provided with cashless treatment with adequate facilities without the need to pay any deposits right from the entry into the hospital, the commencement of the treatment, the end of treatment till the expiry of 10 days post discharge, for all the procedures covered under the Rajiv Aarogyasri Health Insurance Scheme.
- ii. It is envisaged that for each hospitalization the transaction shall be cashless for covered procedures. Enrolled BPL beneficiary will go to hospital and come out without making any payment to the hospital subject to procedure covered under the scheme.
- iii. The same is the case for diagnostics if eventually the patient does not end up in doing the surgery or therapy
- iv. Rajiv Aarogyasri beneficiary cannot request to undergo treatment as non Aarogyasri case (Cash patient) Network Hospitals has to ascertain from all the patients whether they have white ration card or not. Any patient with white ration card shall be evaluated and treated cashlessly for any Rajiv Aarogyasri therapy in the Network Hospital. No white card holder can be converted into a cash patient for Aarogyasri Therapies.

11.18 Limitation of liability and indemnity

- i. The NWH shall be responsible for all commissions and omissions in treating the patients referred under the scheme and will also be responsible for all legal consequences that may arise. Trust or Insurer will not be held responsible for the choice of treatment and outcome of the treatment or quality of the care provided by the NWH and should any legal complications arise and is called upon to answer, the NWH will pay all legal expenses and consequent compensation, if any.
- ii. The NWH admits and agrees that if any claim arises out of alleged deficiency in service on their part or on the part of their men or agents, then it will be the duty of the NWH to answer such claim. In the unlikely event of Trust or insurer being proceeded against for such cause of action and any liability was imposed on them, only by virtue of its relationship with the NWH and then the NWH will step in and meet such liability on their own.

- iii. The mere Preauthorization approval of case by Trust or insurer based on the data provided by the Network Hospitals shall not be construed as final medical opinion with regards to Diagnosis & Treatment of choice. The treating Doctor & Network hospital shall be solely responsible for the final diagnosis of disease, choice of treatment employed and outcome on such treatment.
- iv. NWH admits and agrees that if any claim, suit or disciplinary actions by Empanelment and Disciplinary Committee (EDC) arises due to any commissions or omissions of their employees including RAMCO, AAMCO, Billing Head, Data Entry Operator or employees outsourced by them, NWH will be liable for such claim or suit or Disciplinary action.

11.19 Change of Management/Person/Name of the Hospital/Building/ Premises by NWH:

- i. Change of Management The steps to be followed for the change of management by the NWH shall be as follows:
 - a. In the letter of intimation the hospital authorities have to notify the details of existing management and proposed management along with reasons of change of management.
 - b. The existing hospital is required to opt for de-empanelment submitting declaring/undertaking as follow:
 - i) To provide services to the Aarogyasri beneficiaries who are on the bed till discharge and also provide follow-up treatment to eligible patients.
 - ii) To be held liable and accountable for all and each of the act of omissions and commissions committed by the existing NWHs and its personnel during their term period relating to contract as such answerable for the same in the EDC panel, courts and other forums.
 - c. The new management has to apply for fresh empanelment and undertake to provide follow-up treatment to the Aarogyasri beneficiaries of existing hospitals.
 - d. The new owner/management shall submit the copy of contract or transfer deed to the Trust.
 - e. The new owner/ management shall have entered into a

supplementary agreement/ agreement with the Trust on the same terms and conditions envisaged in SCA.

- f. The new owner/management shall submit revised certificate of registration and incorporation.
- g. Bank accounts and related other particulars.
- h. Notarized affidavit / declaration to be given by new management/owner, mentioning the following particulars.
 - i) The NWHs and its personnel shall protect the interests of the Trusts and its objectives
 - ii) Liability for the acts and omission commission upon the new owner/management and the previous management either separately or jointly as the case may be lies upon them, as such answerable for the same in EDC panel, court and other forums.
 - iii) The EDC may take the decision on case to case basis depending upon the circumstances and the situations in the best interest of the Trust and its objectives.

ii. Change of Person Representing the Hospital:

The hospital authorities have to notify the details of existing authorized person and proposed authorized person to represent the hospital along with reasons for change request.

The hospital has to apply online requesting to permit the change of authorized person to represent the hospital and to sign all the documents relating to the Aarogyasri scheme.

The hospital should submit the following documents for change of authorized person representing the hospital and the name of proposed in charge should be brought on record.

- a. Notarized copy of board resolution authorizing the person in charge to sign the document and as well to administer the hospital
- b. Authorization letter with attested signature of person in charge
- c. Notarized declaration affidavit of person in charge
- d. Current renewals MOU are signed by the person in charge submission of documents by hospital for approval.

iii. Change of Name of Hospital:

The hospital authorities have to notify the details of existing name and proposed name with the reasons for change.

The hospital has to apply online requesting for change of name.

The hospital should submit the following document or change of name.

- a. Notarized declaration affidavit by the MD/CEO of the hospital stating the change of name of the hospital
- b. Certificate of registration of allopathic medical care establishments from the concerned registrations authorities with new name
- c. Permission from the statutory authorities and local bodies.

iv. Change of Building/ Premises of Hospital:

- a. There shall be no unauthorized change of building/ premises of the NWH.
- b. The hospital authorities have to notify about the change of premises of the hospital with reasons.
- c. Change of premises at different location shall be treated as new hospital. The hospital is required to apply online freshly by submitting required documents and opt for de-empanelment of existing hospital along with a declaration/ undertaking to provide services to Aarogyasri beneficiaries who are on bed till discharge and also provide follow-up treatment to eligible patients.

v. In case Hospital's Pan Card is in The Name of Trust / Society Foundation/ Company and not in the Name of the Hospital:

- a. The hospital authorities have to notify about the details of Pan Card in the name of Trust/society/foundation/company.
- b. The hospital has to apply online requesting to consider the pan card of Trust/ society/ foundation/ company for TDS exemption.
- c. The hospital should submit the following documents for considering the Pan Cards of Trust/society/foundation/company for TDS exemption.
- d. Certificate of registration of allopathic medical care establishment from the concerned registration authority with hospital name associated with the name of the Trust/ society/ foundation/company.

- e. Notarized affidavit by the member/ Trustee/ MD/ CEO/ director of the hospital declaring that hospital is a unit of Trust/ society/ foundation/ company with the details of pan card and ban accounts. Certificate from auditor/ chartered accountant declaring that hospital is a unit of Trust/ society/ foundation/ company with the details of the bank account with Pan Card

**11.20
Confidentiality**

- i. All the stakeholders undertake to protect the secrecy of all the data of beneficiaries and trade or business secrets of and will not share the same with any unauthorized person for any reason whatsoever within or without any consideration.
- ii. The NWH agrees to protect the confidentiality of the patient data including that of the clinical photographs and take due care to follow the standard medical practices while obtaining such photographs, under any circumstances Trust or insurer cannot be held responsible for lapse in confidentiality and protecting the information of the patient in the hospital.
- iii. The NWH undertakes to handle the patient data diligently and shall not share or give access to employees of the hospital or to the outsiders under any circumstances within the hospital or outside.

**11.21
Government
Specialities
and its
matters;**

- i. The Government NWHs shall provide the services to the beneficiaries as per the existing availability of specialities at the hospital from time to time, basing upon manpower, infrastructure and equipment. However, they shall not exclude any speciality deliberately without obtaining the written approval from the Trust.
- ii. The list of specialties empanelled with the Trust is given at Appendix-B.
- iii. The Govt. Hospitals at the time of empanelment shall submit the details of availability of its existing specialities at its hospital, based upon its manpower, infrastructure and equipments to the Trust through the empanelment application. However, the Govt. Hospitals for its empanelment shall possess the minimum basic specialities as per the empanelment requirements of the Trust.
- iv. In the event of addition or deletion of any speciality by the GNWHs at

any time during its active status then under such circumstance it shall intimate and furnish the particulars of such additions or deletions of specialties based upon manpower, infrastructure and equipments to the Trust through online portal of the Trust for approval.

Hospital Development Funds: The GNWH shall judiciously make use of the hospital Development Funds for improving the infrastructure, equipment and resources of the GNWH and for its overall development. Further GNWH shall abide and follow the Government orders and Guidelines issued from time to time with respect to the Hospital Development Funds.

11.22. Change Requests

The RAMCO of the Network Hospital can submit for change of request to the Empanelment Department. The request for change can be either for Change of RAMCO, AMCCO, Bank Details, Expertise details or for De-Empanelment. All the four requests have been elaborated in subsequent diagrams.

PRE-AUTHORISATION AND CLAIMS

12. PRE-AUTHORISATION

12.1 Pre-Authorisation

- i. NWHs shall send preauthorization requests after duly evaluating the patient; The preauthorization requests are scrutinized as per guidelines issued by the Trust at two levels
 - a. Scrutiny by specialist for first level approval
 - b. Scrutiny by Trust doctor for final approval within 12 hours of submission of request by NWH.
- ii. A query on an incomplete pre-authorisation request can be raised not more than once at each level of scrutiny. In case of a query an additional time of 6 hours will be allowed so as to enable the Trust to offer final approval within 18 hours.
- iii. Wherever required the services of necessary specialists shall be utilized to evaluate special cases.
- iv. The responsibility & liability of management of a case solely rests with the treating doctor and the NWH. The pre-authorisation remarks shall be construed as advisory in nature and shall not in any way alter the line of treatment proposed by the treating doctor.
- v. No recommendation for reduction in package price shall be made at pre-authorisation stage.
- vi. Telephonic approval: The NWH shall obtain Telephonic pre-authorisation through dedicated telephone lines in all cases of emergencies. NWH shall only obtain a telephonic approval after confirming that the particular case falls within the purview of the scheme. A telephonic pre-authorisation shall be deemed to be a provisional approval, and shall necessarily be followed by a regular pre-authorisation within 24 hours.
- vii. The rejection of pre-authorisation by Trust shall not be construed as refusal of treatment to the patient by the Trust. The rejection of pre-authorisation merely means the disease of the patient and treatment choices are out of the listed therapies.

viii. The approval of pre-authorisation by the Trust shall be based on online evidence of diagnosis and choice of treatment arrived at by the treating doctor. The approval by Trust shall be deemed as an approval of the case for financial assistance under the scheme and shall not be construed as an endorsement of treatment by the NWH.

ix. Enhancement (Package price adjustment): The NWH shall provide end to end cashless services within the package.

However NWH may apply for enhancement of the package price in case of exigencies prior to discharge as per Trust guidelines.

12.2 24-hr e-preauthorisation

i. All pre-authorisations are being handled through the Trust portal.

ii. The pre-authorization is done 24x7x365 days.

12.3 Scheme Technical Committee

A technical committee for the scheme, herein after called “The scheme technical committee” shall exercise the following powers of recommendation to the CEO:

i. Decision on pre-authorizations in case of difference of opinion between the Insurer and Trust;

ii. Authorization of utilization of “buffer amount”;

iii. Authorization of Package Price enhancements;

iv. Modification of nomenclature and relocation of any listed therapy;

v. Minor changes in protocols for the listed therapies;

12.4 Composition Of Scheme Technical Committee

The scheme technical committee shall consist of the following members:

i. Executive Officer (Technical);

ii. Joint Executive Officer (Technical) and

iii. Medical Doctor nominated by insurance company

13. CLAIMS

13.1. Claim submission

- i. The grant of pre-authorisation by the Trust shall constitute the prime-facie evidence for any claim
- ii. Admission of a claim rests solely on three conditions viz., grant of pre-authorization for the listed therapy including changes in listed therapy necessitated by the exigencies of the case during management and intimated to the Trust within the shortest possible time, claim amount being limited to pre-auth amount, and evidence of performance of a listed therapy.
- iii. Upon the performance of a listed therapy the NWH initiates a claim.
- iv. The claim will consist of the identity of patient, diagnosis, pre-authorized listed therapy and pre-authorized amount with enhancement if any, and evidence of performance of listed therapy in the form of an intra-operative photograph or a scar photograph linking the identity of the patient with the therapy or case sheet.

13.2 Claim processing

- i. All the claims processing shall be carried out electronically through the Trust portal. Payments to the NWH shall be made through electronic clearance facility of the Trust.
- ii. The claim intimation, collection of claim documents, scrutiny of claim documents shall all be done through the Trust portal.
- iii. The Trust, NWH and the TPA shall follow the claim control number generated by the Trust portal for further reference. Decision of Trust on any claim settlement shall be final.
- iv. As soon as the claim lands, the following verification alone needs shall be performed.
 - a. Verification of identity of the patient
 - b. Verification whether the claim amount is limited to pre-authorised amount.
 - c. Verification of case management as per the pre- authorisation.
 - d. Verification of evidence of treatment.

13.3 Claim settlement

Evidences for claim settlement: As a proof of performance of therapy/surgery various evidences are required to be submitted by the service provider for final settlement of the claim. The below given are the mandatory documents in the form of photographs/case sheets.

S. No	Evidence	Requirement	Reason
1	On bed photo	Mandatory	To ensure the patient is admitted
2	Video recording of procedure	Mandatory in all endoscopic procedures	To ensure procedure is performed as per the claim
3	Intro –OP photo i) One photograph of the patient with face while on the operation table. ii) 2 Photographs showing the critical steps of the procedure iii) One photograph of the suture line at the end of the procedure.	<ul style="list-style-type: none"> • Mandatory • Surgeries under CT surgery, surgical, oncology, neuro surgery are exempt from during the procedure photos at (ii) • Procedure involving private parts are exempt from photos at (ii) and (iii). 	To ensure procedure is performed as per the claim.
4	Scar photo	Mandatory only for cases where intra-op photos are exempted	In case intra-op photos are available, scar photo will not be required. to ensure complete recovery of the patient
5	Discharge Photo	Mandatory	Part of intra –op photos
6	Clinical photo	Not mandatory	Required for proper
7	Case sheet	Mandatory	

- i. The claim shall be settled and payment made to the NWH within 7 days.
- ii. If the evidence is unable to establish the performance of the listed therapy in the first round of claims scrutiny, the claim will be returned, requesting for specific information from the NWH. Any such request or clarification shall not result in additional investigations or diagnostic reports to be performed afresh by the NWH.
- iii. The claim may be returned to NWH for any clarifications only once before final settlement. All remarks relating to the claim ranging from non-medical to medical queries shall be consolidated before being sent back to the NWH.
- iv. An additional time of 7 days will be allowed in case of claim is sent back to the NWH for clarification.

13.4.Claim reduction and repudiation

- i. Reduction: The settlement of a claim shall be to the full extent of the package price or pre-authorization amount whichever is lower. No disallowance can be made to a claim unless approved by the trust. A claim for a pre-authorized case shall not be either rejected or reduced unless approved by the trust.
- ii. Repudiation: The insurer, in order to repudiate a claim for if any reason of not being covered by the policy, shall take the approval of the Trust.
- iii. An appeal lies to the Appellate Committee either against repudiation (rejection) or reduction of claim as within 3 months from date of repudiation advice or settlement of claim.

13.5 Disallowances

- i. Disallowances based on length of stay (LOS)
 - a. Surgical cases
 - i) There is no indicated stay for surgical case. However, hospitals are advised to keep the patient admitted till 3rd post-op day in case of laparoscopic surgeries, and 7th post-op day in case of open surgeries. A claim will not be decided based on the length of stay. No disallowances will be made on the basis of LOS.
 - b. Medical cases

- i) Indicative stays are given in the manual for each therapy. Hospitals shall treat the patient till he / she is fit for discharge irrespective of length of stay. They can discharge the patient early if they are recovered. Enhancements are allowed only in extremely rare cases of prolonged stay. In order to facilitate timely discharge of patients who recovered before indicative stay, the following claim guidelines will be followed.
- ii) In case of LOS beyond 50%, 100% package amount will be paid.
- iii) In case of LOS less than 50%, 75% of package amount will be paid.
- iv) In case of few days / hours of stay, claim settlement will be based on per day cost of service centre. The rates are as follows.
 - General ward : Rs.500/- per day.
 - ICU without ventilator: Rs.2000/- per day.
 - ICU with ventilator: Rs.4000/- per day.

ii. Disallowances on account of death.

a. Surgical cases :

- i) In case of death within 24 hours of surgery (1st post-op day), 75% of package amount will be paid.
- ii) In case of death after 1st post-op day, 100% claim will be paid.
- iii) In case of death during pre-operative period, no claim will be paid.

b. Medical cases :

In case of death within few days / hours, claim settlement will be based on per day cost of service centre. The rates will be as given at 1.1.2 .

iii. Disallowances on account of failed procedure / incomplete treatment.

a. Surgical cases :

The claims for failed surgeries / procedures such as partial removal of the tumour, non-operable tumours found after laparotomy, incomplete clearance of renal stones after ESWL, inability to place the stent in Angioplasty will be cleared in the following manner.

i) General surgery and Surgical oncology.

S.No	Failed procedure	Claim to be paid
1	Incomplete removal of the tumour	50% of the claim
2	Inoperable tumour / only laparotomy done	Rs. 10,000

ii) CT Surgery

- In case of failed Angioplasty (No stent), claim of Rs.10,000/- will be paid.

iii) Urology

- In case of incomplete clearance of stone in PCNL as ascertained by the residual stone of more than 6 mm in x-ray, Rs.10,000/- in the claim will be deducted.
- A minimum of 80% reduction shall be obtained to be eligible for the claim.

iv) Orthopaedic procedures

- Surgical Correction of Long bone fracture (ORIF)

The package under ORIF is for coverage of surgical correction using Nails, Plates, Screws etc., of standard make. However if any of the surgical correction is done using K-Wire or Screws / Square nail / Rush nail, the package amount shall be reduced to Rs.5000/10000 respectively except in case of following conditions as all these procedures are technically demanding and require C-arm assistance.

- a. Cannulated Cancellous Screws (CCS) for Intra Capsular Fracture neck of femur
- b. Femoral Condylar Fracture
- c. Tibial Condylar Fracture
- d. Proximal Humerus Fracture
- e. Distal Humerus Fracture
- f. Distal Radius Fracture
- g. Medial Malleolus Fracture correction with screw fixation /Tension band wiring.

- h. Isolated Lateral Malleolus Fracture with subluxation / dislocation of ankle
- i. Fracture Olecranon correction with Screw fixation / Tension Band wiring.

In all the above cases the pre-authorization will be given for full package amount of Rs. 22,000/- . However, the claim will be settled based on the procedure done and the type of implant used.

- The following procedures to be approved under ORIF with a package amount of Rs.15,000 /-
 - a. Girdlestone excision Arthroplasty
 - b. Radial head excision
- Combined procedures
 - a. ORIF + Bone grafting: These two combined procedures to be approved in following conditions.
 - All long bone fractures with significant comminution.
 - Non union of long bone fractures.
 - b. Combined Internal and External fixation (Hybrid fixation) to be approved for
 - Grossly comminuted long bone fractures.
 - Minimum gap of 3 weeks shall be observed between both the procedures.
 - c. Open reduction of dislocations with fractures: All these cases the approval will be for two procedures of open reduction of dislocation @ Rs.30,000/- + Rs.10,000/- for associated fracture.

a. Medical cases

- i) Haemodialysis – Pre-authorization will be given for 10 cycles of haemodialysis under the package. All the Network Hospitals have to give free of cost Erythropoietin during the 10 cycle preauthorization whose period will range from 20 days to 30 days.

ii) Radiation-With regards to radiation packages, the following points were agreed.

- The treating doctor will calculate the dosage as per the standard norms. He will submit details of the total dosage and number of fractions to be administered in the treatment plan. This will be submitted along with pre-authorization.
- The claim will be settled based on the number of fractions administered as per the proposed plan.

**13.6.Claim
cancellation by
Trust**

Violations of terms and conditions by the Network Hospitals shall be intimated to Trust by the field staff by raising the flag in online system. A flagged case for which correct evidence is not submitted by NWH within one month shall not be paid any claim and claim shall be cancelled automatically. The field staff shall have seven days for re flagging the case and after expiry of 30 days thereafter the claims wing shall take a decision based on the material available.

13.7 Appeal

- i. The NWH shall have a right of appeal to approach the appellate committee headed by the Chief Medical Auditor, a member selected by the Trust from out of the panel of specialist doctors not related to the NWH and provided by the NWH, a representative of trust. The quorum for this committee shall be three members present and voting, and majority opinion shall prevail. The decision of this appellate committee shall be final and binding on the NWH.
- ii. The Appellate Committee shall have the power to re-open a claim if properly supported by documentary evidence.
- iii. The Appellate Committee shall have the right to reopen a settled claim and direct the insurer to settle for an appropriate amount within a period of 3 months of settlement of the claim. All the claims settled based on the reports received from the hospitals in conformity with the package price arrived at and also based on the pre-authorization given by the Trust shall be reckoned as final and not subject to any reopening by any authority except Appellate Committee.

13.8.Claim time lines

The following are the time lines for processing of claims.

i. Claim submission:

90 days from the date of discharge of patient.

ii. Surgeries/ Treatments:

The Service Provider shall perform surgeries/ treatments within 30 days from the date of expiry of the contract for all the pre-authorisations.

iii. Responding to queries of trust

a. NWH shall reply within 7 days from the date of query provided.

b. 90 days has not lapsed from the date of discharge.

iv. Eligible claims to be paid by the Trust:

a. Trust shall make payments within 7 working days subject to submission of all the supporting documents.

b. Cumulative processing time : Less than 60 days.

c. If it crosses 60 days : The claim deemed as approved.

v. Failure to update pending remarks by NWH:

15 days notice through online and claims submitted stands forfeited.

vi. Appeal time: Within 30 days from the date of forfeiture of Claims.

13.9.Flagging procedures and prosecution

i. Flagging: Taking Cognizance of any Complaint / Grievance /Allegation against the NWH under the scheme of the trust by the District Coordinator/ District Manager/Network Team Leader/Field staff and the doctor of the Trust, based upon the prima facie evidence.

ii. A NWH not responding to a money collection flag within 30 days shall forego the entire claim amount. In case the claim has already been paid, the amount shall be deducted from future claims.

iii. A person raising the flag shall be competent to de-flag the case. Any case flagged has to be de-flagged within 30 days, failing which the flag shall remain permanently and claims wing shall take a decision based on the available evidence.

iv. A flagged case shall automatically go to the login of NWH and upon submission of clarification come back to the same level in the claims approval workflow.

v. A NWH collecting money from any white card holder for investigations

or treatment or any service included under the scheme for an Aarogyasri therapy shall be liable for criminal prosecution upon confirmation of collection of money or denial of treatment.

IMPLEMENTATION PROCESS

14. PATIENT PROCESS FLOW

14.1 Modes of OP capture

A beneficiary suffering from an ailment can approach any of the following 'first point of contact' for registration under the scheme. There are three modes of OP capture.

- i. Aarogyamithra counter at PHC.
- ii. Registration in a Health Camp organised by PHCs or NWHs and
- iii. Directly at the NWH in case of emergencies or through referral.

14.2 OP Process flow at PHC

- i. Arrival: Beneficiary arrives at the PHC OP counter with a complaint.
- ii. Registration: PAM or the registration clerk first mandatorily registers the Identity and Complaint (I and L). In case the patient is a child, the parent's identity (I) is additionally registered. Thereafter in case the patient has a ration card (E), the number is registered for later reference. PAM will enter patient details in Aarogyasri OP Register.
- iii. OP ticket is issued.
- iv. Consultation: Patient is forwarded to the PHC doctor and gets examined. He thereafter moves to the diagnostic facility if required, gets tested and returns to the doctor. If he can be treated as an OP case, drugs are issued at the pharmacy as per prescription. Diagnosis and Prescription are entered in system and case disposed.
- v. Referral Capture: In case the patient needs referral and Rajiv Aarogyasri can be availed of, patient is sent back to the registration desk. PAM enters ration card details, diagnosis, procedure and the NWH where he is referred. PAM issues referral card with the signature of medical officer. In case the procedure is reserved, then the patient shall be referred to a Government NWH alone. PAM shall contact referral hospital NAM and inform. Patient details are uploaded into the web portal of the scheme through call centre for completion of online registration.

14.3 Health Camp Arrangements

- i. Scheduling: Four Health Camps per district per month are assigned as per the scheme requirement. 20 Health Camps in a month are scheduled in the districts. The scheduling is based on distribution of marginalized population, uncovered areas if any, tribal areas etc. Due weight age is given to the specialties and their requirement in the concerned districts while assigning them to the network hospitals. The maximum distance to be covered is generally kept below 100 k.m. Scheduling to be intimated to the network hospitals at least two months before and after obtaining confirmation the details of the camps will be communicated to the district units, district administration and public representatives of the concerned districts. The health camp department shall oversee and monitor and ensure the health camps are conducted as per schedule in coordination with network hospitals.
- ii. Publicity drill: Network hospital shall deploy AAMCO to the concerned village or Panchayath at least one week before the scheduled health camp and undertake canvassing, IEC activity and mobilization of patients in coordination with local Aarogyasri staff, Government Medical Officer, Public representative and ANMs and ASHA workers.
- iii. Arrangements: Network hospital shall ensure
 - a. Proper place for IEC activity and establish necessary infrastructure.
 - b. Distribution of pamphlets on IEC activity.
 - c. Proper electrical connections for the equipment.
 - d. Ensure availability of equipment or instruments.
- iv. On camp day:
 - a. Registration counters for male and female patients.
 - b. Proper examination enclosures for male and female patients OP separately.
 - c. Water for the patients.
 - d. Shamiana and chairs for waiting patients.
 - e. Small refreshments for the patients.
 - f. Pharmacy counters for distribution of prescribed drugs.
 - g. Proper registration and distribution records as per Aarogyasri requirements.

- v. Process flow at Health Camp:
 - a. Arrival: Support staff, Doctors, Aarogyamithras shall arrive at 8.30 A.M.
 - b. Registration: Registration shall start at 8.30 AM.
 - c. Patient approaches registration counter, where Aarogyamithra will register the patient details in Aarogyasri Out-Patient Slip. Then the patient is guided to the doctor or specialist.
 - d. Consultation: Doctor or specialist will examine and capture the clinical details in the prescribed slip of Aarogyasri format.
 - e. Treatment is advised if no further evaluation is required and medicines are supplied at pharmacy with clear advice. Patient is referred to either to a network hospital (government or Private) for further evaluation if he is likely to be suffering from Listed Therapies. He may be referred to nearby government hospital if he is suffering from not covered diseases.
 - f. Referral Capture: All patients will report back to Aarogyamithra for capturing data of treatment and referrals in Aarogyasri Camp Register. Aarogyamithra will inform NAMs about the referrals and facilitate or counsel the patient.

14.4 OP Process flow at the PNWH

- i. Arrival: BPL beneficiary arrives at the PNWH kiosk either with a referral card or with a complaint for registration.
- ii. Registration: PNAM first mandatorily registers the Identity, Eligibility, Contact and Complaint (I, E, C and L) in case the patient is adult. In case the patient is a child, the patient's Identity and Complaint (I & L) and parent's identity, eligibility and contact (I, E, C) are registered. OP is registered and OP ticket issued.
 - a. Biometric registration: Capture digital image (finger impression) of the patient while registering online for the first time in a network hospital.
 - b. Registration of the digital impression: NAM shall obtain the digital image (finger impression) using the device in the following manner while registering the patient online at the first instance.

- i) Capture the left hand thumb impression
 - ii) Capture the right hand thumb impression if point (a) is not possible
 - iii) Capture the right index finger impression if points and (b) are not possible.
 - iv) Capture any of the finger impression if (a), (b) and are not possible.
 - v) The above possibilities arise out of absence of fingers at birth, loss of fingers due to injury or loss of skin in burns, accidents etc.
 - vi) NAM shall enter the details of the finger from which impression was obtained. This will facilitate verification at the time of discharge, readmission are repeated procedure of same treatment.
- iii. OP Consultation: Patient is forwarded to the exclusive AS OP and gets counselled to ascertain the eligibility under RAS so that conversion of cash patients at a later date is avoided. Investigations are prescribed if required.
- iv. Investigations: He thereafter moves to the Investigation facilities if required, gets tested and returns to the doctor. If he can be treated as an OP case, prescription is given. The Diagnosis and prescription (D&N) are entered in the system by PNAM and case disposed.
- v. Reserved Procedure: If the patient's treatment warrants use of any of the Reserved Listed Therapies, the RAMCO enters the Procedure (D) in the system and refers the case to GNWH.
- vi. IP registration: If the patient's treatment warrants use of any of the Listed Therapies, the RAMCO enters the details of Procedure and Investigations (D&IN) in the system, converts the case to IP, sent to separate AS ward and raises preauthorisation.

- a. Biometric registration in Emergencies: Recording digital impression in cases of emergency admissions may be deferred at the time of registration for obvious reasons. The digital impression shall be obtained as soon as patient gets stabilized and shifted on to bed but within 72 hours of admission in these cases through a portable device if needed
- b. Biometric registration in infants (less than one year age group): In case of child of less than one year age group (infant) the digital image of either of the parent shall be captured for registration.
- c. Exemptions for biometric registration: The biometric registration of patients in network hospital is exempted in following conditions.
 - i) Absence of fingers at birth.
 - ii) Damage to all the fingers of both the hands either in trauma or burns.
- d. Re-registration of digital impression: The re- registration of digital impression shall be done in rare cases finger which was used for digital image at the time of biometric registration was damaged or lost.
 - i) NAM shall apply for permission to the Trust to the GM (Field Operations) through e-mail.
 - ii) NAM shall register the patient using another finger at the time of verification (at discharge, re-admission either in same hospital or admission in different hospital). Pending approval, the case shall be registered off line.

14.5 OP Process flow at the GNWH

- i. Arrival: Patient arrives at the GNWH OPD with a referral card or complaint.
- ii. Registration: GNAM first mandatorily registers the Identity and Complaint (I and L) in case the patient is adult. In case the patient is a child, the patient's Identity and Complaint (I & L) and parent's identity (I) is registered. OP ticket is issued.(Refer 14.4 for Biometric registration)

- iii. OP Consultation: Patient is forwarded to the respective OP Consulting room. Doctor examines and Investigations are prescribed.
- iv. Investigations: Patient thereafter moves to the Investigation facilities if required, gets tested and returns to the doctor. If he can be treated as an OP case, prescription is given, drugs issued and case disposed.
- v. Listed Therapies: If the patient's treatment warrants use of any of the listed therapies, the case is sent to AS kiosk. GNAM enters the Eligibility, and contact, (E & C) in the system and takes the patient to RAMCO.
- vi. IP registration: The RAMCO enters the details of Procedure and Investigations conducted (D & IN) in the system, converts the case to IP and raises preauthorization. (Refer 14. 4 for Biometric registration)

14.6 Evaluation and Admission

After the initial evaluation of the patient, the patient is admitted if needed and evaluated further. The patient may be evaluated as an out-patient initially and after ascertaining the diagnosis and finalizing treatment line admitted and converted as “in-patient” in the online workflow.

14.7 Final diagnosis and categorization

After the evaluation of the patient:

- i. If the patient is found to be suffering from listed therapies, RAMCO shall submit the pre-authorisation through the Trust portal within 24 hours.
- ii. If the patient is found to be suffering from diseases other than listed therapies, he shall be counselled and referred to nearest Govt. Hospital for further management.

14.8 Pre-authorisation

RAMCO shall upload all the relevant documents and send the case for pre-authorization.

14.9 Treatment

The NWH shall render complete treatment to the patient after obtaining pre-authorization. Any complications arising during the course of hospitalization shall also be attended to Digital verification by RAMCO: Hospital shall provide device to the RAMCO. The online biometric verification facility is provided in the RAMCO login under cases Tab on biometric attendance. RAMCO shall obtain the digital impression using the same finger in the following instances.

- i. Patient arriving for each Haemodialysis given during the single pre-

authorisation, after the registration by NAM.

- ii. Patient arriving for each dose of radiation during the single pre-authorisation, after the registration by NAM.

14.10 Discharge

The patient is discharged after complete recovery.

The NWH shall issue discharge summary, 10 days post-discharge medication, counsel the patient for follow-up. A letter of satisfactory services shall be obtained from the beneficiary at the time of discharge. The patient is reimbursed transport charges as per the scheme norms and obtains receipt.

- i. Biometric verification: Verification of patient's identification by matching digital image (finger impression) obtained at the time of biometric registration. It is imperative to match the digital image of same finger that was used while doing biometric registration.
- ii. The biometric verification shall be done by NAM and RAMCO at the following stages of services in network hospitals.

Biometric verification by NAM:

- a. At the time of discharge
- b. At the time of subsequent registration in the same hospital
- c. At the time of subsequent registration in another hospital

Verification of digital impression at the time of discharge: NAM shall obtain the digital impression of the same finger used for the registration (verify from the register) at the time of discharge.

RAMCO shall upload the documents.

Dos and Don'ts for NAMs and RAMCO for biometric registration:

- i) Shall maintain the device in good working Condition.
- ii) In case of technical problems report immediately to Team Lead
- iii) Use device available with RAMCO in case of emergency.
- iv) Register offline without causing disruption to Patient services.
- v) Keep backup CD of software and licence.
- vi) Always check and ensure that equipment is in working

condition as soon as report to duty.

- vii) Hospital shall keep device available with RAMCO.
- viii) Hospital shall cooperate and assist NAM in biometric registration and verification particularly in sick patients and in emergencies.
- ix) RAMCO shall keep back up CD of biometric software and license.
- x) RAMCO shall counsel the patient for obtaining digital impression.

14.11 Follow-up

Patient shall be provided follow-up services as per the standard medical norms duly counselling and recording the same in the discharge summary.

The 125 follow-up packages provided under the scheme shall be utilized for this purpose to provide cashless follow-up services. The NWH shall provide free follow-up consultation to other patients suffered from other than 125 listed follow-up therapies.

14.12 Claim submission

The NWH will raise the claim after the 10 days of satisfactory discharge of the patient.

14.13 Emergency Registration and Admission

- i. All the beneficiaries shall be admitted by a NWH and treated immediately. RAMCO or treating doctor shall obtain emergency telephonic pre-authorisation through dedicated round the clock telephone lines of the Trust, if the patient is suffering from listed therapies.
- ii. If the patient is suffering from diseases other than listed therapies he must be counselled and facilitated safe transportation to the nearest Government Hospital.
- iii. If the patient's condition warrants shifting him to a higher centre, safe transport shall be facilitated to other NWH if suffering from listed therapies.
- iv. Biometric registration in Emergencies shall be done as mentioned after Term 14.4

15. PROJECT OFFICE FUNCTIONS

15.1 Location

The Project Office of the insurer shall be separately established at a convenient place either in the Trust office or nearby, for better coordination with the Trust. The project office shall report to the Trust on a daily basis in the prescribed proformas.

15.2 Back Office Departments

- i. Round-the-Clock Pre-authorization wing with specialist doctors for each category of diseases shall work along with the Trust doctors to process the preauthorization within 12 hours of the electronic request by the network hospital on the web portal of the Trust.
- ii. Claims settlement wing with required staff shall function to settle valid claims within 7 days.
- iii. IT and MIS wing
- iv. IT wing with required staff shall ensure that the entire process of back office operations of e-preauthorization, claim-settlement, grievance redressal, and other activities dependent on the Trust portal are maintained on real-time basis.
- v. MIS wing shall collect, collate and report data on a real-time basis. This department will collect, compile information from field staff of the Trust and generate reports as desired by the Trust.
- vi. Call Centre The Trust portal receives calls through
- vii. 104 Call Centre handling all the incoming and outgoing phone calls, grievances received through various means. The insurer is expected to provide executive support for the purpose of guiding and redressing the grievances of the stake holders. This service shall be referred to as the “Call Centre Service”. Queries relating to coverage, benefits, procedures, network hospitals, cashless treatment, balanceavailable, claim status and any other information under the insurance scheme or Trust scheme anywhere in the state on a 24x7 basis shall be answered in Telugu.
- viii. The insurer shall intimate the 104 toll free number to all beneficiaries.
- ix. Grievance wing.

- x. Shall send feedback formats, collect and analyze feedback of the patients as per the directions of the Trust. The department will also document each case and upload the same in the Trust portal. The insurer shall also collect the satisfaction slip from the Beneficiaries at the time of discharge who had obtained the cashless services. The Beneficiaries shall submit the Satisfaction slip issued by the insurer at the time of discharge through Provider. The insurer shall also carry out the Customer Satisfaction Survey by using the rating card for the purpose.
- xi. The wing shall be manned by doctors and other staff to address the grievances from time to time as per the instructions of the Trust. The Insurer shall act as a frontline for the redressal of beneficiaries or NWH grievances. The Insurer shall also attempt to solve the grievance at their end. The Insurer shall provide the beneficiaries or NWH with details of the follow-up action taken as regards the grievance as and when the beneficiaries require it to do so.
- xii. The Insurer shall record in detail the action taken to solve the grievance of the beneficiaries NWH in the form of an Action Taken Report (ATR) within 2 working days of the recording of the grievance. The insurer shall provide the Trust or Government with the comprehensive action taken report (ATR) on the grievances reported in pre-agreed format. The entire process will be done through the call center and Trust portal. The Insurer shall co-ordinate with Provider or Trust in order to solve the grievance as and when required by the nature and circumstances of the grievance.
- xiii. Administration, Training and HR wing with required staff for purposes of office management, legal matters, accounts. It will manage human resources, arrange the workshops / training sessions for the capacity building of
- xiv. The insured, their representatives and other stakeholders in respect of the scheme and their roles at each district on the convenience of the insured and other stake holders.
- xv. Health Camps and Publicity wing will plan, intimate, implement and

follow-up the camps as per the directions of the Trust. It will undertake all the publicity and logistics activities as specified by the Trust.

16. FIELD OPERATIONS

16.1 District unit

- i. The Trust will have a District Coordinator incharge of each district. The insurer shall coordinate with the District Coordinator of the Trust in implementation of the scheme. The District Coordinator monitors Aarogyamithra services, health camps, beneficiary services and grievances.
- ii. The district units of the Trust handle all the schemes

16.2 NWH staff functions

- i. RAMCO: RAMCO services shall be as specified in Term 10.6.
- ii. Network Aarogyamithras (NAM): In order to facilitate patient services in NWH a facilitator known as “Network Aarogyamithra” is placed in all the NWHs. These NAMs are appointed by the Trust and available round the clock to attend to patient registration, consultation, diagnostic services, pre- authorization, discharge and follow-up. The role and responsibilities of the NAM are as stated below.
 - a. Maintain Help Desk at Reception of the Hospital.
 - b. Receive the patient referred from (PHC or Network)
 - c. Work round the clock in shifts to cater to the needs of Emergencies.
 - d. Verify the eligibility card or documents of the Patients.
 - e. Obtain digital photograph of the patient.
 - f. Facilitate the Patient for consultation and admission. Liaison with coordinator or administration of the hospital
 - g. Counsel the patient regarding the treatment or Surgery.
 - h. Facilitate early evaluation and posting for surgery.
 - i. Facilitate hospital to send proper pre-authorisation.
 - j. Follow-up preauthorization procedure and facilitate approval.
 - k. Follow-up recovery of patient.
 - l. Facilitate payment of transport charges as per the guidelines
 - m. Facilitate cashless transaction at hospital.
 - n. Facilitate discharge of the patient.
 - o. Obtain feedback from the patient.
 - p. Counsel the patient regarding follow-up.
 - q. Coordinate with PAM or Government NAM for follow-up

of beneficiary.

- r. Follow-up the patient referred by the hospital during the camps.
- s. Coordinate with the Head-Office and Medical officers for any clarifications.
- t. Send daily MIS
- u. Facilitate Network Hospital in conducting Health Camps as scheduled.
- v. To report deaths related to the scheme.
- w. Any work assigned by the Trust from time to time.

16.3 PHC Staff

Functions

- i. Health camps:
 - a. Health Camps will be conducted in all Mandal Head Quarters, Major Panchayats and Municipalities by the PHCs as per the schedule approved by the Trust.
 - b. The cost of health camp is reimbursed by the Trust as per existing guidelines to the PHC.
 - c. Mega health camps will be conducted by NWHs at their own cost as and when scheduled by the Trust.
- ii. PHC Aarogyamithras(PAM):

PAM guides the beneficiary right from his door step to create awareness among rural illiterate poor for effective implementation of the scheme. The roles and responsibilities of PAM are as stated below:

 - a. Role of PAM at the PHC:
 - i) Publicity and awareness.
 - ii) Maintenance of helpdesk at hospital.
 - iii) Reception of the beneficiary
 - iv) Verification of eligibility criteria.
 - v) Facilitation of consultation with Doctor (PHC Doctor or nearest Govt. Hospital Doctor).
 - vi) Filling up the referral card.
 - vii) Guiding the patient to the next center.
 - viii) Counseling the patients who may require any one of the listed therapies.

- ix) Facilitation of progress either to a Government Hospital for further tests or to a Network Hospital depending upon the advice of the doctor. To guide the patient to the Network Hospital.
 - x) Follow-up of the referred cases.
 - xi) Any other work assigned by the Trust from time to time.
- b. Outside The PHC:
- i) To send daily MIS of the patients
 - ii) To spread the awareness about the scheme in the villages.
 - iii) To spread awareness about the scheduled camps by network hospitals in the villages.
 - iv) To coordinate with network hospitals and help conduct camps.
 - v) Mobilize the patients for camps.
 - vi) Conducting health camps along with doctors from network hospitals and local Medical Officer. People with all ailments are to be screened in these camps and given drugs free of cost.
 - vii) Following up the patients identified in the camp to report to NWH.
 - viii) Coordinate with local PR Bodies, Village organizations (VOs), Samakhyas, ANMs, Women Health Volunteers and Self-Help Groups for effective implementation of the scheme.
 - ix) Move around the villages and encourage patients to come to avail the benefits of the scheme.
 - x) Educate villagers about the scheme and distribute brochures and other material.
 - xi) Report to the Divisional leader and District Manager.
 - xii) Follow up the Beneficiaries before and after
 - xiii) Surgery or Treatment.
 - xiv) To report deaths related to the scheme.
 - xv) Any work assigned by the Trust from time to time.

**16.4 Training of
Aarogya-
mithra**

Periodic trainings for Aarogyamithras are conducted by the Trust.

**16.5 Appraisal
System**

Performance of the Aarogyamithras both in PHCs and Network Hospitals shall be assessed periodically with definite performance appraisal system and KPIs electronically.

17. WEB PORTAL AND ONLINE WORKFLOW

- 17.1 Web Portal**
- i. The Trust website with e-preauthorization, claim settlement and real-time follow-up is maintained and updated on a 24-hour real-time basis. The source code and system design document for the application was developed and owned by the Trust. The IT application is being developed and maintained as per dynamic requirements of the Trust schemes. A dedicated data center is being maintained by Trust for this purpose.
 - ii. The website is a repository of information. The IT application captures information relating to scheme, health camps, referral details, registrations, patient details, IP/OP details, case details, pre-authorization, daily clinical notes, surgery/treatment details, discharge details, claims payments through payment gateway, and follow-up details. Other modules in the application include empanelment module, call centre module, finance module, HR module etc. The authentication for accessing the application is through biometric and digital certificates.
- 17.2 IT backbone**
- A dedicated real-time online workflow system was designed by the Trust in order to bring dynamism and decentralization of work in a massive scheme like Aarogyasri. This includes total online processing of the cases starting from registration of case at first referral center (health camps or network hospitals or other sources), pre-authorization, up-load of medical and non-medical records electronically, treatment and other services at the hospital, discharge and post treatment follow-up, claim settlement, payments through payment gateway, accounting system, TDS deductions till the end. Any inputs for improvement of the system will be taken from all the stake holders from time to time.

18. PROJECT MONITORING-IMPLEMENTATION COMMITTEES – STATE AND DISTRICT

18.1 Monitoring Committees

Regular review meetings on the performance and administration of the scheme will be held between the Trust and the insurer. The following shall be the composition of the monitoring committees at the District and State levels.

i. Aarogyasri District Monitoring Committee:

- a. Chairman: District Collector
- b. Members:
- c. Project Director, DRDA
- d. District Medical and Health Officer
- e. District Coordinator of the Trust (Member- Convener)
- f. District Coordinator of Health Services (DCHS)
- g. Supplier's representative on behalf of the district staffing contractor.

ii. State monitoring committee:

- a. Chairman: CEO of Aarogyasri Health Care Trust.
- b. Members:
- c. Executive Officer (Technical)
- d. Head Field Operations
- e. Joint Executive Officer (PMU)
- f. Representative of the Insurer.

The Chairmen of the above committees may invite any non-official member in the project districts for the meetings. Periodical meetings will be organized at both district and State level. The agenda and issues to be discussed would be mutually decided in advance. The minutes of the meeting at the district and state level will be drawn and a copy will be forwarded to Trust. The Insurer shall also put in place a mechanism of their own to monitor the scheme on a real time basis. Detailed reports on the progress of the scheme and issues if any emerging out of such meetings shall be reported to GoAP or Trust.

**18.2 Grievance
Redressal**

- i. At the district level, the district committee specified at Term 18.1 (a) shall redress the grievances and its decisions shall be binding except when an appeal to the state level committee is preferred.
- ii. The state level committee specified at Term 17.1 (b) will entertain all the appeals and grievances at the state level. The decision taken by the committee will be final and binding on both the parties.

**18.3 Co-
ordination**

The insurer shall coordinate with all stake holders for implementation of activities like empanelment of hospitals, planning for camps, registration of patients of various schemes of Trust at the network hospitals, etc. under the scheme with the Trust and other Insurers. Trust will oversee these arrangements

19. EMPOWERMENT AND IEC

19.1 Information Education & Communication (IEC)

The Trust undertakes IEC activity to create awareness among various stake holders through awareness campaigns, Health camps, Publicity through pamphlets and posters, Publicity through electronic media, Training and orientation.

19.2 Capacity Building

- i. Workshops or training sessions for capacity building of the their beneficiaries, representatives and other stakeholders in respect of the scheme and their roles at each district is organized by the Trust. The following training programmes are organized for stakeholders.
 - a. Empanelment training programme
 - b. Network Hospital training programme at hospital
 - c. Network hospital reorientation programme
 - d. Induction programme
 - e. PHC Aarogyamithras training programme
 - f. Training Programme for Field functionaries
 - g. Soft & Communication skills training programme
 - h. Any other training and orientation programme designed by the Trust.
- ii. The help of NGOs or SHGs will be taken by the Aarogyasri Help Desk or Aarogyasri Assistance Counters to spread awareness and guide the prospective patients to the network hospitals.
- iii. The insurer shall provide assistance to the Trust in organizing training programmes.

19.3 Aarogyasri Manual

Trust publishes detailed Manuals in respect of and other manuals containing guidelines and operational procedures for implementation of the scheme. All the stake holders of the scheme shall scrupulously follow these manuals.

- i. Empanelment and Disciplinary Actions
- ii. Packages and protocols
- iii. Pre-authorisation and claims

- iv. Field Operations
- v. Customer Care and Grievances
- vi. IT application
- vii. HR

20. HEALTH CAMPS

20.1 Health Camps

Health camps are the main source of mobilizing the beneficiaries under the scheme. All the Network Hospitals / PHCs shall conduct at least one free health camp under the Rajiv Aarogyasri Health Scheme in a week. These camps are to be held as per the schedule and place given by the Trust. The importance of the camps vis-à-vis the scheme and common health problems is increasing day by day. The camps are also be used to provide free medical advice and medicines to the rural people

20.2 Activities

- i. Promote IEC activity by the network hospitals through
 - a. Pamphlet Distribution
 - b. Public Address System/ Mike announcements in Autos
 - c. Dandora/ beat of tom-tom
 - d. Playing of Audio-Visual media (Cassettes, Audio CDs and DVDs)
 - e. Scroll in local cable networks.
 - f. News/Advertisements in local dailies
 - g. Posters
 - h. Banners
 - i. SHG meetings
 - j. Village meetings
 - k. Exhibits on hygiene, general health, prevention of communicable diseases etc.
 - l. Exhibits on early detection and prevention of chronic diseases
 - m. Any other activity chosen by the hospital.
- ii. Improve facilities in the camp by
 - a. Providing shade for waiting patients by erecting shamianas.
 - b. Providing pedestal fans Sitting arrangements for waiting patients by providing sufficient number of chairs. The detailed guidelines with regard to indent, approval and utilization of the above amount for private network hospitals
 - c. Confirmation of Camps, Indenting, Approval, Organising, Claiming and Reimbursement of Amount:

- iii. The entire process of intimation, confirmation, indenting, details of camp organization and claiming of money will be through the 'health camp' module in the Trust website (www.aarogyasri.org).
- iv. The trust will communicate the schedule of the camps well in advance and the same will be available online in the login of the hospital for confirmation.
- v. Confirmation and indenting: Hospital shall send update in the website the confirmation for each camp well in time as stipulated by Trust. The details of doctors and paramedics attending the camp and equipments being carried shall also be indicated. Along with the confirmation, the network hospitals shall put up the indent for each camp online detailing the following:
 - a. Details of IEC Activities with specific proposals and estimated amount
 - b. Details of facilities to be provided for the camps with specific proposals and estimated amount.
 - c. Details of common drugs to be distributed in the camps with specific quantities and estimated amount. d) Incentives to be given to the Government medical officers with the names of the Medical officers tied up for the camp.
- vi. Approval: Based on the indent the Trust will approve the amount subject to the maximum of Rs5000 per hospital per camp. The approval status can be viewed online. Please notice that the approved amount will be denied in case of rescheduling of camps after confirmation.
- vii. Organizing the camps: The hospital shall conduct the camp as per the schedule and by undertaking the activities as given in the indent. The hospitals shall ensure that an Aarogyasri Medical Camp Coordinator (AMCCO) is earmarked for the purpose and is sent at least a week in advance to the camp area to undertake IEC activities as planned and arrange for the facilities to be provided for the camps. The hospital coordinator shall ensure that the schedule of the camp is informed to all concerned in the local area of the camp including the people's representatives.

The following documentation have to be done during the camp:

- a. Each patient has to be given an outpatient-cum- prescription card. The details of medicines to be disbursed shall be mentioned in this card.
- b. Those patients who are treated as outpatients shall be given medicines as noted in the outpatient-cum- prescription card. The details have to be mentioned in the drug dispensing register and the signature/ thump impression of the patient shall be obtained. The same shall be scanned and uploaded at the time of claim of camp amount.
- c. Those patients who are referred shall be given Rajiv Aarogyasri Community Health Insurance Scheme Referral card with the details of date for reporting to the hospital, place of appointment, name of consultant and mobile number of network Aarogyamithra.
- d. The details of all outpatients and referred patients will be recorded by the Aarogyamithra in the camp register in triplicate. A copy of the same duly signed by the government Medical Officer, Aarogyamithra and Network hospital doctor shall be kept with the Network Hospital and the same shall be scanned and uploaded at the time of claim of camp amount.
- e. At the end of the camp the incentive shall be given to the participating government medical officer and the acquaintances obtained in the prescribed proforma.
- f. The Aarogyasri Medical Camp Coordinator (AMCCO) of the Network hospital shall also take a declaration as to the successful conduct of the camp signed by the Medical officer of the concerned PHC of the venue of the camp. The Aarogyamithra of the PHC shall also sign the same. The Network hospital shall upload the same at the time of claim.
- g. Claim: Hospital shall make the claim online on a monthly basis for the camps held during that month. Hospital shall upload and submit Utilization certificates. Hospital shall also upload and submit bills, drug dispensing registers, details of IEC activity, and

photographs of the camp and IEC activities and receipt of payment of Incentives to the medical officers participating in the camp in prescribed proformas annexed.

h. Reimbursement: Trust based on uploaded and submitted documents will reimburse the total amount once in a month through online transaction.

20.3 Financial support

i. Drinking water for patients

ii. Screening enclosures for patients

iii. Snacks

iv. Any other activity chosen by the hospital Provide treatment for common ailments and common drugs in the camps and prevent spread of communicable diseases.

a. Provide consultation for ailments other than those covered under the scheme.

b. Provide common drugs for general ailments.

c. Hospital shall carry at least 10 types of drugs from the above list and have at least one drug from each category.

d. Distribution of all drugs for children (Category-IX) is mandatory.

e. Minimum stock as stated in the list of common drugs must be carried to the camp. However hospitals are free to distribute more number of drugs and left over stocks if any from other camps.

f. Minimum of Rs.1500 worth medicines must be carried to each camp.

g. Hospitals may carry generic drugs instead of proprietary preparations to keep the cost of medicines low.

v. Professional incentives are provided to the Government Doctors participating in the camp to encourage their active participation and cooperation. Each Medical officer shall be given an incentive of Rs.250/- per camp.

20.4

i. Trust shall provide Rs.6000 for each Camp in order to support the activities in the camps by PHCs.

ii. Trust shall release in advance the amount for health camps as per the health camps planned in the district for the month.

The detailed guidelines with regard to indent, approval and utilization of the above amount for private network hospitals Confirmation of Camps, Indenting, Approval, Organising, Claiming and Reimbursement of Amount:

a. The entire process of intimation, confirmation, indenting, details of camp organization and claiming of money will be through the 'health camp' module in the Trust website (www.aarogyasri.org).

b. The trust will communicate the schedule of the camps well in advance and the same will be available online in the login of the hospital for confirmation.

iii. Confirmation and indenting: Hospital shall send update in the website the confirmation for each camp well in time as stipulated by Trust. The details of doctors and paramedics attending the camp and equipments being carried shall also be indicated. Along with the confirmation, the network hospitals shall put up the indent for each camp online detailing the following:

a. Details of IEC Activities with specific proposals and estimated amount

b. Details of facilities to be provided for the camps with specific proposals and estimated amount.

c. Details of common drugs to be distributed in the camps with specific quantities and estimated amount.

d. Incentives to be given to the Government medical officers with the names of the Medical officers tied up for the camp.

iv. Approval: Based on the indent the Trust will approve the amount subject to the maximum of Rs 5000 per hospital per camp. The approval status can be viewed online. Please notice that the approved amount will be denied in case of rescheduling of camps after confirmation.

- v. Organizing the camps: The hospital shall conduct the camp as per the schedule and by undertaking the activities as given in the indent. The hospitals shall ensure that an Aarogyasri Medical Camp Coordinator (AMCCO) is earmarked for the purpose and is sent at least a week in advance to the camp area to undertake IEC activities as planned and arrange for the facilities to be provided for the camps. The hospital coordinator shall ensure that the schedule of the camp is informed to all concerned in the local area of the camp including the people's representatives. The following documentation have to be done during the camp:
- a. Each patient has to be given an outpatient-cum- prescription card. The details of medicines to be disbursed shall be mentioned in this card.
 - b. Those patients who are treated as outpatients shall be given medicines as noted in the outpatient-cum- prescription card. The details have to be mentioned in the drug dispensing register and the signature/ thumb impression of the patient shall be obtained. The same shall be scanned and uploaded at the time of claim of camp amount.
 - c. Those patients who are referred shall be given Rajiv Aarogyasri Community Health Insurance Scheme Referral card with the details of date for reporting to the hospital, place of appointment, name of consultant and mobile number of network Aarogyamithra.
 - d. The details of all outpatients and referred patients will be recorded by the Aarogyamithra in the camp register in triplicate. A copy of the same duly signed by the government Medical Officer, Aarogyamithra and Network hospital doctor shall be kept with the Network Hospital and the same shall be scanned and uploaded at the time of claim of camp amount.
 - e. At the end of the camp the incentive shall be given to the participating government medical officer and the acquaintances obtained in the prescribed proforma.

- f. The Aarogyasri Medical Camp Coordinator (AMCCO) of the Network hospital shall also take a declaration as to the successful conduct of the camp signed by the Medical officer of the concerned PHC of the venue of the camp. The Aarogyamithra of the PHC shall also sign the same. The Network hospital shall upload the same at the time of claim.
- g. Claim: Hospital shall make the claim online on a monthly basis for the camps held during that month. Hospital shall upload and submit Utilization certificates. Hospital shall also upload and submit bills, drug dispensing registers, details of IEC activity , photographs of the camp and IEC activities and receipt of payment of Incentives to the medical officers participating in the camp in prescribed proformas annexed.
- h. Reimbursement: Trust based on uploaded and submitted documents will reimburse the total amount once in a month through online transaction.

PACKAGES

21. PACKAGES

21.1 Package definition

Package includes the following services

- i. End-to-end cashless service offered through a NWH from the time of reporting of a patient till ten days post discharge medication, including complications if any up to thirty (30) days post- discharge, for those patients who undergo a “listed therapies);
- ii. Free evaluation of patients for listed therapies who may not undergo treatment for “listed therapies”; and Other services as specified in Term 19.3

21.2 Description of packages

For each hospitalization the transaction shall be cashless for “listed therapies”. A beneficiary shall go to the hospital and come out without making any payment to the hospital after treatment. The same shall hold true for diagnostic services if eventually the beneficiary does not end up undergoing any listed therapy.

The general guidelines published by the Trust separately from time to time shall be followed while providing services under the packages.

21.3

- i. Elaboration of services under package

The services under the package include:

- a. Stay: Stay consists of bed charges in ICU, Post- Operative ward and General ward, and nursing charges.
- b. Inputs: Inputs include O.T. Charges, O.T. Pharmacy, O.T. disposables and consumables, implants, blood and blood related products, General Pharmacy, Oxygen, Consumables and disposables.
- c. Professional fees: Consultant and In-house doctor charges..
- d. Investigations: All the biochemistry, pathology, micro biology and imageology investigations for diagnosis and management of the patient.
- e. Miscellaneous: Diet and transportation charges. Prescribed quality food sourced from in-house facility or from an external vendor shall be provided. Return transport fare between the pateint’s resident

Mandal Headquarters and the NWH equivalent to RTC fare or Rs.50 whichever is minimum shall be paid.

ii. Blood and blood related products:

Blood shall be provided either from an in-house blood bank or “tie up” blood bank subject to availability. The hospital shall provide blood from its own blood bank subject to availability within the package. In case of non-availability efforts shall be made to procure blood from other blood banks run by Red Cross, voluntary organizations etc. Assistance shall be provided to the patients to procure compatible blood for the surgeries by issuing a copy of the request letter to the patient.

21.4 Packages under special listed therapies

i. Package under Renal transplant:

- a. Post transplant immunosuppressive therapy for 1st to 6th months shall be provided under the Rajiv Aarogyasri Insurance Scheme and for 7th to 12th months under the Rajiv Aarogyasri Trust scheme.

ii. Package under Cancer therapies:

- a. Chemotherapy and radiotherapy shall be administered only by professionals trained in respective therapies (i.e. Medical Oncologists and Radiation Oncologists) and well versed with dealing with the side-effects of the treatment.
- b. Patients with haematological malignancies-(leukemias, lymphomas, multiple myeloma) and pediatric malignancies (Any patient < 14 years of age) shall be treated by qualified medical oncologists only. c) Advanced radiotherapy procedures shall be utilized only for the cases and diseases which do not respond to conventional radiotherapy.
- c. Tumors not included in the listed therapies and that can be treated with any listed chemotherapy regimen, proven to be curative, or providing long term improvements in overall survival shall be reviewed on a case to case basis by the “Scheme technical committee”.

- iii. Package under Poly trauma category:
 - a. The components of poly trauma category are Orthopedic trauma (surgical Corrections), Neurosurgical Trauma (Surgical and conservative management), Chest Injuries (surgical and conservative management) and Abdominal injuries (surgical and conservative management). These components may be treated separately or combined as the case warrants. All cases, which require conservative management with a minimum of one-week hospitalization with evidence of (Imageology based) seriousness of injury to warrant admission, only need to be covered to avoid misuse of the scheme for minor/trivial cases.
 - b. In case of Neurosurgical trauma, admission is based on both Imageological evidence and Glasgow Coma Scale (A scale of less than 13 is desirable).
 - c. All surgeries related to poly-trauma are covered irrespective of hospitalization period.
 - d. Initial evaluation of all trauma patients shall be free.

22. FOLLOW-UP PACKAGES

22.1 Follow-up Packages

Follow-up packages are funded by Trust and cover the entire cost of follow-up.

- i. The scheme provides for follow-up Packages for identified therapies to cover entire cost of follow-up i.e., consultation, medicines, diagnostic tests etc., to enable beneficiary to avail cashless follow-up therapy for long term period to obtain optimum benefit out of the primary listed therapy and avoid complications. The list is provided at Annexure-III. The NWH will provide follow-up services under the packages and costs will be directly paid by the Trust to NWH.
- ii. Guidelines for these packages are as stated below:
 - a. The Follow-up treatment shall be entirely cashless to the patient and will start on 11th day after the discharge and will continue for one year after 11th day of discharge.
 - b. No formal pre-authorization is required.
 - c. For operational convenience package amount is apportioned into 4 quarters. Since frequency of visits and investigations mostly take place during first quarter, more amount is allocated for first installment.
 - d. (d) Patient follow-up visits may be spaced according to medical requirement. However approval will be given for one quarter.
 - e. RAMCO along with NAM shall facilitate patient follow-up.

23. ENHANCEMENT OF PACKAGES

23.1 Enhance- ment of Packages

Enhancement of package may be considered in certain cases where hospital have to attend to associated diseases not packaged under Aarogyasri in the same patient, extended surgeries in certain situations and extended stay on account of unrelated complications. In order to facilitate the hospitals to continue to provide.

23.2 Cases for consideration

- i. In addition to the procedures / treatment covered under the scheme there is a need for additional surgical procedure / treatment, which is not covered under Aarogyasri scheme.
- ii. The procedure is extended due to underlying (Anatomical, Pathological etc.,) variances in the patient. iii) Complications totally unrelated to the surgical procedure and due to underlying associated conditions such as Diabetes, Hypertension, Immunosuppressive status etc.,
- iii. and for which there is no alternative package available in the present scheme.
- iv. iv)Complications totally unrelated to the surgical
- v. procedure and though package is available in the scheme, the hospital cannot be empanelled for entire system for occasional patient due to infrastructure problems. In such cases enhancement amount shall be on the basis of package amount.
- vi. The patient is HIV, HbsAg or HCV positive with following evidence; In case of HIV at least one test shall be advanced and specific such as western blot / PCR /CD4 and CD8 count and one report may be from near by VCTC centre if possible
- vii. For associated injuries in poly-trauma for which nopackage is available in the scheme
- viii. Complications in cases of Medical / Conservative Management for which packages are not available under the scheme leading to extended hospital stay (see timing of request)

23.3 General guidelines for calculation of enhancement amount

The enhancement amount may be based on the following factors.

- a. No. of days of hospitalization
- b) No of days in ICCU stays
- b. No of days in ICCU stays with ventilator
- c. The type of drugs used which are essential for recovery of the patient
- d. Relevance of such procedure/treatment
- e. Type of additional/associated procedure done
- f. Type of medical complication
- g. Outcome of the Procedure/Treatment

23.4 Basis for consideration and calculation of enhancement amount

- i. Additional surgery / treatment the hospitals may have to perform additional surgical procedure or extended medical treatment due to associated conditions identified during the evaluation and in course of approved surgery or treatment.
- ii. Extended procedure Hospital may perform extended procedure in view of extension of lesion as in case of cancer, associated pathology such as leaks / perforations and gangrenous changes and anatomical variance etc.,
- iii. Complications unrelated to surgeries or treatment the unrelated complications arising out of patients' varied response and not as a routine complication may be considered for enhancement on case to case basis. In all the above situations, the enhancement may be considered in the following manner.
 - a. Additional surgery or treatment performed is listed among Aarogyasri packages but hospital not empanelled for the specialty - The amount to be approved shall be equal to the 50% of the package if it is performed on the same day in the same field. Additional amount may be sanctioned if case needs to be managed with extended stay but total enhancement amount shall be within the scheme package limit of the procedure.
 - b. Additional surgery or treatment performed is listed and hospital is empanelled for the specialty – The hospital shall apply additional pre-authorisation for the procedure performed. However, enhancement can be considered in the following circumstances where second pre-authorization cannot be raised.

- c. Additional surgery or treatment performed is not listed among Aarogyasri packages –

The package amount shall be calculated by choosing any of the listed packages among the specialty with same weightage. Otherwise the average hospital stay and input cost of the procedure may be taken into consideration as per the Aarogyasri package rates.

The amount to be approved shall be equal to the 50% of the package if it is performed on the same day in the same field. Additional amount may be sanctioned if case needs to be managed with extended stay but total enhancement amount shall be within the scheme package limit of the procedure.

- d. Reopening and repair in same hospitalization Complications such as undetected perforations, fresh perforations, extension of gangrenous changes and leaks after certain surgeries / procedures may arise even after best effort by the surgeon. Such cases may warrant reopening of the abdomen and performing of corrective surgeries, the enhancement can be considered on case to case basis.

The package amount for such cases may be:

- i) Rs.20,000/- for major procedure b. Rs.10,000/- for minor procedure
- ii) In other cases the cost inputs may be considered such as cost of implants reused may be considered for acceptable defaults happened during surgery and same admission.

The failure in case of device closures and major failures happening due to technical faults during the surgery cannot be considered for enhancement and hospital shall replace the devices and redo the surgical procedure within the same package.

However this enhancement cannot be considered for common complications like bleeds and leaks happening in fresh cases inherent to such procedures. The hospital shall attend to these complications within the package amount.

- e. Co-morbid conditions the co-morbid conditions existing at the time of admission such as diabetes, hypertension, anaemia cannot be considered for enhancement. However, complications arising out of co-morbid conditions such as pneumonic consolidation in COPD or due to postural effect in elderly, ARF, respiratory failure etc., may be considered for enhancement on case to case basis. The package amount to be approved in such cases may be:
- f. Total package amount if the treatment is listed among Aarogyasr i packages.
- g. However, the claim settlement shall be as per the claim guidelines of medical packages.
- h. The package for unlisted procedures shall be based on the weightage given to the extended hospital stay, medication and services computed as per the guidelines given below.
- i. HIV, HbsAg and HCV positive cases
The enhancement for HIV, HbsAg and HCV positive cases, lump sum amount of Rs.5000/- shall be approved based on:
 - i) The reportssubmittedfrom two differentlaboratories out of which one shall be from the network hospital.
 - ii) LFT report may be insisted in case of HbsAg and HCV positive cases
 - iii) 'Elisa confirmation' may be insisted in case of weak positive cases.
- j. The patient shall be evaluated for above conditions and supporting lab reports shall be uploaded along with routine investigations during pre-authorisation itself.
- k. The same reports shall be uploaded in the enhancement attachments while requesting for enhancement.
- l. The reports generate after surgery cannot be considered for enhancement.
- m. Poly trauma cases: The poly trauma packages are designed to assist major injuries sustained during accidents. The injuries are specifically defined and classified for packaging purpose. The

minor injuries such as bruises, contusions and small cuts shall be attended to within the package amount. However, certain soft tissue injuries such as major avulsions, gaping wounds, small bone fractures and other fractures requiring conservative management associated with the poly trauma case may be considered for enhancement

23.5 Timing of the request

- i. Associated wound and injuries: The soft tissue injuries and wounds may be accorded enhancement as per the following grades.
 - a. Avulsion injuries with skin loss requiring simple grafts and muscle injuries –Rs.20,000/-.
 - b. Large gaping wounds with damage to underlying structures requiring prolonged conservative management and Micro Vascular Flap –Rs.30,000/-.
- ii. Small bone fractures and conservative management of fractures: All small bone fractures and conservative management of fractures sustained which are not listed in Aarogyasri packages may be approved the following enhancements.
- iii. K-Wire fixation – Rs.5000/-
- iv. Nails and Screws – Rs.5000/-
- v. iii)Simple plating – Rs.5000/-
- vi. Conservative management of fracture (Application of POP cast) – Rs.1000/-.
- vii. Extended conservative management or hospital stay. The cases which require extended management on account of reasons other than those mentioned above leading to prolonged stay and services may be considered for enhancement based on the extended stay in the following manner.
 - a. Stay in general ward –Rs.500/-per day
 - b. Stay in ICU without ventilator support –Rs.1000/- per day
 - c. Stay in ICU with ventilator support –Rs.2000/- per dayHowever, the total enhancement approved on account of above calculation shall not exceed twice the amount of actual package.

23.6 Updating of online data

After completion of the twice the indicated period of the Hospital stay (As per the package) or a minimum of one month whichever is more but before discharge of the patient

- i. For surgical procedures immediately after updating of operation notes for additional procedures / variances but before discharge
- ii. For complications unrelated to surgical procedures the request shall be after the treatment of complication and before discharge.
- iii. For HbsAg, HCV and HIV cases, the request shall be after pre- authorisation and before the surgery.
- iv. Documentation required for enhancement :

The hospital shall upload the entire relevant data necessitating enhancement such as diagnostic tests, clinical photographs/video recording, bills, consultant notes, present status of the patient and clarification letter by specialist if any. In case of burns the hospital shall upload the clinical photo graphs of the patient clearly depicting the treated area and raw areas yet to be covered and photographs of injuries in case of trauma. The approval of enhancement shall be based on following evidences.

Relevant diagnostic reports

- a. Evaluation notes of treating doctor
 - b. Clinical photographs
 - c. Video evidence in WebEx format
 - d. Intra operative photograph
 - e. Explanation letter by the treating doctor Field Report
 - f. Earlier online OP / IP records of the patient
- v. Field report may be obtained mandatorily in long hospitalisation cases (more than one month), critically ill patients, burns and poly trauma cases for extended management and extended hospital stay. In addition to on bed verification of the patient and other medical data, the District Coordinator may be requested to obtain declaration on cashless treatment as well.
 - vi. Declaration by the patient/attendant that the treatment is being extended on cashless basis :

23.7 Cases for rejection

- a. The medical officer may verify the above documents either all or any of them based on the case requirements before giving approval.
- i. Any request of enhancement merely on the ground that total treatment cost exceeded the package amount or hospital stay is exceeded the indicative stay.
- ii. Subsequent requests for the enhancement after being approved once.
- iii. The procedure /Treatment is unwarranted, not in conformity with laid down standard medical protocols and does not help in outcome of the case.
- iv. Early submission of request.
- v. Submission of request after discharge.
- vi. Mere presumption of case may get into complications due to high risk.
- vii. Common post operative complications, complications directly attributed to primary ailment for which pre- authorization was obtained. The hospital shall extend cashless treatment to these complications under the package only as explained in package guidelines.
- viii. Any delay in submitting the relevant data for more than 48 hours after opening the key is liable for rejection by the “Technical committee”.

The hospital shall extend the cashless treatment & services to the Aarogyasri patients under the approved package irrespective of the status of the enhancement and shall be treated till the patient is fit for discharge. The opinion of the Technical committee with regard to enhancement of the package and the amount approved or rejected will be the final and binding on the hospital and no further representations in this regard will be entertained by the Insurance Company / Trust.

23.8 Process flow of approvals

- i. The hospital shall evaluate the case and upload details of evaluation along with a request letter by the treating doctor explaining the reasons for enhancement in detail in the “Issue tracker” and submit to the Trust / Insurance.

- ii. The request raised through issue tracker will be preliminarily processed by the JEO (Technical) and may reject if found not in accordance with the guidelines.
- iii. If the request is found in accordance with the guidelines for enhancement, the hospital will be enabled to raise online enhancement request duly uploading all relevant documents.
- iv. The technical committee shall scrutinise the request and documents and may
 - a. Ask for field verification.
 - b. Keep it pending and send it back to network hospital for complete information and documentation.
 - c. Recommend for rejection if not as per the guidelines.
 - d. Recommend for approval of the additional amount as per its assessment.
- v. The final approval is given by the CEO.
- vi. The approved additional amount is added to the pre- authorised amount and claim for the case will be allowed to be raised for the enhanced package amount. vii. The claim will be processed as per the claim guidelines and network hospital shall submit all the evidences for approval of enhanced package amount. It may be noted by the network hospitals that the enhancement is to enable the hospital to provide cashless treatment to all the beneficiaries under the scheme in the circumstances mentioned above to help hospitals to meet additional cost. The enhancement amount is based on the Aarogyasri package prices and guidelines and not based on billing of the individual hospitals.

OTHER SCHEMES

24. CMCO REFERRAL CENTRES

24.1 CMCO Center

i. Hyderabad Center

In order to facilitate poor patients who do not possess white card (BPL ration card. Government through G.O.Ms.No.1012, dated 12.08.2008 established CMCO referral centre at the Camp Office of Hon'ble Chief Minister. These patients shall physically approach the CMCO centre with proof of residence and medical records to these centers. Temporary referral card with the photograph of the patient with 10 days validity will be issued to the patient to enable to undergo cashless treatment in a network hospital for identified diseases under Rajiv Aarogyasri scheme.

ii. Peripheral Centers

Six (6. CMCO peripheral centers at Kurnool, Warangal, Kakinada, Visakhapatnam, Vijayawada and Tirupati were established by Trust to issue CMCO referral cards to the eligible patients to undergo cashless treatment under the scheme with following guidelines to facilitate poor patients living in districts.

The beneficiaries from the above peripheral centres will be permitted to undergo cashless treatment under the scheme in Government Network hospitals only.

24.2 Eligibility

Patients who are native of state of Andhra Pradesh and not having White Ration Card and suffering from identified diseases are eligible to obtain the referral card. The centre will generate the referral card with digital photograph which will enable the cashless treatment under Aarogyasri scheme. It may be noted that the CMCO referral centres are additional facility provided for issuing of temporary eligibility card through the referral card on due verification of identity and nativity of the patient. Hence, this facility may not be used in critically ill patients as the patient has to appear at the centre in person. However, in exceptional cases, the case may be brought to the centre in ambulance with full medical attendance for issue of referral card. The network hospital shall own the responsibility for shifting with proper medical assistance

after duly satisfying with the fitness of the patient for such transport.

Timings: Centers shall work from 8.00 AM to 12.00

Noon all 365 days in the year

24.3

Identification documents

Following documents issued in Andhra Pradesh in original shall be proof of nativity.

- i. Pink Ration Card issued by AP Civil Supplies Dept.
- ii. Election Photo Identity Card (EPIC).
- iii. Job cards issued under NREGP
- iv. ID Card issued to Bidi Workers by Min. of Labour
- v. Certificate of Physical Handicap
- vi. Freedom Fighter ID Card
- vii. Pension Document
- viii. SC/ST/BC Certificate
- ix. Students Identity Card issued by recognized Educational Institutions;
- x. Pass book with photograph issued by Public Sector Bank / Post Office
- xi. PAN Card
- xii. Driving License, and
- xiii. Passport

24.4

Procedure

- i. Patients shall personally approach CMCO center with relevant medical reports and present any one of the identification documents stated at term.
- ii. Aarogyamithra will register the patient in Aarogyasri web portal after initial verification of identification document. Also obtain digital biometry of the patient.
- iii. Patient will be then referred to CMCO medical officer for verification of medical data and referral counselling.
- iv. On approval by medical officer the centre shall generate the referral card with digital photograph which will enable the cashless treatment of the patient under Aarogyasri scheme. It may be noted that the CMCO referral centres are additional facility provided for issuing of temporary eligibility card through the referral card on due verification of identity and nativity of the patient. Hence, this facility may not be used in critically ill patients as the patient has to appear at the centre in

person. However, in exceptional cases, the case may be brought to the centre in ambulance with full medical attendance for issue of referral card. The network hospital shall own the responsibility for shifting with proper medical assistance after duly satisfying with the fitness of the patient for such transport.

**24.5 Guidelines
for issue of
referral card**

- i. Any patient can approach any of the referral centres irrespective of his native district.
- ii. Patient must approach the centre in person with identity and residence proof of any of the above documents along with medical records.
- iii. However, the appearance in person is exempted for issuing fresh referral card in case of :
 - a. Subsequent Haemodialysis cycles
 - b. Subsequent Chemotherapy cycles
 - c. Additional procedures / therapies for the admitted patient during the same hospitalisation to enable the hospital to raise additional pre-authorisation.

In these cases, the referral card will be issued on request letter from the network hospital to be presented by an attendant at the same CMCO centre. The centre shall utilise the photographic database of the patient to generate fresh referral card. However, these referral cards shall have same number with number of renewal being mentioned after the symbol (For eg: If the number of referral card given first time is CMCO/RAS22079/2011 then the referral card given for the second time shall be CMCO/RAS22079/01/2011)

- iv. The medical officer at the centre shall verify the medical records and proof of identity and residence.
- v. The medical officer may issue referral card to any of the Government Network Hospital of patient's choice if the patient is suffering from identified diseases of 938 under Aarogyasri scheme
- vi. The referral card issued from peripheral centres will enable the patients to avail cashless treatment in Govt. Network Hospitals only. Hence referral from these centres shall be made to Government Network Hospital of patient's choice and availability of specialty after being

counselled by the medical officer.

- vii. The medical officer at the centre shall counsel the patient and help in choosing the Govt. Network Hospital based on the availability of specialty.
- viii. If the patient is suffering from other than 938 diseases, the patient shall be counselled and referred to nearby government hospital.
- ix. The procedure code mentioned in the CMCO referral card is indicative and based on the preliminary evaluation of the patient. Hence, the network hospital will be permitted to raise pre-authorisation with changed procedure code if required.
- x. Aarogyamithra posted at CMCO centre shall capture the digital photograph of the patient and register online to generate referral card.
- xi. The validity of referral card is 10 days. The network hospital shall raise pre-authorisation within these 10 days utilising online registration of CMCO.
- xii. The biometric registration of patients shall be obtained as per the guidelines at Term 14.0.

25. JOURNALISTS SCHEME

- 25.1 Journalists Scheme** Health Insurance scheme to all journalists (working/ retired) in the State on the lines of Aarogyasri.
- 25.2 Eligibility criteria** All the journalists (working and retired) and their family members whose name and photograph is present on the “Journalist Health Card”.
- 25.3 Disease coverage** 938 listed therapies of Aarogyasri Scheme
- 25.4 Implementation** Shall be Implemented through Trust scheme
- 25.5 Financial Cover**
- i. The sum Insured per family shall be Rs.1,50,000/- (Rupees one lakh and fifty thousand only). The benefit will be on floater basis, i.e., the total reimbursement of Rs.1,50,000/- can be availed by either the individual or by the members of the family collectively.
 - ii. An additional Sum not exceeding Rs.50,000/- shall be provided as buffer to take care of the expenses, if it exceeds the original sum. i.e., Rs.1,50,000/- on individual/Family. In such cases the individual/Family buffer amount will be provided on the recommendation of the committee set up by the Trust.

26. COCHLEAR IMPLANT PROGRAMME

- 26.1 Cochlear Implant Program** Financial assistance is provided to the children of BPL families born totally deaf and dumb to undergo cochlear implantation surgery and Audio-Verbal therapy under Rajiv Aarogyasri Scheme.
- 26.2 Eligibility Criteria**
- i. Deaf children of BPL families
 - ii. Below 2 years of age for pre-lingual deafness
 - iii. Below 12 years of age for post lingual cases
- 26.3 Financial Coverage** Rs.6.50 lakh for each child is provided under package.
- 26.4 Services covered**
- i. Cochlear Implant Surgery
 - ii. Audio-Verbal therapy for one year period
- 26.5 Hospital Infrastructure required for empanelment**
- i. ENT setup
 - a. Personnel : Shall have services of only mentor trained ENT Surgeon to operate Cochlear Implant Surgery.
 - b. Well equipped theatre facility with following equipment.
 - i) Operating microscope --- Two numbers
 - ii) Skeeter drill for Cochleostomy ---- Two numbers
 - iii) Benair micro motor ---- Two numbers
 - iv) Facial nerve monitor ---- One number
 - v) Two sets of microear surgery instruments - Two sets
 - vi) Laser Co2 Lumens surti touch --- One number
 - ii. Audiology and Audio-Verbal Rehabilitation set-up There should be a well-established Audiology Department along with Audio-Verbal Rehabilitation Unit set-up with following qualified, regular Personnel and equipment.
 - a. Personnel: An Audiologist and /Speech Pathologist (one post with Master degree in Audiology and / or Speech, Language Pathology from any recognized institution).

An Audio Verbal Rehabilitation teacher (one post well versed in

audio verbal therapy techniques and software used in such methods. He / She should have undergone training from recognized institutions or persons accredited with imparting AVT for very young hearing handicapped children. The mother tongue of the specialist should be Telugu and should know how to write and read the Telugu language. He/she must be proficient in teaching Telugu Grammar. Hospital shall have adequate number of AV teachers to impart AV therapy training to the beneficiaries as mentioned at clause 12.0.

b. Equipment and civil infrastructure:

The following equipment is absolutely necessary and should be available in the network hospital in order to conduct various types of audiological assessments to decide the candidacy for cochlear implantation and thereafter for audio verbal rehabilitation therapy work.

- i) Pure tone audiometerone
- ii) Free field equipmentone set
- iii) Impedance audiometerone
- iv) Oto-Acoustic Emission audiometer... one
- v) ABR with Auditory Steady State Response Audiometer--one
- vi) Dedicated Computer system with internet facility (minimum 2mbps Connection, Digital Camera, Printer, Scanner etc.)
- vii) Personnel programming systems for mapping and programming approved types of cochlear implants.
- viii) Visible Speech Instrument with latest soft ware for
- ix) imparting the audio verbal therapy (One unit.)
- x) Various teaching aids used for teaching language one set.
 - There should be two sound treated rooms to accommodate the above audiological equipment and for carrying out the periodic cochlear implant mapping work. The size of the each room should be 14'x12'. The sound treated rooms should be two- room set-up with negligible electrical static activity with ambient noise levels below 25 dB.
 - There should be a separate well ventilated 10'x10' room

exclusively for imparting the audio-verbal therapy along with teaching aids in which the child, therapist and the mother of the child should participate.

**26.6 Criteria
for selection
of Candidate**

- i. Audiological and Medical Criteria
 - a. This scheme is applicable to children suffering from total deafness either,
 - i) Pre-lingual- before acquiring speech
 - ii) Post lingual: - after acquiring speech
 - b. The age group covered is 0 to 2 years for Pre-lingualcases.
 - c. The age group covered is 0 to 12 years for Post- lingual cases.
 - d. Age mentioned in the ration card/health card is the age of the child at the time of issue of ration card. Hospitals shall cross check the actual age as on date and can use the birth certificate issue by competent authority for verification if required.
 - e. Cochlear implant may not be the first choice when considering deaf children below 2 years of age. All the children must be habituated to using behind ear aids for about 3 to 6 months to assess utility of usage of hearing aids, Proof of having used conventional hearing aids along for sufficient time before advising cochlear implantation with details of process of speech therapy that they underwent from accredited rehabilitation personnel may be produced. If not, the hospital shall take necessary steps to give hearing aid under the existing Government schemes and speech therapy
 - f. These deaf children must have used hearing aids. If no benefit is derived from the use of conventional hearing aids either in terms of better hearing or acquisition of adequate spoken word comprehension, language or communication skills then they should be considered for CI. Here the motivation on part of the child to express through speech by imitation is an important factor to be considered.
 - g. These children should be free from any developmental delays and

- other sensory and oro- facial defects. These children should not have stubborn behaviour and autistic tendencies,
- h. The deaf children at least should have had developed some spoken word comprehension and appropriate responses to basic questions language and attempting to communicate through speech for basic needs. Children who are using alternate modes of communication like gestures and signs and poorly motivated to use speech communication considered to be poor candidates for cochlear implantation.
 - i. The deaf Children with abnormal Cochlear/ malformed Cochlear are not considered for Cochlear Implantation.
 - j. The decision of the Technical committee is final in this matter Children with active middle - ear infection should be considered for Cochlear implantation only after middle - ear pathology and removal of wax is resolved.
 - k. In addition the following other criteria to be followed for selection of children below 12 years of age group suffering with post lingual deafness.
 - i) Children having profound hearing loss due to infections and other pathology in post-lingual group, who are not benefited even after usage of conventional hearing aid.
 - ii) Children who are used to oral-aural method of communications and pursuing inclusive education.
 - ii. Audiological Investigation Protocol the children must undergo following essential diagnostic tests at hospital own centre with qualified Audiologist handling the patient and reporting.
 - a. Behaviour Observation Audiometry (BOA).
 - b. Puretone Audiometry
 - c. Impedance audiometry
 - d. Oto-acoustic Emission Audiometry
 - e. ABR and ASSR test report
 - f. Aided Audiogram
 - g. Assessment of language and speech development.

- iii. Radiological Investigation Protocol the following radiological investigations should be done to these children before sending for pre- authorization.
 - a. MRI Cochlear
 - b. CT Scan of Temporal Bone
- iv. Psychological Criteria
 - a. Patient should not suffer from Mental Retardation/ Development delay.
 - b. The deaf children should have developed adequate social and adjustable behaviour. Stubborn behaviour is one of the main obstacles for learning process. Hence it should be observed that this behaviour is controlled before initiation of Cochlear Implantation.
 - c. Child may need to be assessed by clinical psychologis in case of suspected abnormal psychological behaviour.

26.7 Pre-implant counseling

Extensive Pre-implant counseling by the audiologist is very important with regard to the following factors to derive maximum benefit from cochlear implantation.

- i. Who would benefit from Cochlear Implantation?
- ii. What exactly the Cochlear Implant does?
- iii. Familiarization with Cochlear implant hardware
 - a. Internal implant (Explanation through posters and video.
 - b. External Speech processor
- iv. Choice of External Speech Processor
- v. Weather to use Behind the Ear or Body Worn speech processor?
- vi. The patient and parents must be counselled adequately about the advantages and disadvantages in using Behind the Ear or Body Worn speech processor.
- vii. Particularly the following points must be made clear to them in addition to other points.
- viii. Who would benefit from Cochlear Implantation?
- ix. Maintenance and running costs. Parents should be made aware of

follow-up expenditure once the mandatory maintenance coverage from the Trust cases after one year.

- x. Parents and family should be made aware of how to maintain the delicate apparatus and precautions to be taken in handling the equipment.
- xi. They should also know cost of spares which are covered under warranty and which are not covered. They should be provided with service numbers and contact person of service centre. The company should do the repairs and replacements, if any, without any difficulty to the patient.
- xii. Do's and Don'ts: Child and parents must be taught the Do's and Don'ts such as:
 - a. Delicate handling of equipment,
 - b. Proper upkeep of external apparatus,
 - c. Continuous wearing.
 - d. Avoiding rough handling and violent jerks to equipment,
 - e. Avoid nudging or acute bending of cables,
 - f. Keeping the area and apparatus clean,
 - g. Avoiding oily surface to equipment
 - h. Avoid exposure of the processor to moisture and water
 - i. etc.,
- xiii. Parents / family should be made aware of running costs such as battery replacements etc., and how frequently they are supposed to do it.
- xiv. Realistic expectations to be explained to the patient and parents considering the age at which Cochlear Implantation is done and subsequent long drawn out audio-verbal rehabilitation process.
- xv. The importance of Audio-Verbal Therapy/ rehabilitation after the implantation should be emphasized with following points.
 - a. What is Audio Verbal Therapy?
 - b. The role of the mother in Audio Verbal Therapy
 - c. How basic communication skills to be developed on the

basis of need based activity and reinforcement process?

- d. Parents should be made aware that mere Cochlear Implantation would not develop speech. Speech has to be learnt as done like in any other normal individual
- e. Cochlear Implantation act as means to hear all the sounds including speech spoken by others and language and speech have to be learnt. The family should be realistic in expecting the outcome of the Cochlear Implantation considering the age at which it has been done and other Constraints and factors involved.
- xvi. Commitments from the parents, hospital and the patient. The mother should be adequately trained as to how to use the implant and its maintenance.
- xvii. After Cochlear Implantation is done, the whole family should adopt to communicate through speech and no other means.
- xviii. After the cochlear implantation is done there would be online periodical assessment of the implanted child by the committee with regard to the progress after cochlear implantation. The cochlear implantation is done basically keeping in view that the child is being prepared for inclusive education (Normal school after preliminary AV Therapy).

26.8 Implant specification and warranty

- i. Hospital shall procure standard original implant (and not refurbished for use under the scheme).
- ii. Selection of type of instrument weather to use Behind The Ear or Body Worn speech processor?..
- iii. Shall leave the choice to the beneficiary whether to have BTE processor or Body Worn processor after informed consent, the Network Hospitals shall obtain informed consent from either of the parent duly counter signed by the Surgeon, Audiologist and Aarogyamithra in the given proforma while sending them for screening by the Technical Committee.
- iv. The implant should further meet the following minimum basic

requirements.

- a. Company should provide minimum 5 years warranty Hospital audiologist shall provide regular mapping services to the patients.
 - b. Servicing of the implant shall be available in Andhra Pradesh.
 - c. Minimum of 16 Electrode contacts with 8 channels must be available.
 - d. Implant thickness should not be more than 4.2 mm.
 - e. In the rare event of defective and non-performing implant, it should be replaced with new piece and hospital shall undertake redo surgery free of cost.
- v. Equipment warranty: In order to ensure full benefits of warranty of equipment hospitals shall submit the warranty agreement with the company to the Trust while raising first claim for CI Surgery.

26.9 Hospital Responsibilities

- i. Patient Services
 - a. Network hospitals must perform the CI Surgeries on CEO approved cases within one month otherwise the preauth approval gets cancelled automatically.
 - b. Must have requisite infrastructure in the form of both qualified manpower and proper equipment.
 - c. Shall give adequate pre-implant counseling to both child and parent.
 - d. Shall arrange for interaction between parents of the patients drafted for surgery with patients and their parents who underwent similar surgery in the same hospital to help proper understanding of the procedure and its benefits.
 - e. Shall facilitate parents to understand about the availability of different implants and their differences particularly with regards to speech processor.
 - f. Shall obtain informed consent from the parent with regards to type of external speech processor (Behind the ear or Body worn. in prescribed proforma)
 - g. Provide standard implant based on selection of implant by the parent and shall ensure proper follow- up services by the company

such as mapping, up gradation, servicing, maintenance and replacement under warranty.

- h. Should cooperate with the inspection team to inspect facilities and medical records and arrange interaction with the beneficiaries admitted in the hospital and during the audio verbal rehabilitation process as and when required.
 - i. Should properly evaluate the patient as per the guidelines given above, before sending the patient for assessment by the committee
 - j. Make available all the relevant documents in original along with pre-authorization forms to the committee.
 - k. Shall undertake redo surgery in the rare event of implant failure.
 - l. Arrange for the appearance of the fully evaluated patients along with both the parents to appear before the committee as per the schedules.
 - m. Shall arrange for re-counselling to the parents and patient during intervening period of re-evaluation as and when
 - n. Suggested by the Technical Committee in their evaluation certificate.
 - o. Shall undertake to maintain on service the speech processor in terms of disposables (accept batteries. for two years after prescribed time limit under the scheme.
- ii. Cochlear Committee
- a. The cochlear committee is re-constituted by the Trust with independent members without involving specialists of participating teams from Network Hospitals. This committee will evaluate the cases.
 - b. Two observers from the network hospital will be permitted.
 - c. Hospital should send the cases for evaluation by the Technical Committee on the schedule date of meeting.
 - d. Hospitals shall ensure that the observers from their respective hospitals are deputed in time to the Trust Office on the date of schedule meeting.
 - e. All the committee members shall present at least by 1 P.M. i.e at least half an hour before the scheduled time of the committee.

- f. In case, no evaluated beneficiary available from that Network Hospital on a given day of schedule. The hospital shall inform immediately by written mail so as to facilitate the Trust either to cancel the scheduled meeting or to allot it to another hospital.
- g. Trust may reschedule the meeting in case of public holiday declared on the scheduled day of meeting.
- h. The networking hospitals must ensure that their habilitation clinical specialist is present during the habilitation review programme by the Technical committee.

**26.10 Pre-
Authorization
Process**

Network hospital should follow the regular procedure of admission, evaluation and pre-authorization procedures before sending the patient for committee evaluation. The following steps to be observed by the hospital while sending patients for evaluation by the committee.

- i. The Hospital should send the list of beneficiaries with details of WAP and other parameters shall be mailed across to officerhospcoord_as1@aarogyasri.org at least 48 hrs before the committee.
- ii. The preauthorization details of the patient must be uploaded at least 2 days in advance, i.e. the case with full details shall be in “sent for preauthorization” status at least 48 hrs before appearance of the committee.
- iii. Hospital shall upload all relevant documentation i.e, on bed photo, system generated preauthorization form duly signed by the concerned doctor, up to date clinical notes, admission note, all the investigation including general investigation reports and films (X- ray, CT & MRI Films etc.. General consent form, external speech processor consent form in the prescribed proforma, Health Card & white card details, beneficiary certificate from District Collector, CMCO referral card obtained within the validity period.
- iv. RAMCO & Aarogyamithra are requested to verify the online details of the beneficiary before sending for preauthorization to avoid discrepancies in data particularly regard to name, first name, age etc.
- v. RAMCO & Aarogyamithra shall be present in the Trust office at least 1 hr before the scheduled meeting of the committee and coordinating with the Trust Official in verifying the online details and they shall ensure that the beneficiaries with their parents are present at least 1 hour before the schedule of the committee viz. 12.30 P.M.

- vi. Age of the patient must be recorded in the preauthorization shall be age of beneficiary as on that date and not as recorded in the Health Card and White Card any contradiction and dispute with regards to age, the beneficiaries shall produce registration of Birth Certificate from the concerned authority and that should be taken as final proof.
- vii. Pre- authorization in case of CMCO referral cases must be obtained only by using CMCO referral card number and same work flow and not by registering the patient again at network hospital
- viii. Hospital shall update pending pre-auth in case of review cases and shall not register as a fresh case again, thus avoiding duplication of cases.
- ix. Hospitals are requested to verify the cases which are updated online but did not turn up for the evaluation by the committee and shall cancel them duly informing the Trust by e-mail.
- x. Hospitals are advised not to request for Cancellation without relevant reasons before raising a fresh preauthorization for the same case.
The preauthorization obtained will get cancelled automatically after one month period from the date of final approval if surgery is not performed. Hospital shall obtain fresh preauth for such cases by sending them for Cochlear committee evaluation again.

**26.11
Appointment
with Cochlear
Committee**

- i. The hospital will medically evaluate the child, does pre-implant counselling and if found to be a proper case for surgery will send the beneficiary to the Cochlear Committee of the Trust for evaluation.
- ii. Based on the number of cases evaluated as per norms and sent for preauthorization by the Network Hospital, an appointment schedule will be given to the hospitals.
- iii. The Hospital should bring these patients along with both the parents on the scheduled dates without fail. The cost of transportation, food and accommodation (if required to the patient and parents for evaluation by the committee shall borne by the NWH.

26.12 Technical Committee & Evaluation Process

- i. Technical Committee: Trust constituted a Cochlear committee consisting of specialists like ENT Surgeon, Paediatric, Psychiatrist and Audiologist, AVT Clinical habilitation specialist, Non Network Members and Trust official.
- ii. Schedule of meetings
 - a. Technical Committee will meet in the office of the Trust on fixed scheduled dates based on the requirement.
 - b. To allow one Audiologist and ENT Surgeon from the concerned hospitals as “observers” during evaluation of the cochlear committee to make the approval process more transparent.
- iii. Evaluation and approval Process by Cochlear Committee
 - a. The committee evaluates the child and parent on pre-fixed date.
 - b. The assessment is carried out on the objective basis of Responses to the framed questionnaire and subjective assessment of preparedness of child and parent(mother)
 - c. Based on the assessment the committee may
 - i) Recommend child for surgery if found ideal for surgery as per scheme guidelines
 - ii) Keep the case pending if found that child may improve on if proper counselling and pre-implant speech therapy is given. These cases will be reviewed again after 3 weeks of pending on referral by network hospital.
 - iii) Case may be rejected if it was found that the child is not likely to get benefitted by the surgery due to identified reasons as stated in guidelines.
- iv. Review of Pending Cases: Pending cases may be sent for review by the committee on being re-counseled and referred by Network Hospital after a minimum gap of 3 weeks.
- v. Rejected Cases
 - a. Cases rejected for Congenital Malformation and defects will not be reviewed again.
 - b. Cases rejected on account of other causes such as poor motivation, poor speech comprehension, unrealistic expectations, etc. which

are likely to improve on sustained effort by parents, child and Network Hospital may be reviewed by the committee again on case to case basis after re-evaluation by the network hospital and on recommendation of Trust on specific request.

- c. Cases that are rejected twice by different committees will not be reviewed again.

After being approved by Technical committee pre- authorization will be given to the hospital to conduct surgery.

- vi. Certification of Approval: Based on the assessment, the Committee will give online approval, after which the Trust will approve pre-authorization for hospital to undertake surgery.

26.13 Surgery and Discharge

- i. Undertaking The Surgery And Submission Of Online Information. After approval the hospital shall perform the surgery and upload the same in the online workflow.
- ii. Discharge after complete recovery, the patient may be discharged duly giving him workflow.

26.14 Initial Mapping and Switch-on

The hospital shall do the initial mapping and switch- on as per the standard medical practice and upload the following notes , relevant photographs and documents in the online workflow while raising claim for Switch on and initial mapping in the follow-up claim module(please see the Trust Portal.

- i. Photograph Showing child along with external speech processor with label showing the registration number of the instrument.
- ii. Shall submit the proposed plan of AV Therapy and goals.

26.15 Audio Verbal Therapy

- i. The following steps are involved in Audio Verbal Therapy :
 - a. Hospital shall impart Audio Verbal Therapy for a period of one year under the package.
 - b. The networking hospitals must submit the lessons plans and the progress report of the CI children once in three months. Lesson plans must be developed as per the AVT templates prescribe by the Trust.
- c. Hospital shall inform schedules of AV therapy to the child and

- parents and counsel them to make them aware of importance of AV therapy.
- d. Hospital shall arrange for physical appearance of the case for evaluation by the cochlear committee at the end of each quarter while raising the claim
 - e. Hospital shall upload the following documents while raising claim for AV Therapy for each quarter in the follow-up claim module (please see the Trust Portal.)
 - i) Upload quarter wise AV Therapy Performance report and Mapping reports.
 - ii) Progress report of the child AV Rehabilitationist certifying the progress vis-à-vis goals achieved and reasons for failure if child not achieved goals.
 - iii) Parents assessment of progress in online proforma.
 - ii. Standardization of AV Therapy: In order to ensure regular and quality AV Therapy which is paramount for the best outcome of the procedure the following measures to be followed in administering AV Therapy and claim clearance by the committee.
 - a. The hospital shall ensure adequate AV Therapy to ensure proper outcome by properly counselling the parents and child before and after surgery.
 - b. Qualified AV therapists should work with the cases only under the overall supervision of speech pathologist and audiologist with post Graduation degree to ensure quality AV Therapy. The Network Hospital shall provide adequate number of teachers i.e. one teacher to handle 6 beneficiaries on one-to-one basis in a day, on daily basis. The standard AV therapy protocols should be followed in habilitation process.
 - c. Claim for AV therapy shall not be paid till the satisfactory outcome is achieved.

- d. An objective assessment protocols (AVT Templates. shall be followed for assessment of AV therapy outcome as annexed for clearing AV Therapy claims.
- iii. Review of AV Therapy cases: The cochlear committee may review AV therapy cases of more than one. (three years duration in order to assess the outcome of the entire AVT programme continuity, quality and outcome of AV therapy being imparted to the beneficiaries as a part of medical audit).

26.16 Field Verification Of Cases

Trust may assign from time to time field verification of cases by the District Coordinators to ascertain the progress of the child after the surgery.

26.17 Online Submission Of Bills

The package installments will be released through online transaction on submission of bills after successful completion of each phase of the treatment duly certified by the committee after periodical online evaluation for postoperative events and subject to submission of the following documents:

Certification by the Technical Committee

Pre-authorization forms with photograph

- i. Copy of the Health Card/Ration Card.
- ii. Copy of Implant brochure, registration details, warranty card and Maintenance
- iii. Commitment document from the company.
- iv. Reports with films
- v. Case sheet
- vi. Copy of discharge summary
- vii. Post-operative X-Ray
- viii. Detailed Bill duly signed by the parents with the registration number of the implant and cost mentioned separately.
- ix. Patient feedback form
- x. Acknowledgement of transport charges.

ANNEXURE -I

CASE SELECTION GUIDELINES

1. ORTHOPEDIC AND NEURO-SURGERY PROCEDURES

Neurosurgery Procedures

I. Laminectomy & Discectomy:

- 1) Laminectomy shall be done only in cases of clear evidence of canal stenosis in MRI with Neurological claudication.
- 2) Evidence of having tried conservative treatment for a period of at least 6 months prior to the surgery. The Relevant documents to be uploaded. *See Clause 4.*
- 3) Discectomy being a procedure done for either an acute or sub-acute condition, clear cut clinical evidence should be submitted. Proof of at least 3 months conservative management in cases of sub-acute indication is preferable. *See Clause 4.*
- 4) The evidence for the conservative management has to be submitted as follows.
 - a. For an Aarogyasri Network Hospital: The OP details captured in the Aarogyasri workflow along with case documents for respective periods of 6 months and 3 months for cases of Laminectomy and Discectomy prior to sending pre-authorization for procedure.
 - b. For Hospitals outside Aarogyasri network: Case sheet or other case documents to prove the patient has received conservative treatment prior to sending the pre-authorization will be verified.
- 5) Hospitals shall prefer telephonic approval in case of acute indication.
- 6) All the cases of laminectomy and discectomy shall submit evidence of well informed counseling session through video recording. Video recording of pre-operative counseling of the patient with treating doctor, RAMCO and patients relative is mandatory for giving pre-authorization. The attachment shall be made in the counseling documents slot in the online workflow at the time of sending the case for pre-authorization. The consent form shall be in local language (patient's mother tongue).
- 7) Implants shall be of titanium make and shall submit invoice with implant details during claim submission.
- 8) Claim for all the procedures of Laminectomy and Discectomy shall be submitted at the end of 3 weeks only and submit patient satisfaction evidence in this regard in prescribed proforma annexed.
- 9) Second opinion may be obtained before pre-authorizations for above procedures being done for subjective reasons in cases of less than 25 years of age from any hospital.

- 10) Declaration by the treating doctor to be submitted in the form of a letter stating that other causes of low back ache have been ruled out in cases of subjective symptom of pain being the reason for surgery.

Spinal Fusion Procedures:

The Spinal Fusion Procedure to be carried out wherever the evidence of spinal instability is established. The hospital shall submit evidence of spinal instability in the form of dynamic views of x-ray viz., Lateral view in flexion and extension and oblique view and or 3D CT in cases of doubtful indications.

Orthopaedic Procedures

I. Surgical Correction of Long bone fracture (ORIF):

The package under ORIF is for coverage of surgical correction using Nails, Plates, Screws etc., of standard make. However if any of the surgical correction is done using K-Wire or Screws / Square nail / Rush nail, the package amount shall be reduced to Rs.5000/10000 respectively except in case of following conditions as all these procedures are technically demanding and require C-arm assistance.

- 1) Cannulated Cancellous Screws (CCS) for Intra Capsular Fracture neck of femur
- 2) Femoral Condylar Fracture
- 3) Tibial Condylar Fracture
- 4) Proximal Humerus Fracture

- 5) Distal Humerus Fracture
- 6) Distal Radius Fracture
- 7) Medial Malleolus Fracture correction with screw fixation / Tension band wiring
- 8) Isolated Lateral Malleolus Fracture with subluxation / dislocation of ankle
- 9) Fracture Olecranon correction with Screw fixation / Tension Band wiring.

In all the above cases the pre-authorization will be given for full package amount of Rs. 22,000/- . However, the claim will be settled based on the procedure done and the type of implant used.

II. The following procedures to be approved under ORIF with a package amount of Rs.15,000 /-.

- 1) Girdlestone excision Arthroplasty
- 2) Radial head excision

III. Combined procedures

- 1) ORIF + Bone grafting: These two combined procedures to be approved in following conditions.
 - a. All long bone fractures with significant comminution.

- b. Non union of long bone fractures.
- 2) Combined Internal and External fixation (Hybrid fixation) to be approved for
 - a. Grossly comminuted long bone fractures.
 - b. Minimum gap of 3 weeks shall be observed between both the procedures.
- 3) Open reduction of dislocations with fractures: All these cases the approval will be for two procedures of open reduction of dislocation @ Rs.30,000/- + Rs.10,000/- for associated fracture.

2. HYSTERECTOMY OPERATIONS

Women below 30 Years

Hysterectomies will not be approved unless the woman is suffering from :

1. Multiple fibroids (Symptomatic). Total Hysterectomy may be required for technical reasons, even while doing conservative surgery.
 2. Carcinoma in situ.
 3. Carcinoma Cervix Stage I, II.
 4. Ovarian Carcinoma including chorio carcinoma
 5. Placental site trophoblastic tumour.
- (All the Gestational Trophoblastic Neoplasia respond well to Chemo Therapy, except placental site trophoblastic tumour).

Woman in the age group of 30 – 45 Years

Hysterectomies will not be approved unless the woman is suffering from:

1. Cervical Intraepithelial Neoplasia
2. Carcinoma in situ of Cervix.
3. Invasive cervical cancer.
4. Atypical endometrial hyperplasia / Complex endometrial hyperplasia.
5. Endometrial cancer.
6. Ovarian cancer.
7. Gestational Trophoblastic Neoplasia.
8. Adenomyosis.
9. Symptomatic fibroid uterus.
10. Abnormal uterine bleeding not responding to conservative management (Medical / Surgical).
11. Uterovaginal Prolapse III & IV degree with or without Cystocele / Rectocele.
12. Genital Tuberculosis, persisting or increasing Tubo Ovarian mass after a course of Anti TB treatment.

Woman in the age group of 30 – 45 Years

Hysterectomies will not be approved unless the woman is suffering from:

1. DUB
2. Endometriosis with chocolate cysts.
3. Chronic Pelvic Inflammatory Disease with Tubo Ovarian mass.
4. Prolapse II degree with symptoms (with or without Cystocele).

Woman more than 45 years of age

Hysterectomies will not be approved unless the woman is suffering from:

1. Prolapse of any degree with symptoms.
2. Abnormal uterine bleeding.
3. Post menopausal bleeding with endometrial hyperplasia.
4. Cancer Ovary.
5. Endometrial Carcinoma
6. Endometrial Sarcoma.
7. Carcinoma Cervix Stage I & II.
8. Pyometra (non malignant due to recurrent Endometritis and Cervical Stenosis).

3. CARDIOLOGY AND CARDIO THORACIC PROCEDURES**Triple Vessel Disease (TVD) (CABG or Angioplasty)**

Whenever a treating doctor decides to perform angioplasty for Triple Vessel Disease instead of CABG, either due to associated conditions or due to patient's choice of selection after being counselled about the advantages and disadvantages of both the procedures, the following evidence shall be uploaded for approval.

- (i) The detailed explanation letter by the treating doctor for opting for angioplasty procedure.
- (ii) A consent letter from the patient stating that the procedure was of his choice and decision was taken after due counseling by the treating cardiologist and cardio thoracic surgeon.
- (iii) The consent letter must be duly signed by the treating cardiologist and cardio thoracic surgeon.

Additional objective assessment required in case of moderate stenosis(<70%)

In cases of moderate stenosis(<70%) where the role of angioplasty is doubtful as perceived by the pre-authorization specialist, the hospital shall submit the following additional objective assessment of Ischaemia.

- (i) Treadmil Test and/or
- (ii) Thallium study

The Trust may obtain second opinion from senior cardiologist which are required either alone or in combination as case requires.

4. GUIDELINES ON SPECIALIZED RADIATION THERAPY

S.NO.	SYSTEM	SPECIAL INVESTIGATIONS	PACKAGES	POST OPERATIVE/ PROCEDURE INVESTIGATION
S13.4.1	IMRT (Intensity modulated radiotherapy)			
1	Brain Tumors			
a	Unifocal Malignant gliomas (Primary)	Biopsy & CT/MRI (Pre-Auth)	1,00,000	USG/CT/umor Marker/RT Treatment Charts
b	Low grade astrocytoma (PO) with residual lesion			
c	Optic nerve glioma			
2	Head and neck cancers(Early T1,T2 Lesions N0,M0)			
a	Ca. Tonsil	Biopsy & Clinical photo (for Pre-Auth)	1,00,000	USG/CT/umor Marker/RT Treatment Charts
b	Ca. Soft Palate			
c	Ca. UVULA			
d	Ca. Base of tongue			
e	Ca. Vallecule			
3	Ca. Nasopharynx	Biopsy, CT scan (MRI for Pre-Auth) Isotope Bone scan for surgery	1,00,000	USG/CT/umor Marker/RT Treatment Charts
4	Ca. Para Nasal Sinuses		1,00,000	USG/CT/umor Marker/RT Treatment Charts
5	Ca. Prostate – Non metastasis & Low risk		1,00,000	USG/CT/umor Marker/RT Treatment Charts
6	Superior sulcus syndrome (CT scan + Biopsy) is required		1,00,000	USG/CT/umor Marker/RT Treatment Charts
7	Orbital Rhabdo Myo Sarcoma		1,00,000	USG/CT/umor Marker/RT Treatment Charts
S13.4.2	3DCRT (3-D conformational radiotherapy)			

1	Brain Tumors			
a	Low grade glioma (Post-operative) residual lesion	Biopsy, CT/MRI for (Pre- Auth)	75,000	USG/CT/Tumor Marker/RT Treatment Charts
b	Medulloblastoma (Post-operative)			
c	Evendymorna (Post-operative)			
2	Ca. Prostate – Non metastatic & low risk	Biopsy, CT/MRI Bone scan for (Pre-Auth)	75,000	USG/CT/Tumor Marker/RT Treatment Charts
3	Head&Neck Cancer(T1,T2 lesions Only)			
a	Ca. Tonsil	Biopsy, CT/MRI for (Pre- Auth)	75,000	USG/CT/Tumor Marker/RT Treatment Charts
b	Ca. Soft Palate			
c	Ca. UVULA			
d	Ca. Base of Tongue			
e	Ca. Vallecula			
4	Superior sulcus syndrome, CT scan/MRI and Biopsy is required.	Biopsy, CT/MRI for (Pre- Auth)	75,000	USG/CT/Tumor Marker/RT Treatment Charts
5	Orbital Rhabdo myo sarcoma		75,000	USG/CT/Tumor Marker/RT Treatment Charts
6	Retino Blastoma-Non-metastatic, unilateral/bilateral		75,000	USG/CT/Tumor Marker/RT Treatment Charts
7	Pediatric abdominal neuroblastoma (non-metastatic)		75,000	USG/CT/Tumor Marker/RT Treatment Charts
S13.4.3	SRS/SRT			
(i)	AVM (Arterio- Venous Malformation)	MR Angiogram for diagnosis required for (Pre-Auth)	75000	Clinical photo with patient on treatment couch with SRS/SRT frame should be provided for all of the above for claim.
1	Stereotactic Radiosurgery:SRS			
	Stereotactic Radiotherapy: SRT			
I	Pituitary adenoma (Post Operative)	CT&MRI & (Pre-Auth)	75,000	USG/CT/Tumor Marker/RT Treatment Charts
II	Low grade glioma (Post Operative)			
III	Meningioma (Post Operative)			Clinical photo with patient on treatment couch with SRS/SRT frame should be provided for all of the above for claim.

ANNEXURE-II

Guidelines for combination of specialties for consideration of empanelment

#	Basic Specialities	Additional Mandatory Empanelment	#	Super Specialities	Additional Mandatory Empanelment
SB1	S1-General Surgery	M2-General Medicine or S5-Orthopaedics	SS1	S6-Surgical Gastroenterology	M12-Medical Gastroenterology
SB2	S2-ENT	S15-Poly trauma or S1- General surgery	SS2	S7-Cardio Thoracic Surgery	M5-Cardiology
SB3	S3-Ophthalmology	NIL	SS3	S8-Paediatric Surgery	M4-Paediatrics
SB4	S4-Obstetric & Gyneacology	M4-Paediatrics or S1-General Surgery	SS4	S9-Genitourinary Surgery	S15-Polytrauma
SB5	S5-Orthopaedics	S15-Polytrauma	SS5	S10-Neuro Surgery	S5-Orthopaedics
SB6	S18-Dental Surgery	NIL	SS6	S11-Surgical Oncology	S13-Radiation Oncology
			SS7	S14-Plastic Surgery	S15-Poly trauma or S1-General Surgery
#	Basic Specialities	Additional Mandatory Empanelment	#	Super Specialities	Additional Mandatory Empanelment
MB1	M2- General Medicine	S1-General Surgery	MS1	M5-Cardiology	S7-Cardio Thoracic Surgery
MB2	M4-Paediatrics	S8-Paediatric Surgery	MS2	M6-Nephrology	S15-Polytrauma
MB3	M8-Chest diseases and respiratory medicine	M2-General Medicine and S1-General Surgery or	MS3	M7-Neurology	S10-Neuro Surgery

	(Pulmonology)	S15-Polytrauma			
MB4	M9-Skin (Dermatology)	M2-General Medicine and S1- General surgery or S15-Polytrauma	MS5	M11- Endocrinology	M2-General Surgery or S15- Polytrauma
MB5	M10- Rheumatology	M2-General Medicine and S1- General Surgery or S15-Polytrauma	MS4	M12-Medical Gastroenterology	S6-Surgical gastroenterology
MB6	M13-Psychiatry	NIL	MS6	S12-Medical Oncology	S13-Radiation Oncology and S11-Surgical Oncology
MB7	S13-Radiation Oncology	S11-Surgical Oncology or S12- Medical Oncology			
AB1	M1-Critical Care	M2-General Medicine and S1- General Surgery or S15-Polytrauma			
AB2	M3-Infectious diseases	M2-General Medicine and S1- General Surgery or S15-Polytrauma			
AB3	S16-Cochlear Implant Surgery	S2-ENT			
AB4	M 4.3- Neonatology	M4-Paediatrics and S8-Paediatric Surgery			
AB5	S15-Polytrauma	S5-Orthopaedics			

Rajiv Aarogyasri scheme provides a cashless health benefit cover for 938 tertiary and secondary care medical and surgical therapies, and 125 follow-up therapies. The Schemes is available to all the 233 lakh poor families of the State of Andhra Pradesh on an end to cashless basis. Each family is offered a financial cover of upto two lakh rupees on a floater basis. The patients have the option to access the treatment through various modes such as emergency admissions, primary health centers referrals, health camp referrals, call centre registrations or direct walk-ins. The choice of the hospital is left to the patient and the waiting time for therapy for any beneficiary is less than two weeks. The cashless service includes free outpatient care for patients who might need the listed therapies, all investigations and diagnostic tests needed for the therapy, food, pharmaceutical charges, and transport charges. There is an elaborate network of field staff at the village level as well as at the network hospitals to facilitate the patient treatment. The field staffs even follows up the patients at their homes after their discharge and facilitate follow-up treatment. The preauthorization for treatment is given within twelve hours by the Trust and their claims paid to network hospitals within 7 days. Empanelment, disciplinary action and medical audit department works to ensure the quality of service under the scheme. The 104 call centre works round the clock to receive the grievances relating to the scheme which are then redressed within the stipulated turn around times.

Guidelines for Rajiv Aarogyasri Scheme gives all the details needed to understand and implement the scheme by various stake holders. It gives all the packages, prices and mandatory investigations along with the current list of network hospitals. Empanelment, Preauthorization, claims, and implementation processes are given in this book. Details regarding other schemes run by the Trust viz., CMCO, Cochlear, Journalists schemes are also discussed.



Aarogyasri Health Care Trust
Quality Medicare For The Unreached