

GOVERNMENT OF ANDHRA PRADESH
HEALTH, MEDICAL AND FAMILY WELFARE (M2) DEPARTMENT

Memorandum.No.21233 /M2/2012-5

Dated:27-06-2013.

Sub. : Health, Medical and Family Welfare – Rajiv Aarogyasri Scheme –
Resolution of certain issues raised by ASHA and APNA – Regarding

- Ref: 1. G.O.Ms.No.227 HM&FW (K2) Dept dated 09-06-2006.
2. Govt Memo. No. 21233 /M2/2012-3 HM&FW (M2) Dept dated 06-02-2013.
3. Representation dated 30-03-2013 received from AP Speciality Hospitals Association (ASHA).
4. Representation dated 03-04-2013 received from AP Private Hospitals & Nursing Homes Association (APNA).
5. From the Chief Executive Officer, Aarogyasri Healthcare Trust, Hyderabad letter No.2349 /P&C/F.49/2013 dated 26-04-2013.
6. Govt Letter No.21233/M2/2012-4 HM&FW(M2) Dept dt.29-04-2013.
7. From the Chief Executive Officer, Aarogyasri Healthcare Trust, Hyderabad letter No.AST/2349 /P&C/F.49/2013 dated 29-04-2013.

Rajiv Aarogyasri Scheme (RAS) is being implemented by Government from 01.04.2007 to financially assist 233 lakh poor families to avail medical treatment for identified diseases covering 938 In-patient (IP) therapies and 125 follow-up therapies vide G.O first cited.

2. AP Speciality Hospitals Association (ASHA) and A P Private Hospitals & Nursing Homes Association (APNA) representing the private hospitals empanelled under Rajiv Aarogyasri Scheme, submitted representations to Government, seeking revision of the package rates for Rajiv Aarogyasri Scheme and also clarifications on certain other issues. In Memo.No.21233 /M2/2012-3 HM&FW (M2) Dept dated 06-02-2013, Government have constituted a committee headed by Principal Finance Secretary and consisting of Principal Secretary to Government, Health Medical & Family Welfare Department, Commissioner AP Vaidya Vidhana Parishad, Director of Medical Education, as members, Chief Executive Officer, Aarogyasri Health Care Trust as member-convenor, and two representatives each from ASHA and APNA as members for examining the grievances of ASHA and APNA., which included the following general issues:

1. The stage from which cashless treatment starts in the network hospital and whether pre-evaluation cost at OP level is part of package.
2. Introduction of referral system from primary hospitals (Government or Private)
3. Aarogyasri patients asking for same consultant and investigations done for cash patients.
4. Aarogyasri patients asking for reimbursement of cost of investigations done outside the network hospital.
5. Aarogyasri patients asking for reimbursement of treatment done prior to conversion to Aarogyasri in the hospital.
6. Cashless evaluation of Chief Minister's Camp Office (CMCO) cases.
7. Payment of lapsed claims.
8. Disallowing / rejection of claims not done scientifically
9. Acceptance of digital documents with digital signatures
10. Making a provision of appeal with Chief Executive Officer, AHCT against the orders passed by Empanelment and Disciplinary Action Committee, AHCT.

(P.T.O)

Eo(P&C)/N.O(AM)
TEo(EHF)
3643
29 JUN 2013
AAROGYASRI HEALTH CARE TRUST

6/
Communicate to
all HODs.
2/7/13

3. In the letters 5th and 7th cited, the Chief Executive Officer, Aarogyasri Healthcare Trust (AHCT) and member-Convener of the Committee has submitted a 'note' containing the deliberations of the Committee and its recommendations on the issues referred to it.

4. Government have carefully examined the issues raised by ASHA and APNA as well as the recommendations of the Committee. After careful consideration, the following clarifications are issued:

Item No.	Issues	Clarifications
01.	<p>When will the cashless treatment start?</p> <p>Is pre-evaluation cost at OP level a part of package?</p>	<ul style="list-style-type: none"> • The cashless treatment will only start from the time of registration at the Aarogyamithra kiosk. Registration will be necessary for all subsequent steps. • The hospital shall provide the kiosk at the entrance alongside their general OP registration counter with a prominent display board indicating that all white card holders shall mandatorily register at the kiosk for free treatment. • All the Aarogyasri patients who register at the kiosk will be evaluated freely right from OP level by the hospital round the clock. • The pre-evaluation cost at OP level is part of package. • Since many of the BPL patients are illiterate the network hospital should proactively guide such patients to the Aarogyamithra kiosk for registration.
02.	Referral system from primary hospitals (Government or Private):	Introduction of a referral system is an objective of the State Government which will be implemented in a phased manner.
03.	Can a patient choose a Consultant ?	After registration in the hospital under Aarogyasri, the patient shall be treated by a doctor with requisite qualification as per the needs of the case.
04.	Patient wants reimbursement of investigations done outside the hospital	<ul style="list-style-type: none"> • Treatment shall be cashless from the time of registration till the date of discharge and shall include the 10 days follow up drugs and treatment of complications arising out of the procedure for 30 days post-discharge. • Payments for co-morbid conditions will be made separately. • Hospital will maintain a 24x7 OP for servicing all the BPL patients. There

		<p>will be no biometric registration at the OP level.</p> <ul style="list-style-type: none"> • No cash collection will be made during emergencies. A time of 24 hours will be given to provide the White card of Andhra Pradesh (WAP card) number. In case of Rachabanda Card of Andhra Pradesh (RAP card) where the patient expires within 48 hours, the District Coordinator will issue a certificate for regular preauthorisation. • The Rajiv Aarogyasri Medical Coordinator (RAMCO) should raise pre-authorisations with his biometric login. • Any non-invasive investigation done within the hospital within 30 days prior to registration and used for preauthorisation shall be repaid. If the investigation is done outside the hospital and is used for preauthorisation, the same shall be refunded to the patient at the rates usually charged for cash patients in the hospital. No invasive investigation will be performed by collecting cash from outside or within the hospital. In case of any default by the network hospital, the Trust will be at liberty to stop payments until refund of the entire amount spent by the patient is made. • Any Aarogyasri patient converted into a cash patient due to non-availability of a package in the empanelled specialty shall be counselled for treatment in a Government hospital.
05.	Patient wants reimbursement of treatment done prior to conversion to Aarogyasri in the hospital:	Patient initially admitted for a non-Aarogyasri ailment, shall be converted to Aarogyasri immediately on detection of an ailment covered under Aarogyasri package. However, action shall be taken against hospitals if they intentionally admit an Aarogyasri patient as a non-Aarogyasri patient.
06.	Chief Minister's Camp Office (CMCO) cases cannot be evaluated cashlessly.	Since CMCO cases may not possess a card at the time of entry to a network hospital, free-OP evaluation will not be available for CMCO cases before issue of card. However, after issue of temporary card, the patient shall be treated on par with any other Aarogyasri patient since the same package price is being paid.
07.	Making of payment of claims	It will not be possible to reopen the

	which lapsed.	claims before 31-03-2012. However, any claims relating to financial year 2012-13, which were not settled, will be reviewed and considered upto 30 th June 2013. This will apply both to insurance and Trust claims.
08.	Disallowances or rejections are done non-scientifically.	Disallowances will be made only when all the services provided for under the package are not delivered by any hospital. No enhancement will normally be possible, but will be raised only in the rarest of the rare cases as all the packages are pre-fixed.
09.	Digital documents with digital signatures should be accepted.	All hospitals will be asked to directly link their machines such as CT/MRI etc., to the Trust IT system so that unnecessary manual scanning and uploading is avoided.
10.	Making a provision of appeal with Chief Executive Officer, Aarogyasri Health Care Trust against the orders passed by Empanelment and Disciplinary Action Committee (EDC), Aarogyasri Healthcare Trust.	Accepted. All such appeals will be filed within 30 days from the date of issue of order by the Empanelment and Disciplinary Action Committee.

5. The Chief Executive Officer, Aarogyasri Healthcare Trust shall take further necessary action, accordingly, in the matter.

6. This memo issues with the concurrence of Finance Department vide their U.O.No.2891/PFS/13, dated:26.06.2013.

AJAY SAWHNEY
PRINCIPAL SECRETARY TO GOVERNMENT

To
The Chief Executive Officer, Aarogyasri Health Care Trust, Hyderabad.

Copy to:

The President, A.P. Specialty Hospitals Association (ASHA),H.No.8-2-595/2/B, Road No.10, Banjara Hills, Hyderabad – 500 034.

The President, A.P. Private Hospitals & Nursing Homes Association,#4-5-357 /A, II Floor, IMA Building, Koti, Hyderabad – 500 027.

The Director of Medical Education, AP., Hyderabad.

S.F. / S.Cs.

// FORWARDED :: BY ORDER //

T. Parashuram Reddy
SECTION OFFICER

