

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

Government of Andhra Pradesh has introduced Rajiv Aarogyasri Community Health Insurance Scheme in 13 Districts of Anantapur, Mahaboobnagar, Srikakulam, East Godavari, West Godavari, Chittoor, Nalgonda, Ranga Reddy, Karimnagar, Kadapa, Medak, Nellore and Prakasam covering 108.36 Lakhs of BPL Families, encompassing 385.14 lakhs population to help the poor to access quality medical care. The scheme was introduced on 01.04.07 on pilot basis in 3 Districts of Anantapur, Mahaboobnagar, and Srikakulam with 163 identified procedures in 6 systems. Phase II of the scheme was launched on 5th December 2008 covering 210 procedures in 7 systems and Phase III was launched on 15th April 2008 covering 272 procedures in 12 systems. Further the scheme is being launched in the districts of Hyderabad, Visakhapatnam, Vizianagaram, Kurnool and Adilabad from 17th July 2008.

As on 30th June 2008 (456 days), 6,42,852 patients have been screened in 3171 health camps organized at the village level in the thirteen districts. 64333 patients were referred to the network hospital for further evaluation and surgery from these camps. 56264 patients have been examined and treated as outpatients in the network hospitals directly. 42515 surgeries worth Rs 183.88 crores were approved and 38969 surgeries have been performed on the eligible persons.

Government of Andhra Pradesh have now decided to extend the scheme to another 5 districts of Nizamabad, Warangal, Khammam, Guntur and Krishna covering **39.80** lakh BPL families encompassing **137.34** lakh BPL population under Phase-V from 17.07.08 along with Phase IV districts. Accordingly Aarogyasri Health Care Trust has prepared bid document consisting of Part-I to Part-IV as detailed below:

- Part-I: **Details of the Scheme**

Section A	-	Scheme
Section B	-	Working Pattern
Section C	-	Aarogyamithras
Section D	-	Packages

- Part-II : **MoU (Memorandum Of Understanding)**

- Part-III : **Bidding Process - General Guidelines**

- Part-IV : **Submission of Technical and Financial Bids**

Section A	-	General Information
Section B	-	Technical Information
Section C	-	Financial Bid

The Trust invites sealed competitive bids from IRDA registered insurance companies dealing with Health Insurance. Only the financial bids of those companies which qualify in the technical bid scrutiny will be opened. **The companies which are in agreement with the scheme and clauses in MoU, which is an integral part of the scheme, only need to participate in the bidding and any disagreement in this regard may invite disqualification / rejection of bid at technical level.** Hence all the companies are requested to go through the scheme and MoU carefully and submit their agreement in specific format given in the bid.

PART I

SECTION-A:SCHEME

Salient Features of the Scheme proposed for implementation in the 5 districts of Nizamabad, Warangal, Khammam, Guntur and Krishna

1.0 Name:

The name of the scheme is Rajiv Aarogyasri Community Health Insurance Scheme- Aarogyasri-I (Phase V).

2.0 Objective:

To improve access of BPL families to quality medical care for treatment of identified diseases involving hospitalization, surgeries and therapies through an identified network of health care providers.

A) The scheme would provide coverage for the following system;

- i) Heart,
- ii) Lung
- iii) Liver
- iv) Pancreas
- v) Renal diseases
- vi) Neuro-Surgery
- vii) Pediatric Congenital Malformations
- viii) Burns
- ix) Post -Burn Contracture Surgeries for Functional Improvement.
- x) Prostheses (Artificial limbs)
- xi) Cancer treatment
 - a. Surgery
 - b. Chemo Therapy
 - c. Radio Therapy
- xii) Polytrauma (Coverage Recovery: The factor of recovery from the insurer insuring the vehicle for liability to the public arising out of the use of the vehicle and falling under MV Act, shall also be considered for pricing by the bidder)

B. Cochlear Implant Surgery with Auditory-Verbal Therapy for Children below 6 years (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 falling in the identified groups and packages is given at Section –D of Part-I.

3.0 Beneficiaries:

The scheme is intended to benefit below poverty line (BPL) population in the 5 districts of the State viz. **Nizamabad, Warangal, Khammam, Guntur and Krishna**. There are **39.80 lakh** BPL families in the five districts comprising of a population of **137.34 lakhs**. Database and photograph of these families is 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	District	No. of BPL Cards	BPL population	Date of launch
V	Nizamabad	5.38	19.90	17-07-2008
	Warangal	7.80	27.75	
	Khammam	6.20	21.37	
	Guntur	10.95	36.53	
	Krishna	9.47	31.79	
	TOTAL	39.80	137.34	

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 these districts will be provided with Rajiv Aarogyasri Health Cards. These Health Cards/ BPL Ration card will be basis for identification of Beneficiary under the scheme.

4.1 Family:

Means members as enumerated and photographed on the Rajiv Aarogyasri Health Card/ BPL Ration Card. The photograph indicated in the Health Card/ BPL Ration 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. This Health Card will be a part of enrollment / identification for availing the health insurance facility

The Insurer shall issue a tailor-made master policy to cover Surgeries /Therapies as mentioned in para 2 above with the following provisions:

5.0 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.

6.0 Sum Insured on Floater Basis:

The scheme shall provide coverage for meeting expenses of hospitalization and surgical 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.

6.1 Servicing of Cochlear Implant Cases:

Cost for cochlear Implant Surgery with Auditory –Verbal Therapy will be reimbursed by the Trust to the Insurance Company on actual basis up to a maximum of Rs.6.50 lakhs for each case and Insurance Company shall service the cases under the scheme.

7.0 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.

7.1 Automatic application of Buffer In case of Renal Transplant Surgery

In case of Renal Transplant Surgery with Immunosuppressive therapy for 6 months, the buffer amount of Rs.50,000 (Rupees Fifty Thousands Only), will get applied automatically.

8.0 Payment of Premium:

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

9.0 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 17.07.2008 to midnight of 16.07.2009)

10.0 Pre and Post hospitalization

10.1 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 have to extend to 1 year.

10.2 Network Hospital will provide follow-up free consultation and medicines supplied by the Trust wherever required for the patients undergoing treatment under the scheme for a period of up to one year from eleventh day of

discharge. Commonly used follow-up medicines will be supplied to the network hospitals by the Trust from time-to-time.

11.0 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 for the procedures covered under the scheme. The same is the case for diagnostics if eventually the patient does not end up in doing the surgery or therapy.

12.0 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.

13.0 Refund

If there is a surplus after the pure 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 within 30 days after the expiry of the policy period.

14.0 Procedure for enrollment of Hospitals:

The hospitals shall be separately empanelled for phase V 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 with adequate spacing and supporting staff as per norms.

- 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) Using ICD and OPQS codes for Drugs, Diagnosis, Surgical procedures etc.
- h) Having sufficient experience in the specific identified field.
- i) Should have infrastructure for Radiotherapy with Services of Radiation Oncologist and Medical Oncologist must be available in the hospital for empanelment for Chemo-Therapy And Radio-Therapy.
- j) Should have Services of Trained ENT Surgeon for Cochlear Implant Surgery and Auditory –Verbal Therapist for empanelment for Cochlear Implant Surgery.
- k) The hospital shall have full time services of Orthopedic Surgeon to be empanelled to provide prostheses package under the scheme.
- l) Hospital shall facilitate supply, fitting of appropriate prosthesis and gait training of patient by physiotherapist.
- m) Hospital shall ensure that an appropriate prosthesis is prescribed based on occupation of the person and standard prosthesis is supplied as per quality norms of BIS (Bureau of Indian Standards).
- n) Hospital shall also facilitate free replacement of leather parts and ensure total replacement of Prosthesis in case of damage during guarantee period of 3 years.

And

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

- a. Provide space and separate Rajiv Aarogyasri counter/kiosk as per the design for Aarogyamithras (Health Coordinators)
- b. Provide Computer with networking (dedicated broadband with minimum 1mbps speed), printer, scanner, bar code reader 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. Provide the services of a dedicated Medical Officer to work as Rajiv Aarogyasri Medical Coordinator (RAMCO) for the scheme and he will be responsible to the Trust and the Insurer for doing various activities under the scheme including Health Camps, Follow-up of referred patients from camps, diagnosis, out patient details, E-Preauthorization, Surgeries, Feed back on the patients condition and services offered by the hospital during hospital stay of the patients, discharges, deaths if any, follow-up free consultation of the patients and distribution of medicines after discharge etc. The Insurance Company shall provide CUG Connection to all RAMCOs.
- h. Free follow-up consultation and distribution of follow-up medicines supplied by the Trust.
- i. Minimum one free Health Camp in village in a 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. Hospital shall provide services of Aarogyasri medical Camp Coordinator (AMCCO) for organisation of health camps. The Hospital shall follow the camp

policy of the Trust. The Insurance Company shall provide CUG Connection to all AMCCOs.

14.1 MoU with network Hospital: The insurance company shall sign MoU with all the hospitals to be empanelled under the scheme. The MoU shall be drawn up in consultation with the Trust for final approval. 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 clause while signing them. Such matter shall be looked in to by the Trust

15.0 MoU with the Trust

The insurer shall enter in to the MOU with GoAP/ Trust given in Part II, which is an integral part of the scheme within 24 hrs of award.

16.0 Non-performance

In the event of non-performance by the insurer as per the guidelines of the scheme the insurer shall abide by the clause 17 given in the MOU given in Part II of the document.

17.0 Standardisation of formats

The Insurance Company shall □standardize various formats used for cashless transactions, discharge summary, billing pattern and other reports in consultation with 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. Aarogyamithras placed in the above hospitals facilitate the

beneficiary. If beneficiary visits any other PHC/Government hospital other than the Network Hospital, the doctors will give him a referral card to the Network Hospital after preliminary diagnosis. 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 Aarogyamithras at the Network Hospital examines the referral card and 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.

Step 5

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

Step 6

Network Hospital after discharge forwards the original bill, discharge summary with signature of 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.

Step 8

Network hospital will provide follow-up free consultation and medicines

supplied by the Trust for the patients undergoing treatment under the scheme for a period of up to one year from eleventh day of discharge.

B). New empanelment

The insurer needs to empanel the hospitals separately for Phase V for specialty services based on infrastructure available and as per the conditions laid down below:

- For cancer treatment, hospitals having fully qualified professionals (Medical Oncologist, Radiation Oncologist and Surgical Oncologist – all or either) and equipment (Cobalt therapy Unit, Linear accelerator and Brachy therapy unit – all or either) need to be empanelled. A combination of both professional and the equipment is essential.
- Economy protocols with packages devised by the Trust should be adhered to.
- Deviations in protocol for high cost therapy beyond package will be allowed only after scrutiny by a technical committee.
- The hospital shall follow the mechanism devised to ensure that chemotherapy drugs are physically administered, by quoting batch no., labeling of the drugs and attaching empty vials to the bills.
- The hospital should have Services of Trained ENT Surgeon for Cochlear Implant Surgery and Auditory –Verbal Therapist for empanelment for Cochlear Implant Surgery. Separate guidelines issued in this regard by the Trust shall be strictly adhered to.
- The hospital should have full time services of qualified plastic surgeon with requisite infrastructure for corrective surgeries for post-burn contractures.
- The hospital should have full time services of Pediatric Surgeons for surgeries for congenital malformations in children
- The hospital shall have full time services of Orthopedic Surgeon to be empanelled to provide prostheses package under the scheme.
- Hospital shall facilitate supply, fitting of appropriate prosthesis and gait training of patient by physiotherapist.

- Hospital shall ensure that an appropriate prosthesis is prescribed based on occupation of the person and standard prosthesis is supplied as per quality norms of BIS (Bureau of Indian Standards).
- Hospital shall also facilitate free replacement of leather parts and ensure total replacement of Prosthesis in case of damage during guarantee period of 3 years.

The conditions laid down at para 14.0 above are common for all hospitals and shall be strictly adhered to while empanelling the hospitals.

C). Packages

The insurer should ensure that the empanelled hospitals follow the packages worked out by the Trust. The package includes consultation, medicine, diagnostics, implants, food, cost of transportation, hospital charges etc. In other words the package should 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.

D) Camps

Health Camps are to be conducted in all Mandal Head Quarters, Major panchayats and municipalities. The insurer should ensure that at least one free medical camp is conducted by each network hospital in a week at the place suggested by the trust. The Aarogyasri medical camp Coordinator of the Hospital shall coordinate the entire activity. 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. The Hospital shall follow the camp policy of the Trust.

E) 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). Area Managers/District coordinators/ District level doctors/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.

19. Aarogyamithras

- 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 at least two Aarogyamithras at all network hospitals to facilitate admission, treatment and cashless transaction of patient round the clock. The Aarogyamithras should also help hospitals in pre-auth, claim settlement and follow-up. They should also ensure proper reception and care in the hospital and send regular MIS. Insurance Company shall provide all Aarogyamithras with cell phone having CUG connectivity with SMS based reporting

framework for effective and instant communication. The insurance company shall ensure that prefabricated Aarogyamithra kiosks with all additional requirements as per the design approved by the Trust is put up in all hospitals. The role of Aarogyamithras can be modified by the Trust from time-to-time.

The insurer will provide uniform and arrange the workshops/training sessions for the Aarogyamithras on the guidelines specified by the Trust. **Section–C of Part I** deals with the details on Aarogyamithras and their role.

20.0 Online MIS and 24 Hour 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 the existing dedicated website of the Trust, the up gradation and maintenance cost of the software, hardware, connectivity and data center will be borne by the Insurance Company. The □preauthorisation has to be done round- the-clock in co-ordination with trust i.e., by a team of doctors from the Trust and the Insurance Company. The preauthorization team shall have all the specialists concerned with the systems covered in the scheme on a permanent basis. The trust will provide necessary specialists and technical committees to evaluate special cases from time-to-time. The website will be a repository of information and will have the following features:

- General Information on the scheme.
- Details of patients reporting in the PHC/CHC/Government Hospitals/ District hospitals on daily basis
- Details of Health Camps and daily reporting of health camps
- Details of patients getting referred from the health camps.
- Details of in-patients and out patients in the network hospitals
- Costing of the Tests done in the network hospitals
- E-preauthorisation.
- Surgery details.

- Discharge details.
- Real-time reporting
- Claim settlement
- Electronic clearance of bills with payment gateway
- Follow-up of patient after surgery
- Distribution of Follow-up medicines.

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, display boards in public places and highways. They should effectively use services of Aarogyamithras and district coordinators for this purpose.

(x) 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 a place desired by the Trust for better coordination. The project office shall report to the Trust on a daily basis in the prescribed

proformas. 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) **Round-the-Clock Pre-authorisation Department** with specialist doctors for each category of diseases shall work round the clock 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** with electronic clearance facilities.
- vi) **Health Camp Department** to plan, intimate, implement and follow-up the camps as per the directions of the Trust.
- vii) **Publicity Department** to undertake all the publicity activities as specified by the Trust
- viii) **Grievance Department** to be manned by doctors and other staff to address the grievances from time to time as per the instructions of the Trust.
- ix) **Follow-up Department** to coordinate the follow-up consultation and distribution of drugs as per the instructions of the Trust.
- x) **Hospital-Networking department** to empanel the hospitals in the network as per the guidelines given by the Trust and monitor the compliance.

- xi) Feedback Department** to send feedback formats, collect and analyse feedback of the patients as per the directions of the Trust. The department will also document each case and upload the same in the Trust portal.
- xii) Legal Department** exclusively for the project.
- xiii) Other departments required for Office work.**

25.0 Capacity Building

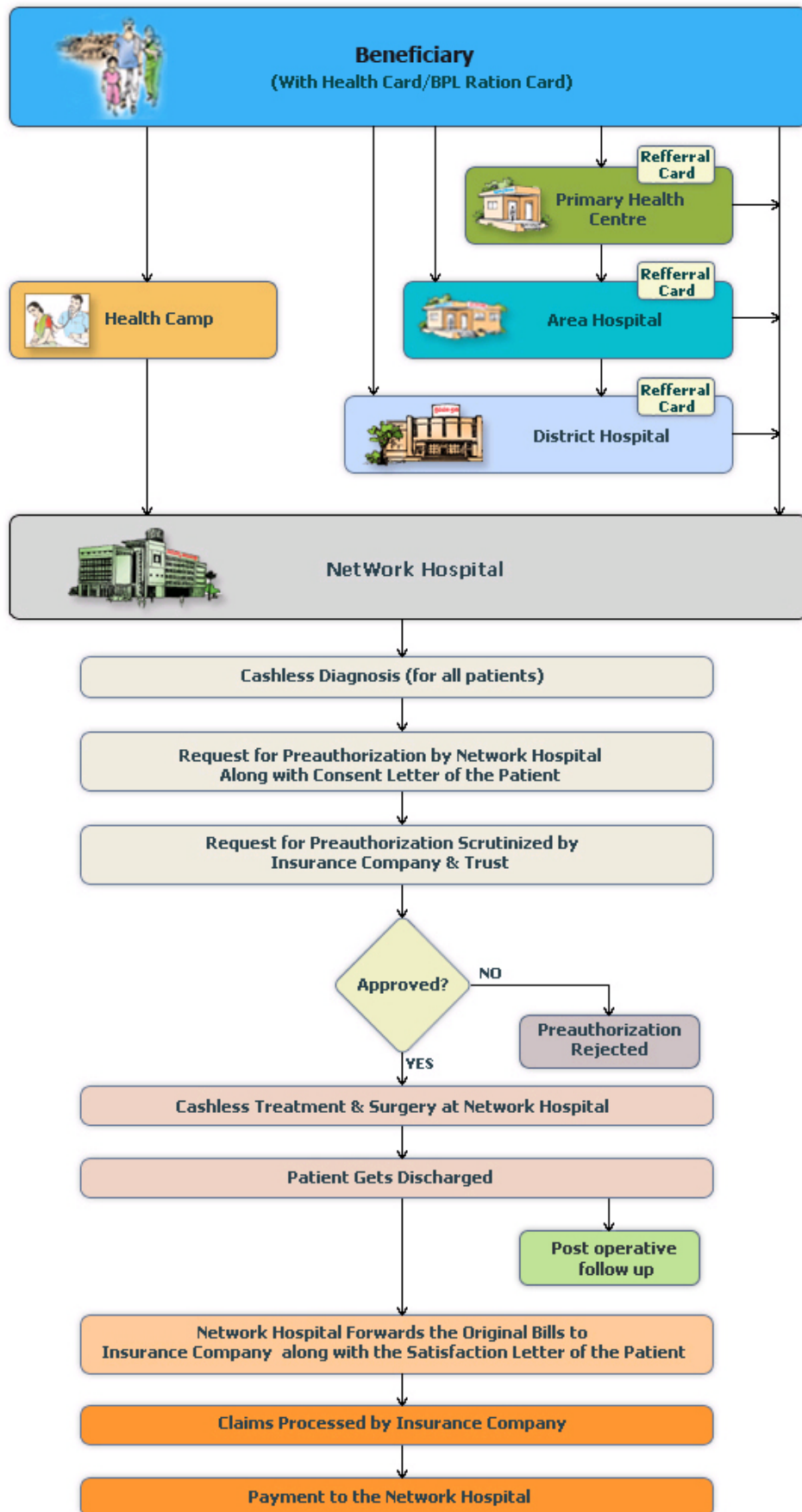
The insurer will arrange the workshops/training sessions for the capacity building of the insured, their representatives and other stakeholders in respect of specific field of insurance at each district on the convenience of the insured.

26.0 Run-off Period

A Run-Off period of one month will be allowed after the expiry of the policy. This means that preauthorisations can be done till the end of policy period and surgeries for such preauthorisations can be done up to one month after the expiry of policy period and all such claims will be honoured.

SECTION-B

Working Pattern



SECTION-C

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) 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

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 (Aprons compulsorily) for all Aarogyamithras.

The following table shows the indicative number of PHC's / Government Hospitals where Aarogyamithras are to be placed:

Phase V

	Nizamabad	Warangal	Khammam	Guntur	Krishna	Total
No. of PHCs	45	69	76	74	70	334
No. of CHCs (30 beds)	04	08	05	08	08	33
No. of Area Hospitals	04	02	02	02	02	12
No. of District Hospitals/Specialty Hospitals	01	01	01	01	01	5
Total	54	80	84	85	81	384

In addition to the above the Insurance Company have to select and post at least two Aarogyamithras in each Network Hospitals for round the clock monitoring of the patients. The total number will depend up on the exact number of the Network Hospitals. The Insurance Company shall follow the instructions of the Trust in this regard.

Training of Aarogyamithras

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

Role of Aarogyamithras in PHC/CHC/Government / District hospitals

1) ROLE OF PHC AAROGYAMITHRAS

a) IN THE PHC/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 Aarogyasri Sri scheme.
- Any work assigned by the Trust from time to time.

b) OUTSIDE THE PHC/ 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.
- Any work assigned by the Trust from time to time.

2) ROLE OF AREA HOSPITAL/DISTRICT HOSPITAL

AROGYAMITHRAS

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
- Any work assigned by the Trust from time to time.

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 daily MIS
- Facilitate Network Hospital in conducting Health Camps as scheduled.
- Any work assigned by the Trust from time to time.

SECTION-D

PACKAGES

GENERAL GUIDELINES ON THE PACKAGES.

1. The package includes
 - Consultation, medicines, diagnostics, specialist services
 - Implants, grafts, prosthetics,
 - Food,
 - Cost of transportation
 - 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 except in case of interventions and chemotherapy for cancers.

2. Hospital shall conduct all diagnostic tests as per standard protocols free of cost.
3. Hospital shall provide 10 days post discharge free medicines to the patient within package.
4. Hospital shall provide reasonably good food to the patient, and shall make alternate arrangement for food wherever in-house pantry is not available. The hospital shall not give money as an alternative to food.
5. Hospital shall pay return fare from Mandal Headquarters to the town where hospital is situated based on RTC fare.
6. Hospital shall assist and facilitate the patient to procure compatible blood for the surgeries. The hospital shall provide blood from their own blood bank subject to availability within the package. In case of non-availability the hospital shall make efforts to procure from other blood banks, Red Cross, voluntary organizations etc. The hospital shall also issue a copy of the request letter to the patient.
7. The general guidelines published by the Trust separately from time to time shall be followed while implementing the packages.

PACKAGE RATES

	1	CARDIAC	Cost
1	1.1	Coronary Bypass Surgery	95000
2	1.1.1	Coronary Bypass Surgery-post Angioplasty	105000
3	1.1.2	CABG with IABP pump	125000
4	1.1.3	CABG with aneurismal repair	110000
5	1.2	Intracardiac Tumors	75000
6	1.3	Coronary Balloon Angioplasty	60000
7	1.3.1	PTCA Additional Stent	20000
8	1.4	Total Correction of Tetralogy of Fallot	95000
9	1.5	Ruptured sinus of valsvulva Correction	95000
10	1.6	TAPVC Correction	95000
	1.7	ASD and VSD	
11	1.7.1	Intra cardiac Repair of ASD	75000
12	1.7.2	Intra cardiac Repair of VSD	75000
13	1.7.3	ASD Device closure	80000

14	1.7.4	VSD Device closure	80000
	1.8	Patent Ductus Arteriosus	
15	1.8.1	Surgery-PDA	20000
16	1.8.2	Device closure	60000
	1.8.3	Coil closure	
17	1.8.3.1	Single coil	20000
18	1.8.3.2	Multiple coils	30000
19	1.8.4	PDA Stenting	65000
	1.9	Ross Procedure Intracardiac Repair of Complex congenital heart diseases	
20	1.9.1	With Special Conduits	1,25,000
21	1.9.2	Without Special Conduits	95000
22	1.10	Balloon Valvotomy- Cardiology	20000
23	1.10.4	Balloon Atrial septostomy	30000
24	1.11	Open Pulmonary Valvotomy	75000
	1.12	Valve Repairs	
25	1.12.1	With Prosthetic Ring	100000
26	1.12.2	Without Prosthetic Ring	85000
	1.13	Systemic Pulmonary Shunts	
27	1.13.1	With Graft	20000
28	1.13.2	Without Graft	20000
29	1.14	Closed mitral valvotomy	20000
30	1.15	Mitral Valve Replacement (With Valve)	120000
31	1.16	Aortic Valve Replacement (With Valve)	120000
32	1.16.1	Tricuspid Valve Replacement	120000
33	1.17	Double Valve Replacement (With Valve)	150000
34	1.18	Mitral Valvotomy (Open)	80000
35	1.19	Pericardiostomy surgery CT	10000
36	1.20	Pericardiectomy	30000
37	1.21	Pericardio Centesis	2000
38	1.22	Permanent Pacemaker Implantation	75000
39	1.23	Temporary Pacemaker Implantation	10000
	1.24	Coarctation-Aorta Repair	
40	1.24.1	With Graft	32000
41	1.24.2	Without Graft	25000
42	1.24.3	Coarctation of Aorta Stenting	80000
43	1.25	Aneurysm Resection & Grafting	125000
44	1.26	Intrathoracic Aneurysm –Aneurysm not Requiring Bypass (with Graft)	65000
45	1.27	Intrathoracic Aneurysm –Requiring Bypass (With Graft)	125000
46	1.28	Dissecting Aneurysms	75000
47	1.29	Vertebral Angioplasty	75000
48	1.30	Annulus aortic ectasia with valved conduits	150000
	1.31	Aorto-Aorto Bypass	
49	1.31.1	With Graft	60000
50	1.31.2	Without Graft	45000
	1.32	Femoro- Poplital Bypass	

51	1.32.1	With Graft	45000
52	1.32.2	Without Graft	30000
	1.33	Femoro-ileal Bypass	
53	1.33.1	With Graft	45000
54	1.33.2	Without Graft	25000
	1.34	Femoro-femoral Bypass	
55	1.34.1	With Graft	45000
56	1.34.2	Without Graft	25000
	1.35	TGA	
57	1.35.1	Arterial Switch	150000
58	1.35.2	Sennings Procedure	120000
59	1.36	Peripheral Angioplasty	60000
	1.37	Aortoplasty	
60	1.38.1	Without stent	30000
61	1.38.2	With stent	75000
62	1.39	Renal Angioplasty	60000
63	1.39.1	Additional Stent	40000
64	1.40	Carotid Embolectomy	50000
	2	LUNGS	
65	2.1	Pneumonectomy	50000
66	2.2	Lobectomy	50000
67	2.3	Decortication	50000
68	2.4	Lung Cyst	50000
69	2.5	SOL mediastinum	50000
	2.6	Surgical Correction of Bronchopleural Fistula.	
70	2.6.1	Thorocoplasty	50000
71	2.6.2	Myoplasty	50000
72	2.6.3	Transpleural BPF closure	50000
	3	LIVER	
73	3.1	Rt.Hepatectomy	75000
74	3.2	Lt.Hepatectomy	75000
75	3.3	Segmentectomy	50000
	4	PANCREAS	
76	4.1	Distal Pancreatectomy	100000
77	4.2	Enucleation of Cyst	75000
78	4.3	Whipples – any type	75000
79	4.4	Triple Bypass	25000
80	4.4.1	Other Bypasses	25000
	5	PAEDIATRIC CONGENITAL MALFORMATIONS	
81	5.1	Oesophageal Atresia	60000
82	5.2	Diaphragmatic Hernia	60000
83	5.3	Intestinal Atresias & Obstructions	50000
84	5.4	Biliary Atresia & Choledochal Cyst	55000
85	5.5.1	Anorectal Malformations Stage 1	45000
86	5.5.2	Anorectal Malformations Stage 2	60000
87	5.6.1	Hirschsprungs Disease Stage1	45000
88	5.6.2	Hirschsprungs Disease Stage 2	60000

89	5.7	Congenital Hydronephrosis	50000
90	5.8	Ureteric Reimplantations	65000
91	5.9.1	Extrophy Bladder Stage 1	65000
92	5.9.2	Extrophy Bladder Stage 2	60000
93	5.10	Posterior Urethral Valves	30000
94	5.11	Hypospadias Single Stage	40000
95	5.12.1	Hypospadias Stage1	35000
96	5.12.2	Hypospadias Stage 2	35000
97	5.13	Paediatric Tumors	50000
98	5.14	Cleft lip	10000
99	5.15	Cleft Palate	15000
100	5.16	Velo-Pharyngeal Incompetence	15000
101	5.17	Syndactyly of Hand for each hand	15000
102	5.18	Microtia/Anotia	30000
103	5.19	TM joint ankylosis	40000
	6	RENAL	
104	6.1	HaemoDialysis (Pre Transplant only)	1000/dialysis up to 5000
105	6.1.1	A.V. Fistule(Pre-Transplant Procedure only)	5000
106	6.2	Renal Transplantation surgery	140000
107	6.2.1	Post Transplant immunosuppressive Treatment from 1 st to 6 th Month after Transplant	50000
	6.3	Surgery for Renal Calculi	
108	6.3.1	Open Pylolithotomy	10000
109	6.3.2	Open Nephrolithotomy	10000
110	6.3.3	Open Cystolithotomy	10000
111	6.3.3.1	Cystolithotripsy	10000
112	6.3.4	PCNL	30000
113	6.3.5	Laparoscopic Pylolithotomy	30000
114	6.3.6	ESWL	20000
115	6.3.6.1	URSL	25000
116	6.3.7	Nephrostomy	2000
117	6.3.8	DJ stunt (one side)	5000
	6.4	Urethroplasty for Stricture Diseases	
118	6.4.1	Single stage	50000
	6.4.2	Double Stage	
119	6.4.2.1	Stage-1	30000
120	6.4.2.2	Stage-2	30000
121	6.5	Reconstruction Procedure	50000
	6.6	Hypospadiasis(Adult)	
122	6.6.1	Single Stage	40000
	6.6.2	Double stage	
123	6.6.2.1	Stage-1	35000
124	6.6.2.2	Stage-2	35000
125	6.7	TURBT	30000
	7	NEUROSURGERY	
126	7.1	Craniotomy and Evacuation of Haematoma – Subdural	40000

127	7.2	Craniotomy and Evacuation of Haematoma – Extradural	40000
128	7.3	Evacuation of Brain Abscess-burr hole	25000
129	7.4	Excision of Lobe (Frontal, Temporal, Cerebellum etc.)	40000
	7.5	Excision of Brain Tumor Supratentorial	
130	7.5.1	Parasagittal	50000
131	7.5.2	Basal	60000
132	7.5.3	Brain Stem	70000
133	7.5.4	CP Angle	70000
134	7.5.5	Others	40000
135	7.6	Excision of Brain Tumors –Subtentorial	45000
136	7.7	Surgery of Cord Tumours	25000
137	7.8	Ventriculoatrial /Ventriculoperitoneal Shunt	20000
138	7.9	Excision of Cervical Inter-Vertebral Discs	25000
139	7.10	Twist Drill Craniostomy	15000
140	7.11	Subdural Tapping	15000
141	7.12	Ventricular Tapping	15000
142	7.13	Abscess Tapping	20000
143	7.14	Vascular Malformations	40000
144	7.15	Peritoneal Shunt	20000
145	7.16	Atrial Shunt	20000
146	7.17	Meningo Encephalocele	25000
147	7.18	Meningomyelocele	25000
148	7.19	C.S.F. Rhinorrhoea	20000
149	7.20	Cranioplasty	30000
150	7.21	Posterior Cervical Discectomy	15000
151	7.22	Anterior Cervical Discectomy	15000
152	7.23	Meningocele Excision	25000
153	7.24	Ventriculo-Atrial Shunt	20000
154	7.25	Anterior Cervical Spine Surgery with fusion	45000
155	7.26	Anterior Lateral Decompression	30000
156	7.27	Laminectomy	25000
157	7.28	Combined Trans-oral Surgery & CV Junction Fusion	30000
158	7.29	C.V. Junction Fusion	20000
159	7.31	Discectomy	25000
160	7.32	Spinal Fusion Procedure	50000
161	7.33	Spinal Intra Medullary Tumours	50000
162	7.34	Spinal Bifida Surgery Major	20000
163	7.35	Spina Bifida Surgery Minor	15000
164	7.36	Stereotactic Procedures	20000
165	7.37	Trans Sphenoidal Surgery	20000
166	7.38	Trans Oral Surgery	25000
167	7.39	Excision of Brain Abscess	60000
168	7.40	Aneurysm Clipping	100000
169	7.41	External Ventricular Drainage (EVD)	40000
	8	CANCER – Surgeries	

	8.1	Head & Neck	
170	8.1.1	Composite Resection & Reconstruction	60000
171	8.1.2	Neck Dissection – any type	25000
172	8.1.3	Hemiglossectomy	15000
173	8.1.4	Maxillectomy – any type	25000
174	8.1.5	Thyroidectomy – any type	20000
175	8.1.6	Parotidectomy – any type	20000
176	8.1.7	Laryngectomy – any type	40000
177	8.1.8	Laryngopharyngo Oesophagectomy	75000
178	8.1.9	Hemimandibulectomy	25000
179	8.1.10	Wide excision	25000
	8.2	Gastrointestinal Tract	
180	8.2.1	Oesophagectomy – any type	60000
181	8.2.2	Gastrectomy – any type	40000
182	8.2.3	Colectomy – any type	40000
183	8.2.4	Anterior Resection	50000
184	8.2.5	Abdominoperineal Resection	40000
185	8.2.7	Whipples – any type	75000
186	8.2.9	Triple Bypass	25000
187	8.2.9.1	Other Bypasses-Pancreas	25000
	8.3	Genito Urinary System	
188	8.3.1	Radical Nephrectomy	40000
189	8.3.2	Radical Cystectomy	60000
190	8.3.3	Other Cystectomies	40000
191	8.3.4	Total Penectomy	25000
192	8.3.5	Partial Penectomy	15000
193	8.3.6	Inguinal Block Dissection – one side	15000
194	8.3.7	Radical Prostatectomy	60000
195	8.3.8	High Orchidectomy	15000
196	8.3.9	Bilateral Orchidectomy	10000
197	8.3.10	Emasculatation	30000
	8.4	Gynaecological Oncology	
198	8.4.1	Hysterectomy	25000
199	8.4.2	Radical Hysterectomy	30000
200	8.4.3	Surgery for Ca Ovary – early stage	25000
201	8.4.4	Surgery for Ca Ovary – advance stage	40000
202	8.4.5	Vulvectomy	15000
203	8.4.6	Salpingo – oophorectomy	25000
	8.5	Tumors of the Female Breast	
204	8.5.1	Mastectomy – any type	25000
205	8.5.2	Axillary Dissection	15000
206	8.5.3	Wide excision	5000
207	8.5.4	Lumpectomy	3000
208	8.5.5	Breast reconstruction	25000
209	8.5.6	Chest wall resection	20000
	8.6	Skin Tumors	
210	8.6.1	Wide excision	10000
211	8.6.2	Wide excision + Reconstruction	20000

212	8.6.3	Amputation	20000
	8.7	Soft Tissue and Bone Tumors	
213	8.7.1	Wide excision	15000
214	8.7.2	Wide excision + Reconstruction	25000
215	8.7.3	Amputation	20000
	8.9	Lung Cancer	
216	8.9.1	Pneumonectomy	50000
217	8.9.2	Lobectomy	50000
218	8.9.3	Decortication	50000
219	8.9.4	Surgical Correction of Bronchopleural Fistula.	
	8A	CANCER – Chemotherapy*	Cost/Cycle
	8A.1	Breast Cancer	
220	8A.1.1	Adriamycin/Cyclophosphamide (AC)	3000
221	8A.1.2	5- Fluorouracil A-C (FAC)	3100
222	8A.1.3	AC (AC then T)	3000
223	8A.1.4	Paclitaxel	9500
224	8A.1.5	Cyclophosphamide/Methotrexate/5Fluorouracil(CMF)	1500
225	8A.1.6	Tamoxifen tabs	85/month
226	8A.1.7	Aromatase Inhibitors	835/month
	8A.2	Cervical Cancer	
227	8A.2.1	Weekly Cisplatin	2000
	8A.3	Vulvar Cancer	
228	8A.3.1	Cisplatin/5-FU	5000
	8A.4	Vaginal Cancer	
229	8A.4.1	Cisplatin/5-FU	5000
	8A.5	Ovarian Cancer	
230	8A.5.1	Carboplatin/Paclitaxel	10500
	8A.6	Ovary- Germ Cell Tumor	
231	8A.6.1	Bleomycin-Etoposide-Cisplatin (BEP)	8000
	8A.7	Gestational Trophoblast Ds.	
	8A.7.1	Low risk	
232	8A.7.1.1	Weekly Methotrexate	600
233	8A.7.1.2	Actinomycin	3000
	8A.7.2	High risk	
234	8A.7.2.1	Etoposide-Methotrexate-Actinomycin / Cyclophosphamide –Vincristine (EMA-CO)	6000
	8A.9	Testicular Cancer	
235	8A.9.1	Bleomycin-Etoposide-Cisplatin (BEP)	8000
	8A.10	Prostate Cancer	
236	8A.10.1	Hormonal therapy	3000/month
	8A.11	Bladder Cancer	
237	8A.11.1	Weekly Cisplatin	2000
238	8A.11.2	Methotrexate Vinblastine Adriamycin Cyclophosphamide (MVAC)	5000
	8A.12	Lung Cancer	
	8A.12.1	Non-small cell lung cancer	

239	8A.12.1.1	Cisplatin/Etoposide (IIIB)	7000
	8A.13	Esophageal Cancer	
240	8A.13.1	Cisplatin- 5FU	5000
	8A.14	Gastric Cancer	
241	8A.14.1	5-FU –Leucovorin (McDonald Regimen)	5000
	8A.15	Colorectal Cancer	
242	8A.15.1	Monthly 5-FU	4000
243	8A.15.2	5-Fluorouracil-Oxaliplatin –Leucovorin (FOLFOX) (Stage III only)	10000
	8A.16	Osteosarcoma/ Bone Tumors	
244	8A.16.1	Cisplatin/Adriamycin	20000
	8A.17	Lymphoma	
	8A.17.1	i) Hodgkin Disease	
245	8A.17.1.1	Adriamycin – Bleomycin – Vinblastine Dacarbazine (ABVD)	4000
	8A.17.2	ii) NHL	
246	8A.17.2.1	Cyclophosphamide – Adriamycin Vincristine – Prednisone (CHOP)	3500
	8A.18	Multiple Myeloma	
247	8A.18.1	Vincristine, Adriamycin, Dexamethasone (VAD)	4000
248	8A.18.2	High dose decadron (oral)	1500
249	8A.18.3	Melphalan –Prednisone (oral)	1500
	8A.19	Wilm’s Tumor	
250	8A.19.1	SIOP/NWTS regimen (Stages I – III)	7000/month
	8A.20	Hepatoblastoma- operable	
251	8A.20.1	Cisplatin – Adriamycin	15000
	8A.21	Childhood B Cell Lymphomas	
252	8A.21.1	Variable Regimen	Up to 12000
	8A.22	Neuroblastoma (Stages I-III)	
253	8A.22.1	Variable Regimen	Up to 10000
	8A.23	Retinoblastoma	
254	8A.23.1	Carbo/Etoposide/Vincristine	4000
	8A.24	Histiocytosis	
255	8A.24.1	Variable Regimen	Up to 8000/month
	8A.25	Rhabdomyosarcoma	
256	8A.25.1	Vincristine-Actinomycin- Cyclophosphamide (VactC) based chemo	9000/month
	8A.26	Ewings sarcoma	
257	8A.26.1	Variable Regimen	Up to 9000/ month
	8A.27	Acute Myeloid Leukemia	
258	8A.27.1	Induction Phase	Up to 50000
259	8A.27.2	Consolidation Phase	Up to 40000
260	8A.27.3	Maintenance	3000 per month
	8A.28	Acute Lymphoblastic Leukemia	
	8A.28.1	Induction	
261	8A.28.1.1	1 st and 2 nd months	Up to 50000

262	8A.28.1.2	3 rd , 4 th , 5 th	Up to 20000
263	8A.28.2	Maintenance	3000 per month
	8A.29	For unlisted regimen	
264		Palliative Chemotherapy	Upto 5000/cycle
	8A.30	For Terminally ill Cancer Patient	
265		Palliative and Supportive Therapy	3000/month
	8B	RADIOTHERAPY	
	8B.1	Cobalt 60 External Beam Radiotherapy	
266	8B.1.1	Radical Treatment	20,000
267	8B.1.2	Palliative Treatment	10,000
268	8B.1.3	Adjuvant Treatment	15,000
	8B.2	External Beam Radiotherapy (on linear accelerator)	
269	8B.2.1	Radical Treatment with Photons	50,000
270	8B.2.2	Palliative Treatment with Photons	20,000
271	8B.2.3	Adjuvant Treatment with Photons/Electrons	35,000
	8B.3	Brachytherapy	
	8B.3.1	A) Intracavitary	
272	8B.3.1.1	i. LDR per application	4,500/-
273	8B.3.1.2	ii. HDR per application	2,500/-
	8B.3.2	B) Interstitial	
274	8B.3.2.1	i. LDR per application	15,000/-
275	8B.3.2.2	ii. HDR – one application and multiple dose fractions	25,000/-
	9	BURNS	
	9.1	30% - 50% Burns	
276	9.1.1	upto-40% with Scalds(Conservative)	35,000
277	9.1.2	upto-40% Mixed Burns(with Surgeries)	50,000
278	9.1.3	upto-50% with Scalds (Conservative)	60,000
279	9.1.4	upto-50% Mixed Burns(with Surgeries)	70,000
	9.2	Above 50% Burns	
280	9.2.1	upto-60% with Scalds (Conservative)	80000
281	9.2.2	Up to-60% Mixed Burns (with Surgeries)	1,00,000
282	9.2.3	Above 60% Mixed Burns (with Surgeries)	1,20,000
	9.3	Post Burn Contracture surgeries for Functional Improvement(Package including splints, pressure garments and physiotherapy)	
283	9.3.1	Mild	20000
284	9.3.2	Moderate	30000
285	9.3.3	Severe	40000
	10	POLY TRAUMA & ACCIDENT SURGERIES	Maximum package
	10.1	Orthopedic Trauma	
286	10.1.1	Surgical Correction of Longbone Fracture	15000
287	10.1.2	Amputation Surgery	5000
288	10.1.3	Soft Tissue Injury	5000

	10.2	Neuro-Surgical Trauma	
	10.2.1	Conservative	
289	10.2.1.1	Stay in General Ward@Rs.500/day	6000
290	10.2.1.2	Stay in Neuro ICU@Rs.4000/day	28000
291	10.2.2	Surgical Treatment (Up to)	150000
	10.3	Chest Injuries	
	10.3.1	Conservative	
292	10.3.1.1	Stay in General Ward@Rs.500/day	3000
293	10.3.1.2	Stay in Respiratory ICU@Rs.4000/day	20000
294	10.3.2	Surgical treatment	50000
	10.4	Abdominal Injuries	
	10.4.1	Conservative	
295	10.4.1.1	Stay in General Ward@Rs.500/day	3000
296	10.4.1.2	Stay in Surgical ICU@Rs.1000/day	7000
297	10.4.2	Surgical treatment	75000
	10.5	Emergency Room Procedures	
298	10.5.1	Tracheostomy	3000
299	10.5.2	Thorocostomy	3000
	11	Cochlear Implant Surgery For Children Below 6 Years	
300	11.1	Cochlear Implant Surgery	520000
	11.2	Auditory-Verbal Therapy	
301	11.2.1	Initial Mapping/Switch on	50000
302	11.3.1	Post Switch on Mapping/Initiation of AVP and training of Child and Mother – First Installment	20000
303	11.3.2	Post Switch on Mapping/Initiation of AVP and training of Child and Mother – Second Installment	20000
304	11.3.3	Post Switch on Mapping/Initiation of AVP and training of Child and Mother – Third Installment	20000
305	11.3.4	Post Switch on Mapping/Initiation of AVP and training of Child and Mother – Fourth Installment	20000
	12	Prosthesis (Artificial Limbs)	
	12.1	LOWER LIMB	
	12.1.1	Symes Prosthesis	
306	12.1.1.1	HDP/PP	1000
307	12.1.1.2	Fibre	1200
308	12.1.1.3	Modular	1500
	12.1.2	Below Knee(BK/PTB) Prosthesis	
309	12.1.2.1	HDP/PP	1200
310	12.1.2.2	Fibre	1500
311	12.1.2.3	Modular	3000
	12.1.3	Through Knee Prosthesis	
312	12.1.3.1	HDP/PP	1500
313	12.1.3.2	Fibre	1800

314	12.1.3.3	Modular	3500
	12.1.4	Above Knee(AK) Prosthesis	
315	12.1.4.1	HDP/PP	1500
316	12.1.4.2	Fibre	1800
317	12.1.4.3	Modular	3500
	12.1.5	Hip Disarticulation Prosthesis	
318	12.1.5.1	HDP/PP	2500
319	12.1.5.2	Fibre	3000
320	12.1.5.3	Modular	6000
321	12.1.6	Partial foot prosthesis	500
	12.2	UPPERLIMB	
	12.2.1	Below Elbow Prosthesis	
322	12.2.1.1	HDP/PP	1500
323	12.2.1.2	Fibre	1800
324	12.2.1.3	Modular	3500
	12.2.2	Above Elbow Prosthesis	
325	12.2.2.1	HDP/PP	1500
326	12.2.2.2	Fibre	2000
327	12.2.2.3	Modular	4000
	12.2.3	Whole Upperlimb prosthesis	
328	12.2.3.1	HDP/PP	1000
329	12.2.3.2	Fibre	1200
330	12.2.3.3	Modular	1500

SPECIAL NOTES ON PACKAGES

1. Renal package

- AV fistula and pre-transplant haemo-dialysis are approved along with renal transplant surgery only and not separately.
- Hospital shall provide post transplant immunosuppressive therapy for 1st to 6th month under Aarogyasri I and for 7th to 12th under Aarogyasri II.

2. Cancer package.

- 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.
- The Chemotherapy packages in Aarogyasri II are only supplementary to the packages in Aarogyasri I, hence they shall be used in association with Aarogyasri I packages.
- Patients with hematological malignancies- (leukemias, lymphomas, multiple myeloma) and pediatric malignancies (Any patient < 14 years of age) should be treated by qualified medical oncologists only.
- The advanced radiotherapy packages in Aarogyasri II shall be utilized only for the cases and diseases which do not respond to conventional radiotherapy package provided in Aarogyasri I.

- **Each cycle cost includes**

- Cost of chemotherapy drugs
- Hospital charges

- All the infusional chemotherapy cancer cases must be treated as inpatients only.
 - Doctors fees
 - Supportive care medications (i.e. i.v. fluids, steroids, H2 blockers, anti-emetics)
 - All Investigations
- An average of Rs 2000 to Rs 5000/- has been added to the above cost, to cover for treatment of complications.
 - 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.

3. Polytrauma package

Components of Polytrauma: The components of polytrauma based on the system involved are : 1.Orthopedic trauma, 2.Neuro-Surgical Trauma, 3. Chest Injuries and 4. Abdominal Injuries

The above components may be treated separately or combined as the case warrants. For providing insurance coverage to polytrauma cases requiring Hospitalization and/or Surgery for BPL families, management of each of the above can be classified as given below:

- **Orthopedic trauma**
 1. Surgical Corrections
- **Neuro-Surgical Trauma**
 1. Conservative
 2. Surgical Treatment
- **Chest Injuries**
 1. Conservative
 2. Surgical treatment
- **Abdominal Injuries**
 1. Conservative
 2. Surgical treatment

I. All cases, which require conservative management with a minimum of one-week hospitalization with evidence of (Imageology based) seriousness of injury to warrant admission, only need to be covered to avoid misuse of the scheme for minor/trivial cases.

II. In case of Neurosurgical trauma, admission is based on both Imageology evidence and Glasgow Coma Scale (A scale of less than 13 is desirable).

III. All surgeries related to poly-trauma are covered irrespective of hospitalization period.

IV. Initial evaluation of all trauma patients has to be free of cost.

V. The conservative line of treatment in Orthopaedics for specified procedures are covered in Aarogyasri II.

4. Prostheses:

- i) Cost of prosthesis is inclusive of foot and shoe, wherever required.
- ii) Prosthesis must have been manufactured with the materials with BIS (Bureau of Indian Standards) certification.
- iii) All prosthesis shall be functional in nature.
- iv) Manufacturer shall give minimum of 3 years replacement Guarantee.
- v) Manufacturer shall provide free replacement of leather parts/straps etc., during this period apart from replacement guarantee.

PART II

MOU (Memorandum of Understanding)

(The Insurer shall agree to abide by all the clauses in the MoU, which is part of the scheme.)

**RAJIV AAROgyASRI COMMUNITY HEALTH INSURANCE SCHEME –
PHASE V FOR THE BPL FAMILIES IN THE DISTRICTS OF NIZAMABAD,
WARANGAL, KHAMMAM, KRISHNA AND GUNTUR**

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (hereafter called MOU) is executed at Hyderabad on this xxth day of xxx 2008 between the Aarogyasri Health Care Trust. (Herein after called the Trust and Party of the first part) represented by Chief Executive Officer, Aarogyasri Health Care Trust, 3rd Floor, Municipal Commercial Complex, beside Koti Maternity Hospital, Sultan Bazar, Hyderabad – 500095.

AND

XxxxxxxxX (Insurance Company)

Whereas the Trust has, after a due bidding process involving technical and financial evaluation, awarded the contract of insurance under the “Rajiv Aarogyasri Community Health Insurance Scheme – Aarogyasri-I-Phase V” providing health care to Below the Poverty Line families belonging to the Five Districts viz. **Nizamabad, Warangal, Khammam, Guntur and Krishna** of the State of Andhra Pradesh, to the Insurer and the Party of the second part.

This agreement witnesseth as follows:

A tailor made master policy will be issued by the Insurer in favour of the Trust covering the intended beneficiaries as described below:

2. BENEFICIARIES:

Families living Below the Poverty Line belonging to Five Districts viz. **Nizamabad, Warangal, Khammam, Guntur and Krishna** of Andhra Pradesh State. The beneficiaries would be identified through the Rajiv Aarogyasri health card issued by the Trust /white ration cards (BPL cards) issued by the Government and data furnished to the Insurer. The photograph / name indicated in the Rajiv Aarogyasri Health Card (Health Card) /white ration cards (BPL cards) will be taken as the proof for determining the eligibility of the beneficiaries and also the identification for availing treatment under this scheme.

Such of the white ration card (BPL card) holders who are covered for the specified diseases by other insurance schemes such as CGHS, ESIS, RTC scheme, etc. shall not be eligible for any benefit under this scheme.

2. COVERAGE:

This is a package medical insurance scheme to cover hospitalization for surgeries and therapies through cashless treatment in respect of the following systems and diseases.

A).

- i) Heart
- ii) Lung
- iii) Liver
- iv) Pancreas

- v) Renal diseases
- vi) Neuro-Surgery
- vii) Pediatric Congenital Malformations
- viii) Burns
- ix) Post-Burn Contracture Surgeries for Functional Improvement.
- x) Cancer treatment
 - (a) Surgery
 - (b) Chemo Therapy
 - (c) Radio Therapy
- xi) Polytrauma
- xii) Prostheses (Artificial limbs)

B). Cochlear Implant Surgery with Auditory-Verbal Therapy for Children below 6 years (only services will be provided by the Insurer and costs to be reimbursed by the Trust on case-to-case basis). The Beneficiary under this disease will be specifically identified after being screened by a technical committee constituted by the Trust.

Detailed list of surgeries and therapies with packages falling in the identified groups (A) is given at Section-D of the Scheme(Part-I) above.

The scheme would provide for cashless treatment to these patients who will be admitted in the Network Hospitals in case of surgical procedures and therapies connected with the systems / diseases/ conditions mentioned above.

3. SUM INSURED:

A. The sum Insured per family shall be Rs.1,50,000/- (Rupees One lac and fifty thousand only). The benefit will be on floater basis, i.e., the total reimbursement of Rs.1,50,000/- can be availed by either the individual or by the members of the family collectively.

An additional Sum not exceeding Rs.10,00,00,000/- (Rupees Ten Crores) shall also be provided as buffer to take care of the expenses, if it exceeds the original sum. i.e., Rs.1,50,000/- on individual/Family. In such cases only an amount up to Rs.50,000/- to that individual/Family will be additionally provided on the recommendation of the committee set up by the trust.

In case of Renal Transplant Surgery with Immunosuppressive therapy for One year, the buffer amount of Rs.50,000(Rupees Fifty Thousands Only), will get applied automatically.

B. Cost for cochlear Implant Surgery with Auditory –Verbal Therapy will be reimbursed by the Trust to the Insurer on actual basis up to a maximum of Rs.6.50 lakhs for each case.

4. PRE EXISTING DISEASES

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

5. PRE AND POST HOSPITALIZATION

5.1 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 have to extend to 1 year, irrespective of the period of the policy.

5.2 Network hospital will provide free follow-up consultation/routine diagnostics and medicines supplied by the Trust wherever required for the

patients undergoing treatment under the scheme for a period of up to one year from eleventh day of discharge. Commonly used follow-up medicines will be supplied to the network hospitals by the Trust from time-to-time.

6. DEFINITION OF FAMILY:

Family means the group of individuals as indicated in a Rajiv Aarogyasri Health Card / white ration card (BPL card).

7. PAYMENT OF INSURANCE PREMIUM:

It is agreed that Government shall pay to the Insurer an amount of Rs. XXXXXXXXXXXX Plus Service Tax as applicable, towards the entire annual premium etc. The payment shall be made in two installments of xx each. The first installment will be paid before the commencement of insurance. The second installment will be paid at the end of the six-month period.

8. 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. (i.e. from 00.00 hours of 17.07.2008 to midnight of 16.07.2009)

9. REFUND

If there is a surplus after the 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 within 30 days after the expiry of the policy period.

10. ADMINISTRATION OF THE SCHEME BY THE INSURER

For the effective and successful implementation of the scheme, the Insurer shall do the following.

A (i). Procedure for enrollment of Hospitals:

It would be the responsibility of the Insurer for enrolment of Network Hospitals in the State of Andhra Pradesh to give adequate facilities for the treatment of the patients when they present themselves.

However those hospitals having adequate facilities and offering the services as stipulated below will be empanelled after being inspected by well qualified technical team and approved by the Trust.

The hospitals shall be separately empanelled for Phase V 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:

- It should have at least **50** inpatient medical beds with adequate spacing and supporting staff as per norms.
- Fully equipped and engaged in providing Medical and Surgical facilities.
- Should have or should be able to provide free services of fully equipped Diagnostic departments in Radiology, Imageology, Pathology, Biochemistry and Microbiology led by qualified specialists in respective fields.

- Fully equipped Operation Theatre of its own wherever surgical operations are carried out
- Fully qualified nursing staff under its employment round the clock.
- Fully qualified doctor(s) should be physically in charge round the clock.
- 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.
- Having sufficient experience in the specific identified field.
- 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 after 10 days of post-operative stay, and 10 days after discharge and any complication while in hospital making the transaction truly cashless to the patient. Deviations in protocol for high cost therapy beyond package will be allowed only after scrutiny by a technical committee.
- The postoperative hospital stay in all surgical procedures shall be minimum of 10 days.
- For the empanelment of Chemo And Radio –Therapy, the hospital should have infrastructure for Radiotherapy with Services

of Radiation Oncologist and Medical Oncologist (A combination of the equipment and professional is mandatory)

- For the empanelment of Cochlear Implant Surgery, the hospital should have Services of Trained ENT Surgeon and Auditory – Verbal Therapist.
- The hospital should have full time services of qualified plastic surgeon with requisite infrastructure for empanelment of corrective surgeries for post-burn contractures.
- The hospital should have full time services of Pediatric Surgeons for empanelment of surgeries for congenital malformations in children
- The hospital shall have full time services of Orthopedic Surgeon to be empanelled to provide prostheses package under the scheme.
- Hospital shall facilitate supply, fitting of appropriate prosthesis and gait training of patient by physiotherapist.
- Hospital shall ensure that an appropriate prosthesis is prescribed based on occupation of the person and standard prosthesis is supplied as per quality norms of BIS (Bureau of Indian Standards).
- Hospital shall also facilitate free replacement of leather parts and ensure total replacement of Prosthesis in case of damage during guarantee period of 3 years.
- The Hospital should nominate a dedicated Medical Officer to work as Rajiv Aarogyasri Medical Coordinator (RAMCO) for the

scheme and he will be responsible to the Trust and to the Insurance company for various activities under the scheme including Health Camps, Follow-up of referred patients from camps, diagnosis, out patient details, E-Preauthorization, Surgeries, Feed back on the patients condition and services offered by the hospital during hospital stay of the patients, discharges, deaths if any, follow-up free consultation of the patients and distribution of medicines after discharge etc. The Insurance Company shall provide CUG Connection to all RAMCOs. Provide space and separate Rajiv Aarogyasri counter/kiosk as per the design finalized by the Trust for Aarogyamithras (Health Coordinators)

- Provide Computers with networking (dedicated broadband with minimum 1mbps speed), bar code reader, printer, scanner, webcam, mike and digital camera.
- Shall conduct Minimum one free Health Camp in a week in the places specified by the Trust for the screening of the BPL patient suffering from the identified ailments. Hospital shall have a mobile team with diagnostic equipments and team of doctors as specified by the Trust for this purpose. Places / Villages will be identified by the trust in consultation with district administration and communicated to the hospitals/Insurer. Hospital shall provide services of Aarogyasri medical Camp Coordinator (AMCCO) for organisation of health camps. The Hospital shall follow the camp

policy of the Trust. The Insurance Company shall provide CUG connection to all AMCCOs.

And

The Hospital should provide following additional benefit to the BPL beneficiaries related to identified systems:

- a. Provide free food for the patient
- b. Provide transport/transportation charges for patient.
- c. Provide free OPD consultation.
- d. Provide free diagnostic tests and medical treatment required for beneficiaries irrespective of surgery.
- e. Provide free follow-up consultation, routine diagnostics and distribution of drugs supplied by the Trust.

A (ii) MoU with network Hospital: The Insurer shall sign MoU with all the hospitals to be empanelled under the scheme for Phase V. Separate MOU's with relevant provisions have to be entered into for Multi speciality, Cancer Treatment and Cochlear Implantation Surgery with Auditory Verbal Therapy. This MoU is subject to the approval of the Trust. Empanelled medical institutions are supposed to extend medical aid 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.

A (iii) Delisting of hospitals: On recommendation by the Central Committee, the Network Hospital will be de-listed from the empanelment if it is found that guidelines of the Scheme are not followed by it and services offered are not satisfactory as per laid down standards. The Insurer is also liable for any deficiency in the service provided by the network hospital/service provider and in case of any delisting the Insurer shall find an alternative immediately.

B. Cashless Service

The Insurer has to ensure that all the Beneficiaries are provided with adequate facilities so that they do not have to pay any deposits at the commencement of the treatment or at the end of treatment to the extent the Services are covered under the Rajiv Aarogyasri Health Insurance Scheme. 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. The same is the case for diagnostics if eventually the patient does not end up in doing the surgery or therapy.

C. Packages

The insurer should ensure that the empanelled hospitals follow the packages worked out by the Trust. The package rates will include bed charges in general ward, Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, food to patient etc. In other words the package should cover the entire cost of treatment of patient from date of reporting to his discharge from hospital and 10 days after discharge after surgery including complications if any, making the transaction truly cashless to the patient.

D. Implementation Procedure:

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

Process Flow of the Beneficiary Treatment in the Network Hospital

Step 1

Beneficiaries approach nearby PHC/Area Hospitals/District Hospital/Network Hospital. Aarogyamithras 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. The information on the outpatient and referred cases in the PHC/AH/DH/NH and the camps will be collected from all Aarogyamithras / Hospitals on a daily basis and captured in the dedicated database through a well-established call center.

Step 2

The Aarogyamithras at the Network Hospital examines the referral card and health card/BPL ration card and facilitates the beneficiary to undergo specialist consultation, preliminary diagnosis, basic tests and admission process. The information like admission notes, tests done will be captured in the dedicated database by the medical coordinator of the network hospital.

Step 3

The Network Hospital, based on the diagnosis, admits the patient and sends E-Preauthorization request to the Insurer and the Aarogyasri Health Care Trust.

Step 4

Specialists of the Insurer 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. The postoperative notes of the patients in the Network Hospitals will be updated in the website by the medical coordinator.

Step 6

Network Hospital after performing the surgery/therapy forwards the original bills, diagnostic reports, case sheet, satisfactory letter from patient, discharge summary duly signed by the patient, acknowledgement of payment of transportation cost and other relevant documents to Insurer for settlement of the claim. The discharge summary and follow-up details will be a part of the Trust portal.

Step 7

Insurer scrutinizes the bills and gives approval for the sanction of the bill and shall make the payment within agreed period. The claim settlement module along with electronic clearance and payment gateway will be part of the workflow in the Trust portal and will be operated by the insurer. The reports will be available for scrutiny in the Trust login.

Step 8

Network hospital will provide free follow-up consultation, routine diagnostics and medicines supplied by the Trust for the patients undergoing treatment under the scheme for a period of up to one year from eleventh day of discharge.

The diagram representing the working pattern is given at Section B (Part I)

E). Camps

Health Camps are to be conducted in all Mandal Head Quarters, Major Panchayats and Municipalities. Minimum of 1500 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. The Insurer shall put in the minimum requirements as regards the health camp in the MOU with the hospitals. They should also work in close liaison with district co-coordinator of the Trust, DM&HO and District Collector.

The Insurer should in consultation with the Trust plan, prepare and intimate the schedule of health camps well in advance to the Trust as per the guidelines and also inform the same to the district collectors, DM&Hos, District Coordinators of the Trust, Public Representatives and other stakeholders.

The Insurer should ensure that Network Hospital conducts the camp as per schedule with all necessary equipment and professionals in the concerned fields. They should also submit to trust the confirmation of participation in the camps from the Network Hospital. The Network hospital shall enter the details of the patients screened and referred in the camps in the assigned login of the workflow of Trust Portal.

F). District Level Co-ordination

District level offices with necessary infrastructure have to be set-up by the Insurer. 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 Insurer should

monitor Aarogyamithras, co-ordinate with network hospital, district administration, district coordinator of the Trust 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 / She should report to the District Coordinator of the Trust. He / She 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 Insurer shall follow the instructions of the Trust in this regard.

G). Project Office and State Level Co-Ordination

The company should nominate responsible officer/ officers to properly coordinate work and ensure proper implementation of scheme up to the satisfaction of Trust. It 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 Insurer shall be separately established at convenient place for better coordination with the Trust. The project office shall report to the Trust on a daily basis in the prescribed proformas. The following departments shall be established by the Insurer in the Project Office:

i) **24 hour call center** with toll free help line. The Insurer shall provide telephone services for the guidance and benefit of the beneficiaries whereby the Insured Persons shall receive guidance about various issues by dialing a State Toll free number. **Call Centre Information:** The Insurer shall operate a call centre for the benefit of all Insured Persons and for real-time reporting. The Call Centre shall function for 24 hours a day, 7 days a week and round the year. The Insurer undertakes to provide services to the Insured Persons in English and local languages. The Insurer will operate a state toll free number with a facility of a minimum of 10 lines. The cost of operating of the number shall be borne solely by the Insurer. The Insurer will intimate the state toll free number to all beneficiaries along with addresses and other telephone numbers of the Insurer's Project Office. The action taken on every call will be routed through an escalation matrix which ends at the level of CEO of the Trust. As a part of the Call Centre Service the Insurer shall provide the following :

- a. Answers to queries related to Coverage and Benefits under the Policy.
- b. Information on Insurer's office, procedures and products related to health.
- c. General guidance on the Services.
- d. For cash-less treatment subject to the availability of medical details required by the medical team of the Insurer.
- e. Information on Network Providers and contact numbers.
- f. Benefit details under the policy and the balance

available with the Beneficiaries.

- g. Claim status information.
- h. Advising the hospital regarding the deficiencies in the documents for a full claim.
- i. Medical and health related queries to be addressed by medical officer in the call center.
- j. Any other relevant information to the Beneficiaries including grievances.
- k. Any required information required from the field for the Insurer.
- l. Any related service to the beneficiaries.
- m. Detailed MIS from Aarogyamithras in PHCs/Government Hospitals/ Network Hospitals and Camps.
- n. Any related service as directed by the Trust from time to time.

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 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.

iii) Round-the-Clock Pre-authorisation Department with specialist doctors for each category of diseases shall work round the clock along

with the Trust doctors to process the preauthorization within 12 working hours. The doctors shall also undertake inspection of hospitals.

iv) Claims settlement Department with electronic clearance facilities

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

vi) Publicity Department to undertake all the publicity activities as specified by the Trust

viii) Grievance Department to be manned by doctors and other staff to address the grievances from time to time as per the instructions of the Trust. The Insurer shall act as a frontline for the redressal of Beneficiaries'/Providers grievances. The Insurer shall also attempt to solve the grievance at their end. The grievances so recorded shall be numbered consecutively and the Beneficiaries/Providers shall be provided with the number assigned to the grievance. The Insurer shall provide the Beneficiaries/Provider with details of the follow-up action taken as regards the grievance as and when the Beneficiaries require it to do so. The Insurer shall also record the information in pre-agreed format of any complaint/grievance received by oral, written or any other form of communication. **Action Taken Report for Customer Grievance:** The INSURER shall record in detail the action taken to solve the grievance of the Beneficiaries/Provider in the form of an action taken report (ATR) within 2 working days of the recording of the grievance. The INSURER shall provide the Government with the comprehensive action taken report (ATR) on the grievances reported in pre-agreed format. The entire process will be done through the call center and Trust portal. The

Insurer shall co-ordinate with Provider/Trust in order to solve the grievance as and when required by the nature and circumstances of the grievance.

ix) **Follow-up Department** to coordinate the follow-up consultation and distribution of drugs as per the instructions of the Trust.

x) **Hospital-Networking department** to empanel the hospitals in the network as per the guidelines given by the Trust and monitor the compliance.

xi) **Feedback Department** to send feedback formats, collect and analyse feedback of the patients as per the directions of the Trust. The department will also document each case and upload the same in the Trust portal. The INSURER shall also collect the satisfaction slip from the Beneficiaries at the time of discharge who had obtained the cashless services. The Beneficiaries shall submit the Satisfaction slip issued by the INSURER at the time of discharge through Provider. The INSURER shall also carry out the Customer Satisfaction Survey by using the rating card for the purpose.

xii) **Legal Department** exclusively for the project.

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

H. **Aarogyamithras**

i) **Aarogyamithras in PHCs/ CHCs/ Area Hospitals/ Government Hospitals etc:** The unique nature of the scheme demands the Insurer 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 Insurer. The Insurer will provide uniform (White apron with scheme logo) to all the Aarogyamithras and ensure that they wear it when on duty.

ii) **Aarogyamithras in Network Hospitals:** The Insurer 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. The Aarogyamithras will also ensure cashless follow-up consultation and facilitate collection, stock maintenance and distribution of follow-up medicine in coordination with pharmacist. For effective and instant communication all the Aarogyamithras will have to be provided with cell phone CUG connectivity by the Insurer. The Insurer will provide uniform (White apron with scheme logo) to all the Aarogyamithras and ensure that they wear it when on duty. The Insurer shall ensure that prefabricated Aarogyamithra kiosks with all additional requirements as per the design approved by the Trust is put up in all hospitals. The role of Aarogyamithra can be modified by the Trust from time-to-time. The insurer will provide uniform and arrange the workshops/training sessions for the Aarogyamithras on the guidelines specified by the Trust.

The detailed note on Aarogyamithras and their role is enclosed (**Section C of Part I**)

I . Online MIS and E-Preauthorisation.

The Insurer will 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 Insurer will establish proper networking for quick and error-free processing of preauthorisations. This will be done through a dedicated portal of the Trust, the development and maintenance cost of which will be borne by the Insurer. The source code and system design document for the application exclusively developed by TCS Ltd for Rajiv Aarogyasri Community Health Insurance Scheme shall be provided in good working condition to Aarogyasri Health Care Trust . A dedicated data center in the name of Rajiv Aarogyasri Community Health Insurance Scheme will be maintained by the Insurer.

The preauthorization will be done in co-ordination with trust i.e., by a team of doctors from the Trust and the Insurer. The trust will provide necessary specialists to evaluate special cases. A technical committee consisting of specialist from Government Sector nominated by the Trust in the concerned field, JEO (Technical) of Trust, CMO of the Insurer and the Project Manager of the Insurer will evaluate and recommend to the CEO of the Trust. The final decision on all the preauthorizations rest with the CEO of the Trust.

The website will be a repository of information and will have the following features and the respective workflows:

- a)** General Information on the scheme.
- b)** Details of patients reporting in the PHC/CHC/Government Hospitals/ District hospitals on daily basis collected through the call centre.
- c)** Details of Health Camps and daily reporting of health camps

- d) Details of patients treated /getting referred from the health camps.
- e) Details of the patient who did not report to network hospital within one month of referral with reasons.
- f) Details of in-patients and out patients in the network hospitals
- g) Costing of the Tests done in the network hospitals
- h) Admission notes.
- i) Day-to-Day Clinical notes of the patient in the hospital.
- j) E-preauthorisation.
- k) Surgery details.
- l) Post-operative notes.
- m) Discharge details and discharge summary.
- n) Letter of satisfaction
- o) Acknowledgement of transportation charges.
- p) Real-time reporting
- q) Claim settlement.
- r) Electronic clearance of bills with payment gateway
- s) Follow-up consultation and medicine disbursement package.
- t) Camp logistics and indenting.
- u) Reimbursement package with payment gateway.
- v) Feedback
- w) Death reporting.

J. Medical Auditors

The Insurer will 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

K. In-House System

The Insurer will establish in-house system to provide all such facilities elaborated under the scheme. The Insurer will submit detailed list of staff appointed to the Trust with their designations, responsibilities and contact numbers before the commencement of policy.

L. Publicity

The Insurer on its part will ensure that proper publicity is given to the scheme. Insurer will effectively use services of Aarogyamithras and district coordinators for this purpose. Insurer will give wide publicity through and shall submit time bound programme:

- i.** Workshops and Camps
- ii.** Pamphlets/Posters/Display Boards/Banners/wall paintings
- iii.** Display boards in public places and highways in the space provided by the Trust
- iv. **Guidebook:**** The Insurer shall handover the Guidebook and related information to the Beneficiaries through the district administration in regional languages preferably at the time of issuing the health cards. The Guidebook will *inter-alia* contains information regarding the following:

- Information regarding the Insurer and its address, fax number, website address and other contact information.
- Toll free number of the Call Centre Service.
- List of Network Providers.
- Information on symptoms of the diseases/systems covered along with diagrammatic representations.
- Information on the possible cure.
- Information on follow-up required.
- Information on possible preventive and curative measures.
- Procedure to be followed by the Beneficiaries for availing the Hospitalization Service as Cashless Access Service.
- Information regarding the Policy and Benefits.

v. Theatre Slides

vi. Publicity by Aarogyasri Help Desk at the PHCs/ Aarogyasri Assistance Counters at network hospitals.

Trust will do their part through Radio & TV.

M. **Capacity Building**

- i. 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. Insurer will ensure that workshops and medical camps are organized in association with the network hospitals.
- ii. The help of NGOs/SHGs will be taken by the Aarogyasri Help Desk/ Aarogyasri Assistance Counters to spread awareness and guide the prospective patients to the network hospitals. The Insurer will associate in this task.

11. ACTIVITY CHART

The activity chart submitted by the Insurer as part of the bid document and accepted by the Trust (Annexure 5, part IV) will be followed by the Insurer to take up the activities as narrated in the scheme and MoU.

12. ASSISTANCE FROM THE GOVERNMENT

The Government will on their part render all possible assistance viz.

- i. To give all necessary support for organizing sensitization programmes for the PHCs and Government Hospitals.
- ii. To extend necessary support in providing space and other support for locating Aarogyasri Help Desks at PHCs/other Government Hospitals.
- iii. To provide necessary professionals for technical committee.

13. CLAIMS PROCEDURE

The beneficiaries would be identified by the Rajiv Aarogyasri Health card/ white ration card (BPL card) at the PHC / Government Hospital level/ Aarogyasri Assistance Counters in the network hospital. A self-declaration by the beneficiary / patient prior to hospitalization for the covered treatment that he does not belong to any of the excluded categories will be a prima-facie evidence of coverage. The BPL family member will be referred to Network Hospital on recommendation of the Doctors at these centers. The treatment will be cashless for all the covered procedures. The insurer will make payment of the claims directly to the hospital. Payments will be made to the hospitals within 07 days after the receipt of all documents. The cost of various tests conducted on BPL family members who ultimately do not undergo surgery, will not be included in the insurance cost. However Insurer will ensure that such test are done free of cost to the patient. The claims procedure will be carried in

the electronic platform of the Trust portal. The payments to the providers will be made online through electronic clearance. The procedure of processing of the claims will be handled by the Project office of the INSURER.

The claims procedure will be undertaken as detailed below:

i) Claim Intimation

The INSURER shall receive claim intimation from the Provider online in the form as agreed under the scheme. The Trust portal will have reports indicating claim intimations received.

ii) Collection of Claim documents

The INSURER shall offer a single window service at the respective Project office to the Provider for receiving the claim documents. In case of pre-authorization for the Cashless Service, the Network Provider will send the claim documents along with the invoice to the INSURER. This will also follow an electronic route.

iii) Scrutiny of Claim Documents

The INSURER shall scrutinize the claim documents at the initial stage regarding the medical and eligibility aspect. Deficiency of any documents, if any, shall be communicated to the Provider within 7 working days. A reminder for the same will again be forwarded to the Provider once every 3 days of first intimation if the deficient documents are not received or are partially received.

iv) Claim Control Number

The INSURER shall issue a claim control number online to all claims reported for future reference purposes.

v) Payment of Claims and Claim Turn around Time

The INSURER will settle all eligible claims and pay the sum to the Provider within seven working days of receipt of the claim

vi) Repudiation of claims

The INSURER on repudiation of the claim not covered under the policy, shall mention the reasons for repudiation in writing and online to the Provider. The INSURER shall also intimate the same to the Trust online.

vii) Right of Appeal and reopening of claim

The Provider shall have a right of appeal to approach the Insurer if the Provider feels that the claim is payable. If provider is not agreed with the Insurers' decision in this regard, can appeal to the Central Committee and the decision of the Central Committee will be final and binding on the INSURER and the Provider. This right of appeal will be mentioned by the INSURER in every repudiation advice as mentioned in above. The Central Committee can re-open the claim if proper and relevant documents as required are submitted.

viii) Review of paid claims

The Central Committee will have the right to reopen a settled claim and to direct the Insurer to settle for an appropriate amount within a period of 3 months of payment of the claim. The Insurer further agrees to provide access to the Central Committee their records for this purpose. All the claims settled by the insurer to the network hospitals based on the bills received from the hospitals in conformity with the package rate arrived at and also based on the pre-authorization given by the company will be reckoned as final and will not be subject to any reopening by any authority except the Central Committee for grievances.

ix) Claim float and Bank Account

The Insurer will have a separate Bank account to pay to the Provider making a valid claim and all payments will be electronically cleared.

Detailed reports will be made available online on a real-time basis.

x) Claims Co-Ordination Committee

The INSURER shall form a 3 member committee (Insurer, Trust and one service Provider nominated by the Trust) to review smooth running and functioning of the identified activities under the chairmanship of Trust.

14. RESPONSE TIME

Authorization will be within 12 Working Hours and the Insurer shall do the settling of claims within 7days after receipt of documents.

Insurer's response to the Aarogyasri Scheme will be immediate through:

- i. 24 hour call centre
- ii. Toll free line, exclusively for this Scheme.
- iii. Aarogyamithras in Aarogyasri Help Desks / Aarogyasri Assistance Counters
- iv. District Coordinators / Regional Coordinators who are nominated exclusively for this purpose.

15. INSURER REPRESENTATIONS, WARRANTIES AND RESPONSIBILITIES

i. Power, Capacity and Authority

It has full power, capacity and authority to execute, deliver and perform this Agreement and it has taken all necessary action (corporate, statutory or otherwise), to execute, deliver, perform and authorize the

execution, delivery and performance of this Agreement and that it is fully empowered to enter into and execute this Agreement, as well as perform all its obligations hereunder.

ii. Compliance with Memorandum and Articles

Neither the making of this Agreement, nor compliance with its terms will be in conflict with or result in the breach of or constitute a default or require any consent under.

- a) Any provision of any agreement or other instrument to which such party is a party or by which it is bound;
- b) Any judgment, injunction, order, decree or award which is binding upon such party: and/or
- c) Such party's the Memorandum and/or Articles of Association.

iii. Compliance with Laws

It has complied with all applicable Laws including but not limited to the Insurance Regulatory and Development Authority Regulations.

iv. Risk Bearing

Trust as the buyer of insurance selected sole insurer i.e. xx Ltd as 100% risk bearer or carrier and no other insurer is allowed to participate in this direct insurance arrangement

v. Insurance License

Throughout the term of this Agreement, the Insurer shall continue to be an Insurer under Law and licensed under IRDA regulations to carry on the activities contemplated herein.

vi.Capability of Service

It is capable of servicing all the products and policies offered and also have sufficient infrastructure, trained manpower and resources to carry out the activities for servicing these products and policies.

vii.Updating in the list of Network Provider

The empanelment of Network Providers will be a continuous process and the Insurer will abide by the instructions of the Trust in this regard.

viii. Changes in Package Charges.

The Insurer will ensure that during the term of this Agreement, no changes in the Package charges shall be made with out the instructions of the Trust.

ix. Disclose INSURER – Network Provider agreement

The INSURER agrees that it shall disclose to the Trust all agreements entered into by the INSURER with any Network Provider

x. Steering Committee

The INSURER shall have interrelated arrangements for common activities like empanelment of hospitals, planning for camps etc. under the scheme with the Trust and other Insurers. A Steering Committee under the chairmanship of the CEO of the Trust will oversee these arrangements.

xi. Code of Conduct

Abide by the code of conduct prescribed by the IRDA or any other governmental body from time to time.

xii. No Separate Fees

No separate fees shall be charged from the beneficiaries, which it serves under the terms of this Agreement, in respect of any policies that are being serviced by the INSURER.

xiii. Discounts and Rebates

Disclose and pass on to the Government the benefit of any discount or rebates provided by the Network provider to the INSURER.

xiv. Run-off Period

A "Run Off period "of one month will be allowed after the expiry of the policy i.e., till the midnight of 16.08.2009. This means that preauthorisations can be done till the end of policy period and surgeries for such preauthorisations can be done up to one month after the expiry of policy period and all such claims will be honoured.

16. JURISDICTION:

Any dispute arising out of this MOU shall be subject to the jurisdiction of Andhra Pradesh.

17. NON PERFORMANCE:

Failure to perform and abide with the terms will attract the following in the event of termination:

- ii) The Insurer will pay back to the Trust within one week the unutilized amount of premium after settlement plus service tax

ii. In addition to above, the Insurer will pay the total package amount for all the cases for which preauthorization has been given, but not claimed.

iii. In addition to above the Insurer shall pay interest at the rate of 12% per annum on the amount refundable as determined by clauses 17 (i) and 17 (ii) above for the period extending from the date of premium paid till the date of receipt of refund.

18. INFORMATION FLOW:

The Insurer will ensure that the information flow takes place on a real-time basis. The Insurer will use a state of the art dedicated Internet based network for this purpose.

19. RENEWAL

The policy may be renewed under the mutual consent of both the parties. The premium for renewal shall be agreed upon prior to the expiry of the first policy.

20. THE PRECEDENCE OF MOU

The MOU has precedence over other statements.

21. MODIFICATION OF MOU

The MOU may be modified as and when the need arises in mutual agreement between the Trust and Insurer.

22. MONITORING MECHANISM:

Regular review meetings on the performance/administration of the Scheme would be held between the GoAP/Trust and the Insurer at the District

level and at the State Level. The composition of the monitoring committees shall be as follows:

District level:

Chairman: District Collector

Members:

2. Project Director, DRDA
3. District Medical and Health Officer
4. District Coordinator of the Trust (Member- Convener)
5. District Coordinator of Health Services (DCHS)
6. District Coordinator of the Insurer
7. Representative of Zilla Samakhya.

State Level:

Chairman: Principal Secretary, HM & FW Department and Vice Chairman of Aarogyasri Health Care Trust.

Members:

2. CEO, Aarogyasri Health Care Trust (Convener)
3. Project Manager of the Insurer.
4. Any member of the Trust Board
5. Technical Committee member nominated by the Trust.

The Chairmen of the above committees may invite any non-official member in the project districts (5) for the meetings. Periodical meetings will be organized at both district and State level. The agenda and issues to be discussed would be mutually decided in advance. The minutes of the meeting at the district and state level will be drawn and a copy will be forwarded to Trust. The Insurer shall also put in place a mechanism of their own to monitor the scheme on a real

time basis. Detailed reports on the progress of the scheme and issues if any emerging out of such meetings shall be reported to GoAP/Trust.

23. GRIEVANCE MECHANISM :

District Level Committee:

Committee chaired by District Collector with following members will form the grievance redressal cell at the district level. The decision by the committee is binding except when an appeal to the central committee at the state level is preferred.

Members of the Committee:

2. District Coordinator of the Trust. (Member – Convenor)
3. District Medical and Health Officer (DM & HO)
4. District coordinator (DCHS)
5. Superintendent of District Hospital
6. Member from the Technical Committee (Nominated by the trust)
7. Representative from the Insurance firm

Central Committee:

Committee chaired by Chief Executive Officer of the Trust will entertain all the appeals and grievances at the state level. The decision taken by the committee will be final and binding on the both parties.

Members of the Committee:

2. Representative of the Trust
3. Technical Committee Member
4. Representative from the Insurance firm

A toll-free number will be made available at Hyderabad where any complaints can be registered. The insurer will keep track of the complaints and report on

the action taken to the Central Committee. The beneficiaries can also send telegrams to CEO of the Trust/ CMD's Secretariat / Zonal Office of the Insurer. The details of toll-free Numbers/addresses will be made available with PHCs and other Govt. hospitals. A separate set-up under the supervision of Executive Director of the Insurer at the Corporate Office will be setup to deal with the grievances.

24. TERM & TERMINATION

1. This Agreement shall take effect on the date of signature hereof by both Parties, and shall remain in force till the end of the policy period and the runoff period subject to a right to the Trust to terminate the Agreement, on a review of the performance of the INSURER before the same period. The Trust will review the performance of the INSURER based on factors including but not limited to:

- The facilities set up and arrangements made by the INSURER toward servicing the beneficiaries.
- The extent of Network Providers;
- The quality of service provided;
- The beneficiaries satisfaction reports received;
- Any withholding of information as sought by the Trust at the bidding and implementation stage of the scheme; and
- Such other factors as the Trust/Government deems fit.

iii) This Agreement may be terminated:

- a)** By the Trust before the period mentioned above.
- b)** By both parties by mutual consent; or

c) Above provided it gives the other party at least 60 days prior written notice; or

3. The Trust reserves the right to re-allot the policy to any other insurer as it deems fit for the rest of the period in the event of termination and the Insurer shall not have any claims to it.

25. ASSIGNMENT

1. Neither party shall be entitled to assign its rights and/or obligations under this Agreement.
2. Subject to the foregoing, this Agreement shall be fully binding upon, Inure to the benefit of and be enforceable by the parties hereto and the respective successors and permitted assigns.

26. ENTIRE AGREEMENT

This Agreement entered into between the Trust and the INSURER represents the entire agreement between the parties.

27. RELATIONSHIP

The Parties to this Agreement are independent contractors. Neither Party is an agent, representative or partner of the other Party. Neither party shall have any right, power or authority to enter into any agreement or memorandum of understanding for or on behalf of, or incur any obligation or liability of, or to otherwise bind, the other party. This Agreement shall not be interpreted or construed to create an association, agency, joint venture, collaboration or partnership between the parties or to impose any liability attributable to such relationship upon either party.

28. SEVERABILITY

If any provision of this Agreement is invalid, unenforceable or prohibited by law, this Agreement shall be considered divisible as to such provision and such provision shall be inoperative and the remainder of this Agreement shall be valid, binding and of the like effect as though such provision was not included herein.

29. NOTICES

Any notice given under or in connection with this Agreement shall be in writing and in the English language. Notices may be given, by being delivered to the address of the addressee as set out below (in which case the notice shall be deemed to be served at the time of delivery) by courier services or by fax (in which case the original shall be sent by courier services).

Name of the Insurer: xx Ltd.

Attn: Mr.

E – Mail:

Fax:

30. GOVERNING LAW

The validity, performance, construction and effect of this Agreement shall be governed by the laws of the Republic of India. Any resolution of any disputes arising from or in connection with this Agreement, including a breach thereof, shall also be governed by the laws of the Republic of India.

31. DISPUTE RESOLUTION

1. If any dispute arises between the parties hereto during the subsistence of this Agreement or thereafter in connection with the validity, interpretation, implementation or alleged breach of any provision of this Agreement, the

parties shall refer such dispute to arbitration as envisaged herein under, provided however that the parties shall try and resolve the dispute within 90 days from the time of the dispute arising between the parties. It is further provided that in the event that no solution is arrived at within such time, then either party shall send a written notice to the other party as envisaged hereinabove in clause 30 thereby invoking arbitration and the same shall commence at a time not less than 90 days from the time of such notice.

2. If any dispute arises between the parties hereto during the subsistence of this Agreement or thereafter, in connection with the validity, interpretation, implementation or alleged breach of any provision of this Agreement, the parties shall refer such dispute to their respective chairmen/CEO's/CMD's for resolution. In the event that the chairmen/CEO's /CMD's are unable to resolve the dispute within {30 } days of it being referred to them, then either Party may refer the dispute for resolution to a sole arbitrator who shall be jointly appointed by both parties, or, in the event that the parties are unable to agree on the person to act as the sole arbitrator within {30 } days after any party has claimed for an arbitration in written form, by three arbitrators, one to be appointed by each party with power to the two arbitrators so appointed, to appoint a third arbitrator.
3. The law governing the arbitration shall be the Arbitration and Conciliation Act, 1996 as amended or re-enacted from time to time.
4. The proceedings of arbitration shall be conducted in the English language.
5. The arbitration shall be held in Hyderabad, India.

This deed is executed in two originals, both of which are operative instruments held by both the parties.

For The Government/Aarogyasri
Health Care Trust

For xx Ltd.

Chief Executive Officer

CHAIRMAN/ MANAGING DIRECTOR

Witnesses: 1. _____ 2. _____

BIDDING PROCESS – GENERAL GUIDELINES

1.0 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.

2.0 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.

3.0 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.

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 are liable to be disqualified.

5.0 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 are non-negotiable and the successful insurance company shall sign the MOU proposed by GoAP/Trust at part II of the document in duplicate within 24 hours 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.

6.0 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.

Amendment of Bid 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.

SUBMISSION OF TECHNICAL AND FINANCIAL 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 (Aarogyasri I – Phase V)”, in the State in five districts of Warangal, Nizamabad, Khammam, Krishna and Guntur.

1.0 Submission of Proposals:

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

- i. Technical proposal **in both hard and soft format** 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 – PHASE V””** written on the top of the envelope.
- ii. Financial proposal **in both hard and soft format** should be sealed in another envelop clearly marked in **BOLD “SECTION C – FINANCIAL PROPOSAL”** and **“FINANCIAL PROPOSAL FOR IMPLEMENTING “RAJIV AAROGYASRI HEALTH INSURANCE SCHEME – PHASE V””** 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– PHASE V”.

“SECTION C – FINANCIAL PROPOSAL” for “Rajiv Aarogyasri Health Insurance Scheme – PHASE V” 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 envelopes i.e. financial proposal and Technical Proposal together keeping in large envelope.
- d. Give complete bids in all aspects.
- e. Submit financial bids in the specified proforma (Section C)
- f. To submit soft copies of financial proposal and Technical Proposal in respective covers.

2.0 Signature in each page of document

The competent authority of the Bidder must sign each paper of Bid Document. Any document / sheet not signed may lead to rejection of Bid.

3.0 Deadline for Submission Bids / Proposals:

Complete bid documents should be received at the address mentioned below not later than **12.00 noon on 8th day, July 2008**. Bid documents received later than the prescribed date and time will not be entertained under any circumstances.

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

4.0 Sections of the bid document:

The bid documents should be both in hard and soft form and should include the following:

SECTION A – GENERAL INFORMATION AND UNDERTAKING BY THE BIDDER in the prescribed proforma enclosed.

SECTION B

(i) Qualifying Criteria (Annexure –1)

Insurance company having full fledged establishment with experience in conceptualizing, designing and implementing large healthcare schemes both in

Government and private and registered with IRDA. The Insurance Company must have serviced at least 20 lakh beneficiaries in a single policy related to health insurance (Details to be given in Annexure 2a/2b)

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

(ii) Experience in Government run/sponsored HI Schemes. (Annexure –2a)

Insurance Company shall spell out No. of in either Central or State Government run/sponsored schemes it is handling/handled successfully in relation to Health Insurance in prescribed Annexure 2a. Details of the schemes can be elaborated if desired.

(iii) Experience in Non Government Group Insurance Policies related to Health Insurance Schemes. (Annexure –2b)

Insurance Company shall spell out No. of large Group Insurance Policies successfully being serviced and also serviced in the past in relation to Health Insurance shall be submitted in prescribed Annexure – 2b. Details of the schemes can be elaborated separately if desired

(iv) Tailor-made Policy (Annexure –3)

Insurance Company shall submit draft tailor made policy based on the scheme mentioned in the document.

(v) Office Infrastructure (Annexure –4)

Company shall submit the details of office infrastructure in the state and in the concerned districts in Annexure 4. A detailed organogram with existing manpower may be attached apart from the annexure if desired.

(vi) Activity Chart (Annexure-5)

The scheme covering 1.38 crore BPL population needs to be launched within time frame. Hence the Insurance Company shall submit a time bound action plan, not exceeding the date of launch , in Annexure – 5 to mobilize sufficient infrastructure and manpower as per the requirement

(vii) Plan on Health Camps (Annexure-6)

The bidder shall give a detailed action plan on organizing health camps as prescribed in para 18 D of part I.

(viii) Empanelled Health Facility with the Bidder (Annexure-7)

Fresh empanelment of network hospitals has to be done for Phase V. Hence the number of specialty hospital already empanelled with the Insurance Company in running other schemes in the State and concerned Districts in shall be given in Annexure-7. Insurer shall enumerate only those hospitals having requisite infrastructure as per the scheme. Detailed list may be attached if required.

(ix) Details of disqualifications, terminations and litigations against the Bidder (Annexure-8)

The bidder shall provide full information regarding any disqualification, terminations and litigations, past and present, initiated against the company. Non-disclosure of any such act against the company and later found by the Trust will attract disqualification and termination at any point.

(x) Others Information, if any. (Annexure-9)

Any other information Insurer desires to inform, which is relevant to the scheme.

NOTE:

Bidder shall give point wise reply of the tender document for agreement / disagreement and attach the necessary annexures as mentioned above.

TECHNICAL BID

SECTION A

GENERAL INFORMATION

1	Name of the Insurance Company	
2	Address of Head Office	
3	Name and designation of the person submitting the proposals	
4	Status	Public Sector/ Private Sector

DECLARATION BY THE BIDDER

I, _____ Designated as _____
at _____ of _____
Insurance Company here by declare that I have read the contents of the tender document consisting of Part I to IV and having agreed to the contents here by submit the bid in the desired format with respective proformas duly signed by me.

DATE:

SIGNATURE

SECTION –B

Please submit the following:

Annexure-1	Qualifying Criteria:	IRDA license attached No. Date of Expiry:
Annexure-2a	Experience: Government	
Annexure-2b	Experience: Non-Government	
Annexure-3	Draft Policy	
Annexure-4	Office Infrastructure	
Annexure-5	Activity Chart	
Annexure-6	Plan for Health Camps	
Annexure-7	Empanelled health facilities: With Insurer	
Annexure-8	Details of disqualifications, terminations and litigations against the Bidder	
Annexure-9	Other information, if any	

Annexure-1

Attach attested copy of IRDA license

Annexure-2a

Experience (All India including Specific reference to Andhra Pradesh)
Government Schemes

Name of the Scheme	No. of Families	No, of Beneficiaries	Per Capita Benefit	Amount of Claims reported for the period	Government of India/Name of the State

(Separate Statement for Group Personal Accident and Group Health Insurance Policies shall be given)

Annexure-2b

Non-Govt. Schemes

Name of the Organisation	Brief Details of the Scheme	Period of Cover	No. of Families	No. of Beneficiaries	Amount of Claims reported for the Period

(Separate Statement for Group Personal Accident and Group Health Insurance Policies shall be given)

Annexure – 3

Attach Draft Policy

Annexure-4

Office	Number of Branches						
	All India	State	Districts				
			Nizamabad	Warangal	Khammam	Krishna	Guntur
Head Office							
Zonal Offices							
Branch Offices							
Supervisor							
Operating level							

Annexure-5

Activity Chart

Activity	Number of days required to complete the activity from the award date	Remarks
Identifying the Project Officer		
Setting up of Project Office with infrastructure		
Appointment of Medical Officers		
Establishment of other staff		
Preparatory meeting with hospitals		
Inspection of hospitals vis-à-vis scheme requirements, identification of Rajiv Aarogyasri Medical Coordinator (RAMCO), Aarogyasri Medical camp Coordinator (AMCCO), signing of MoU and Empanelment Of Hospitals		
Issue of CUG connections to RAMCOs and AMCCOs		
Installation of kiosk, computer and accessories and 1mbps connectivity.		
Printing and distribution of publicity material		
Printing and distribution of stationary related to work flow of the scheme.		
Appointment of Aarogyamithras <ul style="list-style-type: none">• In PHCs/Govt.Hospitals• In Network Hospitals		
Training of Aarogyamithras, distribution of Aprons and CUG mobiles.		
Training of Doctors		
Training of other staff		
IT enabling		
Establishment of 24 Hrs Call Center		
Establishment of other infrastructure		
Establishment of infrastructure in the districts		
Preparatory meetings and trainings at district level for inaugural mega-camps.		

<u>Annexure-7</u>		
<u>Health Facilities with Insurers</u>		
District wise	No. Of Hospitals (Tertiary Care)	No. of General Hospitals
Nizamabad		
Warangal		
Khammam		
Krishna		
Guntur		

Annexure 8

Details of disqualifications, terminations and litigations against the Bidder

Annexure 9

Any other information

SECTION C – FINANCIAL PROPOSAL

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	39.80 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 Section C. Any deviation will attract disqualification.