

Minutes of the 15th Meeting of Board of Trustees of Aarogyasri Health Care Trust held on 28.12.2011 at 12:15 PM at CM Camp Office, Hyderabad

The 15th meeting of Board of Trustees was held on 28.12.2011 at CM Camp Office; at 12:15 P.M. Chairman of the Trust and Hon'ble Chief Minister Sri N.Kirankumar Reddy presided over the meeting. Hon'ble Minister for Medical & Health and Vice Chairman Sri D.L.Ravinder Reddy, Special Chief Secretary, HM & FW Dept and Ex-officio Executive Vice Chairman Sri G.Sudhir, IAS., CEO of Trust Sri N.Srikanth, IAS., and other members of the Board attended the meeting.

The list of attendees is annexed.

Spl. Chief Secretary, HM&FW and Ex-Officio Vice chairman welcomed the members and informed that the board meeting is being held after one year and assured that meeting will be held more frequently in future and as per the bye-laws of the Trust. He requested the CEO to present agenda for discussion.

CEO of the Trust presented the following major developments since last Board Meeting.

The Scheme was renewed for 5th year in 3 Districts of Phase-I viz., Anantapur, Srikakulam, Mahboobnagar for the policy period 05.04.2011 to 04.04.2012 and for 4th year in 5 Districts of Phase-III viz., Medak, Karimnagar, Prakasam, Nellore and Y.S.R. for the policy period 15.04.2011 to 14.04.2012 for 938 procedures of both Aarogyasri – I and II after undertaking the open bidding process and the premium was arrived at Rs.489 per family + Service Tax.

The scheme was renewed for 4th year in 10 districts of Phase – IV & V viz., Adilabad, Hyderabad, Kurnool, Vizianagaram, Visakhapatnam, Nizamabad, Khammam, Warangal, Guntur and Krishna for the policy period 17.07.2011 to 16.07.2012 for 192 procedures after undertaking the open bidding process and the premium was arrived at Rs.279/- per family. The district level field staff in these districts was taken out of purview of the insurer to establish Trust's own infrastructure to strengthen the scheme implementation without depending on insurer.

Trust has identified the agency viz., M/s MD India (TPA) Services, Pune for providing support services for implementing RAHS through Trust Administered Scheme while renewing the scheme in 10 districts of Phase-IV & Phase-V viz., Adilabad, Hyderabad, Kurnool, Vizianagaram, Visakhapatnam, Nizamabad, Khammam, Warangal, Guntur and Krishna through open bidding process.

As directed by the Government, Trust identified 133 procedures for which infrastructure and specialty services available at the District level hospitals and decided to reserve these procedures to be performed in Govt. Hospitals in the 10 district of Phase – IV & V.

A proposal was sent to Govt. to permit the Chief Executive Officer to call for Insurance Tenders to cover the excess of loss risk under 192 procedures for the Phase – II Districts and for the balance 746 procedures to operate by the Trust as the policy period for Insurance converge of in these 5 districts viz., East Godavari, West Godavari, Chittoor, Nalgonda and Rangareddy districts expired by 05.12.2011.

During the period of implementation of the Scheme, the Trust initiated following steps to stabilize the Scheme.

- 1) Strengthen the pre-authorization process by updating guidelines from time to time.
- 2) Strengthening of empanelment process.
- 3) Disciplinary actions against service deficiency and fraud.
- 4) Field level verifications, in-house vigilance and grievance Redressal.
- 5) Orientation and training to the different stakeholders.

As per the orders issued vide GO.Ms.No.255, dated: 05.09.2011 of HM & FW (K2) Dept., 104 Call Centre run by HMRI in its entirety was taken over by the Aarogyasri Health Care Trust and the same is started functioning under the control of AHCT w.e.f.01.10.2011 in the Trust premises, GHMC Complex, Sultan Bazar, Koti, Hyderabad and renamed as Aarogyasri 104 Seva Kendram.

Due to awareness of the Scheme by the entire population of Andhra Pradesh the Health camps policy was changed and the health camps currently being conducted through PHCs of the respective areas at the rate of 30 camps per month in each district.

The renewal of maintenance services of Aarogyasri IT Solutions with Tata Consultancy Services for the year 2011-12 was approved at Rs.9,93,62,782/- for the period from 20.08.2011 to 19.08.2012 as per the recommendations of the Technical committee constituted by the Chief Executive Officer, AHCT.

The Trust has taken steps to fill up the posts which are vacant against the sanctioned strength since a long time through placement notifications in the local news papers.

Progress

As on 30.11.2011, 354 Multi Specialty Hospitals both under Government & Private sector have been empanelled under the Scheme. A total of 30,802 health camps were conducted and 52,07,053 patients were screened. 12,63,739 Preauthorizations were done and 12,56,307 surgeries were performed. The preauthorized amount for the surgeries / therapies performed is Rs.3482.09 Crores.

CEO elaborated the following important agenda points:

1. Decision on financing mode in future (VI-3)
2. Decision on going for universal coverage (VI-5)
3. Sanction of posts (II-2)
4. Package Pricing through costing (VI-7)
5. Revised guidelines regarding cochlear (VI-8)
6. Servicing other schemes (VI-9)
7. Creation of research corpus of Rs.30 Cr(VI-10)
8. Running of 104 Call centre (VII □□□□□□□□□□ 104 □□□□ □□□□□□□)

The following discussions were held in the meeting while considering agenda points.

Elaborating on the above points 1 and 2, CEO explained that based on the scheme experience within the state and in other states/countries implementing similar health insurance schemes the following three options of financing are available to the Trust/Government for funding the scheme. The modes of financing and their comparative strengths were shown as follows;

Options:

Option 1(Budget Transfer model): Purchase the insurance without risk targeting, the company administers the claims.

Option 2 (Targeted Insurance purchase model): Purchase insurance with risk targeting. BPO company administers claims.

Option 3(Trust run model): BPO company administers claims, management of budget is with the Trust.

PARAMETER	OPTION 1 (BUDGET TRANSFER MODEL)	OPTION 2 (RISK TARGETING MODEL)	OPTION 3 (OUTSOURCING MODEL)
1. Budget Transfer (880 cr/yr)	To Insurance company	To Trust	To Trust
2. Cost Incurred	Rs 880 Cr	Rs.880 Cr	Rs. 880 Cr
3. Benefit accrued	Rs.640 Cr	Rs. 832 Cr	Rs. 845 Cr
4. Cost benefit ratio	73%	94%	96%
5. Claims Processing	Insurer/BPO company	BPO company	BPO company
6. Claim rejections and delays	Maximum	Low	Least
7. Control on Hospitals	Least	High	Very High
8. Processing cost to Trust	240 cr/yr	38 cr/yr	35 cr/yr
9. Service Tax	80 cr/yr	2 cr/yr (on Rs. 10 cr risk premium)	Nil
10. Administrative cost	160 cr/yr	35 cr	35 cr
11. Scope for Scheme Expansion within budget	Not possible	Possible with Rs.198 Cr/yr	Possible with Rs.205 Cr/yr

Explaining further the three financing modes available to the Trust CEO stated that Trust may adopt 2nd or 3rd model which will ensure around Rs.200 cr. Savings in the form of service tax and minimized administrative cost which may be utilized to extend the scheme to APL population to achieve universal coverage under the scheme.

Chairman while appreciating the plan enquired what will be the financial implication and long term effects of such policy particularly with regards to field staff to be recruited by the Trust and risk component on budget. He then advised CEO to make a detailed study and put up a separate note to the Government.

CEO explained that the Trust need to arrive at package prices for the identified procedures of the scheme in scientific way to control costs on long term basis particularly as service providers are demanding revision to accommodate inflationary costs. He also emphasized need to establish Price regulatory commission to regulate health care costs in the state and suggested that the Government may initiate measures in this direction to strengthen existing APPME Act. Chairman while accepting suggestion advised Spl.C.S, HM & FW to study and explore the possibilities after examining the legal aspects.

Chairman enquired about the improvement in performance of Government Hospitals. CEO explained that after the reserving 133 procedures to Government Hospitals there is perceptible increase in the performance of hospitals. He further stated that the performance of Government Hospitals which was around 5% in the beginning of the scheme has gone up to 20% till August 2008 and escalated to 25% within 4 months due to reserving of procedures. Chairman suggested that Health Department to take all necessary measures to improve Government Hospital performance to reach up to 40%.

CEO explaining the reasons to modify the guidelines of Cochlear Implant programme explained that the decision was made on the suggestion of specialists. He reemphasized need to provide extended AV therapy to the beneficiaries beyond one year to achieve optimum success. In this regard it was suggested that Government may establish Audiologist services in all Teaching Hospitals and District Hospitals. This will facilitate free AV therapy to these beneficiaries nearer to their residences and improve attendance.

The Board approved the following ATR on the resolutions of 14th meeting of Board of Trustees.

S.No	Resolution No.	Subject	Action taken
1	201 / 2010	Renewal of Phase-II (3 rd Renewal) in 5 districts	Bidding process completed and the scheme is renewed in these 5 districts.
2	202 / 2010	Proposals for additional budget allocation for Rs.37,81,27,546/- for the financial year 2010-11 for premium on additional BPL cards issued by the Govt. during various policy periods after deducting 20% of Rs. 47,26,59,432 as approved by the Govt. vide this office note AST/F7-Addl.Cards/2009-10,dt.21.11.2009.	Budget released and payment made to the insurance company.
3	203 / 2010	(a) To extend the time lines of works of service agreement 2009-10 with TCS. (b) To enter into service maintenance agreement with TCS for the year 2010-11. (c) proposal for constitution committee to examine long term service agreement with TCS	Action taken on the issues and TCS extended the time lines and entered into MoU for the year 2010-11 for service maintenance. Pending for further discussion with the Government. Trust renewed agreement with TCS for the year 2011-12.

4	204 / 2010	To explore and study further proposals to establish Comprehensive Cancer Care Centres and Comprehensive Trauma Care Centres in Government Hospitals by utilizing Aarogyasri Funds.	Pending
5	205 / 2010	To initiate steps for modifications to be made to G.O.Ms.No.1012, Revenue (CMRF) Dept. dated 12.08.2008 to facilitate cashless treatment to orphans and destitute living in old age homes run by Government and recognized by the Government under Aarogyasri Scheme through CMCO referral system.	Proposal submitted to the Government.
6	206 / 2010	Board resolved to approve the rapid evaluation report submitted by Indian Institute of Public Health (IIPH) and action taken report (ATR) of CEO.	Board approved.
7	207 / 2010	To get the scheme evaluated by independent consortium consisting of team members from Indian Institute of Public Health (IIPH), Indian School of Business (ISB) and ACCESS Health and to approve Terms of Reference (TOR) for the evaluation and further to enter into MoU with the consortium on the approved TOR.	After discussion with consortium members and experts, a logical frame work is developed and course of action is submitted for approval in this meeting.
8	208 / 2010	To release Rs.15 Cr. from revolving fund to APMHIDC for augmentation of infrastructure in Government Hospitals to enhance their performance under Aarogyasri Scheme and deduct additional 10% from the claim money from the identified hospitals in addition to 20% to recoup revolving fund.	Action initiated
9	209 / 2010	To utilize the donations from philanthropic organizations and individuals for implementation of Aarogyasri-II scheme, a self funded scheme directly run by Trust as it will directly help the needy patients.	Action initiated
10	210 / 2010	Proposal for central assistance to the extent of Rs.307 Cr. based on premium and 30% BPL population.	Proposal pending with GoI.

11	211 / 2010	To approve the additional staff in Trust by creating Project Monitoring Unit and Executive Officer (Planning & Coordination - Technical). To appoint the above staff either on contract or on deputation and meet the expenditure from the administrative budget of the Trust.	EO (P &C) appointed. Staff appointed on contract basis and PMU is created.
12	212 / 2010	To advise Tourism Department to handover adjacent vacant land to administrative building of the Trust in Jubilee Hills (Dr.Y.S.R.Bhavan) to the extent of 3000 square yards for the construction of new building to accommodate additional staff for new scheme and to move proposals for the same including financial requirements.	Proposal pending with Tourism Department.
13	213 / 2010	To advise Revenue Dept. (CMRF) to ensure timely release of Rs.38 Cr. per month to Aarogyasri Health Care Trust for implementation of Aarogyasri-II, CMCO and Journalists schemes and to take necessary steps to release further Rs.196.96 Cr. backlog depending on availability of funds.	Amount released
14	214 / 2010	Surrendering of services of certain officers of Trust on their request, acceptance of resignation and appointments made by CEO.	Action taken

CEO then explained following current status of the scheme.

- 354 network hospitals
- Rs. 3482 cr. spent (711 cr. in Govt) on pre-authorised amount.
- 12.7 lakh surgeries preauthorised
- 233 lakh BPL families covered
- 938 therapies offered
- 3800 staff working

The Board then discussed the following agenda and the Trust Board resolved on the each agenda item as detailed below.

I. Finance and Budget

1. To approve the Budget Estimates for 2012-13 are proposed with an outlay of Rs.1494.00 Cr. This includes Rs 350 Cr. for implementing Employees Health Care Fund.

Board after detailed discussions approved the budget estimates for the year 2012-13 submitted by the Trust for Rs.1494 Cr. and fund requirement under CMRF. The Board also approved the extension of coverage to TAP / RAP cards through Trust administered scheme. Board agreed for deduction of refund amount of Rs.30.88 Cr. from the premium payable to insurance company on account of refund amount due from the insurance company under refund clause.

Resolution No.216 (i)/2011: By the authority under the bye-laws of the Trust deed, the Trust Board approves the following budget proposal along with Budget Estimates for the year 2012-13 for Rs.1494 Cr.

(A) Budget proposal and Estimates for 2012-2013:

- (a) Budget Estimates for 2012-13 are proposed for an outlay of Rs.1494.00 Crores.
- (b) During the Financial Year 2011-12, the Budget is provided for Rs.925.00 Crores.
Thus there is a net increase of Rs.569.00 Crores against the projections made in B.E 2012-13 when compared with BEs.2011-12.
- (c) Out of the net increase of Rs.569 Cr., Rs.369 Cr. is for new schemes (Rs. 350 Cr.for Employees' Health Care Fund and Rs.19.00 Cr for 104 call centre services) and the remaining net increase of Rs.200 Cr. is for the existing and operating components (Rs. 16.25 Cr for cochlear implantation, Rs. 11.5 Cr. for follow-up packages, Rs.47.05 Cr. for health camps, Rs.70 Cr. for administrative expenses and Rs. 55.2 Cr. for claims).
- (d) The Budget Estimation for 2012-13 is prepared (1) taking into account the actual requirement on the existing schemes and (2) on inclusion of new schemes viz. Aarogyasri 104 Seva Kendram and Employees Health Care Fund. The break-up for Rs.1494.00 Crores is as follows:-

(B) Budget estimates projected for the Financial Year 2012-13:

(Rs. In Crores)

S.No.	Name of Component / Scheme	Amount
1	Insurance Premium (938 procedures)	950.00
2	Cochlear Implantation	20.00
3	Follow-Up packages	15.00
4	Health Camps	50.00
5	Administrative Expenses	90.00
6	Aarogyasri 104 Seva Kendram	19.00
7	Employees' Health Care Fund	350.00
Total		1494.00

For 2011-12, against the projection made for Rs. 1184.45 Crores, budget is provided for Rs.925.00 Crores. Thus, there are short fall of funds on some schemes like Cochlear Implantation, Follow-up packages, Health camps where the expenditure that is anticipated during the year is higher than the allocations made out of the budget provision made, as indicated below:-

(Rs. in Crores)

Component	Budget Projected for 2011-12	Allocation made for 2011-12	Expenditure made so far 2011-12(end of October)	Anticipated expr. From Nov. to end of 2011-12	Total Anticipated Expenditure during 2011-12	B.E. 2012-13
Insurance Premium	1,150.45	894.80	617.11	248.55	865.66	950.00
Cochlear Implantation	15.00	3.75	8.16	6.74	14.9	20.00
Follow-up Package	14.00	3.50	11.87	6.07	17.81	15.00
Health Camps	5.00	2.95	1.71	1.00	2.71	50.00
Administrative Expenses	20.00	20.00	6.00	15.74	21.74	90.00
104 Services	-	-	-	-	12.31	19.00
Employees Health Insurance Scheme	-	-	-	-	-	350.00
Total	1,184.45	925.00	632.14	284.68	935.13	1,494.00
Reappropriation	-	2.18	-	-	-	-
Modified appropriation		922.82				

Out of the provided budget amount of Rs.925.00 Crores, internal allocation is made for Rs.894.80 Crores towards Insurance Premium. MOU was entered with the insurer for 938 procedures under Phase-I (4R) & III (3R), 938 procedures under the Phase-II(3R) and 192 procedures under Phase-IV & V (3R) and for the remaining

procedures under Phase-IV & V (3R). The Trust started self-administering by paying the actual claim amounts from CMRF funds which are being released under AS.II scheme by Revenue (CMRF) Dept.

The provisions, releases, and expenditure in the current year are as follows:

Rs in Crores	PROVISION	RELEASES	EXPENDITURE
BUDGET	922.82	644.11	647.42
CMRF	471.5	196.5	338.31

(C) Points on Administrative Expenses:

During 2011-12 out of the total Budget Provision of Rs.925.00 Crores, an amount of Rs.20.00 Crores is allocated towards Administrative Expenses (Salaries and other Contingent Expenditure).

For 2012-13 the requirement of funds under Administrative Expenses is arrived at Rs.90.00 Crores i.e., with an increase of Rs.70.00 Crores over the budget allocation made during the current year.

(D) The reasons for increase of Rs.70.00 Crores are as detailed below:

- a. The actual sanctioned staff strength to the AHCT through GOs/Board Resolutions is 750. A proposal will be sent to Govt. for creation of 73 new posts in various categories at an annual cost of Rs.3.50 Crores at Head Quarters.
- b. A proposal for sanction of Field Staff at District Offices for 3139 posts in various categories at an annual cost of Rs.33.93 Crores is already submitted to Government in order to provide support services since the Trust will be administering the field staff of the Scheme through outsourcing companies at district level with 20% management cost to the company paid directly by the Trust in all the five phases from July next financial year onwards.
- c. Estimation is made to provide Mobile phones to all the Aarogyamithras and to other Executives as per the proposal sent to Govt. to provide better communication facility and in this regard both recurring and non recurring expenditure put together is arrived at Rs.2.00 Crores.
- d. AHCT implemented Rajiv Aarogyasri Health Insurance Scheme in 10 District under Phase-IV & V through self administered scheme by providing support services to the BPL families w.e.f.17.07.2011 by outsourcing the support services at an annual cost of Rs. 1.84 Crores. Similarly, the Trust is planning to self-administer the scheme in the remaining 3 phases also during 2012-13 and the

- likely expenditure on outsourcing the personnel i.e., wages of Call Centre personnel and Executives of different departments is estimated at Rs.5.52 Crores
- e. White Aprons have to be provided for the 2874 Aarogyamithras expenditure in this regard is arrived at Rs.0.23 Crores @ of Rs.773/- per apron.
 - f. The Tata Consultancy Service Ltd. is identified as service provider for developing and maintaining the web based online application and the expenditure in this connection on Hardware connectivity, Software, Data Centre, Audio / Video all put together has come to Rs.10.38 Crores.
 - g. Tentative increase on regular contingent expenditure like Telephone, Water, Hiring of Vehicle, POL charges, Maintenance of Building/Vehicles, Electricity and Office Expenditure; Advertisement and Publicity etc.,
 - h. Provision is created to make payment on TAP/RAP cards.

(E) AAROGYASRI-II(Procedures funded by CMRF) – Estimated budget of Rs. 418 Crores under C.M.R.F:

Govt. vide G.O.Ms.No.224, HM & FW (K2) Dept., Dt:27.07.2008 have issued orders for implementation of AS.II programme w.e.f.17th July 2008 for 18 districts in Phase - I, II, III & IV and from 2.10.2008 for the remaining 5 districts in Phase - V. The scheme is allowed for the diseases that are not covered under the on-going Aarogyasri Scheme and the diseases that can normally be treated in Government Hospitals.

(F) CMCO:

The Scheme is extended to the persons other than White Ration Card holders vide G.O.Ms.No.1012, Rev.(CMRF), DT:12.08.2008 for treatment of any of the diseases notified under AS-I & AS-II schemes, whoever approaches the CM Camp Office (CMCO). This is funded under CMRF.

(G) Journalist Health Insurance Scheme:

The Scheme is also extended to all the Journalists (Working / Retired) and their family members along with regular scheme vide G.O.Ms.No.67, Rev.(CMRF) Dept., Dt:22.01.2009.

However, the journalists who are having White Ration cards will not be included under this scheme since the white card holders will be automatically covered under AS-I & II schemes.

For 2011-12 proposals were sent to Prl. Secy. to Govt., Revenue Dept. for providing a financial assistance of Rs.471.50 Crores to meet the expenditure on Claim payment,

Follow-up packages, Administrative and working expenses, CMCO Scheme and Journalist Health Insurance Scheme.

As on date an amount of Rs.196.50 Crores is released against the requirement of Rs.471.50 Crores in the current FY.

Hence, the estimation is proposed for Rs.418 Crores. The break-up will be as follows:-

S.No.	Scheme		Amount Rs.(in Crores)
1	Aarogyasri Trust Scheme		
	A	Claim Payments	312.50
	B	Follow-Up packages	20.00
	C	Administrative Cost	35.00
	Total		367.50
2	CMCO Scheme		50.00
3	Journalist Health Insurance Scheme		0.50
Grand Total			418.00

(H) Employees Health Care Fund:

The main concept of the Scheme is to provide cashless treatment to Govt. Employees, Pensioners and their family members on the lines of Rajiv Aarogyasri Health Care Scheme.

The Scheme is proposed to be implemented through Aarogyasri Health Care Trust and the Budget requirement with a sharing pattern of 60:40 (share of GOAP versus share of employees) is arrived at Rs.350.00 Crores. which will be provided by Govt. during 2012-13.

Budget Provision; Release and Expenditure since inception

(Rs. In Crores)

YEAR	REGULAR BUDGET			CMRF			TOTAL		
	B.E.	FUNDS RELEAS ED	EXPEND ITURE	PROJEC TED REQUIR EMENT OF FUNDS	FUNDS RELEAS ED	EXPEN DITUR E	PROVISI ON	RELEAS ES	EXPEND ITURE

1	2	3	4	5	6	7	8	9	10
2006-07	-		37.04	0.00	0.00	0.00	0.00	0.00	37.04
2007-08	50.00	150.56	105.83		0.00	0.00	50.00	150.56	105.83
2008-09	450.00	504.56	497.35	110.00	110.00	110.00	560.00	614.56	607.35
2009-10	925.00	818.65	779.38	309.00	309.00	257.77	1234.00	1127.65	1037.15
2010-11	925.00	880.06	872.33	455.20	455.20	278.42	1380.20	1335.26	1150.75
2011-12 (UP TO AS ON DATE)	925.00	644.11	647.42	471.50	196.50	338.31	1396.50	840.61	985.73
Total	3275.00	2997.88	2939.35	1345.70	1070.70	984.50	4620.70	4068.64	3923.85

Resolution No.216 (ii)/2011: Board approved extension of coverage to the TAP and RAP cards through Trust administered scheme and financial implication. Board authorise CEO to meet the expenditure from the budget.

Resolution No.216 (iii)/2011: Board approved the deduction of Rs.30.88 Cr. from the second instalment premium of Phase-I(4R) and Phase-III(3R) by the Trust towards refund due from the insurance company from Phase-I (2nd renewal) and Phase-IV (1st renewal) premium under refund clause.

2. To approve the annual report of 2007-08.

After discussion, the Board approved annual report of 2007-08.

Resolution No.217/2011: By the authority under the bye-laws of the Trust deed, the Trust Board approves the Annual report for the year 2007-08 as shown in the **Annexure-I.2.**

3. To approve the Finance manual consisting of all the finance and accounting procedures.

After discussion, the Board approved the finance manual of the Trust.

Resolution No.218/2011: By the authority under the bye-laws of the Trust deed, the Trust Board approves the Finance Manual as annexed at **Annexure-I.3.**

4. To approve Receipts and Expenditure from 28.8.2010 to 26.12.2011.

The Board approved receipts and expenditure from 28.8.2010 to 26.12.2011.

Resolution No.219/2011: By the authority under the bye-laws of the Trust deed, the Board ratified the Receipts and Expenditure statement from 28.8.2010 to 26.12.2011 as shown in **Annexure-I.4.**

II. Human Resources Department

1. To approve the power of attorney given by CEO to Joint collectors, EO-admin, and JEO-admin to act on behalf of CEO as a legal representative.

The Board after discussion agreed to the proposal of CEO for giving power of attorney to the Joint collectors, EO-admin, and JEO-admin to act on behalf of CEO as a legal representative.

Resolution No.220/2011: By the authority under the bye-laws of Trust deed, the Board approved the action of CEO to give power of attorney to Joint Collectors, EO-admin, and JEO-admin to act on behalf of CEO as a legal representative for following actions:

- a) Powers delegated to the Joint Collectors of 23 Districts of Andhra Pradesh to enter into contract agreements and any other deeds and documents with the Network Hospitals in their jurisdiction on behalf of Aarogyasri Health Care Trust (Regd. vide document no.430/4/2011, dated: 30.08.2011)
- b) Powers delegated to the Executive Officer and Joint Executive Officer (Admn) to perform all matters relating to execution of Service Contracts, MoUs, Deeds / Documents / Agreements, etc., and to present and lodge the same for Registration before the Concerned Registrar / Sub Registrar.
 - (i) To appear before any court or authority for the purposes of any matter relating to the registration or any other proceedings connected with the same.
 - (ii) To engage pleader or authorized representatives to act on his behalf in the said proceedings of the registration, to do all other acts that may be necessary for proper execution and completion of work assigned (Regd. vide document no.464 IV/2011, dated: 03.10.2011).

2. To approve restructuring of the Employees at Trust Office, creation of staff positions at Trust office and Dist. Offices, and revised pay bands with financial implication.

After the discussions, the Board approved the restructuring of employees at the Trust office, and additional staff for the Trust office, and district offices. It also approved revised pay bands with financial implications.

Resolution No.221/2011: By the authority under the bye-laws of Trust deed, the Board approved the following restructuring of employees at Trust office, new staff positions at the Head office and district offices through contract/outsourcing basis, field staff and their pay bands. Board further authorise the CEO to meet the expenditure from the Trust budget.

(i) Restructuring of the Employees at Trust Office.

The Aarogyasri Health Care Trust is reorganized into units as given below.

- a) Administration wing, consisting of Administration, HR, Budget, Finance, PMU and Legal.
- b) Operation wing, consisting of Preauthorization, Claims and Follow up.
- c) Empanelment wing, consisting of Empanelment, Disciplinary action, Contract Compliance cell and Medical Audit cell.
- d) Planning & Coordination wing, consisting of Packages & Protocols cell, Package Development and Pricing cell, Research and Analysis cell, and Insurance Operations cell (Monitoring Insurance Operations, insurance contract compliance, Preauthorization).
- e) Field Operations wing, consisting of Field Operation and Hospital Coordination.
- f) Grievance & Customer Care wing, consisting of Grievance & Customer Care.

(ii) Additional staff positions at Head office and districts:

Annexure										
Details of proposed additional staff and probable expenditure estimated										
Sl. No.	Dept. Code	Sub Dept. Code	Sub. Dept.	Name of the Post	No. of posts	Position	relevant equal category of post	Scale of pay	Pay worked out on Maximum of the time scale per month	Pay worked out on Maximum of the time scale per annum
1	10 (CEO)	2	Vigilance	DGM (Vigilance)	1	L4	Joint Executive Officer	25600 - 50560	50560	606720
				Manager (Vigilance)	1	L3	Deputy Executive Officer	21820 - 48160	48160	577920
				Executive (Vigilance)	1	L2	Data Processing Officer	17100	17100	205200
				Associate (Vigilance)	1	L1	Data Entry Operator	14500	14500	174000

		3	Legal	Associate	1	L1	Data Entry Operator	14500	14500	174000
		4	Internal Audit	Manager	1	L3	Deputy Executive Officer	21820 - 48160	48160	577920
				Executive	1	L2	Data Processing Officer	17100	17100	205200
				Associate	1	L1	Data Entry Operator	14500	14500	174000
2	11 (Admin)	2	HR	Manager (Trg. & Logistics)	1	L3	Deputy Executive Officer	21820 - 48160	48160	577920
				Asst. Manager (Scheme operation Training)	1	L3	Executive	21820 - 48160	48160	577920
				Executive (Training)	1	L2	Data Processing Officer	17100	17100	205200
				Executive (Training & Logistics)	1	L2	Data Processing Officer	17100	17100	205200
		4	Finance	Executive (Finance)	1	L2	Data Processing Officer	17100	17100	205200
		5	Budget & Audit	Asst. Manager (Budget)	1	L3	Executive	21820 - 48160	48160	577920
				Associate (MIS)	1	L1	Data Entry Operator	14500	14500	174000
				Associate (Budget)	1	L1	Data Entry Operator	14500	14500	174000
		6	Procurement	Manager	1	L3	Deputy Executive Officer	21820 - 48160	48160	577920
				Asst. Manager (Civil)	1	L3	Executive	21820 - 48160	48160	577920
3	13 (Plg. & Coord.)	2	Package Development & Protocol Cell	Asst. Manager (PD)	1	L3	Executive	21820 - 48160	48160	577920
				Asst. Manager (Protocols)	1	L3	Executive	21820 - 48160	48160	577920
				Executive (PD)	1	L2	Data Processing Officer	17100	17100	205200
				Executive (PD)	1	L2	Data Processing Officer	17100	17100	205200
				Executive (Protocol)	1	L2	Data Processing Officer	17100	17100	205200
				Executive (Protocol)	1	L2	Data Processing Officer	17100	17100	205200
		3	Package & Pricing Cell	Manager (Pricing - Cost Account)	1	L3	Deputy Executive Officer	21820 - 48160	48160	577920
				Executive (PP)	1	L2	Data Processing Officer	17100	17100	205200
				Executive (PP)	1	L2	Data Processing Officer	17100	17100	205200
		4	Research & Annolise s wing	DGM (T-RA)	1	L4	Joint Executive Officer (T)	31550 - 53060	53060	636720
				Manager (T-RA)	1	L3	Deputy Executive Officer	25600 - 50560	50560	606720
				Asst. Manager (NT)	1	L3	Executive	21820 - 48160	48160	577920
				Executive (RA)	1	L2	Data Processing Officer	17100	17100	205200
				Executive (RA)	1	L2	Data Processing Officer	17100	17100	205200
		5	Insurance Operatio n Cell	Asst. Manager (IO)	1	L3	Executive	21820 - 48160	48160	577920
4	14 (Field)	2	Back Office	Asst. Manager (NWH Staff)	1	L3	Executive	21820 - 48160	48160	577920

Operati on - HO)			Asst. Manager (PHC Staff)	1	L3	Executive	21820 - 48160	48160	577920		
			Executive (Hospital Coordination)	1	L2	Data Processing Officer	17100	17100	205200		
			Executive (Hospital Coordination)	1	L2	Data Processing Officer	17100	17100	205200		
	3	Hospital Coordination	Asst. Manager (Govt. Hospital)	1	L3	Executive	21820 - 48160	48160	577920		
			Asst. Manager (Coorporate Hospital)	1	L3	Executive	21820 - 48160	48160	577920		
			Executive (Govt. Hospital)	1	L2	Data Processing Officer	17100	17100	205200		
			Executive (Govt. Hospital)	1	L2	Data Processing Officer	17100	17100	205200		
			Executive (Coorporate Hospital)	1	L2	Data Processing Officer	17100	17100	205200		
			Executive (Coorporate Hospital)	1	L2	Data Processing Officer	17100	17100	205200		
6	16 Empanelment & Medical Audit	02	Empanelment	Executive	1	L1	Data Entry Operator	14500	14500	174000	
				Assistant Manager (Contracts)	1	L3	Executive	21820 - 48160	48160	577920	
				Assistant Manager (Inspections)	1	L3	Executive	21820 - 48160	48160	577920	
				Executive (Registration)	1	L2	Data Processing Officer	17100	17100	205200	
				Executive (Inspections)	1	L2	Data Processing Officer	17100	17100	205200	
				Executive (Contracts)	1	L2	Data Processing Officer	17100	17100	205200	
		03	Disciplinary Action	Manager (DA)	1	L3	Deputy Executive Officer	21820 - 48160	48160	577920	
				Assistant Manager (DA)	1	L3	Executive	21820 - 48160	48160	577920	
				Associate (DA)	1	L1	Data Entry Operator	14500	14500	174000	
		04	Medical Audit	Executive	1	L1	Data Entry Operator	14500	14500	174000	
				Executive (MA)	1	L2	Data Processing Officer	17100	17100	205200	
				Executive (MA)	1	L2	Data Processing Officer	17100	17100	205200	
	7	17 Grievance & Customer Care	03	Public Relations	Assistant Manager (Public Relations Officer)	1	L3	Executive	21820 - 48160	48160	577920
					Executive (PR)	1	L2	Data Processing Officer	17100	17100	205200
					Associate (PR)	1	L1	Data Entry Operator	14500	14500	174000
	Total				58				1723540	20682480	
	8	PMU	-	Data Center	Server Administrator	4	L3	Asst. Manager	21820 - 48160	48160	192640
Network Enginner					1	L3	Asst. Manager	21821 - 48160	48160	48160	
System Engineer					6	L3	Asst. Manager	21822 - 48160	48160	288960	
Electrician					4	L2	Executive	17100	17100	68400	
Grand Total				73				1885120	21280640		

(iii) Details of field staff positions required with salary and budget.

Sl. No.	Name of the Post	No. of posts proposed for sanction	Posts already sanctioned	Balance posts to be sanctioned	Existing salary	Salary / remuneration proposed per month per each post (Rs.)	Total monthly salary as per the posts proposed for sanction (Rs.)	Total annual salary as per the posts proposed for sanction (Rs.)
1	NAM	1297	-	1297	5500	8,400	1,08,94,800	13,07,37,600
2	PAM	1959	450	1509	3500	6,700	1,31,25,300	15,75,03,600
3	Net lead	113	-	113	7500	11,500	12,99,500	1,55,94,000
4	Div. lead	132	-	132	7500	11,500	15,18,000	1,82,16,000
5	DM	23	-	23	20,000	23,000	5,29,000	63,48,000
6	Office Associate	46	-	46	7500	9,500	4,37,000	52,44,000
	Total	3,570	450	3,120	51,500	70,600	2,78,03,600	33,36,43,200

3. To approve the new HR policy.

After discussions, the Board approved new HR policy of the Trust.

Resolution No.222/2011: By the authority under the bye-laws of Trust deed, the Board approved the new HR policy of the Trust with restructured pay bands and financial implication as stated in the Annexure-II.3.

4. To approve the staff appointments and resignations/terminations since last Board meeting.

The Board approved the appointment of staff, resignations and terminations since last Board meeting.

Resolution No.223/2011: By the authority under the bye-laws of Trust deed, the Board approved the appointment of staff, resignations and terminations since last Board meeting as shown in the table below.

(i) Foreign Service Deputation:

S. No.	Name of the Officer/s	Designation	Reported to duty
1	Mohd. Siraj-ur-Rahman	EO (NT)	03.09.2011
2	P.R. Vikram Reddy	GM (FO)	27.08.2011
3	S. Vijay Gopal	GM (Grie. & 104 CC)	09.08.2011
4	M. Prasad	JFO	15.07.2011
5	V. Nanraju	JEO (PMU)	15.09.2011
6	Dr. Mrudula Nimje	JEO (T)	19.10.2011
7	Dr. L. Arundhatidevi	Dy.E.O (T)	30.03.2011

8	Dr. K. Rajini	Dy.E.O (T)	27.04.2011
9	Dr. J. Bhoopender Singh Rathod	Dy.E.O (T)	02.05.2011
10	Dr. M. Vidyadharani	Dy.E.O (T)	25.06.2011
11	Dr. Haritha	Dy.E.O (T)	08.08.2011
12	Dr. M. Chitrlekha	Dy.E.O (T)	18.08.2011
13	A. Venakatesam	Driver	25.08.2011

(ii) Contract:

S. No.	Name of the Officer/s	Designation	Reported to duty
1	Dr. B. Saibabu	EO (T)	08.08.2011
2	K. Vijaya Lakshmi	JEO (Budget)	01.08.2011
3	Dr. V. Kalpana Kumari	JEO (T)	29.01.2011
4	Dr. K.V.V. Subrahmanyam	JEO (Tech)	01.08.2011
5	Dr. G. Rajender	JEO (Tech)	01.08.2011
6	Dr. Joyce F. PremRaj	Dy.E.O (T)	02.05.2011
7	Dr. T. Ravichandra	Dy.E.O (T)	03.05.2011
8	Dr. M. Madhavi	Dy.E.O (Tech)	04.07.2011
9	Dr. Fazal Rahman	Dy.E.O (Tech)	23.07.2011
10	Dr. B. Satyavathi Devi	Dy.E.O (Tech)	23.07.2011
11	Dr. B.I. Naveen Kumar	Dy.E.O (Tech)	27.07.2011
12	Dr. J. Laxman Rao	Dy.E.O (Tech)	01.08.2011
13	Dr. Jyothi B. Vachhani	Dy.E.O (Tech)	01.08.2011
14	Dr. P. Rajesh Kiran	Dy.E.O (Tech)	05.09.2011
15	Dr. K. Santosh Kumar	Dy.E.O (Tech)	20.10.2011
16	Dr. R.S. Sowjanya	Dy.E.O (T)	20.12.2011
17	Dr. N. Chenna Reddy	Dy.E.O (T)	19.12.2011
18	Dr. Faisal Ansari	Dy.E.O (T)	19.12.2011
19	Dr. CH. Bala Chandra Mohan	Dy.E.O (T)	21.12.2011
20	A.S. Amruth Kumar	Dy.E.O (NT)	06.06.2011
21	P. Anuja	Dy.E.O (NT)	27.07.2011
22	Ch. Venkataramana	DFO	13.07.2011
23	S. Srinivas	Executive (PMU)	27.06.2011
24	S. Vijaya Lakshmi	AGM (PMU)	29.06.2011
25	Ayyappa Srinivas	Executive (PMU)	29.06.2011
26	N. Krupanandam	Executive (PMU)	30.06.2011
27	M. Ankaiah	Executive (PMU)	30.06.2011
28	Yogender Raj Saxena	Legal Officer	10.08.2011
29	A. Ravinder	Statistical Officer	24.08.2011 Resigned w.e.f.27.08.2011 AN
30	Ch Prasad	Dy.E.O (TT-NW)	14.11.2011
31	D. Rama Krishna	Sr. Executive	18.10.2011 Against Dy.E.O (NT)
32	Sunder Rao	HR Consultant	07.07.2011

(iii) Outsourcing:

S. No.	Name of the Officer/s	Designation	Reported to duty	Remarks
1	T. Rajeev	Software Trainee	25.10.2011	Against the posts of DPO
2	T. Satish Kumar	Software Trainee	25.10.2011	
3	B. Srinivas	Software Trainee	29.10.2011	
4	A. Krishnaveni	Software Trainee	04.11.2011	
5	D. Madhavi	Software Trainee	08.11.2011	
1	R.V. Madhusudhana Raju	Executive (104CC)	10.11.2011	Against DPO

(iv) Internal Elevations:

S. No.	Name of the Officer/s	Designation	Mode of appointment	Reported to duty
1	Dr. B. Thirumala Devi, Dy.E.O (T)	JEO (T)	Foreign Service	27.05.2011
2	G.U. Narasimham, Dy.E.O (NT)	JEO (Accts.) - AS-II	Contract	27.05.2011

(v) Relieved from Trust on Transfer to Parent Dept.

S. No.	Name of the Officer/s	Designation	Relieved on
1	Dr. P. Kamala Devi	EO	22.01.2011
2	Dr. A. Sreevani	Dy.E.O (T)	07.04.2011
3	Dr. G. Anandbabu	Dy.E.O (T)	25.05.2011
4	R. Ganapathi Rao	Dy.E.O (NT)	28.02.2011
5	V. Anuradha	Dy.E.O (NT)	12.09.2011

(vi) Officers relieved from Trust on Resignation:

Sl. No.	Name of the Officer/s	Designation	Relieved on
1	Dr. Murali Mohan	CMA	31.10.2011
2	M. Subhadra Kumari	JEO (Accts.)	.04.2011
3	V.D. Mani Kumar	Dy.E.O (NT)	07.02.2011
4	Dr. T. Ravichandra	Dy.E.O (T)	30.06.2011
5	G.U. Narasimham	JEO (Accts.)	25.08.2011
6	S. Srinivas	Executive (PMU)	15.10.2011
7	Dr. B.I. Naveen Kumar	Dy.E.O (Tech)	15.12.2011

III. Administration Department

1. To approve the appointment of Chartered Accountants Ms. Narsimha Murthy and Company, and M/s. Sagar Associates.

Board approved appointment of Chartered Accountants to the Trust on consultation payment.

Resolution No.224/2011: By the authority under the bye-laws of Trust deed, the Board approved the appointment of Ms. Narsimha Murthy and Company, and M/s. Sagar Associates as Chartered Accountants and authorized CEO to meet the expenses from the budget available with the Trust.

2. To permit CEO to write to Collector, Hyderabad or Visakhapatnam for allotment of land for construction of building for 104, and Employees Health Care Fund operations.

Board after discussions decided to explore possibility of land allotment available with health department in Shantinagar, Hyderabad for construction of building to cater to extended services.

Resolution No. 225/2011: By the authority under the bye-laws of Trust deed, the Board agreed for allotment of land available with Health Department in Shantinagar, Hyderabad authorized CEO to move proposal for allotment of necessary land for construction of building to cater to extended services.

3. To permit CEO to empanel BPO companies for selection of a BPO company as and when required, based on tender basis.

Board approved for the empanelment of BPO companies for selection of a BPO company as and when required based on tender basis.

Resolution No. 226/2011: By the authority under the bye-laws of Trust deed, the Board agreed for empanelment of BPO companies on a permanent basis by pre-qualification through open tenders by the Trust and authorized CEO to take necessary steps in this regard.

4. To permit CEO to clear the rock adjacent to AHCT Premises to prevent encroachment and construct store room / record room and staff quarters

Board approved the proposal of CEO to clear the rock adjacent to AHCT premises to prevent encroachments and construct storeroom / record room and staff quarters.

Resolution No. 227/2011: Board authorized CEO to take up the work of rock clearance, construction of staff quarters by engaging an architect consultant in AHCT premises to prevent encroachments and permit CEO to meet the expenditure from Trust budget.

5. To approve the new procurement policy

Board after discussion approved the new procurement policy of the Trust.

Resolution No.228/2011: By the authority under the bye-laws of Trust deed, the Board approved new procurement policy of the Trust as submitted at Annexure-III.5

6. To approve the list of all contracts currently in force.

Board approved all the contracts entered by Trust and currently in force.

Resolution No. 229/2011: By the authority under the bye-laws of Trust deed, the Board approved the following contracts (i) to (vii) entered by CEO and currently in force and meet the expenses from the budget.

- (i) Service contract with TCS for maintenance of IT portal from 20.08.2011 to 19.08.2012 at the following cost.

Sl. No.	Item	Price	Taxes	Grand Total
1	Supply and Installation costs	1,07,00,000	8,39,025	1,15,39,025
2	Recurrent Costs	7,95,04,000	83,19,847	8,78,23,847
	Total	9,02,04,000	91,58,872	9,93,62,872

- (ii) Contract with M/s. MD India Health Services (TPA) Ltd., Pune for providing support services for Trust administered scheme in the districts of Phase-IV & Phase-V viz., Adilabad, Hyderabad, Kurnool, Vizianagaram, Visakhapatnam, Nizamabad, Khammam, Warangal, Guntur and Krishna from 17.07.2011 to 16.07.2012 at the cost of Rs.1.67 Cr. plus service tax.

- (iii) Contract with Fortinet & Firewall with M/s. Sify Technologies Ltd., Chennai and

- (iv) Contract with MPLS – VPN Connectivity with M/s. Sify Technologies Ltd., Chennai for following contract, period and cost.

Sl. No.	Name	Agency	Cost (Rs.)	Period
1	Fortinet & firewall at Trust 3 Locations	M/s Sify Technologies Ltd., Chennai	2,23,950	01.08.2011 to 31.07.2012
2	MPLS – VPN connectivity		17,70,050	23.09.2011 to 22.09.2012

(v) Contract with AMC of 72 HP systems available with the Trust for a period of one year from 05.08.2012 with M/s. Computer India at the cost of Rs.1,08,000/- .

(vi) Contract with Security Services of agreement with M/s. Pentagun Security Services for providing Security personnel at the Trust premises viz. Dr. Y.S.R. Bhavan, NIMS and Koti for a period of one year from 11.07.2011 at the remunerations of Security Supervisors @ Rs.14,500/- per month each and Security Guards @ Rs.12,500/- per month each.

(vii) Contract with Housekeeping Services of agreement with M/s. 9 Star Agency for providing Housekeeping personnel at the Trust premises viz. Dr. Y.S.R. Bhavan, NIMS and Koti for period of one year from 01.07.2011 at the remunerations of Housekeepers @ Rs.7,731/- per month, Office Boys @ Rs.9,123/- per month, Supervisors @ Rs.11,103/- Per month, Electrician @ Rs.10,182/- per month, Gardner @ Rs.9,123/- per month and Plumber @ Rs.10,624/- per month.

7. To permit implementation of Sevottam and BPNM process flow in all the online as well as offline operations of Trust.

Board approved the proposal of the CEO to develop Business Process Modelling for the entire Trust operations and also department wise operations as an initiation towards preparation of citizen charter in view of right to grievance redressal being brought by Government of India.

Resolution No. 230/2011: By the authority under the bye-laws of Trust deed, the Board authorise CEO to standardize all the process flows in the departments of the Trust and apply for Sevottam compliance after completion of Business Process Notation and Model (BPNM) implementation in both the IT applications as well as the physical work.

8. To approve the decisions taken by Hon'ble CM during the meeting held on 03-08-2011.

The Board approved the decisions taken during the meeting held on 03.08.2011 with Hon'ble C.M.

Resolution No. 231/2011: By the authority under the bye-laws of Trust deed, the Board hereby approve the following decisions taken during the meeting held on 03.08.2011 with Hon'ble C.M.

- (i) 133 identified and simple procedures of Aarogyasri shall be earmarked for Govt. Hospitals and shall continue to be performed in Govt. Hospitals.
- (ii) All necessary arrangements (managerial, infrastructure and equipment) shall be made in all APVVP hospitals and Teaching Hospitals in the 10 districts of Phase IV & V to proactively service all the private hospital case load for the 133 procedures earmarked for Government hospitals.
- (iii) An assessment of Aarogyasri funds available with the Govt. hospitals in the 10 districts (Hyderabad, Warangal, Adilabad, Khammam, Kurnool, Krishna, Guntur, Vizianagaram, Visakhapatnam and Nizamabad) shall be made immediately and collectors to be permitted to utilize the funds for the immediate needs of instruments / equipment / infrastructure of the empanelled Govt. Hospitals.
- (iv) Where ever Govt. Doctors are not available to perform some of these 133 surgeries, private doctors shall be engaged by the respective hospitals as on case wise payment as per the instructions already in force. Payments shall be made to private doctors from Aarogyasri funds.
- (v) Condition of use of laparoscope and super specialty doctors to be relaxed for these 133 procedures in Govt. Hospitals.
- (vi) Efforts to be made to synchronise all the insurance tenders of Aarogyasri Scheme with the financial year ending 31st March of every year. The tenders for the five (5) phases of Aarogyasri however shall not be clubbed into a single tender but kept separate, in order to avoid monopoly.
- (vii) A public relations officer from AHCT to brief the medical community proactively on the arrangements made regularly.

9. To approve the activities under PMU.

The Board approved the activities of PMU in developing certain applications, enhancements and other activities.

Resolution No. 232/2011: By the authority under the bye-laws of Trust deed, the Board approve the following activities undertaken by the Trust in PMU.

- i. Development and integration of 104 Call Centre application.
- ii. Development of application for integration of all the blood banks for APSACS.
- iii. Enhancements to various IT modules and their functionality.
- iv. Computerisation of out-patient department in all Govt. Hospitals in the State.

- v. Comprehensive security audit covering the Aarogyasri application, network and infrastructure through Standardization Testing and Quality Certification (STQC).
- vi. Conversion of all the workflows into BPNM and implementation.
- vii. Data Centre establishment at Trust and APSDC, Gachibowli.

IV. Empanelment, Disciplinary Action and Medical Audit Department

1. To approve the empanelment committee for taking up the empanelment of hospitals.

Board agreed for setting up of Empanelment committee for recommending empanelment process in conformity with the AP Allopathic Private Medical Care Establishment Act (Regulation 2002) and deviations necessitated under the scheme.

Resolution No. 233/2011: By the authority under the bye-laws of Trust deed, the Board approve the setting up of Empanelment Committee with following members for recommending empanelment process in conformity with the AP Allopathic Private Medical Care Establishment Act (Regulation 2002) and deviations necessitated under the scheme.

- i. CMA - Chairman
- ii. EO (P&C) - Member
- iii. JEO-Non Technical (field operations) - Member
- iv. JEO-Technical (Hospital Coordination) - Member, and
- v. JEO-Technical (empanelment) – Member convener

2. To approve the penalty clause under disciplinary action.

Board approved the proposal to incorporate additional penalty clause to levy exemplary cost against erring network hospitals for the acts of omissions and commissions committed by network hospitals and their personnel. Further it has agreed to extend the barring period of the delisted hospital from present period of six months to two years for re-empanelment.

Resolution No. 234/2011: By the authority under the bye-laws of Trust deed, the Board authorise CEO to make following amendments to penalty clause and guidelines under disciplinary actions against erring hospitals by the Empanelment and Disciplinary Committee.

- (a) The EDC panel upon receipt of the complaint and after conducting its enquiry shall levy the Exemplary cost against the erring NWHs for the following acts of omissions and commissions committed by NWHs and its personnel.
- (i) Collection of money either in cash or kind from Aarogyasri patients.
 - (ii) Deficiency in services by the NWH and its personnel.
- (b) The EDC panel shall follow the principles of natural justice while levying **Exemplary costs** against the NWHs.
- (c) Quantum of Exemplary cost.
- (i) The Exemplary cost will be determined as per the reasonable value of omission and commission determined by the EDC panel by imposing up to 10 times of its said value.
 - (ii) The amount of the Exemplary cost ordered by the 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 Exemplary cost is imposed fails to pay then it may forthwith be '**Delisted**' from the active hospitals list of empanelment without any notice or intimation to them.
- (d) The NWHs delisted for default shall be barred from re-empanelment till the expiry of 2 years. The current barring period of 6 months is not showing any deterrent.

V. Field Operations

1. To approve the new Health Camp Policy

Board approved the change in Health Camp Policy to conduct health camps by the PHCs concerned in each district at the rate of 30 camps per month and to pay Rs.500/- to the PHC referral doctor for each referral case treated in a Govt. network hospital.

Resolution No. 235/2011: By the authority under the bye-laws of Trust deed, the Board approve the following change in health camp policy and to pay the PHC referral doctor for each referral case treated in Govt. Hospital.

- (i) To conduct Health Camps by PHCs concerned in each district @ 30 per month.
- (ii) The approved financial support of Rs.5000/- will be paid to the concerned PHC for each health camp.
- (iii) Special camps will be organised with the help of network hospitals.

- (iv) To pay Rs.500/- to the PHC referral doctor for each referral case treated in Govt. network hospital.
- (v) The PHC doctor shall ensure OP registration and documentation of all patients.

2. To approve establishment of peripheral CMCO referral centres

The Board approved the establishment of six (6) peripheral CMCO referral centres to facilitate patients in the districts.

Resolution No. 236/2011: By the authority under the bye-laws of Trust deed, the Board ratified the establishment of six (6) peripheral centres at Kurnool, Warangal, Kakinada, Visakhapatnam, Vijayawada and Tirupathi to issue CMCO referral cards to the eligible patients with following guidelines and meet the expenditure from the CMRF.

- (i) The procedure for issue of referral cards shall be followed as per the guidelines issued in the G.O.Ms.No.1012 Revenue (CMRF) Department, dated 12.08.2008.
- (ii) The beneficiaries from the above peripheral centres will be permitted to undergo cashless treatment under the scheme in Government Network hospitals only.

VI. Planning and Coordination

1. To approve renewal of the Scheme in 8 districts of Phase-I and Phase-III.

The Board approved the renewal of the scheme in 8 districts of Phase-I and Phase-III Anantapur, Srikakulam, Mahboobnagar (Phase-I), Medak, Karimnagar, Prakasam, Nellore and Y.S.R. (Phase-III) benefiting **65,11,589** BPL families for the policy period of 05.04.2011 to 04.04.2012 for Phase-I districts and 15.04.2011 to 14.04.2012 for Phase-III districts for 938 procedures of both Aarogyasri-I and II. It also approved the identification of insurance company M/s. Star Health & Allied Insurance Co. Ltd. @ Rs.489/- per family.

Resolution No. 237/2011: By the authority under the bye-laws of Trust deed, the Board ratified the renewal of the scheme in 8 districts of Phase-I and Phase-III Anantapur, Srikakulam, Mahboobnagar (Phase-I), Medak, Karimnagar, Prakasam, Nellore and Y.S.R. (Phase-III) benefiting **65,11,589** BPL families for the policy period of 05.04.2011 to 04.04.2012 for Phase-I districts and 15.04.2011 to 14.04.2012 for Phase-III districts for 938 procedures of both Aarogyasri-I and II. It also approved the identification of insurance company M/s. Star Health & Allied Insurance Co. Ltd. @ Rs.489/- per family

2. To approve renewal of the Scheme in 10 districts of Phase-IV and Phase-V.

The Board approved the renewal of the scheme in 10 districts of Phase-IV and Phase-V Adilabad, Hyderabad, Kurnool, Vizianagaram, Visakhapatnam, Nizamabad, Khammam, Warangal, Guntur and Krishna benefiting **83,65,534** BPL families for the policy period 17.07.2011 to 16.07.2012 for 192 procedures. It also approved the identification of insurance company M/s. Star Health & Allied Insurance Co. Ltd. @ Rs.279/- per family. It also approved the recruitment of field staff by the Trust through district collectors through outsourcing agency.

Resolution No. 238/2011: By the authority under the bye-laws of Trust deed, the Board ratified the renewal of the scheme in 10 districts of Phase-IV and Phase-V Adilabad, Hyderabad, Kurnool, Vizianagaram, Visakhapatnam, Nizamabad, Khammam, Warangal, Guntur and Krishna benefiting **83,65,534** BPL families for the policy period 17.07.2011 to 16.07.2012 for 192 procedures. It also approved the identification of insurance company M/s. Star Health & Allied Insurance Co. Ltd. @ Rs.279/- per family. It also approved the recruitment of field staff by the Trust through district collectors through outsourcing agencies.

3. To approve renewal of Scheme in 5 districts of Phase II and also the new mode of financing.

The Board while considering request of the Trust to approve the renewal of the scheme in 5 districts of Phase-II from 05.12.2011 to 31.03.2013 was presented with the following three options of financial models to implement the scheme viz.,

Options:

Option 1(Budget Transfer model): Purchase the insurance without risk targeting, the company administers the claims.

Option 2 (Targeted Insurance purchase model): Purchase insurance with risk targeting. BPO company administers claims.

Option 3(Trust run model): BPO company administers claims, management of budget is with the Trust.

CEO explained in detail the implications of each model and submitted that by implementing the scheme through Option 2 or 3 will result in savings of Rs.200 Cr. on account of service tax and administrative cost. He further stated that this amount may be utilised for extending the scheme to APL population.

He further explained that Trust is implementing the scheme in 5 districts of Phase-II viz., East Godavari, West Godavari, Chittoor, Nalgonda and Ranga Reddy from 05.12.2011 on its own for all 938 procedures pending a decision on the mode of financing option after being permitted by Government. Trust recruited field staff including Network Aarogyamithras in these districts through the district collectors on outsourcing basis. It also reserved 133 procedures to the Govt. network hospitals in these 5 districts.

The Board after detailed discussions approved the implementation of the scheme from 05.12.2011 to 31.03.2013 by the Trust on its own without involving insurance company in view of pending decision on options of financing the scheme submitted by CEO. The Board further approved recruitment of field staff including Network Aarogyamithras in these districts through the district collectors on outsourcing basis and reservation of 133 procedures to the Govt. network hospitals in these 5 districts.

The Board then requested the CEO to put up proposal separately with complete details including advantages and disadvantages of adopting each option.

Resolution No. 239(i) /2011: By the authority under the bye-laws of Trust deed, the Board approved the implementation of the scheme from 05.12.2011 to 31.03.2013 by the Trust on its own without involving insurance company in view of pending decision on options of financing the scheme submitted by CEO. The Board further approved recruitment of field staff including Network Aarogyamithras in these districts through the district collectors on outsourcing basis and reservation of 133 procedures to the Govt. network hospitals in these 5 districts. The Board authorised CEO to meet the expenditure from the funds available with the Trust.

Resolution No. 239(ii) /2011: The Board requested the CEO to submit the proposal in a separate note with complete details including advantages and disadvantages of implementing the scheme through different options.

4. To approve policy of reservation of certain procedures to Government hospitals to strengthen them.

The Board approved the reservation of identified 133 procedures to the Government Hospitals in accordance with the decision taken during the meeting with Hon'ble C.M. held on 03.08.2011.

Resolution No. 240/2011: By the authority under the bye-laws of Trust deed, the Board ratified the list of following identified diseases of 133 reserved procedures to be performed in Govt. network hospitals from August 2011 and to implement in phased manner in all phases as and when the scheme is renewed.

Packages reserved for Govt. Hospitals				
S.No.	Code	Category	Surgery code	Procedure
1	M10	RHEUMATOLOGY	M10.1	SLE (Systemic Lupus Erythematosis)
2	M10	RHEUMATOLOGY	M10.2	Scleroderma
3	M10	RHEUMATOLOGY	M10.1.2	SLE With Sepsis
4	M10	RHEUMATOLOGY	M10.5	Vasculitis
5	M10	RHEUMATOLOGY	M10.3	MCTD (Mixed Connective Tissue Disorder)
6	M10	RHEUMATOLOGY	M10.4	Primary Sjogren'S Syndrome
7	M12	GASTROENTEROLOGY	M12.9	Gastric Varices
8	M12	GASTROENTEROLOGY	M12.4	Achalasia Cardia
9	M9	DERMATOLOGY	M9.1	Pemphigus /Pemphigoid
10	M9	DERMATOLOGY	M9.2	Toxic Epidermal Necrolysis
11	S1	GENERAL SURGERY	S1.3.2.1	Lap. Appendectomy
12	S1	GENERAL SURGERY	S1.5.2	Lap.Cholecystectomy
13	S1	GENERAL SURGERY	S1.1.5.1	Hemithyroidectomy
14	S1	GENERAL SURGERY	S1.3.1.9	Ventral And Scar Hernia With Mesh
15	S1	GENERAL SURGERY	S1.1.5.5	Subtotal Thyroidectomy
16	S1	GENERAL SURGERY	S1.3.1.7	Umbilical Hernia With Mesh
17	S1	GENERAL SURGERY	S1.3.1.2	Epigastric Hernia With Mesh
18	S1	GENERAL SURGERY	S1.3.3.4	Gastrojejunostomy & Vagotomy
19	S1	GENERAL SURGERY	S1.1.5.6	Total Thyroidectomy
20	S1	GENERAL SURGERY	S1.3.1.1	Epigastric Hernia Without Mesh
21	S1	GENERAL SURGERY	S1.3.1.6	Umbilical Hernia Without Mesh
22	S1	GENERAL SURGERY	S1.5.1	Cholecystectomy
23	S1	GENERAL SURGERY	S1.1.9	Excision Of Thyroglossal Cyst Fistula
24	S1	GENERAL SURGERY	S1.5.3	Cholecystectomy & Exploration Cbd
25	S1	GENERAL SURGERY	S1.3.1.8	Ventral And Scar Hernia Without Mesh
26	S1	GENERAL SURGERY	S1.4.1	Operation For Hydatid Cyst Of Liver

27	S1	GENERAL SURGERY	S1.1.5.3	Partial Thyroidectomy
28	S1	GENERAL SURGERY	S1.7.1	Splenectomy For Hypersplenism
29	S1	GENERAL SURGERY	S1.1.1	Branchial Cyst Excision
30	S1	GENERAL SURGERY	S1.1.11	Removal of Submandibular Salivary Gland
31	S1	GENERAL SURGERY	S1.3.3.3	Vagotomy Pyloroplasty
32	S1	GENERAL SURGERY	S1.3.1.4	Hiatus Hernia Repair Abdominal
33	S1	GENERAL SURGERY	S1.3.1.3	Femoral Hernia
34	S1	GENERAL SURGERY	S1.1.5.2	Isthmectomy
35	S1	GENERAL SURGERY	S1.1.2	Branchial Sinus Excision
36	S1	GENERAL SURGERY	S1.5.4	Cholecystostomy
37	S1	GENERAL SURGERY	S1.1.5	Cystic Hygroma Excision-Major
38	S1	GENERAL SURGERY	S1.1.8	Parathyroidectomy
39	S1	GENERAL SURGERY	S1.3.1.5	Rare Hernias (Spigalion,Obuturator,Sciatic)
40	S1	GENERAL SURGERY	S1.5.7	Repair Of Cbd
41	S1	GENERAL SURGERY	S1.3.3.2	Selective Vagotomy Drainage
42	S1	GENERAL SURGERY	S1.1.4	Cystic Hygroma Excision- Extensive
43	S1	GENERAL SURGERY	S1.1.7	Excision Of Lingual Thyroid
44	S1	GENERAL SURGERY	S1.1.4.4	Wedge Excision
45	S1	GENERAL SURGERY	S1.1.3.1	Partial Glossectomy
46	S1	GENERAL SURGERY	S1.1.6	Cystic Hygroma Excision-Minor
47	S1	GENERAL SURGERY	S1.1.12	Parotid Duct Repair
48	S1	GENERAL SURGERY	S1.3.3.1	Highly Selective Vagotomy
49	S1	GENERAL SURGERY	S1.1.4.3	Wedge Excision& Vermilionectomy
50	S1	GENERAL SURGERY	S1.1.4.1	Abbe Operation
51	S1	GENERAL SURGERY	S1.3.3.7	Pyloromyotomy
52	S1	GENERAL SURGERY	S1.1.4.2	Vermilionectomy
53	S2	ENT SURGERY	S2.3.1	Endoscopic Sinus Surgery
54	S2	ENT SURGERY	S2.3.2	Mastoidectomy
55	S2	ENT SURGERY	S2.3.7	Endoscopic DCR
56	S2	ENT SURGERY	S2.2.6	Adenoidectomy - Gromet Insertion
57	S2	ENT SURGERY	S2.3.4	Stapedectomy - Veingraft
58	S2	ENT SURGERY	S2.3.5	Excision Of Benign Tumour Nose
59	S2	ENT SURGERY	S2.3.6	Angiofibroma Nose
60	S2	ENT SURGERY	S2.1.2	Facial Nerve Decompression
61	S2	ENT SURGERY	S2.1.3	Temporal Bone Excision
62	S2	ENT SURGERY	S2.2.4	Exision Of Tumors In Pharynx
63	S2	ENT SURGERY	S2.3.3	Tympanoplasty
64	S3	OPHTHALMOLOGY SURGERY	S3.4.4	Enucleation/Evisceration with Orbital implant
65	S3	OPHTHALMOLOGY SURGERY	S3.2.6	Double Z-Plasty
66	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.1	LAVH

67	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.10	Vaginal Hysterectomy With Pelvic Floor Repair
68	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.2	Laparoscopic Cystectomy
69	S4	GYNAECOLOGY AND OBSTETRICS SURGERY	S4.2.9	Vaginal Hysterectomy
70	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.6.3	Operations For Brachial Plexus & Cervical Rib
71	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.5.2	Costo Transversectomy
72	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.3.1	Amputations - Forequarter
73	S5	ORTHOPEDIC SURGERY AND PROCEDURES	S5.3.2	Amputations - Hind Quarter And Hemipelvectomy
74	S6	SURGICAL GASTRO ENTEROLOGY	S6.7.4	Lap.Cholecystectomy
75	S6	SURGICAL GASTRO ENTEROLOGY	S6.3.3	Truncal Vagotomy + Gastro Jejunostomy
76	S6	SURGICAL GASTRO ENTEROLOGY	S6.8.1	Splenectomy
77	S6	SURGICAL GASTRO ENTEROLOGY	S6.7.1	Cyst Excision + Hepatic Jejunostomy
78	S6	SURGICAL GASTRO ENTEROLOGY	S6.7.6	Choledochoduodenostomy Or Choledocho Jejunostomy
79	S6	SURGICAL GASTRO ENTEROLOGY	S6.3.4	Distal Gastrectomy For Gastric Outlet Obstruction
80	S6	SURGICAL GASTRO ENTEROLOGY	S6.7.2	Cholecystectomy
81	S6	SURGICAL GASTRO ENTEROLOGY	S6.3.2	Total Gastrectomy
82	S6	SURGICAL GASTRO ENTEROLOGY	S6.3.1	Partial Gastrectomy
83	S6	SURGICAL GASTRO ENTEROLOGY	S6.12.2	Enucleation Of Cyst
84	S6	SURGICAL GASTRO ENTEROLOGY	S6.8.3	Splenectomy For Space Occupying Lesion
85	S6	SURGICAL GASTRO ENTEROLOGY	S6.10.1	Diaphragmatic Hernia (Gortex Mesh Repair)
86	S8	PEDIATRIC SURGERIES	S8.6.4	Undescended Testis
87	S8	PEDIATRIC SURGERIES	S8.5.7	Laparoscopic Appendicectomy
88	S8	PEDIATRIC SURGERIES	S8.1.4.2	Cleft Palate
89	S8	PEDIATRIC SURGERIES	S8.1.4.1	Cleft Lip
90	S8	PEDIATRIC SURGERIES	S8.3.3	Cystic Lesions Of The Neck
91	S8	PEDIATRIC SURGERIES	S8.3.5	Sinuses & Fistula Of The Neck
92	S8	PEDIATRIC SURGERIES	S8.5.8	Laparoscopic Cholecystectomy
93	S8	PEDIATRIC SURGERIES	S8.6.2	Epispadiasis - Correction

94	S8	PEDIATRIC SURGERIES	S8.1.4.6	Tm Joint Ankylosis
95	S8	PEDIATRIC SURGERIES	S8.1.4.4	Syndactyly Of Hand For Each Hand
96	S8	PEDIATRIC SURGERIES	S8.1.4.5	Microtia/Anotia
97	S8	PEDIATRIC SURGERIES	S8.3.2	Congenital Dermal Sinus
98	S8	PEDIATRIC SURGERIES	S8.6.3	Scrotal Transposition Repair
99	S8	PEDIATRIC SURGERIES	S8.5.2	Gastro Esophageal Reflux Correction
100	S8	PEDIATRIC SURGERIES	S8.5.4	Intestinal Polyposis Surgical Correction
101	S8	PEDIATRIC SURGERIES	S8.4.7	Thoracic Wall Defects- Correction
102	S9	GENITO URINARY SURGERIES	S9.6.3	Simple Nephrectomy
103	S9	GENITO URINARY SURGERIES	S9.2.3	Open Cystolithotomy
104	S9	GENITO URINARY SURGERIES	S9.2.1	Open Pyelolithotomy
105	S9	GENITO URINARY SURGERIES	S9.8.2	Vasico Vaginal Fistula
106	S9	GENITO URINARY SURGERIES	S9.9.3	Open Prostatectomy
107	S9	GENITO URINARY SURGERIES	S9.10.1	Orchidopexy Bilateral
108	S9	GENITO URINARY SURGERIES	S9.8.9	Ureterocele
109	S9	GENITO URINARY SURGERIES	S9.8.3	Epispadiasis - Correction
110	S9	GENITO URINARY SURGERIES	S9.6.8	Renal Cyst Excision
111	S9	GENITO URINARY SURGERIES	S9.9.5	Total Cystectomy
112	S9	GENITO URINARY SURGERIES	S9.9.6	Diverticulectomy
113	S9	GENITO URINARY SURGERIES	S9.10.4	Partial Amputation Of Penis(Non-Malignant)
114	S9	GENITO URINARY SURGERIES	S9.10.5	Total Amputation Of Penis(Non-Malignant)
115	S10	NEUROSURGERY	S10.2.8	Discectomy
116	S10	NEUROSURGERY	S10.2.7	Laminectomy
117	S10	NEUROSURGERY	S10.5.2	Discectomy With Implants
118	S10	NEUROSURGERY	S10.5.4	Spinal Fixation Rods And Plates, Artificial Discs
119	S10	NEUROSURGERY	S10.5.1	Anterior Discectomy & Bone Grafting
120	S10	NEUROSURGERY	S10.6.3	Lumbar Sympathectomy
121	S10	NEUROSURGERY	S10.1.22	C.S.F. Rhinorrhoea
122	S10	NEUROSURGERY	S10.1.16	Abscess Tapping
123	S10	NEUROSURGERY	S10.1.15	Ventricular Tapping

124	S10	NEUROSURGERY	S10.6.2	Cervical Sympathectomy
125	S10	NEUROSURGERY	S10.1.19	Atrial Shunt
126	S14	PLASTIC SURGERY	S14.1.2	Cleft Palate
127	S14	PLASTIC SURGERY	S14.1.1	Cleft Lip
128	S14	PLASTIC SURGERY	S14.13	Ptosis
129	S14	PLASTIC SURGERY	S14.1.6	Tm Joint Ankylosis
130	S14	PLASTIC SURGERY	S14.1.5	Microtia/Anotia
131	S14	PLASTIC SURGERY	S14.6	Cup And Bat Ears
132	S14	PLASTIC SURGERY	S14.15	Vaginal Atresia
133	S14	PLASTIC SURGERY	S14.11	Leprosy Reconstructive Surgeroy

5. To approve universal coverage (including 30 lakh APL Population) without additional budget by changing the mode of financing.

The Board after discussions deferred the decision as the proposal of financing the scheme is pending.

As decision was deferred, no resolution is recorded.

6. To permit change over to DRG (Diagnosis Related Group) based classification of packages.

The Board decided to permit the change over to DRG (Diagnosis Related Group) based classification of packages.

Resolution No. 241/2011: By the authority under the bye-laws of Trust deed, the Board approved the change over to DRG system within a period of 12 months. The CEO is authorised to hold workshop on the DRG system and undertake training of Trust officials with support staff with the help of resource persons and experts and meet the expenditure from the research corpus fund.

7. To permit costing of package prices through WHO approved step-down method.

Board after discussion permitted Trust to undertake costing of packages through WHO approved step-down method.

Resolution No. 242/2011: By the authority under the bye-laws of Trust deed, the Board authorize CEO to undertake pricing exercise utilising in-house expertise and external assistance of resource persons to fix the package prices scientifically and meet the expenses from the available budget.

8. To approve the revised guidelines under cochlear programme

Board after discussion approved changes in guidelines for Cochlear Implantation Programme as suggested by specialists.

Resolution No. 243/2011: By the authority under the bye-laws of Trust deed, the Board approved the following modifications to guidelines, reconstitution of cochlear committee and evaluation of beneficiaries under Cochlear Implantation programme.

(A) Changes in guidelines:

(i) Age limit for Cochlear Implant beneficiaries: The age limit criteria for pre-lingual cases to be limited to the 2 (two) yrs instead of present 12 yrs and 12(twelve) years for post-lingual cases.

The other criteria points to be followed for selection of children for post lingual of age group are as mentioned below.

- a) 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.
- b) Children having congenital profound hearing loss and not benefited even after usage of any other hearing aid.
- c) Children who are used to oral-aural method of communications and perusing inclusive education.

(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 out come by properly counseling 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.

d) An objective assessment protocols shall be followed for assessment of AV therapy outcome as annexed for clearing AV Therapy claims.

(iii) 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.

(iv) Mentor trained Surgeon: Only mentor trained surgeon shall operate these cases. Hospital shall submit details of proof and certification in this regard to the Trust.

(v) Re-constitution of the Committee: The cochlear committee for evaluation of beneficiaries referred by the network hospitals is re-constituted with independent members without involving specialists of participating teams from Network Hospitals. The re-constituted committee will be evaluating the cases from 23.11.2011, all the network hospitals shall note the change. However two observers from the network hospital will be permitted as is done now.

(B) Action plan to achieve further objectives in the scheme:

(i) An independent committee reconstituted with following specialists who are not involved in Cochlear Implant Programme for preauthorization evaluation of cases referred by the Network Hospitals.

S.No.	Name of the specialist	Designation / Specialty	Status
1	Dr. R. Ranganath Reddy	Prof. HOD ENT Department, Medici Medical College, Ghanpur, R.R. Dist.	Member
2	Prof. Nandur	Speech pathologist, Govt. ENT Hospital, Koti, Hyd.	Member
3	Dr. K.Narsimloo.	Prof. & HOD, ENT Dept. Gandhi Hospital	Member
4	Dr. Ramasubba Reddy	Asst. Prof. Psychiatry, Gandhi Hospital	Member
5	Dr. Devaraj	Prof. Pediatric, Niloufer Hospital	Member

(ii) The same committee shall evaluate the Cochlear Implantees for assessment of programme.

(iii) To request Government for establishing AV Therapy centers in all Teaching Hospitals in order to facilitate extended habilitation programme for these implantees for best outcome.

(iv) To empanel more number of Government Hospitals having requisite infrastructure for the programme.

9. To permit Trust to offer support services to other schemes such as ESIC etc. to economise on the administrative cost of Trust.

Board after discussions agreed to permit the Trust to offer support services to other schemes such as ESIC etc. to economise on the administrative cost of Trust.

Resolution No.244/2011: By the authority under the bye-laws of Trust deed, the Board approved the proposal of Trust to offer support services to other schemes such as ESIC etc. on payment of charges, authorize CEO to fix charges and enter into contract agreement with the agencies.

10. To approve earmarking of Rs.30 Cr. as corpus for all future research and evaluation activities under the Health care sector such as burden of disease studies, preparation of health accounts, etc.

Board agreed for earmarking of Rs.30 Cr. corpus for all future research and evaluation activities under the Health care sector such as burden of disease studies, preparation of health accounts, etc.

Resolution No.245/2011: By the authority under the bye-laws of Trust deed, the Board approved the proposal of Trust to undertake research and evaluation activities under the Health care sector such as burden of disease studies, preparation of health accounts, etc. and authorize CEO to earmark Rs.30 Cr. corpus fund and utilize the interest accrued on the amount for the said purpose.

11. To approve the course of action on the evaluation of Rajiv Aarogyasri scheme.

Board approved the course of further action on evaluation of Rajiv Aarogyasri scheme.

Resolution No.246/2011: By the authority under the bye-laws of Trust deed, and in continuation of Board resolution No.207/2010 dated 07.09.2010 the Board approve following action plan on evaluation of Rajiv Aarogyasri scheme and authorize CEO accordingly.

- (i) Appoint Department of Economics, Andhra University and CESS (Centre for Economic and Social Studies), Ministry of HRD, Government of India as independent monitors for the evaluation as well as surveyors.
- (ii) Enter into agreement with PHFI, IIPH, ASCI, AU and CESS
- (iii) Make ASCI and PHFI as equal partners, each leading their allotted areas of evaluation.

- (iv) Follow action plan made by CEO.
- (v) Appointment of Independent monitors for evaluation.
- (vi) To rework the schedule.

VII. 104 Call Centre Services (□□□□□□□□□□ 104 □□□□ □□□□□□)

1. To approve the Staff requirement and budget estimates.

Board after discussions approved the establishing 104 call centre under Aarogyasri Trust, Integration of call centre with Aarogyasri Program, staff requirement, deployment of earlier eligible staff and budget requirement.

Resolution No.247/2011: By the authority under the bye-laws of Trust deed, the Board approved 104 Call Centre establishment under Aarogyasri Trust, Integration of call centre with Aarogyasri scheme, creation of staff positions, deployment of eligible earlier 104 staff who are science graduates (B.Sc / M.Sc) along with competent open market personnel through M.D. India for a period of 12 months at 20% management cost, and budget requirement. Board approved the creation of staff positions through contract / outsourcing basis and budget given below.

Staff requirement:

S.No.	Category	No. of the Posts	Monthly cost to Trust	Monthly Unit Cost on Sanctioned Posts	20 % Management Cost on Sanctioned posts
1	Project Manager	1	75,000	75,000	15,000
2	Manager Operations	1	50,000	50,000	10,000
3	Manager IT	2	50,000	1,00,000	20,000
4	Manager (Admn)	1	50,000	50,000	10,000
5	Training & Medical Advisor(Doctor)	1	35,000	35,000	7,000
6	Team Leader Medical	2	30,000	60,000	12,000
7	Medical Advisors(Doctors)	23	25,000	5,75,000	1,15,000
8	Team leader Counseling	3	30,000	90,000	18,000
9	SW & HW Executives	5	25,000	1,25,000	25,000
10	WFM & MIS Executives	3	17,000	54,000	10,800
11	Grievance Handlers	5	16,000	90,000	18,000
12	Assistant Manager	3	23,000	96,000	19,200

13	Team Leader Operations	13	20,000	2,60,000	52,000
14	HR & ADMIN Executives	1	20,000	20,000	4000
15	Quality Executive	5	15,000	75,000	15,000
16	Counselors	23	18,000	4,14,000	82,800
17	Health Advisor	166	10,000	16,60,000	3,32,000
18	Senior Executive	10	25,000	2,50,000	50,000
19	Senior Associate	10	16,660	1,66,600	33,320
	Grand Total	278		42,45,600	8,49,120

Budget requirement:

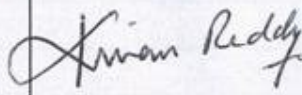


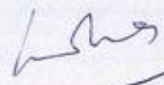
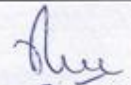
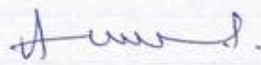



S. No.	Item of Expenditure	Amount (Rs. in lakhs)
1	Staff Salaries	661.00
2	Security Services	10.00
3	Housekeeping Services	35.00
4	Electricity / Water charges	14.77
5	Rentals (Municipal Complex, Koti 1 st , 3 rd and top floor)	30.00
6	Office Expenditure	10.00
7	Hiring of Vehicles (3XRrs.18,000X12months)	6.48
8	Furniture, DG Set and UPS	135.00
9	Construction of Floor space (CAPX)	660.00
10	AMC for Desktops	2.25
11	AMC for A/V equipment	5.50
12	TCS maintenance	330.00
	Total	1900.00

AAROgyASRI HEALTH CARE TRUST

15TH BOARD OF TRUSTEES MEETING

28.12.2011, 12.15 PM

Chief Ministers Camp Office, Begumpet, Hyderabad.

SL. NO	Name of the Member		Signature
1	Sri. N. Kiran Kumar Reddy Hon'ble Chief Minister of Andhra Pradesh	Chairman	
2	Sri. D. L. Ravindra Reddy, Hon'ble Minister for Medical Education, APVVP & Hospital Services, Health, Family Welfare, Aarogyasri, Health Insurance, 104, 108 & Medical Infrastructure	Vice-Chairman-I	
3	Sri. G. Sudhir, IAS Spl.Chief Secretary to Govt. Health, Medical & Family Welfare Dept.	Vice-Chairman-II	 28/12/2011
4	Sri. K. R. Kishore, IAS Principal Secretary to Govt. Medical & Health Dept. & Commissioner of Family Welfare (FAC)	Trustee	 28/12/11
5	Smt. Ranjeev R. Acharya, IAS Principal Secretary to Govt., Finance (FP) Dept.	Trustee	 28.12.2011
6	Sri. Reddy Subrahmanyam, IAS Principal Secretary to Govt., Rural Development Dept.	Trustee	
7	Dr. S. Aruna Kumari, Director of Health	Trustee	
8	Dr. B. Vasantha Prasad Director of Medical Education	Trustee	
9	Dr. K. Pani Koteswara Rao Commissioner (FAC), APVVP	Trustee	
10	Dr. A. Dharma Rakshak Director of NIMS	Trustee	
11	Sri. N. Srikant, IAS Chief Executive Officer	Secretary	