RAJIV AAROGYASRI COMMUNITY HEALTH INSURANCE SCHEME - PHASE II
FOR BPL POPULATION IN 5 DISTRICTS OF ANDHRA PRADESH

There is a felt need in the State to provide financial protection to families living below poverty line for the treatment of major ailments such as cancer, kidney failure, heart and neurosurgical diseases etc., requiring hospitalization and surgery. Government hospitals lack the requisite facility and the specialist pool of doctors to meet the statewide requirement for the treatment of such diseases. Large proportions of people, especially below poverty line borrow money or sell assets to pay for the treatment in private hospitals. Health Insurance could be 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. Government of Andhra Pradesh has accordingly implemented a Community Health Insurance Scheme by name Rajiv Aarogyasri in the three districts of Mahboobnagar, Ananthapur, Srikakulam districts of Andhra Pradesh from 01-04-07 on pilot basis. Government after careful assessment of the pilot scheme has now decided to expand the scheme with some modifications in phased manner. Accordingly the second phase expansion is planned from 05-12-07 in five districts viz. Chittoor, East Godavari, Nalgonda, Rangareddy and West Godavari.

In order to operate the scheme professionally in a cost effective manner, public private partnership is envisaged between the Insurance Company, the private sector hospitals and the State agencies. State Government/ Trust will guide the Insurance Company in establishing network of hospitals, fixing of treatment protocol and costs, treatment authorization, claims scrutiny and any other related work, such that the cost of administering the scheme is kept at the lowest, while making full use of the resources available in the Government Health system / Private health system. Private hospitals fulfilling minimum qualifications in terms of availability of inpatient medical beds, laboratory, equipments, operation theatres etc. and a track record in the treatment of the specified diseases can be enlisted for providing treatment to the BPL families under the scheme. List of such specialty hospitals already under empanelment for pilot scheme is enclosed as **Annexure-5.** Premium under this scheme will be borne by the Government / Trust.

Salient Features of the Scheme proposed for implementation in the 5 districts of Chittoor, East Godavari, Nalgonda, Ranga Reddy and West Godavari

1.0 Name:

The name of the scheme is Rajiv Aarogyasri Community Health Insurance Scheme.

2.0 Objective:

To improve access of BPL families to quality medical care for treatment of identified diseases involving hospitalization, surgery and therapies, through an identified network of health care providers. The scheme would provide coverage for the following system;

A).

i) Heart,
ii) Cancer treatment
   a. Surgery
   b. Chemo Therapy
   c. Radio Therapy
iii) Neurosurgery
iv) Renal diseases
v) Burns
vi) Poly trauma cases (not covered by the Motor Vehicles Act)

B). Cochlear Implant Surgery with Auditory-Verbal Therapy for Children below 6 years **(only services will be provided by the Insurance Company and costs to be reimbursed by the Trust on case to case basis and hence not to be taken in to account for calculating the premium).**

Detailed list of surgeries and therapies with packages falling in the identified groups **(A)** is given at **Annexure - 6**.

3.0 Beneficiaries:

The scheme is intended to benefit below poverty line (BPL) population in the 5 districts of the State viz. West Godavari, East Godavari, Nalgonda, Ranga Reddy and Chittoor. There are **48.23 lakh** BPL families in the five districts comprising of a population of **1.68 crores.** Database and photograph of these families will be available in 'Health Cards' to be issued by the Trust based on the BPL ration card issued by the Civil Supplies Department. District wise profile of the BPL families is given below:

PHASE	Districts	No of Mandals	No. Of. Municipalities	BPL Cards	BPL population	From
Phase-II	East Godavari	59	9	12,21,143	40,36,242	05-12-2007
	West Godavari	46	8	9,66,007	31,24,618	
	Nalgonda	59	4	7,92,720	27,52,576	
	RangaReddy	37	11	9,18,228	34,98,312	
	Chittoor	66	8	9,25,047	33,78,997	
	Total	267	40	48,23,145	167,90,745	

Note: Such of the 'Health Card' holders who are covered for the specified diseases by other insurance scheme such as CGHS, ESIS, Railway, RTC etc., will not be eligible for any benefit under the scheme.

4.0 Health Cards:

All eligible families in the proposed districts will be provided with Rajiv Aarogyasri Bhima Health Cards. These health cards are issued based on BPL ration card data. These Health Cards/BPL ration cards will be basis for identification of Beneficiary under the scheme.

4.1 Family:

Means head of the family, spouse, dependent children and dependent parents as enumerated and photographed on the Rajiv Aarogyasri Health Card/ BPL card. The photograph indicated in the Health Card/ BPL card will be taken as the proof for determining the eligibility of the beneficiary.

4.2 Enrollment:

GOAP / Trust will provide the details of each BPL family covered under the Scheme through the Health Card/ BPL Card. This Health Card will be a part of enrollment / identification for availing the health insurance facility.

5.0 Sum Insured on Floater Basis:

The scheme shall provide coverage for meeting expenses of hospitalization, surgical and therapeutic procedures of beneficiary members up to Rs.1.50 lakhs per family per year subject to limits, in any of the network hospitals. The benefit on family will be on floater basis i.e. the total reimbursement of Rs.1.50 lakhs can be availed of individually or collectively by members of the family.

6.0 Buffer / Corporate Sum Insured:

An additional sum of Rs 10 crores shall be provided as Buffer / corporate floater to take care of expenses; if it exceeds the original sum i.e. Rs 1.50 lakhs per Individual/family. In such cases an amount upto Rs. 50000/- per individual/family shall be additionally provided on the recommendation of the committee set up by the trust.

In case of Renal Transplant Surgery with Immunosuppressive therapy, the buffer amount of Rs.50, 000, if required will also gets applied automatically up to 1 year.

7.0 Cash less Transaction

It is envisaged that for each hospitalization the transaction shall be cashless for covered procedures. Enrolled BPL beneficiary will go to hospital and come out without making any payment to the hospital subject to procedure covered under the scheme.

8.0 Pre existing diseases

All diseases under the proposed scheme shall be covered from day one. A person suffering from any of the identified disease prior to the inception of the policy shall also be covered.

9.0 Pre and Post hospitalization:

This part has been made as a part of package. The package shall cover the entire cost treatment of patient from date of reporting to his discharge from hospital and 10 days after discharge and complications while in hospital, making the transaction truly cashless to the patient.

10.0 Procedure for enrollment of Hospitals:

The hospitals shall be separately empanelled for phase II of the scheme

HOSPITAL / NURSING HOME: means any institution in Andhra Pradesh established for indoor medical care and treatment of disease and injuries and the networked hospital should comply with minimum criteria as under:

a) It should have at least **50** inpatient medical beds.
b) Fully equipped and engaged in providing Medical and Surgical facilities along with Diagnostic facilities i.e. Pathological test and X-ray, E.C.G. etc for the care and treatment of injured or sick persons as in-patient.
c) Fully equipped Operation Theatre of its own wherever surgical operations are carried out
d) Fully qualified nursing staff under its employment round the clock.
e) Fully qualified doctor(s) should be **physically** in charge round the clock.
f) Maintaining complete record as required on day-to-day basis and is able to provide necessary records of the insured patient to the Insurer or his representative as and when required.
g) Having sufficient experience in the specific identified field.

h). The Hospital should agree to the packages for each identified intervention/surgery as approved by the Trust. The package includes consultation, medicine, diagnostics, implants, food, cost of transportation and

hospital charges etc. In other words the package should cover the entire cost of treatment of the patient from date of reporting to his discharge from hospital and 10 days after discharge and any complication while in hospital, making the transaction truly cashless to the patient. The post operative hospital stay in all surgical procedures shall be minimum of 10 days.

i). For the empanelment of Chemo And Radio -Therapy, the hospital should have infrastructure for Radiotherapy with Services of Radiation Oncologist and Medical Oncologist

j). For the empanelment of Cochlear Implant Surgery, the hospital should have Services of Trained ENT Surgeon and Auditory –Verbal Therapist.

And

Hospital should be in a position to provide following additional benefit to the BPL beneficiaries related to identified systems:

a. Provide separate Rajiv Aarogyasri counter for Aarogya Mithras (Health Coordinators) at a prominent place in hospital.

b. Provide Computer with networking (dedicated broadband with minimum 512 kbps speed), printer, scanner and digital camera.

c. Provide free food for the patient

d. Provide transport/transportation charges for patient.

e. Free OPD consultation.

f. Free diagnostic tests and medical treatment required for beneficiaries irrespective of surgery.

g. Minimum one free Health Camp in village per week for the screening of the BPL patient suffering from the identified ailments. Hospital may have a mobile team with diagnostic equipments and team of doctors as specified by the Trust for this purpose. Villages shall be identified by the trust in consultation with district administration and communicated to the hospitals/insurance company.

MoU with network Hospital: The insurance company shall sign MoU with all the hospitals to be empanelled under the scheme for phase II. This MoU is subject to the approval of the Trust. Empanelled medical institutions are supposed to extend medical aids to the beneficiary under the scheme. A provision will be made in MOU of non-compliance/default clause while signing them. Such matter shall be looked in to by the Trust

11.0 Payment of Premium:

The Trust / Government will pay the insurance premium on behalf of the BPL beneficiaries to the Insurance Company directly in installments.

12.0 Period Of Insurance

The insurance coverage under the scheme shall be in force for a period of one year from the date of commencement of the policy (say from 00:00 hours of 05.12.2007 to midnight of 04.12.2008)

13.0 Refund

If there is a surplus after the actual claims experience on the premium (excluding Service Tax) at the end of the policy period, after providing 20% of the premium paid towards the Company's administrative cost, in the balance 80% after providing for claims payment and outstanding claims, 90% of the left over surplus will be refunded to the Government/Trust with in 30 days after the expiry of the policy period.

14.0 MOU with Insurance Company

The insurer is required to enter into a MOU for implementation of the scheme with GoAP/ Trust.

15.0 Penalty clause

Failure to abide with the terms will attract penalty as suggested by the GoAP / Trust at the time of finalizing the terms.

16.0 Standardisation of formats

The Insurance Company shall standardise various formats used for cashless transactions, discharge summary, billing pattern and other reports in consultation with the Trust.

17.0 Claim settlement

The Insurance Company shall settle the claims of the hospitals within 7 days of receipt of the bills along with the discharge summary and satisfaction letter of the patient. The claim settlement progress will be scrutinized and reviewed by the Trust.

18.0 Implementation procedure:

The entire scheme is intended to be implemented as cashless hospitalization arranged by the Insurance Company. The following table represents the process flow of treatment to the beneficiary

A).

Process Flow of the Beneficiary Treatment in the Network Hospital

Step 1

Beneficiaries approach nearby PHC/Area Hospitals/District Hospital/Network Hospital. Aarogya Mithras placed in the above hospitals facilitate the beneficiary. If beneficiary visits any other PHC/Government hospital other than the Network Hospital, he/she will be given a referral card to the Network Hospital after preliminary diagnosis by the doctors. The Beneficiary may also attend the Health Camps being conducted by the Network Hospital in the Villages and can get the referral card based on the diagnosis.

Step 2

The Aarogya mithras at the Network Hospital examines the referral card and health card/BPL ration card and facilitates the beneficiary to undergo preliminary diagnosis and basic tests.

Step 3

The Network Hospital, based on the diagnosis, admits the patient and sends preauthorization request to the Insurance company and the Aarogyasri Health Care Trust.

Step 4

Specialists of the Insurance Company and the Trust examine the preauthorization request and approve preauthorization if all the conditions are satisfied within 12 working hours.

Step 5

The Network Hospital extends cashless treatment and surgery to the beneficiary.

Step 6

Network Hospital after performing the surgery forwards the original bills, diagnostic reports, case sheet, satisfactory letter from patient, discharge summary duly signed by the patient and other relevant documents to Insurance Company for settlement of the claim.

Step 7

Insurance Company scrutinize the bills and gives approval for the sanction of the bill and shall make the payment within agreed period.

The diagram representing the working pattern is annexed **(Annexure - A)**

B). Camps

Health Camps are to be conducted in all Mandal Head Quarters, Major Panchayats and Municipalities. A minimum of 1300 camps have to be held in the five districts in the policy year. The insurer should ensure that at least one free medical camp is conducted by each network hospital per week at the place suggested by the trust. They should carry necessary screening equipment along with specialists (as suggested by the Trust) and other para-medical staff. They should also work in close liaison with district co-coordinator, DM&HO in consultation with district collector.

C). District Level Co-ordination

District level offices with necessary infrastructure have to be set-up by the Insurance Company. The Insurer needs to have district level monitoring staff with district coordinators and regional coordinators (in charge of a group of mandals within the district). District coordinators/ Regional coordinators of the insurance company should monitor Aarogyamithras, co-ordinate with network hospital, district administration and people's representatives for effective implementation of programme. They should ensure that camps are held as per schedule, arrange for canvassing for the camp, mobilize patients and follow up the beneficiaries. He/She should work in close liaison with district administration under the supervision of district collector. He should also ensure proper flow of MIS and report to trust on day-to-day basis about the progress of the scheme in the district. The company should ensure that dedicated staff is made available for the scheme. There shall be at least one doctor to be placed in each district. Further wherever the concentration of the network hospitals is more additional doctors need to be placed. The Insurance Company shall follow the instructions of the Trust in this regard.

D). State Level Co-Ordination

The company should nominate responsible officer/ officers to properly coordinate above work and ensure proper implementation of scheme up to the satisfaction of trust. They should review the progress with trust on day-to-day basis and be responsible to implement the suggestions of trust for effectively running the scheme. The Project Office of the Insurance Company shall be separately established at convenient place for better coordination with the Trust. The project office shall report to the CEO of the Trust on a daily basis. The following departments shall be established by the Insurance Company in the Project Office:

i) **24 hour call center** with toll free help line

ii) **MIS Department** to collect, collate and report data on a real-time basis. This department will also have a subunit with operators who collect hourly information from the Aarogyamithras, regional co-coordinators, district coordinators etc. Based on this the reverse flow of dissemination of information shall also take place. There shall be subunits for each district. The MIS department shall also follow-up the cases at all levels. The department shall also generate reports as desired by the Trust.

iii) **IT Department** to ensure that the website with e-preauthorisation, claim settlement and real-time follow-up is maintained and updated on a 24-hour basis.

iv) **Pre-authorisation Department** with specialist doctors for each category of diseases shall work along with the Trust doctors to process the preauthorization within 12 working hours. The doctors shall also undertake inspection of hospitals.

v) **Claims Settlement Department**

vi) **Health Camp Department** to plan, intimate, implement and follow-up the camps as per the directions of the Trust.

vii) **Other departments required for Office work.**

19.0 <u>Aarogya Mithras</u>

a. **Aarogyamithras in PHCs/ CHCs/ Area Hospitals/ Government Hospitals etc:** The unique nature of the scheme demands the insurance company to appoint Aarogyamithras in consultation with the trust in all PHCs, CHCs, Area Hospitals and District Hospitals for propagating the scheme, mobilizing people for health camps, counseling beneficiaries, facilitating the referral/treatment of these patients and follow-up. For effective and instant communication all the Aarogyamithras will have to be provided with cell phone CUG connectivity by the Insurance Company.

b. **Aarogyamithras in Network Hospitals: The** Insurance Company also needs to appoint Aarogyamithras at all network hospitals to facilitate admission, treatment and cashless transaction of patient. The Aarogyamithras should also help hospitals in pre-auth and claim settlement. They should also ensure proper reception and care in the hospital and send regular MIS. For effective and instant communication all the Aarogyamithras will have to be provided with cell phone CUG connectivity by the Insurance Company.

The detailed note on Aarogyamithras and their role is enclosed **(Annexure B)**

20.0 Online MIS and E-Preauthorisation.

The Insurance Company should post enough dedicated staff, so as to ensure free flow of daily MIS and ensure that progress of scheme is reported to trust in the desired format on a real-time basis. The company should establish proper networking for quick and error-free processing of preauthorisations. This will be done through a dedicated website of the Trust, the maintenance cost of which will be borne by the Insurance Company. The preauthorisation has to be done in co-ordination with trust i.e., by a team of doctors from the Trust and the Insurance company. The trust will provide necessary specialists and technical committees to evaluate special cases. The website will be a repository of information and will have the following features:

a) General Information on the scheme.
b) Details of patients reporting in the PHC/CHC/Government Hospitals/ District hospitals on daily basis
c) Details of Health Camps and daily reporting of health camps
d) Details of patients getting referred from the health camps.
e) Details of in-patients and out patients in the network hospitals
f) Costing of the Tests done in the network hospitals
g) E-preauthorisation.
h) Surgery details.
i) Discharge details.
j) Real-time reporting
k) Claim settlement
l) Follow-up of patient after surgery etc

21.0 Medical Auditors

The company should appoint enough number of medical officers who does pre-authorization in consultation with trust. The Company shall also recruit specialized doctors for regular inspection of hospitals, attend to complaints from beneficiaries directly or through Aarogyamithras for any deficiency in services by the hospitals and also to ensure proper care and counseling for the patient at network hospital by coordinating with Aarogyamithras and hospital authorities

22.0 In-House System

The Insurance Company has to establish in-house system to provide all such facilities elaborated under the scheme.

23.0 Publicity

The insurance company on its part should ensure that proper publicity is given to the scheme. It should print brochures, banners, wall paintings at PHC/CHC/District Hospitals and other prominent places, display boards in public places and highways. They should effectively use services of Aarogyamithras and district coordinators for this purpose.

24.0 Capacity Building

The insurer will arrange the workshops/training sessions for the capacity building of the Trust personnel, their representatives and other stakeholders in respect of specific field of insurance at each district on the convenience of the Trust.

25.0 Criteria for Evaluating Bids / Proposals

The Technical Proposals will be evaluated by a panel of officials nominated by the Government of Andhra Pradesh. Once the technical bids have been evaluated, the successful bidders will be informed about the date of opening of financial bids. Financial bids of only those bidders will be opened who are declared successful in the technical Bid Evaluation stage. Financial bids will be opened in presence of the representatives of insurance companies that have been declared successful in the technical bid evaluation stage.

26.0 Award of Contract

Government of Andhra Pradesh/Trust shall award the contract to the successful bidder/s whose Bid has/ have been determined to be substantially responsive, lowest evaluated bid, provided further that the bidder has been determined by the Government of Andhra Pradesh/Trust to be qualified to perform the contract satisfactorily.

27.0 Right to negotiate at the time of Award

Government of Andhra Pradesh/Trust reserves the right to negotiate starting with lowest bidder after opening the Price Bid.

28.0 Government of Andhra Pradesh /Trust's Right to Accept or Reject any or all Bids:

Government of Andhra Pradesh/Trust reserves the right to accept or reject any Bid or annul the Bidding process and reject all Bids at any time prior to award of contract, without thereby incurring any liability to the affected Bidder or Bidders. Government of Andhra Pradesh/Trust is not bound to accept the lowest or any bid.

Incomplete bids and financial bids with extra attachments is liable to be disqualified.

29.0 Notification of Award and Signing Of MOU:

The Notification of Award will be issued with the approval of the Tender Accepting Authority. The terms of MOU will be discussed with the representatives of the successful insurance company and the company is expected to furnish a duly signing MOU proposed by GoAP/Trust in duplicate within 7 days of declaration of 'award of contract', failing which the contract may be offered to the next bidder in order of merit. Once the MOU is signed, the insurer will have no right to cancel the MOU signed between the GoAP /Trust and insurer.

30.0 Canvassing

Bidders are hereby warned that canvassing in any form for influencing the process of notification of award would result in disqualification of the Bidder.

31.0 Signature in each page of document

Each paper of Bid Document must be signed by the competent authority of the Bidder. Any document / sheet not signed shall tantamount to rejection of Bid.

32.0 Submission of Proposals:

The bidder must submit the proposal in both **hard and soft copies** as per the details mentioned below:

i. Technical proposal should be sealed in a separate envelop clearly marked in **BOLD "SECTION A – TECHNICAL PROPOSAL" and "TECHNICAL PROPOSAL FOR IMPLEMENTING "RAJIV AAROGYASRI HEALTH INSURANCE SCHEME"** written on the top of the envelope.

ii. Financial proposal should be sealed in another envelop clearly marked in **BOLD "SECTION B – FINANCIAL PROPOSAL" and "FINANCIAL PROPOSAL FOR IMPLEMENTING "RAJIV AAROGYASRI HEALTH INSURANCE SCHEME"** written on the top of the envelope.

iii. Both envelop should have the bidders Name and Address clearly written at the Left Bottom Corner of the envelope.

iv. Both envelops should be put in a **larger cover / envelop,** sealed and clearly marked in BOLD have

"SECTION A – TECHNICAL PROPOSAL" for "Rajiv Aarogyasri Health Insurance Scheme".

"SECTION B – FINANCIAL PROPOSAL" for "Rajiv Aarogyasri Health Insurance Scheme" written on envelop and have the bidders Name and Address clearly written in BOLD at the Left Bottom Corner.

v. The bids may be cancelled and not evaluated if the bidder fails to:

a. Clearly mention Technical / Financial Proposal on the respective envelops
b. To seal the envelope properly with sealing tape
c. Submit both envelops i.e. financial proposal and Technical Proposal together keeping in large envelop.
d. Give complete bids in all aspects.
e. Submit financial bids in the specified performa (Annexure 12)

33.0 Deadline for Submission Bids / Proposals:

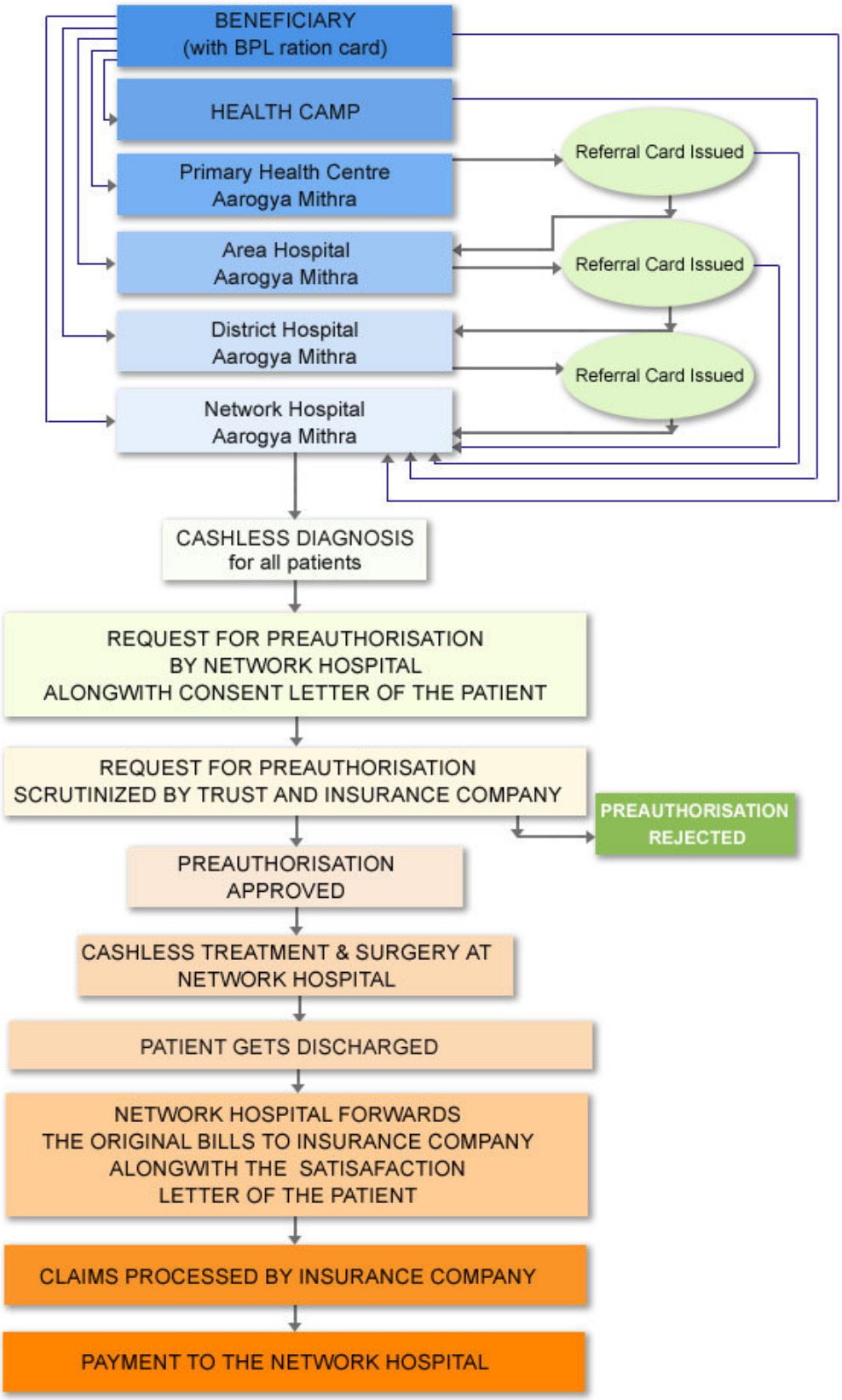
Complete bid documents should be received at the address mentioned below not later than **15.00 hours on 15th day, October 2007.** Bid documents received later than the prescribed date and time will not be considered for evaluation

Address:

Chief Executive Officer
Aarogyasri Health Care Trust
3rd Floor, Municipal Complex
Besides Koti Maternity Hospital
Sultan Bazar, Koti, Hyderabad – 500 095

Phone: 040 – 24652478
Fax: 040 - 24657715
e.mail: ceo@aarogyasri.org

Working Pattern **Annexure A**


BENEFICIARY
(with BPL ration card)
HEALTH CAMP
Primary Health Centre
Aarogya Mithra
Area Hospital
Aarogya Mithra
District Hospital
Aarogya Mithra
Network Hospital
Aarogya Mithra
Referral Card Issued
Referral Card Issued
Referral Card Issued
CASHLESS DIAGNOSIS
for all patients
REQUEST FOR PREAUTHORISATION
BY NETWORK HOSPITAL
ALONGWITH CONSENT LETTER OF THE PATIENT
REQUEST FOR PREAUTHORISATION
SCRUTINIZED BY TRUST AND INSURANCE COMPANY
PREAUTHORISATION
REJECTED
PREAUTHORISATION
APPROVED
CASHLESS TREATMENT & SURGERY AT
NETWORK HOSPITAL
PATIENT GETS DISCHARGED
NETWORK HOSPITAL FORWARDS
THE ORIGINAL BILLS TO INSURANCE COMPANY
ALONGWITH THE SATISAFACTION
LETTER OF THE PATIENT
CLAIMS PROCESSED BY INSURANCE COMPANY
PAYMENT TO THE NETWORK HOSPITAL

Annexure B

AAROGYAMITHRA

Aarogyamithra is Friend of Health. Aarogyamithra is a concept unique to Rajiv Aarogyasri Community Health Insurance Scheme. Aarogyamithras act as facilitators for the patients. In fact they form face of this insurance scheme.

Aarogyamithras are to be selected by the stakeholders of Self Help Group(SHG) movement/ Indira Kranthi Patham from local area of each PHC / Government Hospital in order to ensure performance efficiency and acceptability among local communities. The following qualifications are prescribed.

i) Preferably a graduate
ii) Native & Resident of the same PHC area
iii) Good communication skills
iv) Prefers to move around the villages
v) Functional knowledge of computers (not compulsory)

The Mandal and Zilla Samakhya are the nodal agencies that select the Health Coordinators (Aarogyamithras). Insurance company has to enter into an MOU with the Zilla Samakhya to hire the services of local persons in each PHC/CHC/Area Hospital/Government Hospital. The Insurance Company will make a consolidated payment for the Health Coordinators through the Zilla Samakhya. The working of the Aarogyamithras will be monitored on a daily basis by the regional coordinators and district coordinators of the Insurance Company in coordination with the Zilla/Mandal samakhyas, District rural Development Agency, DM&HO, District Administration etc. All the Aarogyamithras are to be provided with cell phones (CUG connection) by the Insurance Company for instant communication and networking. The Insurance Company shall also provide uniforms for the Aarogyamithras.
The following table shows the number of PHC's / Government Hospitals where Aarogyamithras are to be placed in the five districts of Chittoor, Nalgonda, East Godavari, West Godavari and RangaReddy where the scheme will be under implementation.

	E.Godavari	W.Godavari	Chittoor	RangaReddy	Nalgonda	**Total**
No. of PHCs	84	68	91	41	72	**356**
No. of CHCs (30 beds)	08	06	10	10	07	**41**
No. of Area Hospitals	03	02	03	01	04	**13**
No. of District	01	01	01	01	01	**5**

Hospitals						
Total	**96**	**77**	**105**	**53**	**84**	**415**

In addition to the above the Insurance Company have to select and post Aarogyamithras in the Network Hospitals. The number will be more than 100 and the total number will depend up on the exact number of the Network Hospitals. Some Network Hospital may need more than one Aarogyamithra depending up on the workload. The Insurance Company shall follow the instructions of the Trust in this regard.

Training of Aarogya Mithras
Training for Aarogya Mithras shall be done by the Insurance Company on the instructions of the trust.

ROLE OF AAROGYA MITHRAS IN PHC/CHC/GOVERNMENT HOSPITALS/ DISTRICT HOSPITALS

1) ROLE OF PHC AAROGYAMITHRAS

a) IN THE HOSPITAL

- Publicity and awareness.
- Maintain helpdesk at hospital.
- Receive the beneficiary.
- Verify the Beneficiary criteria. (Eligibility Criteria)
- Facilitate consultation with Doctor (PHC Doctor/Nearest Govt. Hospital Doctor)
- Fill up the referral card.
- Guide the patient to the next center.
- To counsel the patients who may require any one of the listed surgeries.
- To facilitate either to a Government Hospital for further tests or to a Network Hospital depending upon the advice of the doctor.
- To guide the patient to Network Hospital.
- Follow-up the referred cases.
- In effect to act as, a guide and friend for the prospective beneficiaries under the Aarogya Sri scheme.

b) OUTSIDE THE HOSPITAL

- To send daily MIS of the patients
- To spread the awareness of the scheme in the villages.
- To spread the awareness about the scheduled camps by network hospitals in the villages.
- To coordinate with network hospitals and help conduct camps.
- Mobilize the patients for camps
- Follow up the patients identified in the camp to report to network hospital.

- Coordinate with local PR Bodies, Village organizations (VOs), Samakhyas, ANMs, Women Health Volunteers and Self-Help Groups for effective implementation of the scheme.
- Move around the villages and encourage patients to come to avail the benefits of the scheme.
- Educate villagers about the scheme and distribute brochures and other material.
- Keep in touch with the District Coordinator
- Follow up the Beneficiaries before and after Surgery.

2) ROLE OF AREA HOSPITAL/DISTRICT HOSPITAL AAROGYAMITHRAS

Apart from the duties enlisted above the Aarogyamithras in Area Hospital and District Hospitals will

- Facilitate the Patient for specialist consultation and tests
- Fill up the referral card (part-B) properly
- Counsel the patient

3) ROLE OF AAROGYAMITHRAS AT NETWORK HOSPITALS

- Maintain Help Desk at Reception of the Hospital.
- Receive the patient referred from (PHC or Network)
- Verify the documents of the patients.
- Obtain digital photograph of the patient.
- Facilitate the Patient for consultation and admission.
- Liaison with coordinator/administration of the hospital.
- Counsel the patient regarding treatment/surgery.
- Facilitate early evaluation and posting for surgery.
- Facilitate hospital send proper pre-authorization.
- Follow-up preauthorization procedure and facilitate approval.
- Follow-up recovery of patient.
- Facilitate payment of transport charges as per the guidelines.
- Facilitate cashless transaction at hospital.
- Facilitate discharge of the patient.
- Obtain feed back from the patient.
- Counsel the patient regarding follow-up.
- Coordinate with PHC/Government Hospital Aarogyamithras for follow up of beneficiary.
- Follow-up the patient referred by the hospital during the camps.
- Coordinate with the Head-Office and Medical officers for any clarifications.
- Send death reports
- Send daily MIS.
- Facilitate Network Hospital in conducting Health Camps as scheduled.

34.0 SUBMISSION OF BIDS:

The Government of Andhra Pradesh / "Aarogyasri Health Care Trust" seeks detailed bid documents from insurance companies interested in implementing "Rajiv Aarogyasri Health Insurance Scheme", in the State. The bid documents should be both in hard and soft form and should include the following:

SECTION A – TECHNICAL PROPOSAL:

A) QUALIFYING CRITERIA:

Insurance company having full fledged establishment with experience in conceptualizing, designing and implementing large healthcare schemes and registered with IRDA. Annexure-1

The qualifying requirements data shall be enclosed with the Technical Bid only. The bidders who do not qualify the above criteria, they will be disqualified immediately and their bids will not be considered.

B) AMENDMENT OF BIDDING DOCUMENTS:

a) At any time prior to the deadline for submission of bids, the GoAP / Trust may, for any reason modify the Bidding documents, by amendment.

b) The amendment will be notified in writing or by fax or telegram to all prospective bidders who have purchased the Bidding documents and amendments will be binding on them.

c) In order to afford prospective bidders reasonable time to take the amendment into account in preparing their bids, the purchaser may, at its discretion, extend deadline for the submission of the Bid.

NOTE: Oral statements made by the Bidder at any time regarding quality of service or arrangements of any other matter shall not be considered.

C. Others:

I. **Geographical area:** The scheme is proposed to be launched in five districts of Andhra Pradesh in Phase II.

1. Chittoor
2. Nalgonda
3. RangaReddy

4. East Godavari
5. West Godavari

II. **Experience:** Experience of the agency in implementing health insurance schemes through government agencies. **(Annexure-2)**

III. **Infrastructure:** Details of infrastructure available with the agency in the state of Andhra Pradesh. (**Annexure-3)**

IV. **Plan for setting up Project Office and other infrastructure as detailed in clause nos. 18 C and 18 D (i to vii) (in house system). (Annexure 3a)**

V. **Plan for Health Camps as detailed in clause 18B (Annexure 3b)**

VI. **Empanelled health facilities:** List of existing empanelled Tertiary, Multi, Single specialty health facilities with the insurer in the state of Andhra Pradesh **(Annexure- 4)**

VII. The list of Hospitals empanelled with the trust is enclosed. **(Annexure- 5)**

VIII. **Package rates:** Hospital should agree to the packages for each identified intervention/surgery as approved by the Trust. The package includes consultation, medicine, diagnostics, implants, food, cost of transportation, hospital and charges etc. In other words the package should cover the entire cost of patient from date of reporting to his discharge from hospital and 10 days after discharge, making the transaction truly cashless to the patient. **(Annexure - 6)**

IX. **Detailed write-up on scheme:** Detailed write-up in conformity with the proposed Insurance scheme. **Write-up [detailed prospectus as per the requirement of IRDA] should be the apart of Technical proposal.** **(Annexure- 7)**

X. **Cash less Transaction:** It is desired that for each hospitalization, the transaction shall be cashless for covered procedures. Enrolled BPL beneficiary will go to hospital and come out without making any payment to the hospital subject to procedure covered under the scheme.

XI. **Pre existing diseases:** All diseases under the proposed scheme shall be covered from day one. A person suffering from any disease prior to the inception of the policy shall also be covered.

XII. **Pre and Post hospitalization:** This part has been made as a part of package. The package shall cover the entire cost of patient from date of reporting to his discharge from hospital 10 days after surgery, making the transaction truly cashless to the patient. In case of Renal Transplant Surgery with Immunosuppressive therapy, the buffer amount of Rs.50, 000, if required, will also get applied automatically up to 1 year.

XIII. **Draft MOU:** The insurer is required to enter into a MOU for implementation of the scheme with GoAP/ Trust. Insurer may propose a draft MOU from their end. GoAP/Trust is not bound to accept the same. **[Annexure – 8]**

XIV. Installment facilities for payment of premium: The trust will pay the premium in installments.

XV. Premium Refund: If there is a surplus after the actual claims experience on the premium (excluding Service Tax) at the end of the policy period, after providing 20% of the premium paid towards the Company's administrative cost, in the balance 80% after providing for claims payment and outstanding claims, 90% of the left over surplus will be refunded to the Government/Trust with in 30 days after the expiry of the policy period.

XVI. Activity: Activity wise flowchart depicting the sequence of the activities and a detailed time schedule for all activities proposed. **(Annexure–9)**

XVII. Plan for appointing and maintaining Aarogyamithras as per clause 19.0 and Annexure B. (Annexure – 9a)

XVIII. Plan for website, online MIS, e-preauthorisation and real-time reporting as per clause 20.0. (Annexure – 9b)

XIX. Plan for appointment of Medical Auditors. (Annexure – 9c)

XX. Period of agreement: The agreement will be for one year from the effective date**.** The trust shall be having the right to accord the contract to other insurer in case of finding the unsatisfactory service track of the insurer.

XXI. Capacity Building: The insurer will arrange the workshop for the capacity building of the insured, their representatives and other stake holders in respect of specific field of insurance at each district on the convenience of the insured.

XXII. Non compliance by any medical institution: Empanelled medical institutions are supposed to extend medical aids to the beneficiary under the scheme. A provision is to be made in MOU of non compliance clause while signing them. Such matter shall be looked in to by an empowered committee constituted by the GoAP/Trust .

XXIII. Mechanism for Publicity: Ways and steps to be suggested (**Annexure- 10)**

XXIV. Penalty clause: Failure to abide with the terms will attract penalty as suggested by the GoAP / Trust at the time of finalizing the terms.

XXV. Business plan: Detailed business plan highlighting process proposed to be adopted for, should be given as per following manner. The sequence of the same, as under, is to be maintained. **(Annexure–11)**

20.1 Mechanism for empanelment of desired private / public health facilities / day care health facilities.

20.2 Mechanism for standardization of various formats used for cashless transactions, discharged summary, billing pattern etc.

20.3 Mechanism for Awareness generation:

i) Ways and means for making beneficiaries/hospitals/insured aware about the scheme.

ii) Regarding list of approved health providers, diseases/illnesses covered, claim limits, etc.
iii) Requirements of claims documents.
iv) Procedure for submitting claims.
v) Time frame for settlement of claims etc.

20.4 Mechanism for monitoring: Enumerate the process.

20.5 Mechanism for ensuring timely receipt of list of empanelled hospitals by the beneficiary.

20.6 Mechanism for ensuring proper administration of policy (prompt verification and settlement of claims).

20.7 MIS for claims reporting, claims settlement, claims paid, float amount and other related information as required by GoAP / Trust on monthly basis and as and when required.

20.8 Time-line for entire process – from beneficiary approaching the network hospital for treatment to lodging of claims and settlement.

20.9 Procedure for reporting the progress to appropriate authority nominated by GoAP at state, division and district level.

20.10 Grievance redressal mechanism procedure at district and state level.

XXVI. Other information, if any (Annexure 11a)

XXVII. Additional benefits: In case the bidder wants to offer additional benefits in addition to those mentioned earlier, the same may be given in detail. **This will be the part of financial bid** (**Annexure - 12)**

SECTION B – FINANCIAL PROPOSAL **Annexure-12**

Financial costs including administrative expenses, overheads, service charges etc. that the insurance company expects for rendering the services must be a part of premium.

A) Premium quote for a sum insured of Rs. 1.50 Lakh per family on floater basis:

B) Premium quote for Rupees 10 Crores as buffer / corporate sum insured. A sum of Rs. 50,000 can be availed by the individual if it has consumed the basic sum insured of Rs. 1.50 lakh. This is subject to the case being recommended by the Committee appointed by the Trust and to the availability of balance amount in buffer account.

C) Details of Add on cover without any additional premium:

S. No.	Benefits	Details
1		
2		
3		
4		

Note: No other documents or attachments are permissible along with annexure 12. Any deviation will attract disqualification.

NOTE: TERMS CAN BE AMENDED BY THE GOAP / TRUST BEFORE ENTERING INTO THE CONTRACT.

Name of the Insurance Company: _____

SECTION A – DETAILS OF TECHNICAL PROPOSAL:

	Section of Technical Bid	**Annexures/ Comments**	**To be provided by/ filled up by**
A	Qualifying Criteria:	IRDA license attached (Annexure-1)	Insurer
B	Amendment of bidding documents:		Insurer
C	Others:		Insurer
I	Geographical Area	1. Chittoor 2. Nalgonda 3. RangaReddy 4. East Godavari 5. West Godavari	
II	Experience:	Annexure-2	Insurer
III	Office Infrastructure:	Annexure-3	Insurer
IV	Plan for setting up Project Office and other infrastructure detailed in the scheme (in house system).	Annexure- 3a	Insurer
V	Plan for Health Camps	Annexure – 3b	Insurer
VI	Empanelled health facilities: With Insurer	Annexure- 4	Insurer
VII	Empanelled health facilities: With the Trust under pilot scheme	Annexure- 5	Trust
VIII	Package rates:	Annexure- 6	Trust
IX	Detailed write-up on scheme	Annexure- 7	Insurer
X	Cash less Transaction:		Insurer
XI	Pre existing diseases:		Insurer
XII	Pre and Post hospitalization:		Insurer
XIII	Draft MOU:	Annexure- 8	Insurer
XIV	Installment facilities for payment of premium:		Insurer
XV	Premium Refund:		Insurer
XVI	Activity:	Annexure-9	Insurer

XVII	Plan for appointing and maintaining Aarogyamithras as per clause 19.0 and Annexure B.	Annexure-9a	Insurer
XVIII	Plan for website, online MIS , e-preauthorisation and real-time reporting as per clause 20.0.	Annexure-9b	Insurer
XIX	Plan for appointment of Medical Auditors	Annexure-9c	Insurer
XX	Period of agreement:		Insurer
XXI	Capacity Building:		Insurer
XXII	Non compliances by any medical institution:		Insurer
XXIII	Mechanism for Publicity:	Annexure-10	Insurer
XXIV	Penalty clause:		Trust
XXV	Business plan:	Annexure-11	Insurer
XXVI	Other information, if any	Annexure-11a	Insurer
XXVII	Additional benefits:	**Annexure-12 (Part of Financial Bid)**	Insurer

NOTE:

Bidder is supposed to give point wise reply of the tender document for agreement / disagreement and attach the necessary annexure as mentioned above.

DECLARATION BY THE BIDDER

I, _____ Designated as _____
At_____ of _____ Insurance Company here by declare that I have read the contents of the tender document and here by submit the bid in the desired format with respective annexures duly signed by me.

DATE: **SIGNATURE**

Annexure 2

D. EXPERIENCE OF THE BIDDER

Sr. No.	Name of the Scheme and Beneficiary Group	State / area where implemented	Number of Beneficiaries/ Families	Premium (in Rs.)		Number of years the scheme has been in operation(YEAR WISE)	Claims	
				per Beneficiary / families	Total Premium		Received (no)	Settled (Rs)
	1	2	3	4	5	6	7	8

Organizational Setup: **Annexure -3**

3.1 Organogram of organization at National level

3.2 Organogram of organization at Regional level (Southern Region)

3.3 Organogram of organization at State level – specific to Andhra Pradesh

Location of Offices in Andhra Pradesh	Number of Staff in each office	Name & designation of Office In-charge	Address. E-mail and Contact Number of Each office
1	2	4	5

Signature

List of Empanelled Health facilities with Insurer in Andhra Pradesh

Annexure 4

S.No	NAME OF HOSPITAL	District	LOCATION	SPECIALITY	ADDRESS
1					
2					
3					
4					
5					
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36					

List must be district wise alphabetically

Signature

Annexure – 5

RAJIV AAROGYASRI COMMUNITY HEALTH INSURANCE SCHEME

NETWORK HOSPITAL LIST

S.No	NAME OF HOSPITAL	SPECIALITY	LOCATION	ADDRESS
1	Aditya Hospital	Multi	Hyderabad	Abids, Hyderabad
2	Apollo Hospitals	Multi	Hyderabad	DRDO, Hyderabad
3	Asian Institute Of Gastroenterology	Gastro	Hyderabad	Somajiguda, Hyderabad
4	Balaji Hospitals	Multi	Hyderabad	Medchal, Secunderabad
5	Bibi Cancer Hospital	Cancer	Hyderabad	Malakpet, Hyderabad
6	Care Hospitals	Multi	Hyderabad	Nampally, Hyderabad
7	Care Hospitals	Multi	Hyderabad	Musheerabad
8	Care Hospitals	Multi	Hyderabad	Secunderabad
9	Care Hospitals	Multi	Hyderabad	Banjara Hills
10	Durgabai Deshmukh Hospital & Research Center	Multi	Hyderabad	Vidyanagar, Hyderabad
11	Gandhi Hospitals	Multi	Hyderabad	Musheerabad, secundrabad
12	Govt Maternity Hospital	Maternity	Hyderabad	Sultan Bazar, Koti , Hyderabad
13	Govt Maternity Hospital	Maternity	Hyderabad	Nayapul, Hyderabad
14	Genesis Hospital	Multi	Hyderabad	Basheerabagh, Hyderabad
15	Global Hospitals	Multi	Hyderabad	Lakdikaphool, Hyderabad
16	Global Hospitals	Multi	Hyderabad	Banjaara Hills
17	Image Hospitals	Multi	Hyderabad	Ameerpet, Hyd - 73
18	Indo-American Cancer Institute	Cancer	Hyderabad	Road No-14, Banjarahills, Hyd
19	Innova Children's Hospital	Childrens Cardiac	Hyderabad	Tarnaka, Hyderabad
20	Kamineni Wockhardthospitals	Multi	Hyderabad	4-1-1227, Abids, Hyderabad
21	Kamineni Wockhardt Heart Centre	Multi	Hyderabad	L.B.Nagar, Hyderabad
22	Kamineni Institute Of Medical Sciences & Hospitals	Multi	Hyderabad	Narketpally, Nalonda
23	Kims	Multi	Hyderabad	Minister Road, Secunderabad
24	Lotus Childrens Hospital	Children Spl.	Hyderabad	Lakdikaphool, Hyderabad
25	Mahaveer Hospital	Multi	Hyderabad	Masab Tank, Hyderabad
26	Medwin Hospitals	Multi	Hyderabad	ABIDS
27	Mediciti Hospital	Multi	Hyderabad	Secretariat Road, Hyderabad
28	M.N.J Cancar Hospital	Cancer	Hyderabad	Red Hills,Hyd-04
29	Niloufer Hospitals	Multi	Hyderabad	Red Hills, Hyderabad
30	NIMS Hospital	Multi	Hyderabad	Panjagutta,Hyderabad
31	Osmania Hospital	Multi	Hyderabad	Afjulgunj, Hyderabad
32	Poulomi Hospital	Multi	Hyderabad	Rukminipuri Cplony, Ecil Main Road, Secunderabad
33	Rainbow Childrens Hospitals	Children Spl.	Hyderabad	Banjarahills, Hyderabad
34	Remedy Hospitals	Multi	Hyderabad	Kukatpally, Hyderabad
35	Sai Bhavani Hospital	Multi	Hyderabad	Shapoornagar, Hyderabad
36	Sai Kamala Hospital	Multi	Hyderabad	Dilsukhnagar, Hyderabad
37	Sai Krishna Neuro Hospitals	Neuro	Hyderabad	Station Road, Kachiguda
38	Sigma Hospitals	Multi	Hyderabad	Clocktower, Secunderabad
39	Sowmya Hospitals	Cancer	Hyderabad	Kaarkhana, Secunderabad

40	Sri Sai srinivasa Speciality Hospital	Multi	Hyderabad	Narayanaguda, hyderabad
41	Vijaya Health Care	Multi	Hyderabad	Kummariguda, Secunderabad
42	Apollo Hospitals	Multi	Visakhapatnam	Visakhapatnam
43	Care Hospitals	Multi	Visakhapatnam	10-50-11/5,Waltair Main Road,Vizag
44	Kala Hospital	Multi other than Cardiac	Visakhapatnam	Dwarakanagar, Visakhapatnam
45	Kalaavathi	Multi	Visakhapatnam	Visakhapatnam
46	KGH	Multi	Visakhapatnam	Visakhapatnam
47	Mahatma Gandhi Cancer Hospital	Cancer	Visakhapatnam	1/7,M.V.P.Colony,Vishakapatanam
48	Queen's NRI	Multi	Visakhapatnam	Gurudwaara Road, Seethammadhara,Visakhapatnam -13
49	Seven Hills	Multi	Visakhapatnam	Rockdale Layout, Visakhapatnam
50	Surya	Multi	Visakhapatnam	Visakhapatnam
51	Care Hospitals	Multi	Vijayawada	Sidharthanagar ,Vijayawada
52	Help Hospital	Multi	Vijayawada	M.G.Road, Vijayawada
53	Citi Cardiac Reasearch Centre	Cardiac	Vijayawada	Near Iti College, Ring Road, Vijayawada
54	Usha Cardiac Centre	Cardiac	Vijayawada	Vijayawada
55	Manipal Super Speciality Hospital	Multi	Vijayawada	Vijayawada
56	Citi Cancer Cernter	Cancer	Vijayawada	Vijayawada
57	Vijetha Hospitals	Multi other than Cardiac	Vijayawada	Vijayawada
58	Tiruamala Hospital	Multi	Vizianagaram	Vizianagaram
59	Gowri Gopal Hosp	Multi	Kurnool	Kurnool
60	Padmachandra Superspeciality Hospitals	Multi	Kurnool	Kurnool
61	Viswa Bharathi Super Spl Hospitals	Multi	Kurnool	Gaayatri Estate,Kurnool
62	Govt General Hospital	Multi	Kurnool	Kurnool
63	Govt General Hospital	Multi	Anantapur	Anantapur
64	Jeevan Jyothi Hospitals	Multi	Anantapur	Anantapur
65	Pavani Hopsitals	Multi	Anantapur	Sainagar, 3rd Cross, Anantapur
66	Bollineni Hospital	Multi	Nellore	Nellore
67	Narayana Medical College Hospital	Multi	Nellore	Nellore
68	Lalitha Hospitals	Multi	Guntur	Guntur
69	Karumuri Multi Speciality Hospital	Multi	Guntur	Guntur
70	NRI Acadamy Of Science	Multi	Guntur	Guntur
71	Swatantra Hospital	Multi	Rajahmundry	Rajahmundry
72	GSL Medical College	Multi	Rajahmundry	Rajahmundry
73	Govt General Hospital	Multi	Mahboobnagar	Mahboobnagar
74	Apollo Hospital	Multi	Kakinada	Kakinada
75	Sri Venkateswara Institute of Medical Sciences	Multi	Tirupathi	Tirupathi

Annexure - 6

RAJIV AAROGYA SRI COMMUNITY HEALTH INSURANCE SCHEME
PACKAGE RATES

(The package includes consultation, medicines, diagnostics, specialist services, implants, grafts, prosthetics, food, cost of transportation and hospital charges etc. In other words the package should cover the entire cost of treatment of the patient from date of reporting to his discharge from hospital and 10 days after discharge and any complications while in hospital, making the transaction truly cashless to the patient. The post operative hospital stay in all surgical procedures shall be minimum of 10 days.)

	1	CARDIAC	Cost
1	1.1	Coronary Bypass Surgery	95000
2	1.2	Coronary Bypass Surgery-post Angioplasty	105000
3	1.3	Coronary Baloon Angioplasty	60000
4	1.4	Total Correction of Tetralogy of Fallot	95000
5	1.5	Ruptured sinus of valsulva Correction	95000
6	1.6	TAPVC Correction	95000
7	1.7	Intra cardiac Repair of ASD & VSD	75000
8	1.8	Patent Ductus Arteriousus -Surgery-PDA	20000
	1.9	Ross Procedure Intracardiac Repair of Complex congenital heart diseases	
9	1.9.1	With Special Conduits	1,25,000
10	1.9.2	Without Special Conduits	95000
11	1.10	Balloon Valvotomy- Cardiology	20000
12	1.11	Open Pulmonary Valvotomy	75000
	1.12	Valve Repairs	
13	1.12.1	With Prosthetic Ring	100000
14	1.12.2	Without Prosthetic Ring	85000
	1.13	Systemic Pulmonary Shunts	
15	1.13.1	With Graft	20000
16	1.13.2	Without Graft	20000
17	1.14	Closed mitral valvotomy	20000
18	1.15	Mitral Valve Replacement (With Valve)	120000
19	1.16	Aortic Valve Replacement (With Valve)	120000
20	1.17	Double Valve Replacement (With Valve)	150000
21	1.18	Mitral Valvotomy (Open)	80000
22	1.19	Pericardiostomy surgery CT	10000
23	1.20	Pericardiectomy	30000
24	1.21	Pericardio Centesis	2000
25	1.22	Permanent Pacemaker Implantation	75000
26	1.23	Temporary Pacemaker Implantation	10000
	1.24	Coaractation-Arota Repair	
27	1.24.1	With Graft	32000
28	1.24.2	Without Graft	25000
29	1.25	Aneurysm Resection & Grafting	125000
30	1.26	Intrathoracic Aneurysm -Aneurysm not Requiring Bypass (with Graft)	65000
31	1.27	Intrathoracic Aneurysm -Requiring Bypass (With Graft)	125000

32	1.28	Dissecting Aneurysms	75000
33	1.29	Vertebral Angioplasty	75000
34	1.30	Annulus aortic ectoria with valved conduits	150000
	1.31	Aorto-Aorto Bypass	
35	1.31.1	With Graft	60000
36	1.31.2	Without Graft	45000
	1.32	Femoro- Poplitial Bypass	
37	1.32.1	With Graft	45000
38	1.32.2	Without Graft	30000
	1.33	Femorofemoral Bypass	
39	1.33.1	With Graft	45000
40	1.33.2	Without Graft	25000
	2	**CANCER – Surgeries**	
	2.1	**Head & Neck**	
41	2.1.1	Composite Resection & Reconstruction	60000
42	2.1.2	Neck Dissection – any type	25000
43	2.1.3	Hemiglossectomy	15000
44	2.1.4	Maxillectomy – any type	25000
45	2.1.5	Thyroidectomy – any type	20000
46	2.1.6	Parotidectomy – any type	20000
47	2.1.7	Laryngectomy – any type	40000
48	2.1.8	Laryngopharyngo Oesophagectomy	75000
49	2.1.9	Hemimandibulectomy	25000
50	2.1.10	Wide excision	25000
	2.2	**Gastrointestinal Tract**	
51	2.2.1	Oesophagectomy – any type	60000
52	2.2.2	2. Gastrectomy – any type	40000
53	2.2.3	3. Colectomy – any type	40000
54	2.2.4	4. Anterior Resection	50000
55	2.2.5	5. Abdominoperenial Resection	40000
56	2.2.6	6. Hepatectomy – any type	60000
57	2.2.7	7. Whipples – any type	75000
58	2.2.8	8. Pancreatectomy – any type	60000
59	2.2.9	9. Triple Bypass & other Bypasses	25000
	2.3	**Genito Urinary System**	
60	2.3.1	Radical Nephrectomy	40000
61	2.3.2	Radical Cystectomy	60000
62	2.3.3	Other Cystectomies	40000
63	2.3.4	Total Penectomy	25000
64	3.3.5	Partial Penectomy	15000
65	2.3.6	Inguinal Block Dissection – one side	15000
66	2.3.7	Radical Prostatectomy	60000
67	2.3.8	High Orchidectomy	15000
68	2.3.9	Bilateral Orchidectomy	10000
69	2.3.10	Emasculation	30000
	2.4	**Gynaecological Oncology**	
70	2.4.1	Hysterectomy	25000
71	2.4.2	Radical Hysterectomy	30000
72	2.4.3	Surgery for Ca Ovary – early stage	25000
73	2.4.4	Surgery for Ca Ovary – advance stage	40000
74	2.4.5	Vulvectomy	15000
75	2.4.6	Salpingo – oophorectomy	25000

	2.5	**Tumors of the Female Breast**	
76	2.5.1	1. Mastectomy – any type	25000
77	2.5.2	2. Axillary Dissection	15000
78	2.5.3	3. Wide excision	5000
79	2.5.4	4. Lumptectomy	3000
80	2.5.5	5. Breast reconstruction	25000
81	2.5.6	6. Chest wall resection	20000
	2.6	**Skin Tumors**	
82	2.6.1	1. Wide excision	10000
83	2.6.2	2.Wide excision + Reconstruction	20000
84	2.6.3	3. Amputation	20000
	2.7	**Soft Tissue and Bone Tumors**	
85	2.7.1	1. Wide excision	15000
86	2.7.2	2. Wide excision + Reconstruction	25000
87	2.7.3	3. Amputation	20000
	2.8	**Cancer Lung**	
88	2.8.1	1. Thorocotomy	25000
89	2.8.2	2. Lobectomy	40000
90	2.8.3	3. Pneumonectomy	45000
91	2.8.4	4. Pleurodecis	2000
	2A	**CANCER – Chemotherapy***	**Cost/Cycle**
	2A.1	**Breast Cancer**	
92	2A.1.1	Adriamycin/Cyclophosphamide (AC)	3000
93	2A.1.2	5- Fluorouracil A-C (FAC)	3100
94	2A.1.3	AC (AC then T)	3000
95	2A.1.4	Paclitaxel	9500
96	2A.1.5	Cyclophosphamide/Methotrexate/5Fluorouracil(CMF)	1500
97	2A.1.6	Tamoxifen tabs	85/month
98	2A.1.7	Aromatase Inhibitors	835/month
	2A.2	**Cervical Cancer**	
99	2A.2.1	Weekly Cisplatin	2000
	2A.3	**Vulvar Cancer**	
100	2A.3.1	Cisplatin/5-FU	5000
	2A.4	**Vaginal Cancer**	
101	2A.4.1	Cisplatin/5-FU	5000
	2A.5	**Ovarian Cancer**	
102	2A.5.1	Carboplatin/Paclitaxel	10500
	2A.6	**Ovary- Germ Cell Tumor**	
103	2A.6.1	Bleomycin-Etoposide-Cisplatin (BEP)	8000
	2A.7	**Gestational Trophoblast Ds.**	
	2A.7.1	**Low risk**	
104	2A.7.1.1	Weekly Methotrexate	600
105	2A.7.1.2	Actinomycin	3000
	2A.7.2	High risk	
106	2A.7.2.1	Etoposide-Methotrexate-Actinomycin / Cyclophosphamide –Vincristine (EMA-CO)	6000
	2A.9	**Testicular Cancer**	
107	2A.9.1	Bleomycin-Etoposide-Cisplatin (BEP)	8000
	2A.10	**Prostate Cancer**	
108	2A.10.1	Hormonal therapy	3000/month

	2A.11	**Bladder Cancer**	
109	2A.11.1	Weekly Cisplatin	2000
110	2A.11.2	Methotrexate Vinblastine Adriamycin Cyclophosphamide (MVAC)	5000
	2A.12	**Lung Cancer**	
	2A.12.1	Non-small cell lung cancer	
111	2A.12.1.1	Cisplatin/Etoposide (IIIB)	7000
	2A.13	**Esophageal Cancer**	
112	2A.13.1	Cisplatin- 5FU	5000
	2A.14	**Gastric Cancer**	
113	2A.14.1	5-FU –Leucovorin (McDonald Regimen)	5000
	2A.15	**Colorectal Cancer**	
114	2A.15.1	Monthly 5-FU	4000
115	2A.15.2	5-Fluorouracil-Oxaliplatin –Leucovorin (FOLFOX) (Stage III only)	10000
	2A.16	**Osteosarcoma/ Bone Tumors**	
116	2A.16.1	Cisplatin/Adriamycin	20000
	2A.17	**Lymphoma**	
	2A.17.1	**i) Hodgkin Disease**	
117	2A.17.1.1	Adriamycin – Bleomycin – Vinblastine Dacarbazine (ABVD)	4000
	2A.17.2	**ii) NHL**	
118	2A.17.2.1	Cyclophosphamide – Adriamycin Vincristine – Prednisone (CHOP)	3500
	2A.18	**Multiple Myeloma**	
119	2A.18.1	Vincristine, Adriamycin,Dexamethasone(VAD)	4000
120	2A.18.2	High dose decadron (oral)	1500
121	2A.18.3	Melphalan –Prednisone (oral)	1500
	2A.19	**Wilm's Tumor**	
122	2A.19.1	SIOP/NWTS regimen(Stages I – III)	7000/month
	2A.20	**Hepatoblastoma- operable**	
123	2A.20.1	Cisplatin – Adriamycin	15000
	2A.21	**Childhood B Cell Lymphomas**	
124	2A.21.1	Variable Regimen	Up to 12000
	2A.22	**Neuroblastoma (Stages I-III)**	
125	2A.22.1	Variable Regimen	Up to 10000
	2A.23	**Retinoblastoma**	
126	2A.23.1	Carbo/Etoposide/Vincristine	4000
	2A.24	***Histiocytosis***	
127	2A.24.1	Variable Regimen	Up to 8000/month
	2A.25	***Rhabdomyosarcoma***	
128	2A.25.1	Vincristine-Actinomycin-Cyclophosphamide(VactC) based chemo	9000/month
	2A.26	***Ewings sarcoma***	
129	2A.26.1	Variable Regimen	Up to 9000/ month

	2A.27	***Acute Myeloid Leukemia***	
130	2A.27.1	Induction Phase	Up to 50000
131	2A.27.2	Consolidation Phase	Up to 40000
132	2A.27.3	Maintenance	3000 per month
	2A.28	**Acute Lymphoblastic Leukemia**	
133	2A.28.1	Induction	
134	2A.28.1.1	1st and 2nd months	Up to 50000
135	2A.28.1.2	3rd, 4th, 5th	Up to 20000
136	2A.28.2	Maintenance	3000 per month
	2B	**RADIOTHERAPY**	
	2B.1	**Cobalt60 External Beam Radiotherapy**	
137	2B.1.1	Radical Treatment	20,000
138	2B.1.2	Palliative Treatment	10,000
139	2B.1.3	Adjuvant Treatment	15,000
	2B.2	**External Beam Radiotherapy (on linear accelerator)**	
140	2B.2.1	Radical Treatment with Photons	50,000
141	2B.2.2	Palliative Treatment with Photons	20,000
142	2B.2.3	Adjuvant Treatment with Photons/Electrons	35,000
	2B.3	**Brachytherapy**	
	2B.3.1	**A) Intracavitary**	
143	2B.3.1.1	i. LDR per application	4,500/-
144	2B.3.1.2	ii. HDR per application	2,500/-
	2B.3.2	**B) Interstitial**	
145	2B.3.2.1	i. LDR per application	15,000/-
146	2B.3.2.2	ii. HDR – one application and multiple dose fractions	25,000/-
	3	**RENAL**	
147	3.1	HaemoDialysis (Pre Transplant only)	1000/dialysis up to 5000
148	3.1.1	A.V. Fistule	5000
149	3.2	Renal Transplantation surgery	130000
150	3.2.1	Post Transplant mmunosuppressive Treatment upto 1 year	60000
	3.3	Surgery for Renal Calculi	
151	3.3.1	Open Pylolithotomy	10000
152	3.3.2	Open Nephrolithotomy	10000
153	3.3.3	Open Cystolithotomy	10000
154	3.3.4	PCNL	10000
155	3.3.5	Laparoscopic Pylolithotomy	15000
156	3.3.6	ESWL	10000
157	3.3.7	Nephrostomy	2000
158	3.3.8	DJ stunt	1000
159	3.4	Renal Angioplasty	60000
	4	**NEUROSURGERY**	
160	4.1	Craniotomy and Evacuation of Haematoma –Subdural	40000
161	4.2	Craniotomy and Evacuation of Haematoma – Extradural	40000
162	4.3	Evacuation of Brain Abscess-burr hole	25000
163	4.4	Excision of Lobe (Frontal,Temporal,Cerebellum etc.)	40000

164	4.5	Excision of Brain Tumours –Supratentotial	40000
165	4.6	Excision of Brain Tumours –Subtentorial	45000
166	4.7	Surgery of Cord Tumours	25000
167	4.8	Ventriculoatrial /Ventriculoperitoneal Shunt	20000
168	4.9	Excision of Cervical Inter-Vertebral Discs	15000
169	4.10	Twist Drill Craniostomy	15000
170	4.11	Subdural Tapping	15000
171	4.12	Ventricular Tapping	15000
172	4.13	Abscess Tapping	20000
173	4.14	Vascular Malformations	40000
174	4.15	Peritoneal Shunt	15000
175	4.16	Atrial Shunt	15000
176	4.17	Meningo Encephalocele	25000
177	4.18	Meningomyelocele	25000
178	4.19	C.S.F. Rhinorrhoea	20000
179	4.20	Cranioplasty	30000
180	4.21	Posterior Cervical Dissectomy	15000
181	4.22	Anterior Cervical Dissectomy	15000
182	4.23	Meningocele Excision	25000
183	4.24	Ventriculo-Atrial Shunt	20000
184	4.25	Anterior Cervical Spine Surgery with fusion	45000
185	4.26	Anterior Lateral Decompression	30000
186	4.27	Cervical or Dorsal Laminectomy	25000
187	4.28	Combined Trans-oral Surgery & CV Junction Fusion	30000
188	4.29	C.V. Junction Fusion	20000
189	4.30	Depressed Fracture	15000
190	4.31	Discectomy	25000
191	4.32	Spinal Fusion Procedure	30000
192	4.33	Spinal Intra Medullary Tumours	30000
193	4.34	Spinal Bifida Surgery Major	20000
194	4.35	Spina Bifida Surgery Minor	15000
195	4.36	Stereotactic Procedures	20000
196	4.37	Trans Sphenoidal Surgery	20000
197	4.38	Trans Oral Surgery	25000
	5	**BURNS**	
	5.1	**30% - 50% Burns**	
198	5.1.1	upto-40% with Scalds(Conservative)	35,000
199	5.1.2	upto-40% Mixed Burns(with Surgeries)	50,000
200	5.1.3	upto-50% with Scalds (Conservative)	60,000
201	5.1.4	upto-50% Mixed Burns(with Surgeries)	70,000
	5.2	**Above 50% Burns**	
202	5.2.1	upto-60% with Scalds (Conservative)	80000
203	5.2.2	Up to-60% Mixed Burns (with Surgeries)	1,00,000
204	5.2.3	Above 60% Mixed Burns (with Surgeries)	1,20,000
	6	**TRAUMA & ACCIDENTS SURGERIES (Where major surgical procedure is involved; excluding accident trauma cases covered under the MV Act.)**	
205	6.1	Neurosurgical Trauma	30000
206	6.2	Polytrauma	50000
207	6.3	Longbone Fractures (Surgical Correction)	15000

	7	CochlearImplant Surgery For Children Below 6 Years	
208	7.1	Cost of Implant	400000
209	7.2	Surgical procedure	240000
210	7.3	Auditory-Verbal Therapy	10000

Packages for cancer chemotherapy and radiotherapy

- Chemotherapy and radiotherapy should be administered only by professionals trained in respective therapies (i.e Medical Oncologists and Radiation Oncologists) and well versed with dealing with the side-effects the treatment can cause

- Patients with hematologic malignancies- (leukemias, lymphomas, multiple myeloma) and pediatric malignancies (Any patient < 14 years of age) should be treated by qualified medical oncologists only

- Each cycle cost includes

    1. Cost of chemotherapy drugs
    2. Hospital charges
    3. All the infusional chemotherapy cancer cases must be treated as inpatients only.
    4. Doctors fees
    5. Supportive care medications (i.e. i. v. fluids, steroids, H2 blockers, anti-emetics)
    6. All Investigations

- An average of 2000 to 5000/- has been added to the above cost, to cover for treatment of complications.

- A cap of 30,000/- has been set on palliative chemotherapy

- Tumors not included in this list, if have a chemotherapy regimen that is proven to be curative, or provide long term improvements in overall survival will be reviewed on a case by case basis by the technical committee of the Trust.

SECTION B – FINANCIAL PROPOSAL **Annexure-12**

A) Premium quote for a sum insured of Rs. 1.50 Lakh per family on floater basis:

S.NO.	No. of FAMILIES	PREMIUM PER FAMILY	TOTAL PREMIUM WITHOUT S.T.	TOTAL PREMIUM WITH S.T.
1	48.23 lakhs	Rs.	Rs.	Rs.

B) Premium quote for Rupees 10 Crores as buffer / corporate sum insured. A sum of Rs. 50,000 can be availed by the individual if it has consumed the basic sum insured of Rs. 1.50 lakh. This is subject to the case being recommended by the Committee appointed by the Trust and to the availability of balance amount in buffer account.

BUFFER AMOUNT	PREMIUM WITHOUT S.T.	PREMIUM WITH S.T.
Rs. 10 Crores	Rs.	Rs.

Total Premium without S.T.: (A + B) =

Total Premium with S.T.: (A + B) =

C) Details of Add on cover without any additional premium:

S. No.	Benefits	Details
1		
2		
3		
4		

Note: No other documents or attachments are permissible along with annexure 12. Any deviation will attract disqualification.