

GOVERNMENT OF TELANGANA
ABSTRACT

Aarogyasri Health Care Trust – Implementation of RSBY in the State of Telangana – Co-branding of Rashtriya Swasthya Bima Yojana (RSBY) with Aarogyasri Scheme – Administrative Sanction accorded – Orders – Issued.

HEALTH, MEDICAL AND FAMILY WELFARE (A2) DEPARTMENT

G.O.MS.No. 60

Dated:15-07-2015

Read:-

From the Chief Executive Officer, Aarogyasri Health Care Trust, Hyderabad
Lr.Rc.No.AHCT/46/P&C-TS(RSBY)/2015, dt: 8-5-2015.

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In the reference read above, the CEO, AHCT, Hyderabad has informed that, for restructuring / redesigning of RSBY, the following are the salient features with regard to implementation of RSBY in state of Telangana by Co-branding RSBY with Aarogyasri Scheme.

The Sailand features of the two schemes are given hereunder:-

AAROGYASRI SCHEME:

2. The Government of united Andhra Pradesh has been implementing Aarogyasri Scheme w.e.f. 01-04-2007 with the objective of assisting poor families from catastrophic health expenditure by providing cashless treatment in 234 empanelled hospitals comprising both Govt and Pvt. Hospital 84.40 lakh families holding white ration cards are being covered by the Scheme in Telangana. The financial coverage is Rs.2.00 lakhs, per family, per year, with budget of Rs.420.66 cr for 2015-16 and at a premium of Rs.498/- per family. The scheme provides benefit coverage for 942 secondary and tertiary care procedures, including pre OP evaluation with consultation and investigations, in-patient treatment, food, transportation, follow-up treatment for one year for selected procedures besides elements of primary health care including screening of patients at the health camps.

RASHTRIYA SWASTHYA BIMA YOJANA (RSBY):

3. The RSBY programme has been launched by Ministry of Labour and Employment, Government of India to provide health insurance coverage for Below Poverty Line (BPL) families and started rolling from 1st April, 2008. This scheme is intended to reduce the out of pocket expenditure on health to the 'below poverty line' population, who cannot pay cash up front and take reimbursement later, who are largely illiterate and some of them are migrant. The objective is to provide financial protection from health care expenses on hospitalization and to improve access to quality health care.

4. In state of Telangana, RSBY Scheme covers a population of 22.02 lakh families calculated based on 2011-12 BPL Population percentage as per Tendulkar Methodology – 21.9%. The Scheme provides benefit coverage for 1090 Secondary Care procedures. The financial coverage is upto Rs.50,000/- per family / year. Co-branding of schemes

5. The Committee noted that while RSBY is a centrally sponsored scheme with 75 % funding from Central government and remaining 25 % from the States, the State Governments had a rather limited role to play. Limited involvement of the States has impacted the implementation of the Scheme. States such as Tamil Nadu, Maharashtra and Andhra Pradesh exited RSBY to start their own scheme. Some states also have parallel schemes, for example the Aarogyasri in A.P. The Committee felt that the state with parallel schemes needs to be provided with an option for Co-branding it was also noted that the maximum cap on the premium is Rs.750 per family per annum. This cap would continue. However the states are free to top with their own resource. In such situations, the share of the Central Government would remain limited to cap of Rs.750 and would be reimbursed on receipt of audited accounts from the concerned State.

(P.T.O.)

ADVANTAGES OF CO-BRANDING OF AROGYASRI+RSBY SCHEME

- Increase of Benefit coverage with 1642 secondary and tertiary care procedures (1090 RSBY Procedures + 552 Aarogyasri Tertiary care procedures) to RSBY Beneficiaries.
- Increased financial coverage for RSBY Beneficiaries Rs.2.00 lakhs per Annum.
- The advantages of integrated scheme for end user to use benefits that she/he is entitled with single card irrespective of the funding source and the anchoring agency. The backend agency can take care of all the administrative segregation of the funds from central and state governments.
- There will be savings towards administrative cost.
- The chief advantage of such an integrated scheme is that it would bring synergy in awareness campaigns, premium amount, mode of settlement, network hospitals, organization of health camps. Etc.
- Co-Branding of Aarogyasri + RSBY scheme would help in preventing the practice, if any, of collecting double claims from two empanelled hospitals under two different schemes when a beneficiary possess two different health insurance cards. Likewise, this will also help to prevent the hospital claiming the expenditure from two schemes for the same treatment as empanelled hospitals will be the same.
- As higher number of tertiary care procedures is covered in Aarogyasri scheme ensuring wide coverage, RSBY beneficiaries will be benefited more with one single health card designed for the co-branded scheme in the State of Telangana.
- Universal Health Coverage can be achieved for RSBY population with 2 lakh Financial coverage and 1642 secondary and tertiary care procedures under Benefit coverage.
- Estimate Premium of RS.705.50 per family remains within the cap of RSBY scheme premium of RS.750 as per Committee recommendations in report of Committee of Secretaries dated December'2014 in case of Co-branding of RSBY with existing schemes in the state.
- With integrated scheme the end user will able to use benefits that she / he is entitled with single card irrespective of the funding source and the anchoring agency. The backend agency can take care of all the administrative segregation of the funds from central and state Governments.
- Therefore, there is need to have a Single Point of Contact to provide all facilities under different schemes to a beneficiary and issue a Single Smart Card linked with Aadhar card which can provide identification and carry data for multiple schemes at Single Point of Contact.

6. Government after careful examination of the matter hereby order that, RSBY cardholders will be the part of AHT Scheme as the Govt. of India is willing to fund only 22.02 lakh families of 84.40 lakh families covered by AHT Scheme and it is desirable to extend all the procedures to 84.40 lakh families covered by AHT and these increased procedures are diagnostic and secondary care in nature and can be performed in Government Hospitals which includes the Primary Health Centers, Area Hospitals, District Hospitals and other Government institutions.

7. Government also order that, the RSBY+AHT scheme total procedures be extended to all the beneficiaries of RSBY and AHT and the increased procedures over and above the AHT procedures are reserved to Government Hospitals only.

8. The CEO, AHCT, Telangana, Hyderabad is hereby permitted to implement RSBY by co-branding it with Aarogyasri Scheme and AHCT to set as implementing agency for co-branded scheme as recommended by RSBY and he shall take necessary action accordingly with the co-ordination of the DPH&FW, Telangana, D.M.E., Telangana, Commissioner, TVVP.

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9. The DPH&FW, Telangana, DME, Telangana, Commissioner, TVVP are directed to co-ordinate with the CEO, AHCT, Telangana, Hyderabad for implementation of RSBY Scheme in the State of Telangana.

10. This order issues with concurrence of Finance (EBS.V) Department, TSS, Hyderabad vide their U.O.No.7895/253/A1EBS.V/15, Dated: 07-07-2015.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF TELANGANA)

SURESH CHANDA
PRINCIPAL SECRETARY TO GOVERNMENT

To

The Chief Executive Officer, Aarogyasri Health Care Trust, Telangana, Hyderabad
All the HoDs under the administrative control of HM&FW Department, Telangana.
The Director of Treasuries & Accounts, Government of Telangana, Hyderabad.
The Pay & Accounts Officer, Hyderabad.

Copy to:-

The Principal Accountant General for A.P. & Telangana, Hyderabad.
The Principal Secretary to Government, Finance Department, TSS, Hyderabad.
The PS to Special Secretary to C.M., Govt. of Telangana, TSS, Hyderabad
The OSD to Minister for HM&FW Department, Govt. of Telangana
SF/SC

// FORWARDED :: BY ORDER //

SECTION OFFICER