

AAROGYASRI HEALTH CARE TRUST

MIS MANUAL WITH INDICATORS COMPENDIUM AND REPORT TABLES

VOLUME I

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ABBREVIATIONS

S.No	Abbreviation	Full Form
1	~CA	Cost of the Claims Approved
2	~TD	Cost of the Therapies Done
3	~TDs	Cost of the Therapies discharged
4	~TP	Cost of the Therapies Preauthorised
5	ACC	Average Claim Case Waiting Time
6	ACN	Average Categories per NWH
7	ACS	Average Claim Size
8	AFR	Adverse Feedback Rate
9	AI	Autonomous Institutions
10	AMCCO	Aarogyasri Medical Camp Coordinator
11	AP	Average Price
12	APC	Average Preauth Case Waiting Time
13	APS	Average Preauth Size
14	AS	Aarogyasri
15	ATPCC	Average therapies per covered card-year for a given therapy
16	ATPCP	Average therapies per covered person-year for a given therapy
17	ATPUC	Average therapies per utilised card-year for a given therapy
18	ATPUP	Average therapies per utilised person-year for a given therapy
19	AVG. CAT	Average Number of Categories
20	BC	Backward Caste
21	BCR	Bare Claim Ratio
22	BE	Budget Estimate
23	BOR	Aarogyasri Bed Occupancy Rate
24	BPAU	Buffer case Preauthorisation
25	BPCD	Bare Premium Claim Difference
26	CA	Claims Approved
27	CAO	Claims Authorization Officer
28	C-CC	Chairman - Cochlear Committee
29	CDR	Claim Deduction Ratio
30	CFR	Case Fatality Rate
31	CH	Claim Head
32	CIE	Therapy Claims Eligible
33	CLMF	Claims Afresh
34	CLMP	Claims Pending
35	CLR	Claim Rate
36	CMCO	CM Camp Office
37	CMRF	Chief Minister Relief Fund
38	CPD	Claims Panel Doctor
39	CPP	Claim Pendency Percentage
40	CR	Claim Ratio
41	CRe	Claims Rejected

42	Cr	Crores
43	CTD	Claims Trust Doctor
44	CUR	Card Utilization Rate
45	CX / CEX	Claims Executive
46	CY	Cumulative Year
47	d Q[n]	Q is the quarter of a year. The statistic is calculated from quarterly period amounts (Q[n] - Q[n-1]).
48	DFO	Deputy Financial Officer
49	EAO	Empanelment Authorization Officer
50	EEX	Empanelment Executive
51	EH	Empanelment head
52	EPD	Empanelment Processing Doctor
53	EPO	Empanelment Processing Officer
54	EPO (CMA)	Empanelment Processing Officer
55	EW	Empanelment Weight
56	EX	Executive
57	EXPDR	Expenditure
58	F	Female
59	F/U	Followup
60	FC	Frequency Count
61	FY	Financial Year
62	GH	Government Hospital
63	Govt	Government
64	GR	Grievance Rate
65	HCAP	HC Patient Referral Capture Rate
66	HCC	Health Camps Conducted
67	HCON	HC Patient Referral Conversion Rate
68	HCPR	Patients Referred (through Health Camps)
69	HCPS	Patients Screened (In Health Camp)
70	HD	Hospital District
71	HD TP	Hospital District Therapies Preauthorised
72	INS	Insurance
73	IP	Hospital In Patients
74	ITEX	IT Executive
75	LCLM	Live Claims
76	LP	Therapy Claim Lapsed
77	LPAU	Live Preauthorisation
78	LPAUC	Live Preauthorisation Cancellation
79	M	Male
80	MC-CC	Member Convener - Cochlear Committee
81	MC-EDC	Member Convener - Empanelment Disciplinary Committee
82	MIN	Minority
83	NAM	Network Aarogyamithra
84	NWH	Network Hospital
85	OP	Hospital Out Patients

86	PAO	Preauth Authorization Officer
87	PAUC	Preauthorisation Cancellation
88	PAUP	Preauthorisation Pending
89	PCD	Premium Claim Difference
90	PCLM	Past Claims
91	PCR	Preauth Cost Rate
92	PD	Patient District
93	PD TP	Patient District Therapies Preauthorised
94	PDR	Preauth Disposal Rate
95	PEX-C	Preauth Executive Cochlear
96	PFF	Period Falling in the Financial Year
97	PID	Preauth Insurance Doctor
98	PP	Policy Period
99	PPAU	Past Preauthorisation
100	PPAUC	Past Preauthorisation Cancellation
101	PPD	Preauth Panel Doctor
102	PPP	Preauth Pendency Percentage
103	PTD	Preauth Trust Doctor
104	PUR	Person Utilization Rate
105	Pvt	Private
106	R	Rural
107	MEDCO	Medical Coordinator
108	REL	Amount Released
109	SC	Scheduled Caste
110	ST	Scheduled Tribe
111	T	Total
112	TAP/RAP/A AP/AP	Types of Cards
113	TCB	Therapies Claim Pending at Bank
114	TCBC	Therapies Claim Pending at Bank Cost
115	TCO	Therapies Claim Outstanding
116	TCOC	Therapies Claim Outstanding Cost
117	TD	Therapies Done
118	TDs	Therapies discharged
119	TP	Therapies Preauthorised
120	U	Urban
121	WAC	Weighted Average Cases (WAC) per month for a NWH
122	WSD	Weighted Standard Deviation (WSD)
123	Wt	Weight

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1. INTRODUCTION

An organization needs to develop the use of information in its own work including the setting up of data, indicator banks and report tables by developing efficient MIS. The needs of the personnel in the institutions where data of MIS originate ought to be taken into account just as much as those of the users on a higher level in the health hierarchy. Observing them will motivate and enlighten the handling of the system, increase its reliability, enlarge its scope, improve its usefulness on all levels, and reduce costs. A disciplined information reporting system creates a structured data and a knowledge base for all the people in the organization. The information is available in such a form that it can be used straight away or by blending analysis, saving the manager's valuable time. This manual is therefore essential to take organisational performance to a higher level of quality and effectiveness.

The concept of MIS is to process data from the organization and present it in the form of reports at regular intervals. The system is capable of handling the data from collection to processing. It is impersonal, requiring each individual to pick and choose the processed data and use it for his requirements. This concept was later modified when a distinction was made between data and information. Information is a product of an analysis of data. This concept is similar to a raw material and the finished product. What is needed is information and not a mass of data. However, the data can be analysed in a number of ways, producing different shades and specifications of the information as a product. It is, therefore, demanded that the system concept be individual- oriented, as each individual may have a different orientation towards the information. This concept is further modified in such a way that the system presents information in a form and format that creates an impact on its user, provoking a decision or an investigation. MIS has more than one definition, some of which are given below.

A system which provides information support for decision making in the organization.

An integrated system of man and machine for providing the information needed to support the operations, the management and the decision making function in the organization.

A system based on the database of the organization evolved for the purpose of providing information to the people in the organization.

MIS plays the role of information generation, communication, problem identification and helps in the process of decision making. MIS, therefore, plays a vital role in the management, administration and operations of an organization. The role of the MIS in an organization can be compared to the role of heart in the body. The information is the blood and MIS is the heart. In the body the heart plays the role of supplying pure blood to all the elements of the body including the brain. The heart works faster and supplies more blood when needed. It regulates and controls the incoming impure blood, processes it and sends it to the destination in the quantity needed. It fulfils the needs of blood supply to human body in normal course and also during a crisis. MIS plays exactly the same role in the organization. The system ensures that an appropriate data is collected from the various sources, processed, and sent further to all the needy destinations. The system is expected to fulfil the information needs of an individual, a group of individuals, the management functionaries, the managers and the top management. MIS satisfies the diverse needs through a variety of systems such as Query Systems, Analysis Systems, Modelling Systems and Decision Support Systems. MIS helps in Strategic Planning, Management Control, Operational Control and Transaction Processing.

Purpose of the Manual

This manual is meant to assist the Trust in monitoring its operations as well as the performance of its schemes. The manual is designed to be a quick-and-easy, user-friendly reference for the MIS, with a focus on applications, performance indicators and report tables. It serves as a primer on MIS and provides a general overview of the basic principles, as well as the fundamental steps and issues involved in the different activities to be undertaken. For those who wish to develop a more in-depth knowledge, this manual can also serve as the springboard for further reading and research.

The focus performance areas for this manual are scheme performance at macro level and district level, financial management, Government hospital performance, category performance, therapy performance, Operations, Field Operations, Grievance monitoring, and network hospital monitoring.

2. OVERVIEW OF MIS IN AHCT

MIS plays a number of functions in the Trust. The online processing of patients right from the time of registration at health camps or PHCs till the time of discharge of patient and settlement of claim generate voluminous data which need to be handled efficiently. The validity of data that is generated relating to patient details, case details or the payments during the time of transactions need to be valid. The data needs to be processed at the time of preauthorisations or at times of decisions relating to performance by a hospital using multiple dimensions quickly. Analytical reports need to be submitted to Government at notice times of less than 5 minutes at times. All this requires mass storage in the data centre which is currently being upgraded and communication with the users on time. The system needs to fulfil the changing needs of Trust users for the information.

MIS plays a very important role in the Trust and creates an impact on its functions such as preauthorisations, claims settlement, empanelment, patient registration, grievance redressal; performance relating to items such as preauths within 12 hrs, claims within 7 days, percentage of follow-up patients reported; and productivity items like amount of administration expenditure on every claim approved. The tracking and monitoring of the functional targets such as number of preauthorisation's given within 12 hours, the number of claims settled within 7 days, the number of fraud cases detected etc. becomes easy. The finance staff and CEO are informed about the progress, performance, achievements, shortfalls, trends in therapy utilisation, and forecasts for the therapies under the scheme. This helps in forecasting budgets for a therapy or group of therapies in any given district. MIS has been envisaged to not only help the Executive Officers and CMA to have better monitoring and control of their functions using decision support indicators but also to assist the staff to readily reference data, work flow enabled less-paper process

MIS involves the following processes:

Identify key areas of performance in the Trust viz. Preauthorisations, Claims, Empanelment, Field Operations, Grievances, HR, Finance and 104 Call Centre

Understanding of data elements (Please see the data dictionary of Trust) Understanding of data quality and its determinants

Indicators to be defined for each of the key areas of performance of the organisation

Understanding of indicators and the interpretation of data

Existing data collection and report forms to be reviewed for appropriateness

New standard reporting forms to be drafted containing the information that needs to be collected, analysed and reported

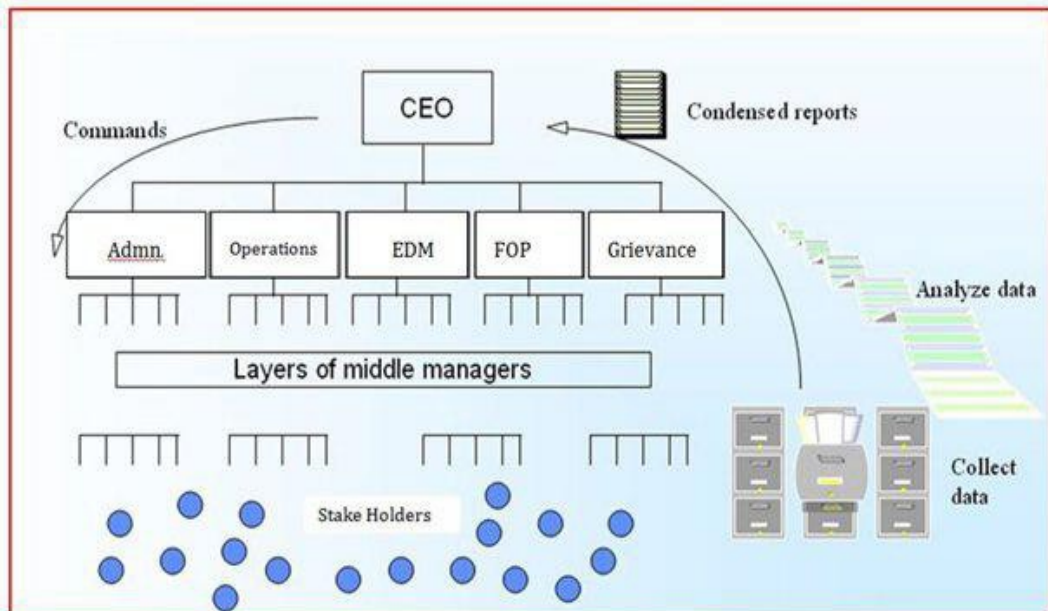
routinely Collection of data

Processing it for conversion into useful

information Analysing and discussing it

Assess the current status of services and using it to set appropriate strategies and targets for improvement and for planning and monitoring.

Process flow in MIS



Structure of MIS

MIS is an organized combination of people (MIS team), hardware (Reporting Servers etc.), communication networks and data sources that collect, transform and distribute information in Trust. The physical components of an MIS include hardware, software, database, personnel and procedures.

Hardware/Software

Aarogyasri Application is highly secured, complete Web based, end-to-end application with robust and comprehensive workflows, connecting various stake holders of the Scheme. The application is running on IBM servers and Cisco networking components. A total of 58 servers are being used in implementation of the Production, reporting environment, staging, testing environments etc. The Operating systems, Application Server are open source products. The database is running on Oracle 10g in all the environments. SAS BI is being used as the reporting tool, for the Statistical and Management Information Systems. 3 IBM servers are exclusively dedicated for the SAS BI reporting environment. Other technology partners in the implementation of the scheme are TCS-CA for implementing Digital Certificates, Sify for implementing the Virtual Private Network Cloud, Bharti Airtel implementing the public internet connection, SBH as our Payment Gateway, Precision Soft (Biometric Scanners), AP Online (for SMS Services), ENTRUST (HTTPS), Coral Telecom (Call Centre).

Database

A database is a centrally controlled collection of organized data. Central control reduces redundancy and duplication of data. Data is stored in an organized and structured way to facilitate sharing and improve availability to those who need it. The database improves efficiency of storage by elimination of redundant files and improves efficiency of processing by providing all required data in a single file rather than separate files. This also improves efficiency of information retrieval.

Reporting Database

The reporting database server currently hosts the reporting database which is used for reporting purposes. The reporting database is used to share or minimize the load of the production database. The data in the reporting database is synchronized with the production database for every 5 minutes (for transaction tables) and for every 12 hours (for the materialized views) present in the reporting database. All

the data that is accessed by MIS personnel (via portal, via sas portal) is done from the reporting database.

Procedures

Procedures required for an MIS to operate effectively are user instructions and operating instructions for MIS personnel who maintain the MIS.

User Instructions

For daily/weekly/monthly/quarterly/yearly reports:

- Understand the standard templates of reports provided
- Gain understanding of each data element that is present in the table and the data that is required to calculate them and how it is calculated. (If the data element is already present in the indicators list in compendium it can be used as a reference).
- If the needed data is available in SAS or portal generate report else write query and generate.
- An understanding of the variables and how they behave in the business life cycle would be helpful for analysis.

Instructions for on request reports:

1. Obtain the requirements of user
2. Identify the indicators which match the user need from compendium
3. Identify if the data requested is a snap shot type or a time period type
4. Identify the dimensions needed by the user
5. If the needed data is available in SAS or portal generate report else write query and generate.

For preparing graphs or data visualizations:

- Understand the data at hand.
- Need to understand the purpose of the visualization as multiple visualizations can be used to represent the same data.
- Choose the right visualization and present it in a proper manner.

Guidelines for a graph or visualization:

- A graph is a visualization used to present information in an easy to understand manner.

- Proper visualizations need to be selected to present the information that you want to portray to the end user. The data we have at hand guides us to certain types of visualizations through which the information can be conveyed.
 - Example: (A continuous variable can be best represented by a line graph, histogram etc. whereas a categorical variable can be best represented using pie diagrams, bar charts etc.). It also happens that depending on the type of data visualization the data needs to be processed and prepared (An example of such workflow is present in SAS Business Intelligence dashboard tool).
- Scale and units used for the graph should be included in the graph.
- Axis need to be labeled and a proper title and footnote must be provided.
- The aspect ratio of the graph must be adjusted appropriately to highlight the things which you want the users to perceive from the graph. (To enhance visualization, Bill Cleveland proposes a method for improving the aspect ratio of line charts called "banking to 45 degrees" (In his book "The Elements of Graphing Data")).
- Care needs to be taken to make sure the graphs are not misrepresenting the information (like the proper scale usage etc.)
- No unwanted or superfluous colors/designs should be used which distract the attention of the users from the information that the visualization is intended to communicate.
- Using colors and patterns judiciously: Color can be used to differentiate sets of data, but color sometimes is a problem because in duplication color is often lost. Other technique may be used for data differentiation, such as dashed, dotted and solid lines.
- The graph should be neat and accurate.

Example:

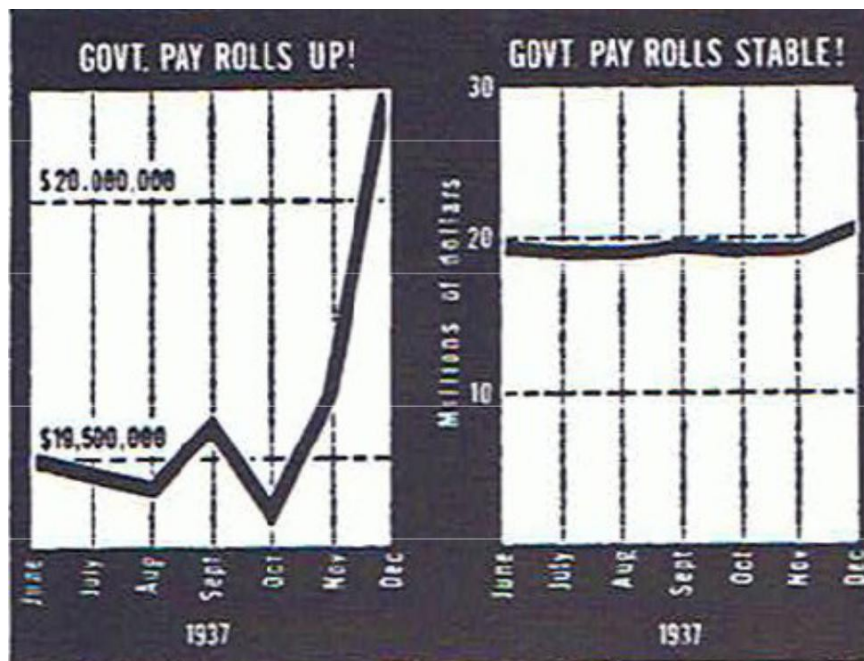


Figure: From Huff, How to Lie With Statistics

The department wise, role wise instructions are given in later sections relating to the departments.

Personnel

The personnel in the MIS function include executives, programmers, systems analysts and managers. Human resource requirements should be assessed by considering both the present system needs and the future system growth. The quality of MIS personnel is a key factor in its effectiveness. An MIS manager needs a combination of both managerial and technical skills

3. OVERVIEW OF THE SCHEME

Andhra Pradesh is a predominantly agrarian state with a population of 266 lakh families and a GDP of more than Rs.5 lakh crores. 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 affect 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 most 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) provided reimbursement of expenses for treatment of ailments till 2007, to a large extent. 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 was considered as 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.

Aarogyasri was introduced as a flagship scheme of all health initiatives of the State Government with a mission to provide quality healthcare to all the poor within the overall aim of achieving "Health for All". In order to facilitate effective implementation of the scheme, the State Government set up Aarogyasri Health Care Trust under the chairmanship of the Chief Minister, and administered by a Chief Executive Officer.

The scheme is a unique model in the field of health care, tailor made to the hospital needs of poor, providing end-to-end cashless services for identified diseases

through a network of service providers from Government and private sectors. The scheme introduced on 01.04.2007 in three backward districts of Mahboobnagar, Anantapur and Srikakulam on pilot basis was subsequently extended to the entire state in phased manner to cover 1.92 Crore BPL families (more than 20 million) in 23 districts from 17.07.2008.

The scheme which was initiated with coverage to 163 identified diseases in 6 systems was gradually extended to 942 procedures in 31 systems. In order to maximise the benefit of the therapy, the scheme provides packages for one year cashless follow-up services which includes consultation, tests and treatment to the beneficiary in 125 identified follow-up therapies. Aarogyasri Community Health Insurance Scheme was launched in the three districts from 01-04-07, and later extended to the entire state in 5 phases as in following table.

Phase wise districts

Phase1	Mahboobnagar	Srikakulam	Anantapur		
Phase 2	Rangareddy	Nalgonda	Chittoor	West Godavari	East Godavari
Phase 3	Medak	Karimnagar	Prakasam	Kadapa	Nellore
Phase 4	Adilabad	Kurnool	Hyderabad	Visakhapatnam	Vijayanagaram
Phase 5	Nizamabad	Warangal	Khammam	Guntur	Krishna

The scheme is currently in its sixth year of implementation and dates of launch of various policy periods across phases are given below.

Dates of launch of various policy periods across phases

PHASE	PP1	PP2	PP3	PP4	PP5
1	01.04.2007	05.04.2008	05.04.2009	05.04.2010	05.04.2011
2	05.12.2007	05.12.2008	05.12.2009	05.12.2010	05.12.2011
		PP1	PP2	PP3	PP4
3		15.04.2008	15.04.2009	15.04.2010	15.04.2011
4		17.07.2008	17.07.2009	17.07.2010	17.07.2011
5		17.07.2008	17.07.2009	17.07.2010	17.07.2011

The scheme is implemented in two streams:

Insurance scheme: The scheme implemented through an identified insurer on payment of premium.

Aarogyasri Trust Scheme: The scheme implemented directly by the Trust by entering into contract agreement with network hospitals.

The identification of beneficiaries and the family size is based on the socio - economic data, digital photographs and biometrics available in the white card (PDS Card for BPL families). 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. The eligible families are provided with Below Poverty Line ration cards or Aarogyasri Health Cards, herein after called eligibility cards. Eligibility card for this scheme means:

White ration card;

Antyodaya Anna Yojana (AAY)

card; Annapurna card;

Aarogyasri Health card

TAP card

RAP Card

4. ADMINISTRATION DEPARTEMENT

1. SCHEME COVERAGE

The scheme coverage can be measured from three dimensions of Population coverage, Benefit coverage, and Financial coverage.

1.1 Population coverage (beneficiaries)

The breadth of health coverage by the scheme is denoted by population covered by the scheme. The scheme covers 233 lakh families of the state, including the temporary BPL cards issued by GoAP during Rachabanda-2011, residing in 27138 villages in 1128 mandals of all districts of the State in five phases. A poor family having a white ration card becomes eligible for the scheme. The beneficiary is identified and authenticated through the online database of the Civil Supplies department of GoAP. There is no limit on the size of the family. Andhra Pradesh has the advantage of photo ration cards issued to all eligible BPL families by Civil Supplies Department. Taking advantage of this unique fool proof facility, BPL ration cards issued by Civil Supplies Department with family details and photograph was taken as the eligibility card for the scheme. The authentication under the scheme is done through a white ration card.

The current BPL cards as well as BPL population, rounded off in lakhs, in the state is given in following table

Phase wise cards and population

PHASE	1	2	3	4	5	TOTAL
Cards	27	49	39	38	45	198
Population	94	168	135	129	154	680

Note: Figures are as on the beginning of Policy Period (PP).

The key monitoring areas for entire scheme performance and utilisation are cards and persons. The important indicators here are cards covered and persons covered whose description is given below.

S No	Indicator Name	Indicator Description
1	Number of Cards covered	The number of cards which were covered as per the agreement with Insurer during that policy period (or) the number of cards eligible under a Scheme during a specified period.
2	Number of Persons covered	The number of people in the cards that were covered as per the agreement with the insurer during the policy period (or) the number of persons eligible under a scheme during a specified period

1.2 Benefit coverage

The extent of benefit package offered gives the depth of health coverage in the scheme.

The scheme covers 942 therapies in 31 specialities such as cancer, cardiology, poly trauma etc. There are 415 network hospitals serving the patients. The benefit coverage under the scheme increased from 166 procedures to 942 procedures as on date.

Procedures Covered					
FY	2007-08	2008-09	2009-10	2010-11	2011-12
Procedures Covered	166	884	942	942	938

The scheme shall provide Pre and Post hospitalisation coverage for the 938 “Listed Therapies” for identified diseases in the 31 categories

Pre and Post hospitalisation requirement 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. In case of Kidney Transplantation the postoperative care under package has to extend to 1 year.

The scheme offers beneficiaries the option of seeking hospital care with either private or public sector providers

Network Hospitals will provide free follow-up services to the patients under 125 follow-up packages for a period of one year through fixed packages to the patients who require long term follow-up therapies in order to get full benefit from the procedure and avoid complications. System/disease specific packages which include consultation, investigations, drugs etc.

All the pre-existing diseases in relation to 942 identified procedures are covered from day one of implementation

The key monitoring area is therapies and the indicators are given below.

S No	Indicator Name	Indicator Description
1	Number of Therapies available	The number of therapies available as a whole for the Trust.
2	Number of Therapies applicable	The number of therapies applicable in a particular scheme for a specified period. This number differs for insurance scheme, for trust mode, CMCO, Journalist scheme etc.
3	Medical Specialities available	The number of medical specialities which are available
4	Surgical Specialities available	The number of surgical specialities which are available

1.3 Financial coverage

The height of the health coverage indicates health care costs covered by prepayment and risk pooling. The scheme provides coverage for the services to the beneficiaries up to Rs.1.5 lakhs per family per annum on floater basis. Floater basis indicates that 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. Buffer (also referred as corporate floater) sum of Rs. 50,000 shall be additionally available 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. In case of renal transplant surgery with

immunosuppressive therapy for 12 months, the buffer amount of Rs.1,00,000(Rupees one lakh only) will get applied automatically

The Key monitoring area here is the Premium. The important indicators are given below.

S No	Indicator Name	Indicator Description
1	Premium Paid	Total Amount prepaid to the insurer during the policy period including taxes, including payments for any additional cards.
2	Bare Premium	Premium paid without including taxes
3	Proportionate Premium	The amount of money paid to the insurers as per the policy periods (i.e. Major Policy period and Minor Policy period)
4	Premium paid per card	Actuals

2.SCHEME UTILISATION

Scheme utilisation can be viewed in terms of absolute numbers and costs incurred on therapies or in terms of rates per unit population covered. The rate of utilisation is a standardized measure of utilisation of a therapy under the scheme. Utilization rates may be determined by dividing the number of covered individuals who utilised service by the total number of covered individuals. An utilisation rate reveals the trends in the utilisation of therapies or therapy baskets in relation to demographic factors and helps forecast the disease incidence rates. A scheme utilization review gives us the opportunity to confirm that the health plan provides adequate coverage in terms of population, benefits and finances.

The utilisation review of each therapy reveals if any particular therapy is being over utilised or underutilised by any hospital or in a district. Based on these historical utilisation rates we can forecast the future utilisation rates for a given period for any district. These forecasts can then be translated into financial terms and the amount of budget needed for implementing a particular therapy can then be assessed. It is a useful tool in detecting fraud by hospitals as well as for forecasting. It also indicates the disease burden in the population. It also helps the organisation

minimize costs and determine if the recommended treatment is appropriate. The utilisation of the scheme can be measured from the point of view of number of cards which used or persons who utilised or the number of uses of therapies. The claim rate gives the actual cost incurred in covering a specified set of therapies per card. The efficiency of scheme at a macro level can be measured under claim experience.

The key monitoring areas are Cards Utilization, Persons Utilization, Therapies Utilization and the respective indicators are given below.

2.1 Cards Utilization Indicators

S No	Indicator Name	Indicator Description
1	Cards Utilized	The frequency count of cards for which a preauthorisation is given atleast one time for atleast one use of any therapy during one or more specified periods (usually policy periods). A card for which preauthorisation is given more than once needs to be counted as a single card utilised.
2	Covered Card-years	The number of cards which were covered and the time duration they were covered when expressed in card years (is termed as covered card years)
3	Utilised card-years	The number of cards used for a particular [dimension] if one lakh cards are covered over one year period.

2.2 Persons Utilization Indicators

S.no	Indicator Name	Indicator description
1	Persons Utilized	The frequency count of persons for which preauthorisation is given for one or more procedures either one or more times during one or more specified periods (usually policy periods). A person for which preauthorisation is given more than once needs to be counted as a single person utilised.
2	Covered Person-years	The number of persons who were covered and the time duration they were covered when expressed in person years (is termed as covered person years)
3	Utilised person-years	The number of persons who used a particular [dimension] if one lakh persons are covered over one year period.

2.3 Therapies Utilization Indicators

Sno	Indicator Name	Indicator description
1	Therapies done	The frequency count of surgeries/therapies done for the pre-authorisations given during a specified period.
2	Therapies discharged	The frequency count of surgeries/therapies discharged out of the pre-authorisations given during a specified period.
3	Therapies Claim raised	The frequency count of surgeries/therapies for which claim is raised out of the preauths given during a specified period.
4	Therapy Claim Approved	The number of therapies approved for payment out of 'therapies claim raised'. Approved means those approved by Claim Head in case of insurance or CAO in case of Trust.
5	Therapy Claim Rejected	The number of therapies rejected for payment out of 'therapies claim raised'. Rejected means those rejected by Claim Head in case of insurance or CAO in case of Trust.
6	Therapy Claim kept Pending	The number of therapies pending approval out of 'therapies claim raised'.
7	Therapy Claim Lapsed	The number of therapies waiting approval out of 'therapies claim raised' which have lapsed due to time barring or cancellation + the number of therapies discharged out of those preauthed which remain not submitted after 90 day period.
8	Therapies Claim paid	The frequency count of therapies for which claim is paid for therapies preauthed during a specified period
9	Claims amount paid for therapies preauthed during a specified period	Claim paid amount till date for all therapies preauthed during the period.
10	Claim amount paid for therapies during a specified period	The claim paid cost of therapies during a month for all therapies preauthed during the past.

2.4 Utilization Rate Indicators

S.no	Indicator Name	Indicator Description
1	Card Utilization Rate	The number of cards utilized if one lakh cards are covered over one year period
2	Person Utilization Rate	The number of persons who utilized a particular [dimension] if one lakh persons are covered over one year period.
3	Average number of times a Therapy was performed per 100 card-years among the covered cards	Average number of therapies performed per one hundred card years among the covered cards.
4	Average number of times a Therapy was performed per 100 card-years among the utilized cards	Average number of therapies performed per one hundred card years among the utilised cards
5	Average number of times a Therapy was performed per 100 person-years among covered persons	Average number of therapies performed per one hundred person years among the covered persons.
6	Average number of times a Therapy was performed per 100 person-years among utilized persons	Average number of therapies performed per one hundred person years among the utilized persons.
7	Average number of cards utilized per 100 card years among the covered cards	Average number of cards utilized per one hundred card years among the covered cards
8	Average number of Persons who Utilized a service per 100 card years among the covered cards	Average number of persons who have utilized the services per one hundred card years among the covered cards
9	Average number of Persons who Utilized a service per 100 card years among utilized cards	Average number of persons who have utilized the services per one hundred card years among the utilized cards
10	Average number of times a card is used per 100 card years among the covered cards	Average number of times a card is used per one hundred card years among the covered cards
11	Average number of times a utilized card is used per 100 card years among the utilized cards	Average number of times a card is used per one hundred card years among the utilized cards
12	Average number of therapies used per one time usage of a card	Average number of therapies that are performed during a single instance of card utilization

2.5 Claim Rate Indicators

S.no	Indicator Name	Indicator Description
1	Claim Rate	The amount of money that is being spent on a particular therapy (or a set of therapies, as per the dimension) during a specific period per covered card year
2	Claim Deduction Ratio	It is a ratio which indicates about the claim amount that has been reduced from the preauth estimate during a specified period.

2.6 Weights Indicators

Sno	Indicator Name	Indicator Description
1	Weight	Weights for each therapy in the procedure basket are calculated. Weights represent the cost incurred for each of these therapies in a given duration. (It is a proportion).
2	Bare Weight	Bare Weights for each therapy in the procedure basket are calculated. Bare weights represent the utilization pattern of the therapies. (It is a proportion).

3. SCHEME EXPERIENCE

The scheme experience indicators give a macro level picture of how the scheme has been performing in terms of expenditure ratios and profits. The profitability of an insurance scheme is expressed in terms of claim ratio which is the percentage of amount actually spent by the insurer on paying for treatment out of the total premium received from the Trust. The fund forecasts estimate the amount of fund needed for running a given therapy over a specified period of time in a given area.

The key monitoring areas are amounts spent (in terms of premium paid and expenditure, average preauth size and average claim size), claims (approved and unpaid claims, claims which are 'in process'), and forecasts of funds under the scheme.

3.1 Claim Ratio Indicators

S.no	Indicator Name	Indicator description
1	Claim Ratio	Ratio of the amount spent on claims and the amount invested as premium during a specified period
2	Bare Claim Ratio	Ratio of the amount spent on claims and the amount invested as bare premium (void of service taxes) during a specified period.
3	Premium Claim Difference	Difference of the amount invested as premium during a policy period and the amount incurred as expenditure (Therapies Claim Paid Cost) during a Policy Period
4	Average Preauth Size	Mean Preauth Size, It is a central tendency measure which represents the preauth cost during a specified period.
5	Average Claim Size	Mean Claim Size, It is a central tendency measure which represents the claim cost during a specified period.
6	Interest Earned by Insurer on Unspent Premium for a phase	Interest earned by the insurer on unspent premium for a particular phase

3.2 Claims Commitment Indicators

S.no	Indicator name	Indicator description
1	Therapies Claim Outstanding for a specified period	Number of therapy claims which are yet to be processed (or) are in 'in process' state
2	Therapies Claim Outstanding Cost for a specified period	The cost that incurs for the 'in process' therapy claims
3	Therapies Claim Pending at Bank for a specified period	Number of therapy claims which have got approved but weren't yet paid by the bank (to the NWH)
4	Therapies Claim Pending at Bank Cost for a specified period	The cost that incurs for the therapy claims which have got approved but weren't yet paid by the bank
5	Health Camp Claim Outstanding	Number of health camp claims which are yet to be processed (or) are in 'in process' state
6	Health Camp Claim Outstanding Cost	The cost that incurs for the 'in process' health camp claims

7	Health Camp Claim	Number of health camp claims which have got
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	pending	approved but weren't yet paid by the bank (to the NWH)
8	Health Camp Claim Pending Cost	The cost that incurs for the health camp claims which have got approved but weren't yet paid by the bank

3.3 Fund Forecast Indicators

S.no	Indicator Name	Indicator Description
1	The R ² value	Forecast Model Diagnostics measure
2	The curve that is fitted	Forecast Model Description
3	Error Plot	Forecast Model Diagnostics measure
4	Forecast data date	Forecast data description in terms of time period
5	Weight of Specified Procedure Basket	Weights calculated as on 1st Jan/1st July of current year. They can also be considered as reference weights.
6	Weight of month's Procedure Basket	The reference weights are applied to the retrospective (or) partially loaded set of procedures data during a time period of one month to calculate the weight of the month's procedure basket.
7	Therapy Claim Paid-Total for a month	The total claim amount for a particular month (usually the previous years data (of 'partially loaded state' years).
8	Relative claim Paid for the month for RAS	This is a derived variable which is used for calculating the amount that would have costed us in previous years (partially loaded state) if we were fully loaded.
9	Relative Total Claim	This is a derived variable which is used for calculating the amount that would have costed us in previous years (partially loaded state) for a specific set of procedures (say a set of procedures in AS-II and AS_I etc.).
10	Cumulative relative Claim (Cr)	Sum of previous months relative claim and present months claim

5. OPERATIONS

1. REGULAR PREAUTHORISATIONS

Hospital (MEDCO) submits a preauthorisation request after duly evaluating the patient for a surgery along with documents such as on bed patient photograph, all relevant diagnostic documents such as films, angiograms, videos, radiological reports etc. through the online portal. The complete Electronic Medical Record (EMR) of the patient is received online by Trust operations department where it is processed.

The pre-authorization is scrutinized at four levels before being approved with definite timelines.

- Scrutiny by Aarogyamithra in the hospital before submission.
- Scrutiny of non-technical part by pre-auth executive.
- Scrutiny of technical part by Preauth Panel doctor (a specialist) with regard to evidence of diagnosis line of treatment suggested.
- Scrutiny by trust doctor who gives the sanction of expenditure or approval for regular cases.
- Scrutiny by Preauthorisation officer who gives the sanction of expenditure or approval for cases needing buffer amount.
- 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.

For elective cases the approvals are given within 12 hours and for emergency cases telephonic approvals are given immediately. The indicators in the operations wing deal with the case processing or flow of cases from one level to another level covering the number of cases, number of cases waiting at a given instant and waiting times at a particular level.

1.1 Therapy Preauths at NWH (Submission status, Forwarded status, Update status)

Fresh preauths and preauth cancellation cases submitted by MEDCO after evaluating Aarogyasri beneficiary and forwarded by NAM, pendency cases updated by MEDCO and sent to preauth operator are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Therapies preauth submitted by MEDCO	The number of therapies Preauth(Fresh preauth, Preauth cancellation) have been submitted by MEDCO to NAM.
2	Therapies preauth submitted by MEDCO	The number of therapies Preauth(Fresh preauth, Preauth cancellation) have been submitted by MEDCO to NAM.
3	Therapies Preauth Submitted by MEDCO and Live	The number of therapies for which Preauths(Fresh preauth,Preauth cancellation) have been submitted by MEDCO and awaiting final disposal at various levels of Trust at this moment.
4	Therapies Preauth Submitted by MEDCO in Past	The number of therapies for which Preauths(Fresh preauth,Preauth cancellation) have been submitted by MEDCO in the past
5	Therapies Preauth Updated by MEDCO	The number of therapies for which Preauths (Preauth,Preauth cancellation) have been updated by MEDCO after pendency and returned to Trust
6	Therapies Preauth Updated by MEDCO and Live	The number of therapies for which Preauths(Fresh preauth,Preauth cancellation) have been updated by MEDCO after pendency and awaiting final disposal at various levels of Trust at this moment
7	Therapies Preauth Updated by MEDCO in Past	The number of therapies for which Preauths(Fresh preauth,Preauth cancellation) have been updated by MEDCO after pendency in the past and returned to Trust
8	Therapies Preauth Updated by MEDCO and sent to Preauth operator	The number of Therapies Preauth updated by MEDCO for therapies Preauths kept pendency and returned to preauth operator
9	Therapies Preauth cancellation Updated by MEDCO and sent to Preauth operator	The number of Therapies Preauth cancellation updated by MEDCO for therapies Preauths kept pendency and returned to preauth operator

	Therapies Preauth	The number of therapies for which Preauths have
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10	Forwarded by NAM	been forwarded by NAM after being raised for the first time by MEDCO
11	Therapies Preauth Forwarded by NAM and Live	The number of therapies for which Preauths have been forwarded by NAM after being raised for the first time by MEDCO and awaiting final disposal at various levels of Trust at this moment
12	Therapies Preauth Forwarded by NAM in Past	The number of therapies for which Preauths have been forwarded by NAM in Past

1.2 Therapy Preauths at Trust (Recommendation for Approval status)

Therapies preauth cases and preauth cancellation cases submitted by MEDCO, scrutinised by preauth operator and disposed with recommended for approval status are captured in the following indicators.

S.no	Indicator Name	Indicator Description
1	Therapies Preauth Disposed by Preauth operator with Recommendation for Approval	The number of therapies Preauth which have been disposed with a Recommendation for Approval by preauth operator
2	Therapies Preauth Disposed by Preauth operator with Recommendation for Approval and Live	The number of therapies Preauth which have been disposed with a Recommendation for Approval by the preauth operator and awaiting final disposal at various levels of Trust at this moment
3	Therapies Preauth Disposed by Preauth operator with Recommendation for Approval in the Past	The number of therapies Preauth which have been disposed with a Recommendation for Approval by the preauth operator in the Past
4	Therapies Preauth Disposed by Preauth operator with Recommendation for Approval without pendency	The number of therapies which have been disposed with Recommendation of Approval without pendency by preauth operator
5	Therapies Preauth Disposed by Preauth operator with Recommendation for Approval after pendency	The number of therapies which have been disposed with a Recommendation of Approval after pendency by preauth operator
6	Therapies Preauth Cancellation request Disposed by Preauth operator with Recommendation for Approval	The number of therapies Preauth Cancellation request which have been disposed with a Recommendation for Approval by preauth operator

		The number of therapies Preauth
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7	Therapies Preauth Cancellation request Disposed by Preauth operator with Recommendation for Approval (RA)and Live	Cancellation request which have been disposed with a Recommendation for Approval by the preauth operator and awaiting final disposal at various levels of Trust at this moment
8	Therapies Preauth Cancellation request Disposed by with Preauth operator with Recommendation for Approval RA in the Past	The number of therapies Preauth Cancellation request which have been disposed with a Recommendation for Approval by the preauth operator

1.3Therapy Preauths at Trust (Recommendation for Rejection status)

Therapies preauth submitted by MEDCO, scrutinised by preauth operator and disposed with recommended for rejection status are captured in the following indicators.

S.no	Indicator Name	Indicator Description
1	Therapies Preauth Disposed by Preauth operator with Recommendation for Rejection(RR)	The number of therapies Preauth which have been disposed with a Recommendation for Rejection by the preauth operator
2	Therapies Preauth Disposed by Preauth operator with Recommendation for Rejection and live	The number of therapies Preauth which have been disposed with a Recommendation for Rejection by the preauth operator and awaiting final disposal at various levels of Trust at this moment
3	Therapies Preauth Disposed by Preauth operator with Recommendation for Rejection in the Past	The number of therapies Preauth which have been disposed with a Recommendation for Rejection(RR) by the Preauth operator in the past
4	Therapies Preauth Disposed by Preauth operator with Recommendation for Rejection without pendency	The number of therapies Preauth which have been disposed with a Recommendation for Rejection without pendency by the preauth operator
5	Therapies Preauth Disposed by Preauth operator with Recommendation for Rejection after pendency	The number of therapies Preauth which have been disposed with a Recommendation for Rejection after pendency by the preauth operator

1.4 Therapy Preauths at Trust (Pending status)

Therapies preauth and preauth cancellation cases submitted by MEDCO, scrutinised by preauth operator and disposed with pendency status are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Therapies Preauth Disposed by Preauth operator with Pendency	The number of therapies Preauth which have been disposed with a Pendency by the Preauth operator
2	Therapies Preauth Disposed by Preauth operator with Pendency and Live	The number of therapies Preauth which have been disposed with a Pendency by the Preauth operator and awaiting final disposal at various levels of Trust at this moment
3	Therapies Preauth Disposed by Preauth operator with Pendency in the Past	The number of therapies which have been disposed with a Pendency by the Preauth operator in the past
4	Total number of therapies preauthorisation kept pending during specified period	Total number of therapies preauth kept pending by Preauth operators
5	Therapies Preauth cancellation request disposed by Preauth operator with Pendency	The number of therapies Preauth cancellation request which have been disposed with a Pendency by the Preauth operator
6	Therapies Preauth cancellation request Disposed by Preauth operator with Pendency and Live	The number of therapies Preauth cancellation request which have been disposed with a Pendency by the Preauth operator and awaiting final disposal at various levels of Trust at this moment
7	Therapies Preauth cancellation request disposed by Preauth operator with Pendency in the Past	The number of therapies Preauth cancellation request which have been disposed with a Pendency by the Preauth operator in the past

1.5 Therapy Preauths at Trust (Approved status)

Therapies preauth and preauth cancellation cases submitted by MEDCO, scrutinised by preauth operator and disposed with approved status are captured in the following indicators.

S.no	Indicator Name	Indicator Description
1	Therapies Preauth Disposed by Preauth operator with Approval	The number of therapies which have been disposed with Final Approval by the preauth operator
2	Total number of therapies preauthorisation approved during specified period	Total number of therapies preauth approved by preauth operators
3	Therapies Preauth Disposed by Preauth operator with Approval without pendency	The number of therapies which have been disposed with Final Approval without pendency by the Preauth operator
4	Therapies Preauth Disposed by Preauth operator with Approval after pendency	The number of therapies which have been disposed with Final Approval after pendency by the Preauth operator
5	Therapies Preauth cancellation request Disposed by Preauth operator with Approval	The number of therapies cancellation request which have been disposed with Final Approval by the Preauth operator
6	Total number of Therapies Preauth cancellation request disposed by Approval	The number of therapies cancellation request which have been disposed with Final Approval by the Preauth operators

1.6 Therapy Preauths at Trust (Rejected status)

Therapies preauth cases submitted by MEDCO, scrutinised by preauth operator and disposed with rejection status are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Therapies Preauth Disposed by Preauth operator with Rejection	The number of therapies which have been disposed with Final Rejection by the Preauth operator
2	Therapies Preauth Disposed by Preauth operator with Rejection without pendency	The number of therapies which have been disposed with Final Rejection without pendency by the Preauth operator

3	Therapies Preauth Disposed	The number of therapies which have been
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	by Preauth operator with Rejection after pendency	disposed with Final Rejection after pendency by the Preauth operator
4	Total number of therapies preautherisation rejected during specified period	Total number of therapies preauth rejected by the Preauth operator

1.7 Therapy Preauths disposed at Trust

Total number of preauth and preauth cancellation cases disposed by preauth operator with recommended approval, recommended rejection, pendency approval and rejection status are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Total Therapies Preauth Disposed by PPD	Total Therapies Preauth Disposed by Preauth panel doctor with recommended approval, recommended rejection and pendency
2	Total Therapies Preauth Disposed by PTD	Total Therapies Preauth Disposed by Preauth trust doctor with approval, rejection, pendency, recommended approval and recommended rejection.
3	Total Therapies Preauth Disposed by PAO	Total Therapies Preauth Disposed by PAO with approval, rejection and pendency
4	Therapies Preauth disposed by auto cancellation	Number of Preauths auto cancelled due to expiry of time limit

1.8 Therapy Preauths waiting for disposal at Trust and NWH

Therapies preauths waiting number at various preauth roles in NWH and trust at various time levels are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Therapies Preauth Waiting for <12 hrs at preauth operator	The number of therapies preauth waiting for disposal for less than 12 hrs at preauth operator
2	Therapies Preauth Waiting for >12 hrs at various levels	The number of therapies preauths waiting for disposal for greater than 12 hrs at preauth operator
3	Therapies Preauth Waiting at Preauth operator afresh	The number of fresh therapies preauths waiting for disposal at preauth operator
4	Therapies Preauth Waiting at Preauth operator after updation of pendency	The number of therapies preauths which have been updated by MEDCO and waiting for disposal at preauth operator

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	Total Therapies Preauth	The total number of therapies which have
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5	Waiting at NAM	been Submitted by MEDCO to NAM and awaiting disposal at this moment
6	Therapies Preauth Waiting at MEDCO	The total number of therapies which have been returned to MEDCO after pendency at PPD/PTD levels and awaiting disposal at this moment
7	Total Therapies Preauth Waiting at Preauth operator	The total number of therapies which have been forwarded by NAM/MEDCO and waiting for disposal at Preauth Panel Doctor
8	Total Therapies Preauth Waiting at Preauth operator	The total number of therapies which have been forwarded by Preauth Panel Doctor and waiting for disposal at Preauth Trust Doctor
9	Total Therapies Preauth Waiting at Preauth operator	The total number of therapies which have been forwarded by Preauth Trust Doctor and waiting for disposal at Preauth officer
10	Therapies Preauth Waiting at Trust	The total number of therapies Preauth waiting for disposal at Trust
11	Therapies Preauth Waiting at NWH	The total number of therapies Preauth waiting for disposal at NWH
12	Total Therapies Preauth Waiting	The total number of therapies Preauth waiting for disposal at Trust and NWH

1.9 Therapies Preauth Average waiting time indicators

Average waiting time of therapy preauth cases disposal at various levels of preauth operator are captured in the following indicators.

S.no	Indicator Name	Indicator Description
1	Average Case Waiting time for a therapy preauth case at NAM during a specified period	Average time taken by NAM to forward apreauth case after arriving from MEDCO
2	Average case waiting time for a therapy preauth case at MEDCO during a specified period	Average time taken by MEDCO to update a preauth case after pendency
3	Average case waiting time for a therapy preauth case at Preauth operator for a case during a specified period	Average time taken by Preauth operator to dispose a preauth case when afresh
4	Average case waiting time for a fresh therapy preauth case at Preauth operator during a specified period	Average time taken by Preauth operator to dispose a case when afresh

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5	Average case waiting time at Preauth operator for a pending preauth	Average time taken by Preauth operator to dispose a pending
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	updated case during a specified period	updated preauth case
5	Average waiting time at Trust for a preauth case during a specified period	Average total time taken at Trust to dispose a preauth case
6	Average waiting time at NWH for a preauth case during a specified period	Average total time taken at NWH to dispose a preauth case
7	Average total waiting time for a preauth case	Average total time taken to dispose a preauth case

1.10 Treatment updated

Treatment updation for preauth approved cases by MEDCO is captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Therapies treatment Updated by MEDCO	The number of preauthed therapies for which treatment has been updated by MEDCO
2	Therapies treatment Updated by MEDCO and Live	The number of preauthed therapies for which treatment have been updated by MEDCO and awaiting final discharge
3	Therapies treatment Updated by MEDCO in Past	The number of therapies Preauths for which treatment have been updated by MEDCO in the past
4	Total Therapies Treatment Updated by MEDCO	The number of therapies Preauths for which Treatment has been updated by MEDCO
5	Total Therapies Treatment Updated by MEDCO and Live	The number of therapies Preauths for which Treatment has been updated by MEDCO and awaiting final discharge
6	Total Therapies Treatment Updated by MEDCO in Past	Total number of therapies Preauths for which Treatment has been updated by MEDCO in the past
7	Therapies Discharge Updated by MEDCO	The number of preauthed therapies for which Discharge has been updated by MEDCO
8	Therapies Death Updated by MEDCO/Executive	The number of preauthed therapies for which Death has been updated by MEDCO/Executive

1.11 Discharge updated Indicators

Discharge updation for treatment updated cases by MEDCO are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Therapies waiting for discharge after Treatment for <15 days	The number of Treatment updated therapies waiting for discharge updation for <15 days
2	Therapies waiting for discharge after treatment for >15 days	The number of treatment updated therapies waiting for which discharge updation for >15 days
3	Total Therapies waiting for discharge after treatment	Total number of treatment updated therapies waiting for which discharge updation
4	Average waiting time for treatment updation for a preauth approved case	Average time taken for treatment updation for a preauth approved case
5	Average discharge updation waiting time for a preauth approved case during a specified period	Average time taken for a preauth approved case for discharge updation
6	On-bed time for a case	Average time taken for case from preauth initiation to discharge updation

1.12 Therapies Preauth complex Indicators

Indicators to monitor preauth operator performance is captured in the following complex indicators.

Sno	Indicator Name	Indicator Description
1	Hourly Preauth Arrival for each of the 24 hours in a day	Number of cases forwarded for preauth by NAM every hour during the 24 hours
2	Preauth Arrival Rate	Number of cases forwarded for preauth by NAM
3	Hourly Preauth approval for each of the 24 hours in a day	Hourly Preauth approval for each of the 24 hours in a day
4	Preauth Approval rate	Number of cases preauth approved per day
5	Daily Turnover of preauth cases by Preauth operator	Actual number of preauth cases disposed by Preauth operator in specified day

6	Preauth Turnover Rate for Preauth	Average number of Preauth cases
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	operator	disposed by Preauth operator
7	Average Case Processing Time of Preauth Operator, during a specified period	Average time taken to process a preauth case by preauth operator
8	Preauth Pendency Percentage for Preauth Operator during a specified period	The percentage of preauth cases disposed with pendency by Preauth Operator

2. SPECIAL CASES

2.1 Emergency Preauthorisation's

A provision is made in the scheme to ensure timely preauthorization in cases of life saving emergencies through Telephonic Approvals. Provisional approval is given by collecting minimal essential data through call conferencing facility available round the clock between the treating Doctor/MEDCO, pre-auth executive and pre-auth doctor. The data thus collected through few questions is captured in online format by preauthorization team and a system generated reference number is given to the hospital. The online format thus created is automatically made available in the hospital login to help hospital to use it to send regular pre-authorization. The indicators for emergency preauths are given below.

Sno	Indicator Name	Indicator description
1	Telephonic Intimations PEX Approved	Number of emergency preauth cases approved

2.2 Follow-up packages

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 NWH will provide follow-up services under the packages and costs will be directly paid by the Trust to NWH. Guidelines for these packages are as stated below.

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.

No formal pre-authorization is required.

For operational convenience package amount is apportioned into 4 quarters. Since frequency of visits and investigations mostly take place during first quarter, more amounts are allocated for first instalment.

Patient follow-up visits may be spaced according to medical requirement. However approval will be given for one quarter.

MEDCO along with NAM shall facilitate patient follow-up.

Sno	Indicator Name	Indicator Description
1	Follow up eligible cases	Number of follow up eligible cases at any specified point of time
2	Follow up availed cases	Number of follow up availed cases at any specified point of time
3	Follow up claim submitted cases	Number of follow up availed cases for which claim has been submitted
4	Follow up claim approved cases	Number of follow up availed cases for which claim has been approved

2.3 Enhancement of Packages

Enhancement of package may be considered in certain cases where hospitals 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 cashless treatment under the scheme enhancement is included. The following are the enhancement indicators.

Sno	Indicator Name	Indicator Description
1	Pre-authorisations - Enhancement MEDCO Initiated	Number of preauth cases initiated by MEDCO for enhancement
2	Pre-authorisations - Enhancement MEDCO Updated	Number of preauth cases Updated by MEDCO for enhancement after pendency
3	Pre-authorisations Enhancement updation waiting MEDCO	Pre-authorisations Enhancement updation waiting MEDCO

4	Pre-authorisations - Enhancement Preauth Operator Recommended Approval	Number of preauth Enhancement cases Recommended Approval by Preauth Operator
5	Pre-authorisations - Enhancement Preauth Operator Rejected	Number of preauth Enhancement cases Recommended rejection by Preauth Operator
6	Pre-authorisations - Enhancement Preauth Operator Pending	Number of preauth Enhancement cases Recommended pending by Preauth Operator
7	Pre-authorisations - Enhancement PAO Approved	Number of preauth Enhancement cases Approval by PAO
8	Pre-authorisations Enhancement cases waiting at Preauth Operator	Number of preauth enhancement cases waiting with Preauth Operator

2.4 Preauthorisation of Buffer Sum

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 indicators for buffer are given below.

Sno	Indicator Name	Indicator Description
1	Preauthorisations-Regular-With buffer PTD Recommended Approval	Number of preauth cases approved for buffer by PTD
2	Preauthorisations-Regular-With buffer PTD Recommended Rejection	Number of preauth cases Rejected for buffer by PTD
3	Preauthorisations-Regular-With buffer PTD Pending	Number of preauth cases kept pending for buffer by PTD
4	Preauthorisations-Regular-With buffer PAO Approved	Number of preauth cases approved for buffer by PAO
5	Preauthorisations-Regular-With buffer PAO Rejected	Number of preauth cases Rejected for buffer by PAO

3. CLAIMS

At the time of discharge hospital (MEDCO) uploads patient satisfaction certificate, proof of payment of transport charges to the patient, standard discharge photographs of the patient along with Aarogyamithra and MEDCO. Hospital can submit a claim only after 10 days after discharge. All the claims processing (claim intimation, collection of claim documents, scrutiny of claim documents) shall be carried

out electronically through the Trust portal. Payments to all the NWHs shall be made through electronic clearance facility of the Trust. The trust/insurer shall follow the claim control number generated by the Trust portal for further reference. The process of claims is given below.

Upon the performance of a listed therapy the NWH initiates a claim.

The claim is scrutinized at following levels before online payment is made.

- Scrutiny of non-technical part by claim executive
- Scrutiny of technical part by Claim Panel doctor.
- Scrutiny by Trust doctors.
- Final scrutiny by Claim Head.

The claim may be returned to NWH for any clarifications only once at each level before final settlement.

The following are the regular claims indicators.

Sno	Indicator Name	Indicator Description
1	Therapy Claims Eligible	The number of therapies whose discharge has been updated more than 11 days ago and number of days from date of discharge update has not crossed 90 days, and yet to be submitted for claim by MEDCO

3.1 Claims cases at NWH (submission status, updation status)

Fresh claim cases submitted by MEDCO, Pendency claim cases updated and submitted by MEDCO are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Therapy Claims submitted	The number of therapies for which Claims have been submitted by MEDCO
2	Therapy Claims submitted and Live	The number of therapies for which Claims have been submitted by MEDCO and awaiting final disposal at various levels of Trust at this moment.
3	Therapy Claims submitted in Past	The number of therapies for which Claims have been submitted by MEDCO in the past

4	by MEDCO	have been updated by MEDCO after pendency and returned to Trust
5	Therapy Claims Updated by MEDCO and Live	The number of therapies for which Claims have been updated by MEDCO after pendency and awaiting final disposal at various levels of Trust at this moment
6	Therapy Claims Updated by MEDCO in Past	The number of therapies for which Claims have been updated by MEDCO after pendency in the past
7	Therapy Claims Updated by MEDCO and sent to Claims operator	The number of therapies for which Claims have been updated by MEDCO and waiting at Claims operator

3.2 Claims cases at Trust (Forwarded status) Indicators

Claim cases forwarded to claim operator by claim executive are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Therapy Claims Forwarded by CEX	The number of therapies for which claims have been forwarded by CEX(Claims Executive) after being raised for the first time by MEDCO
2	Therapy Claims Forwarded by CEX and Live	The number of therapies for which claims have been forwarded by CEX after being raised for the first time by MEDCO and awaiting final disposal at various levels of Trust at this moment
3	Therapy Claims Forwarded by CEX in Past	The number of therapies for which claims have been forwarded by CEX in the past after being raised for the first time by MEDCO

3.3 Claims cases at Trust (Recommended for Approval status) Indicators

Claim cases disposed by claim operator with recommended for approval status at Trust are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Therapy Claims Disposed by Claims operator with Recommended for Approval	The number of claims which have been disposed with a Recommended for Approval by the Claims operator
2	Therapy Claims Disposed by Claims operator with Recommended for Approval and Live	The number of claims which have been disposed with a Recommended for Approval by the Claims operator and awaiting final disposal at various levels of Trust at this moment
3	Therapy Claims Disposed by Claims operator with Recommended for Approval in the Past	The number of claims which have been disposed with a Recommended for Approval by the Claims operator in the past
4	Therapy Claims Disposed by Claims operator with Recommended for Approval without pendency	The claims which have been disposed with Recommendation of Approval without pendency by the Claims operator
5	Therapy Claims Disposed by Claims operator with Recommended for Approval after pendency	The claims which have been disposed with a Recommendation of Approval after pendency by the Claims operator

3.4 Claims cases at Trust (Recommended for Rejection status) Indicators

Claim cases disposed by claim operator with recommended for rejection status at Trust are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Therapy Claims Disposed by Claims operator with Recommendation for Rejection	The number of claims which have been disposed with a Recommended for REjection(RR) by the CPD
2	Therapy Claims Disposed by Claims operator with Recommendation for Rejection and Live	The claims which have been disposed with a Recommendation for Rejection by the Claims operator and awaiting final disposal at various levels of Trust at this moment

	Therapy Claims Disposed by	The claims which have been disposed
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3	Claims operator with Recommendation for Rejection in the Past	with a Recommendation for Rejection by the Claims operator in the past
4	Therapy Claims Disposed by Claims operator with Recommendation for Rejection without pendency	The claims which have been disposed with a Recommendation for Rejection without pendency by the Claims operator
5	Therapy Claims Disposed by Claims operator with Recommendation for Rejection after pendency	The claims which have been disposed with a Recommendation for Rejection after pendency by the Claims operator

3.5 Claims cases at Trust (Pendency status) Indicators

Claim cases disposed by claim operator with pendency status at Trust are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Therapy Claims Disposed by Claims operator with Pendency	The claims which have been disposed with a Pendency by the Claims operator
2	Therapy Claims Disposed by Claims operator with Pendency and Live	The claims which have been disposed with a Pendency by the Claims operator and awaiting final disposal at various levels of Trust at this moment
3	Therapy Claims Disposed by Claims operator with Pendency in the Past	The claims which have been disposed with a Pendency by the Claims operator in the past

3.6 Claims cases at Trust (Approved status) Indicators

Claim cases disposed by claim operator with approval status at Trust are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Therapy Claims Disposed by Claims operator with Approval	The claims which have been disposed with Approval by the Claims operator
2	Therapy Claims Disposed by Claims operator with Approval without pendency	The claims which have been disposed with Approval without pendency by the Claims operator
3	Therapy Claims Disposed by Claims operator with Approval after pendency	The claims which have been disposed with a Approval after pendency by the Claims operator

3.7 Claims cases at Trust (Rejected status) Indicators

Claim cases disposed by claim operator with rejection status at Trust are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Therapy Claims Disposed by Claims operator with Rejection	The claims which have been disposed with a Rejection by the Claims operator
2	Therapy Claims Disposed by Claims operator with Rejection without pendency	The claims which have been disposed with a Rejection without pendency by the Claims operator
3	Therapy Claims Disposed by Claims operator with Rejection after pendency	The claims which have been disposed with a Rejection after pendency at CH level, by the Claims operator

3.8 Claims cases waiting for disposal at Trust Indicators

Number of claim cases waiting for disposal at various levels of claim operator in trust are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Therapy Claims Waiting at MEDCO	The claims which have been returned to MEDCO after pendency and awaiting disposal at this moment, and have crossed 7 days since first raised by MEDCO
2	Therapy Claims Waiting at CEX	The claims which have been Submitted by MEDCO to CEX and awaiting disposal at this moment, and have crossed 7 days since first raised by MEDCO
3	Therapy Claims Waiting at Claims operator afresh	The fresh/new claims which have been forwarded by CEX and waiting for disposal for the first time at CPD level
4	Therapy Claims Waiting at Claims operator after updation of pendency	The claims which have been updated by MEDCO, after pendency by CPD, and waiting for disposal at CPD level
5	Therapy Claims Waiting at CPD for <7 days	The claims which have been forwarded by CEX and waiting for disposal for less than 7 days at CPD level
6	Therapy Claims Waiting at Claims operator for >7 days	The claims which have been forwarded by CEX and waiting for disposal for greater than 7 days at CPD level

	Therapy Claims	The claims which have been forwarded by CAO
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7	Waiting at A/C	and waiting for disposal for less than 7 days at
8	Therapy Claims Waiting at Bank	Total therapies claims and waiting for disposal at bank
9	Total Therapy Claims Waiting at MEDCO	Total number of therapies claim waiting at MEDCO
10	Total Therapy Claims Waiting at CEX	Total number of therapies claim which have been Submitted by MEDCO to CEX and awaiting disposal at this moment
11	Total Therapy Claims Waiting at CPD	Total therapies claims and waiting for disposal at CPD level
12	Total Therapy Claims Waiting at CTD	Total therapies claims and waiting for disposal at CTD level
13	Total Therapy Claims Waiting at CH	Total therapies claims and waiting for disposal at CPD level
14	Total Therapy Claims Waiting at CAO	Total therapies claims and waiting for disposal at CAOlevel
15	Total Therapy Claims Waiting at A/C	Total therapies claims and waiting for disposal at A/C
16	Total Therapy Claims Waiting at Bank	The claims which have been forwarded by CAO and waiting for disposal for less than 7 days at Bank
17	Total Therapy Claims Waiting for approval at Trust	Total therapies claims and waiting for disposal at Trust
18	Total Therapy Claims Waiting for approval at NWH	Total therapies claims and waiting for disposal at NWH
19	Total Therapy Claims Waiting for Approval	Total therapies claims and waiting for disposal at various levels

3.9 Claims cases disposed at Trust Indicators

Total number of cases disposed by various levels of claim operator at trust are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Total Therapy claims Disposed by CPD	Total number of claims disposed by CPD
2	Total Therapy claims Disposed by CTD	Total number of claims disposed by CTD
3	Total Therapy claims Disposed by CH	Total number of claims disposed by CH
4	Therapy claims Disposed by CH (for insurance)	Total claims disposed by ICH
5	Therapy claims Disposed by CAO	Total claims disposed by CAO
6	Therapy Claims Disposed by A/C with Approval	The claims which have been disposed with Accounts Approval(A) by the A/C
7	Therapy Claims Paid by Bank	The claims which have been paid by the Bank

3.10 Claims cases Average waiting time indicators

Average waiting time of claim cases at various levels of claim operator before disposal are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Average CWT for disposal of fresh claim cases at MEDCO during a specified period	Average waiting time at MEDCO for disposal of fresh claim cases for a specified period
2	Average CWT for updation of pending claim cases at MEDCO during a specified period	Average waiting time at MEDCO for updation of pending claim cases for a specified period
3	Average CWT at CEX for a fresh Claim case during a specified period	Average Claim waiting time at CEX for disposal of a fresh claim cases specified period
4	Average CWT at Claims operator for a fresh Claim case during a specified period	Average waiting time at CPD for disposal of fresh claim cases in a specified period
5	Average CWT at at claims operator for a pending updated Claim case during a specified period	Average waiting time at CPD for disposal of pending claim cases in a specified period

	Average CWT at at claims	Average waiting time at CPD for
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6	operator for a Claim case during a specified period	disposal of pending claim cases in a specified period
7	Average CWT at A/C for a Claim case during a specified period	Average Waiting time at A/C for disposal of a claim case
8	Average CWT at Bank for a Claim case during a specified period	Average Waiting time at A/C for disposal of a claim case
9	Average CWT at Trust for a Claim case	Total waiting time at trust for disposal of a claim case
10	Average CWT at NWH for a Claim case	Total waiting time at NWH for disposal of a claim case
11	Average CWT for approval of a claim case	Total waiting time for disposal of a claim case
12	Average CWT for payment of a claim case during a specified period	Average waiting time for payment of a claim case

3.11 Claims cases Complex Indicators

Indicators to monitor performance of claim operator are captured in the following indicators.

Sno	Indicator Name	Indicator Description
1	Average Hourly Claims Arrival for each of the 24 hours in a day	Average claims submitted by MEDCO every hour during the 24 hours
2	Claims Arrival Rate	Average claims submitted by MEDCO in a specified period
3	Average Hourly Claims Disposal for each of the 24 hours in a day	Average claims disposed every hour during the 24 hours
4	Claims Disposal Rate	Average claims disposed in a specified period
5	Turn over Rate for claims, of claims operator for a specified period	Number of claims disposed by claims operator in a specific period
6	TOR for a role during a specified period	Average number of claims disposed by specific role in a specific period
7	Daily Turnover of claims operator	Number of claims disposed by claims operator in a day
8	Claim Pendency Percentage for claims operator during a specified period	The percentage of claim cases disposed by CPD

6. EMPANELMENT, DISCIPLINARY ACTION AND MEDICAL AUDIT

1. EMPANELMENT

In order to ensure empanelment of hospitals providing quality medical care and to prevent fraud, the department was setup. The Chief Medical Auditor monitors the quality of case processing as well as medical care being provided under the scheme. EDC ensures that hospitals have adequate infrastructure, manpower and equipment as per the standards listed under law. Further, the process of empanelment is done online in order to bring in transparency in the empanelment procedure.

Empanelment and Disciplinary Committee (EDC) under the chairmanship of Chief Medical Auditor of the Trust looks into all the complaints against the hospitals received from various sources viz., patients, 24 Hour Call Centre, field staff, surprise inspections by the staff, press clippings and recommends disciplinary action against the erring network hospitals. A health care provider who fulfils the empanelment criteria of the Trust shall become eligible for empanelment with the Trust. An empanelled health care provider shall be referred as a network hospital. EDC shall ensure that a hospital possesses adequate infrastructure, man power, equipment requirements of the Trust, and conforms to the service and quality standards of the Trust. The empanelment process followed by the Trust includes online procedures and is given below.

Application: Initial Processing within 7 days.

Registration: Within 24 hours on complete updation.

Inspection: Within 14 working Days after Registration.

Submission of Inspection Report: Within 48 Hours after the Inspection.

EDC proceedings: Within 7 Working Days from Receipt of Inspection Report.

Signing of Contract agreement: Within 24 hours on receipt of communication of empanelment.

Training and Orientation: Within 15 days of Empanelment Proceedings.

Empanelment: Within 24 Hours of completion of Training and Orientation Programme.

Empanelment, Disciplinary Action and Medical Audit requires indicators dealing with processing of requests for empanelment, hospital performance as well as hospital fraud.

1.1 Empanelment Application Process Indicators

Sno	Indicator Name	Indicator Description
1	Empanelment Application Hospital User Initiated	Number of applications initiated by hospital user for Empanelment
2	Empanelment Application Hospital User Updated	Number of Empanelment Application Updated by Hospital User after kept pending by EH
3	Empanelment Application Registration Forwarded frwaded by empanelment operator	Number of Empanelment applications L1,L2,L3 Verified-for registration and forwarded by empanelment operator
4	Empanelment Application-Registration approved by EH	Number of Empanelment applications L4 Verified-for registration and approved by EH
5	Empanelment Application-Registration kept pending by EH	Number of Empanelment applications L4 Verified-for registration and kept pending by EH
6	Empanelment Application-Registration rejected by EH	Number of Empanelment applications L4 Verified-for registration and rejected by EH

1.2 Empanelment Inpection process Indicators

Sno	Indicator Name	Indicator Description
1	Empanelment -Inspection EPO Initiated	Number of Empanelment applications for which Inspection is assigned
2	Empanelment -Inspection MC-EDC Updated	Number of Empanelment applications for which Inspection is updated by MC-EDC

1.3 Empanelment Authorization process Indicators

Sno	Indicator Name	Indicator Description
1	Empanelment Authorisation Recommended Approval by empanelment operator	Number of Empanelment applications for which MC-EDC Recommended Approval for Empanelment
2	Empanelment Authorisation Recommended Rejection by empanelment operator	Number of Empanelment applications for which MC-EDC Recommended Rejection for Empanelment
3	Empanelment Authorisation Rejected by empanelment operator	Number of Empanelment applications for which MC-EDC Rejected for Empanelment
4	Empanelment Authorisation Pending by empanelment operator	Number of Empanelment applications for which MC-EDC kept pending for Empanelment
5	Empanelment Authorisation-EH Approved	Number of Empanelment applications for which EH Approved for Empanelment

1.4 Empanelment of Additional specialities process Indicators

Sno	Indicator Name	Indicator Description
1	Additional Specialities Empanelment MEDCO Initiated	Number of applications initiated by hospital user for additional Specialities Empanelment
2	Additional Specialities Empanelment MEDCO Updated	Number of Applications for additional Specialities Empanelment updated by Hospital User after kept pending by EH
3	Additional Specialities Empanelment Recommended Approval Empanelment Operator	Number of Applications for additional Specialities Empanelment Recommended Approval by Empanelment Operator
4	Additional Specialities Empanelment Recommended Rejection Empanelment Operator	Number of Applications for additional Specialities Empanelment Recommended Rejection by Empanelment Operator

5	Additional Specialities Empanelment Pending Empanelment Operator	Number of Applications for Additional Specialities Empanelment kept pending by Empanelment Operator
6	Additional Specialities Empanelment inspection Approved Empanelment Operator	Number of Applications for Additional Specialities Empanelment inspection Approved by Empanelment Operator
7	Additional Specialities Empanelment Inspection MC-EDC Rejected	Number of Applications for Additional Specialities Empanelment Rejected by Empanelment Operator
8	Additional Specialities Empanelment-Inspection MC-EDC Updated	Number of Applications for Additional Specialities Empanelment for which Inspection is updated by MC-EDC
9	Additional Specialities Empanelment EH Approved	Number of Applications for Additional Specialities Empanelment for which EH Approved for Empanelment

1.5 Empanelment of Change Requests of MEDCO process Indicators

Sno	Indicator Name	Indicator Description
1	Change Requests of MEDCO Initiated by MEDCO	Number of applications initiated by hospital user for Change request of MEDCO
2	Change Requests of MEDCO Updated by MEDCO	Number of Applications for Change request of MEDCO updated by Hospital User after kept pending by EH
3	Change Requests of MEDCO- Recommended Approval by Empanelment Operator	Number of Applications for Change request of MEDCO Recommended Approval
4	Change Requests of MEDCO Pending by Empanelment Operator	Number of Applications for Change request of MEDCO Kept pending
5	Change Requests of MEDCO Rejected by Empanelment Operator	Number of Applications for Change request of MEDCO Rejected
6	Change Requests of MEDCO Approved	Number of Applications for Change request of MEDCO by Approved by EH

1.6 Empanelment of Change Requests of AMCO process Indicators

Sno	Indicator Name	Indicator Description
1	Change Requests of AMCCO Initiated by MEDCO	Number of applications initiated by hospital user for Change request of AMCCO
2	Change Requests of AMCCO Updated by MEDCO	Number of Applications for Change request of AMCCO updated by Hospital User after kept pending by EH
3	Change Requests of AMCCO Recommended Approval by Empanelment Operator	Number of Applications for Change request of AMCCO Recommended Approval
4	Change Requests of AMCCO Pending by Empanelment Operator	Number of Applications for Change request of AMCCO Kept pending
5	Change Requests of AMCCO Rejected by Empanelment Operator	Number of Applications for Change request of AMCCO Rejected
6	Change Requests of AMCCO Approved by Empanelment Operator	Number of Applications for Change request of AMCCO Approved by EH

1.7 Empanelment of Change Requests of Additional AMCO process Indicators

Sno	Indicator Name	Indicator Description
1	Change Requests of Additional AMCCO Initiated by MEDCO	Number of applications initiated by hospital user for Change request for additional AMCCO
2	Change Requests of Additional AMCCO Updated by MEDCO	Number of Applications for Change request for additional AMCCO updated by Hospital User after kept pending by EH
3	Change Requests of Additional AMCCO Recommended Approval by Empanelment Operator	Number of Applications for Change request for additional AMCCO Recommended Approval
4	Change Requests of Additional AMCCO Pending by Empanelment Operator	Number of Applications for Change request for additional AMCCO Kept pending

	Change Requests of	
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5	Additional AMCCO Rejected by Empanelment Operator	Number of Applications for Change request for additional AMCCO Rejected
6	Change Requests of Additional AMCCO Approved by EH	Number of Applications for Change request for additional AMCCO Approved by EH

1.8 Empanelment of Change Requests of Additional MEDCO process Indicators

Sno	Indicator Name	Indicator Description
1	Change Requests of Additional MEDCO Initiated by MEDCO	Number of applications initiated by hospital user for Change request for additional MEDCO
2	Change Requests of Additional MEDCO Updated by MEDCO	Number of Applications for Change request for additional MEDCO updated by Hospital User after kept pending by EH
3	Change Requests of Additional MEDCO Recommended Approval by Empanelment Operator	Number of Applications for Change request for additional MEDCO Recommended Approval
4	Change Requests of Additional MEDCO Pending by Empanelment Operator	Number of Applications for Change request for additional MEDCO Kept pending
5	Change Requests of Additional MEDCO Rejected by Empanelment Operator	Number of Applications for Change request for additional MEDCO Rejected
6	Change Requests of Additional MEDCO Approved by Empanelment Operator	Number of Applications for Change request for additional MEDCO Approved by EH

1.9 Empanelment of Change Requests of Bank Account number process Indicators

Sno	Indicator Name	Indicator Description
1	Change of Bank Account Number Initiated by MEDCO	Number of applications initiated by hospital user for Change of Bank Account Number
2	Change of Bank Account Number Updated by MEDCO	Number of Applications for Change of Bank Account Number updated by Hospital User after kept pending by EH
3	Change of Bank Account Number Recommended Approval by Empanelment Operator	Number of Applications for Change of Bank Account Number Recommended Approval
4	Change of Bank Account Number Rejected by Empanelment Operator	Number of Applications for Change of Bank Account Number Rejected
5	Change of Bank Account Number Pending by Empanelment Operator	Number of Applications for Change request for additional MEDCO Kept pending
6	Change of Bank Account Number Approved by CH	Number of Applications for Change of Bank Account Number Approved

1.10 Empanelment of Change Requests of Expertise details process Indicators

Sno	Indicator Name	Indicator Description
1	Expertise Details Initiated by MEDCO	Number of applications initiated by hospital user for Expertise Details Request
2	Expertise Details Updated by MEDCO	Number of Applications for Expertise Details Request updated by Hospital User after kept pending by EH
3	Expertise Details Recommended Approval by Empanelment Operator	Number of Applications for Expertise Details Request Recommended Approval
4	Expertise Details Rejected Empanelment Operator	Number of Applications for Expertise Details Request Rejected
5	Expertise Details Pending Empanelment Operator	Number of Applications for Expertise Details Request kept Pending
6	Expertise Details Approved EH	Number of Applications for Expertise Details Request Approved by EH

2. EMPANELMENT AND DISCIPLINARY ACTION COMMITTEE

The key monitoring areas are Network Hospitals, doctors, and deaths.

2.1 Network Hospitals Indicators

Sno	Indicator Name	Indicator Description
1	Relative Bed Units for a NWH	Relative bed units is a measure used for describing the capacity of the hospitals in a standard form (Bed Units).
2	Empanelment Weight for a NWH	Empanelment weight denotes the capacity of an hospital in terms of what services it can provide for Aarogyasri (and how much demand/utilization is there for those NWH services (captured by bare weights) over a period of time
3	Weighted Average Cases per month for a NWH, for a specified period	It is the average number of cases per empanelled category/therapy which a hospital is providing services to.
4	Weighted Standard Deviation for a NWH	It is the weighted standard deviation for the above indicator. (i.e. Weighted Average Cases per month for a NWH, for a specified period)
5	Average Categories per NWH during a specified period	In a particular time period on average how many categories have been empanelled per a NWH.
6	Therapies preauthed per Category in a given NWH	Indicator name is self descriptive
7	Revolving Fund from the preauthorization's done during a specific period of time	Indicator name is self descriptive

2.2 Government Doctors indicators

Sno	Indicator Name	Indicator Description
1	Percentage of therapies done by Govt. Doctors in Private hospitals during a specified period	Indicator name is self descriptive

3. MEDICAL AUDIT

The success of the scheme rests on ensuring that all the stakeholders adhere to the highest level of medical ethics. Chief Medical Auditor shall be performing the following medical audit functions:

Monitoring of quality of medical care.

Framing guidelines to prevent moral hazard.

Monitoring the trends of utilization of listed therapies across

NWHs. Conduct investigation into allegations of treatment lapses.

Analyze mortality and morbidity under this scheme and recommend corrective measures.

Recommend punitive actions against a medical professional or NWH.

Sno	Indicator Name	Indicator Description
1	Case Fatality Rate	$1000 \times \text{Number of deaths} / \text{Number of therapies done}$

7.FIELD OPERATIONS

The first point of contact for the patient is Aarogyamithra stationed at Aarogyasri kiosk in the hospital. Aarogyamithra registers the patient after authentication of white card and forwards him to the hospital doctors for evaluation. The Arogyamitras located in network hospitals (NAM) facilitate patient treatment from the time of point of entry of the patient into the premises of the hospital till the time of discharge. The NAM workforce at the district level is supervised by team leaders and monitored by a district manager. Trust established District offices in all the districts and appointed a Medical Officer as District Coordinator. A constant vigil is maintained on the services of the network hospitals through regular district level reviews.

Field operations indicators are classified under the three areas of Network Hospitals, Health Camps, PHC level work and Government hospital performance.

The following activities are taken up at the NAM level.

Staff monitoring

Surprise inspections of the hospitals

- Obtaining feedback from the beneficiaries

- Complaints and Grievance redressal

- Specific inspections and interaction with the patient in the hospital on instruction from head office

Verification of emergency pre-authorized cases

The treatment facilitation of the beneficiary when he is outside the premises of network hospital i.e. from the time he is identified till he is registered in the network hospital, and also from the time of discharge till his one year follow-up is complete, is done by the PHC Aarogyamitra workforce (PAM). The PAM workforce which is located in the PHCs is supervised by team leaders and monitored by the district manager. The following activities are taken up at the PAM level.

Health camp monitoring

- Patient capture and conversion into

- admissions Patient follow up treatments

Verification of card data

Obtaining death reports

District Coordinator is the overall incharge of the district staff. The field operations at the head office are monitored by a strong back office team of field operations support services, which monitors all their performance indicators and also facilitate the logistics support.

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.

Aarogyamithra counter at PHC.

Registration in a Health Camp organised by the PHCs or NWHs and Directly at the NWH in case of emergencies or through referral.

The OP process flow at PHC is as follows.

Arrival: Beneficiary arrives at the PHC OP counter with a complaint.

Registration: PAM or the registration clerk first mandatorily registers the patient PAM will enter patient details in Aarogyasri OP Register.

OP ticket is issued.

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.

Referral Capture: In case the patient needs referral and 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.

The key monitoring areas are

Hospital Capacity and its
utilization Health Camps

Followup cases

Government Hospitals performance in the scheme

1. Hospital capacity utilisation

Sno	Indicator Name	Indicator Description
1	Hospital Beds	Total number of beds available in a NWH
2	Reserved Beds in a NWH	Number of beds reserved for Aarogyasri out of total Hospital beds
3	Occupied Beds in a NWH	Number of beds occupied by Aarogyasri patients out of total Hospital beds
4	Occupied Bed-days in a NWH, during a specified period	Occupied bed days represents the duration a NWH has been utilized by patients during a specific period of time
5	Hospital OP in a NWH	Frequency count of OP cases registered in a day
6	Hospital IP in a NWH	Frequency count of IP cases registered in a day
7	Aarogyasri Bed Occupancy Rate, during a specified period	The occupancy rate is a calculation used to show the actual utilization of an inpatient health facility for a given time period.
8	Therapy-month for a given therapy, during a specified period	1 therapy month denotes that one particular therapy has been provided by the NWH for a period equivalent to that of 1 month. Therapy month is a standard used to see which therapies are utilized mostly in a NWH. (In other words, it shows which therapies are being provided mostly by a particular network hospital).
9	Bed Occupancy updation time	Average time at which the bed occupancy updation was done by the NWH

2. Health camps

Sno	Indicator Name	Indicator Description
1	Health Camps Conducted	Number of health camps conducted during a specified period
2	Patients Screened	Number of patients screened in all the health camps conducted during a specified period
3	Patients Referred	Number of patients referred to Network Hospitals from all the health camps conducted during a specified period
4	Health Camp Rate	Number of health camps conducted per week (during a specific period of time)
5	Patients Screening Rate	Number of patients screened (in all the health camps conducted during a specified period) per week
6	HC patient referral capture rate	One patient out of every 'n patients' who were screened get referred to a hospital, this is calculated as HCAP
7	HC patient referral conversion rate	One patient out of every 'n patients' who were referred get registered in a hospital, this is calculated as HCON

3. Government hospital performance indicators

Sno	Indicator Name	Indicator Description
1	Percentage of therapies done in Government hospitals	(Indicator Name is self descriptive)
2	Percentage of the cost for therapies done in Government hospitals	(Indicator Name is self descriptive)
3	Government Hospital Preauths through Health Camp Route	Number of therapies preauthed in Government Hospitals, from the patients referred from Health Camps during a specified period
4	Private Hospital Preauths through Health Camp Route	Number of therapies preauthed in Private Hospitals, from the patients referred from Health Camps during a specified period

8. GRIEVANCE DEPARTMENT

A comprehensive complaint cell and grievance redressal mechanism is put in place through online system with clear Turnaround Times (TAT) in order to ensure fair and timely redressal of grievances. These complaints and grievances are monitored at the highest level in the Trust on daily basis. The central committee chaired by CEO of the Trust and District level Committee chaired by the District Collector regularly monitor these grievances. This department works in close liaison with the Empanelment Disciplinary Action and Medical Audit.

All the discharged cases pass through a Social Audit Mechanism. A letter from the Chief Minister is dispatched directly to the communication address of the beneficiary on the same day of discharge of the patient enquiring about his current status of health after the treatment. The letter provides details of the claim such as package availed, surgery/therapy done, package cost paid to the hospital and enquires about the satisfaction level of the beneficiary regarding the services rendered. A self addressed postage prepaid inland letter is attached to get specific feedback from beneficiary about the quality of services, behaviour of Aarogyamithra and hospital staff and his opinion about the scheme. This feedback letter is made available to the claim processing team online real time basis. Thus claim processing is done on the basis of outcome and by knowing the patient satisfaction level. Grievance indicators deal with the grievances arriving at Trust from various sources based on the type and time for resolution.

The key monitoring areas are

Grievances

Feedback Letters

1. Grievance Indicators

Sno	Indicator Name	Indicator Description
1	Grievance Arrivals during a specified period	Frequency count of Grievances received during the specified period
2	Relative Frequency of Grievances during a specified period	Number of grievances arrived relating to the disaggregation variable during the period / total number of grievances received during the period
3	Grievance Rate during a specified period	Grievance arrivals per 100 therapies preauthed during the specified period

2. Feedback Letters Indicators

Sno	Indicator Name	Indicator Description
1	Feedback letter Return Rate during a specified period	Feed back response rate is the percentage of people who responded to our feed back letters.
2	Adverse Feedback Rate during a specified period	Number of adverse feedback letters received per 100 feedback letters received during the specified period

9. 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 Aarogyasri Scheme

Eligibility Criteria

- Deaf children of BPL families
 - Below 2 years of age for prelingual deafness
 - Below 12 years of age for post lingual cases
- Financial Coverage
- Rs.6.50 lakh for each child is provided under package. Services covered
 - Cochlear Implant Surgery
 - Audio-Verbal therapy for one year

period Pre-Authorization Process

Network hospital should follow the regular procedure of admission, evaluation and pre-authorization procedures before sending the patient for committee evaluation. Hospital shall upload all relevant documentation.

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

Preauth Cochlear cases Indicators

Sno	Indicator Name	Indicator Description
1	Pre-Authorisations-Cochlear Cases Initiated by MEDCO	Number of preauth Cochlear cases initiated by MEDCO
2	Pre-Authorisations-Cochlear Cases Updated by MEDCO	Number of preauth Cochlear cases updated by MEDCO after pendency
3	Pre-authorisations Cochlear cases updation waiting at MEDCO	Number of preauth Cochlear cases waiting with MEDCO for updation after pendency
4	Pre-Authorisations-Cochlear Cases forwarded by Preauth Operator	Number of preauth Cochlear cases forwarded by Preauth Operator
5	Pre-authorisations Cochlear cases waiting at Preauth Operator	Number of preauth Cochlear cases waiting at Preauth Operator
6	Pre-Authorisations-Cochlear Cases Recommended Approval by Preauth Operator	Number of preauth Cochlear cases recommended Approval by Preauth Operator
7	Pre-Authorisations-Cochlear Cases Recommended Rejection by Preauth Operator	Number of preauth Cochlear cases recommended rejection by Preauth Operator
8	Pre-Authorisations-Cochlear Cases Pending with Preauth Operator	Number of preauth Cochlear cases kept Pending with Preauth Operator
9	Pre-authorisations Cochlear cases waiting with Preauth Operator	Number of preauth Cochlear cases waiting with Preauth Operator
10	Pre-Authorisations-Cochlear Cases C-CC Rejected by Preauth Operator	Number of preauth Cochlear cases recommended rejection by Preauth Operator
11	Pre-Authorisations-Cochlear Cases PAO Approved	Number of preauth Cochlear cases recommended Approval by PAO
12	Pre-auth Cochlear Cancel Requests MEDCO Initiated	NWH Requested Cancelllation of Pre-auth Cochlear cases
13	Pre-auth Cochlear cases Cancel Requests MEDCO Updated	Number of preauth Cochlear Cancel Requests cases Committee Pending and Trust Pending Updated by MEDCO
14	Pre-auth Cochlear cases Cancel Requests waiting with MEDCO	Number of preauth Cochlear Cancel Requests cases waiting for Updation by MEDCO

15	Pre-Authorisations-Cochlear Cases Cancel Requests Recommended Approval by preauth operator	Number of preauth Cochlear Cancel Requests cases Recommended Approval by preauth operator
16	Pre-Authorisations-Cochlear Cases Cancel Requests Recommended Rejection by preauth operator	Number of preauth Cochlear Cancel Requests cases Recommended Rejection by MC-CC
17	Pre-Authorisations-Cochlear Cases Cancel Requests Pending by preauth operator	Number of preauth Cochlear Cancel Requests cases kept pending by MC-CC
18	Pre-auth Cochlear cases Cancel Requests waiting with preauth operator	cases waiting for disposal by MC-CC
19	Pre-Authorisations-Cochlear Cases Cancel Requests Rejected by preauth operator	Number of preauth Cochlear Cancel Requests cases Rejected by C-CC