

OPERATIONS DEPARTMENT – STANDARD OPERATING

PROCEDURES(AS)

INTRODUCTION:

Aarogyasri scheme provides a cashless health benefit cover for 938 tertiary and secondary care medical and surgical therapies, and 125 follow-up therapies. The Schemes is available to all the poor families of the State on an end to cashless basis. Each family is offered a financial cover of upto two lakh rupees on a floater basis. The patients have the option to access the treatment through various modes such as emergency admissions, primary health centers referrals, health camp referrals, call centre registrations or direct walk-ins. The choice of the hospital is left to the patient and the waiting time for therapy for any beneficiary is less than two weeks. The cashless service includes free outpatient care for patients who might need the listed therapies, all investigations and diagnostic tests needed for the therapy, food, pharmaceutical charges, and transport charges.

OBJECTIVE

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

ELIGIBILITY CARDS

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:

- i. White ration card (WAP)
- ii. Antyodaya Anna Yojana (AAY) card;
- iii. Annapurna card;
- iv. Aarogyasri Health card
- v. TAP card
- vi. CMCO (Chief Minister Camp office)
- vii. JAP (Journalist card)
- viii. RAP Card

PRE-AUTHORISATION

- i. NWHs shall send preauthorization requests after duly evaluating the patient; The preauthorization requests are scrutinized as per guidelines issued by the Trust at three levels
 - a. Scrutiny by pre-auth executive for first level.
 - b. Scrutiny by specialist for second level.
 - c. Scrutiny by Trust doctor for final approval within 12 hours of submission of request by NWH.
- ii. A query on an incomplete pre-authorization request can be raised not more than once at each level of scrutiny. In case of a query an additional time of 6 hours will be allowed so as to enable the Trust to offer final approval within 18 hours.
- iii. Telephonic approval: The NWH shall obtain Telephonic pre-authorization through dedicated telephone lines in all cases of emergencies. NWH shall only obtain a telephonic approval after confirming that the particular case falls within the purview of the scheme. A telephonic pre- authorization shall be deemed to be a provisional approval, and shall necessarily be followed by a regular pre-authorization within 24 hours.
- iv. The approval of pre-authorization by the Trust shall be based on online evidence of diagnosis and choice of treatment arrived at by the treating doctor. The approval by Trust shall be deemed as an approval of the case for financial assistance under the scheme and shall not be construed as an endorsement of treatment by the NWH.
- v. The pre-authorization is done 24x7x365 days.

Emergency Registration and Admission

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

CLAIMS

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

listed therapy in the form of an intra-operative photograph or a scar photograph linking the identity of the patient with the therapy or case sheet.

CLAIM PROCESSING

- i. All the claims processing shall be carried out electronically through the Trust portal. Payments to the NWH shall be made through electronic clearance facility of the Trust.
- ii. The claim intimation, collection of claim documents, scrutiny of claim documents shall all be done through the Trust portal.
- iii. As soon as the claim submitted, the following verification shall be performed.
 - a. Scrutiny by claim executive for first level.
 - b. Scrutiny by specialist for second level.
 - c. Scrutiny by trust doctor for third level.
 - d. Scrutiny by JEO/claim head for fourth level.

Three options are exercised at each level under claim processing

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

FOLLOWUP SERVICES

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

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

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

ENHANCEMENT PROCESS

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

FLAGGING

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

ERRONEOUS PROCESS

Erroneous request can be raised by NWH for discrepancies in claim amounts as per approved packages

CMS PROCESS

Change Management system facility through change request is provided to NWH for correcting mismatch in patient age/sex/home page photo.