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A.TERMS OF THE SCHEME

GENERAL

1. Introduction

.1-Preamble (i)Government of Andhra Pradesh formed the Trust to provide cashless tertiary care coverage to all the poor of the State through a twin track approach viz., strengthening the public institutions and purchase of quality private medical services from the market.

(ii)The purchase of medical services from the market involves among other things, purchase of insurance for certain of the listed therapies. Trust has been implementing Rajiv Aarogyasri Scheme for [*insert: number*] lakh poor families in the State over the last [*insert: number*] years. The listed therapies offered by the trust under the benefit package to the beneficiaries are partly offered with insurance cover purchased from the market and partly directly by the Trust.

Definitions

The definitions of terms shall be interpreted as indicated below. The scheme specific definitions shall be provided under the appropriate heading.

(a) General Definitions

- (i) “Applicable Law” means the laws and other instruments having the force of law in India.
- (ii) “Benefit” shall mean the extent or degree of service the Insured Persons are entitled to receive based on tailor made policy.
- (iii) “Claim Float; shall mean the money made available to the TPA for settlement of claim of the Insured Person by the Insurer.
- (iv) “Claim Float Account” shall mean the bank account where the claim float is parked and replenished on agreed terms by the Insurer.
- (v) “Co-morbid conditions” shall mean all the associated diseases being suffered by the patient in addition to the disease among listed therapy.
- (vi) “Coverage” shall mean the entitlement by the Insured Person to Health Services provided under the Policy, subject to the terms, conditions, of the policy.
- (vii) “Government” means the Government of Andhra Pradesh or the Government of India.
- (viii) “Government Authority” shall mean either GoAP or GoI or Aarogyasri Health Care Trust (AHCT) or any entity exercising executive, legislative, judicial, regulatory or administrative functions of or pertaining to Government and having jurisdiction over the Company, the parties, any shareholder or the assets or operations of any of the foregoing including but not limited to the Insurance Regulatory and Development Authority.
- (ix) “IRDA” means the Insurance Regulatory And Development Authority of India established under the Insurance Regulatory and Development Authority Act 1999.
- (x) “Law” includes all statutes, enactments, acts of legislature, laws, ordinances, rules, bye-laws, regulations, notifications, guidelines, policies, directions, directives, and orders of any Government, Government Authority, Court, Tribunal, Board or recognized stock exchange of India, as may be applicable to the Scope and Terms of this Agreement.

- (xi) "The Scheme" means the description of services including the disease and financial coverage, the terms and conditions of services as given in the scheme
- (xii) "TOS" means Terms of the Scheme.
- (xiii) "TSD" means The Scheme Data.

(b) Entities

- (i) "GNWH" means Government Network Hospital.
- (ii) "Insurer" means one who is identified to provide all the management services under this scheme.
- (iii) "Network Hospital" or "NWH" shall mean the hospital, nursing home or such other medical aid provider empanelled with the Insurer or Trust duly following the empanelment procedure of the Trust.
- (iv) "PNWH" means Private Network Hospital.
- (v) "Party" means the Purchaser or the Supplier, as the case may be; and "Parties" means both of them.
- (vi) "Purchaser" means Aarogyasri Health Care Trust.
- (vii) "Third Party Administrator" shall mean any TPA who is licensed under the Third Party Administrator Health Services Regulation 2001 by the IRDA to practice as a third party administrator.
- (x) "Trust" means Aarogyasri Health Care Trust of Government of Andhra Pradesh.

(c) Scope

- (i) "Budget" means the amount that is allocated by the Trust for the purpose of funding the scheme during the contract period.
- (ii) "Category" means the groups of therapies as mentioned in the scheme. For example, Poly trauma, Cardiology, General Surgery etc., are categories under the scheme.
- (iii) "Confidential Information" means all information (whether in written, oral, electronic or other format) that have been identified or marked confidential at the time of disclosure including Project Data which relates to the technical, financial and business affairs, customers, suppliers, products,

developments, operations, processes, data, trade secrets, design rights, know-how and personnel of each Party and its affiliates which is disclosed to or otherwise learned by the other Party whether a Party to this Agreement or to the Project Agreement in the course of or in connection with this Agreement (including without limitation such information received during negotiations, location visits and meetings in connection with this Agreement or to the Project Agreement).

- (iv) “Deliverables” means the products, infrastructure and services specifically developed for “Aarogyasri Health Care Trust” and agreed to be delivered by the Service Provider in pursuance of the agreement and includes all documents related to the service, user manuals, technical manuals, design, methodologies, process and operating manuals, service mechanisms, policies and guidelines, and all their modifications.
- (v) “Goods” means all equipment, machinery, furnishings, Materials, and other tangible items that the Supplier is required to supply or supply and install under the Contract, including, without limitation, the Information Technologies and Materials, but excluding the Supplier’s Equipment.
- (vi) “Health Services” shall mean the health care services and supplies covered under the Policy.
- (vii) “Hospitalization Services” shall have the meaning ascribed to it for all treatments and other services of network hospital as defined in the scheme.
- (viii) “Listed Therapies” means the list of surgeries, procedures and medical treatments mentioned in the scheme.
- (ix) “Package” shall be as defined here.
- (x) “Package Price” means the price paid for the package to a NWH.
- (xi) “Proprietary Information” means processes, methodologies and technical, financial and business information, including drawings, design prototypes, designs, formulae, flow charts, data, computer database and computer programs already owned by, or granted by third Parties to a Party hereto prior to its being made available under this Agreement, Project Agreement or a Project Engagement Definition.
- (xii) “Services” shall mean all medical health care and ancillary services agreed to be made available by the TPA to the insurer and or the Policy Holders and or the Insured Persons.
- (xiii) “Service Area” shall mean the area within which insurer or

TPA is authorized to provide services.

- (xiv) “Service Level” means the level and quality of service and other performance criteria which will apply to the Services as set out in any Project Agreement.
- (xv) “Software” is a collection of computer programs and related data that provide the instructions for telling a computer what to do and how to do it.
- (xvi) “Materials” means all documentation in printed or printable form and all instructional and informational aides in any form (including audio, video, and text) and on any medium, provided to the Purchaser under the Contract.
- (xvii) “Intellectual Property Rights” means any and all copyright, moral rights, trademark, patent, and other intellectual and proprietary rights, title and interests worldwide, whether vested, contingent, or future, including without limitation all economic rights and all exclusive rights to reproduce, fix, adapt, modify, translate, create derivative works from, extract or re-utilize data from, manufacture, introduce into circulation, publish, distribute, sell, license, sublicense, transfer, rent, lease, transmit or provide access electronically, broadcast, display, enter into computer memory, or otherwise use any portion or copy, in whole or in part, in any form, directly or indirectly, or to authorize or assign others to do so.

(d) Place and time

- (i) “Project office” means the office established by the insurer or the TPA as defined here.
- (ii) “Hour” means the hour as appearing in 24 hour format (hh:mm).
- (iii) “Day” means calendar day of the English Calendar.
- (iv) “Week” means seven (7) consecutive Days, beginning Monday.
- (v) “Month” means calendar month of the English Calendar.
- (vi) “Year” means twelve (12) consecutive Months.
- (vii) “Effective Date” shall be as defined in the **contract**.
- (viii) “Contract Period” is the time period during which this Contract governs the relations and obligations of the Purchaser and Supplier in relation to the Work, as **specified in the Contract**.

INSURANCE DETAILS

3 Salient Features

.1 Name

The name of the scheme shall be spelt out.

.2 Objective

The objective of introducing the scheme shall be laid out.

.3 Beneficiaries

The beneficiaries the scheme is intended to benefit along with the details shall be specified.

.4 Eligibility Definition

The eligibility criteria for benefiting under the scheme should be given.

Eligibility card:

The definition of eligibility card and what constitutes an eligibility card should be clearly given. In case there are multiple eligibility cards, the details of each such card shall be mentioned.

Eligibility verification:

The procedure of verification of eligibility of beneficiary under the scheme shall be specified.

.5 Excluded beneficiaries

Such of the beneficiaries who are excluded for the purposes of the scheme should be defined.

.6 Family

The definition of family and the authority who shall determine the composition of family shall be given.

.7 Enrolment process

The process of enrolment of beneficiaries for the scheme should be

illustrated.

.8 (a) Coverage limit

The financial coverage limit per year for the beneficiary family or beneficiary shall be indicated.

(b) Floater Basis

The coverage limit on a beneficiary family whether on a floater basis or individual basis shall be indicated.

.9 Buffer Sum

An additional sum shall be provided as Buffer (also referred as corporate floater) in case the cost of services to the beneficiary family exceeds the coverage limit. The buffer shall also be utilized on floater basis. The amount of buffer shall be specified. The buffer utilization shall be authorized by the CEO or his designee.

.10 Deductible

The amount of deductible for the beneficiary shall be indicated.

.11 Co-payment

The amount of co-payment for the beneficiary and relevant details shall be given.

.12 Pre-authorization

The prior authorization shall be as specified here.

4 Benefit Coverage

.1 Out-Patient

The list of outpatient treatments under the scheme shall be specified.

.2 In-patient

The “Listed Therapies” for identified diseases in the categories for which the scheme provides benefit coverage shall be specified.

.3 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.

.4 Pre and Post hospitalisation requirement

From date of reporting to hospital up to 10 days from the date of discharge from the hospital shall be part of the package rates.

.5 Follow-up Services

Network Hospitals will provide free follow-up services to the patients under follow-up packages as specified in an accompanying list.

5. Insurance Policy and Premium

.1 The CEO should allocate an amount arrived at based on the forecast from the Trust database with the help of Statistical forecasting tools, as budget. The transfer of the risk of exceeding the budget during the contract period should be done to an insurer for those of the identified unpredictable therapies.

.2 Insurance Policy

The Insurer shall be asked for issue of a policy covering the entire risk of the actual expenditure under the scheme exceeding the budget.

.3 Payment of Premium

The insurer is expected to arrive at the risk of actual expenditure under the scheme exceeding the budget and quote the premium for covering this risk.

The CEO shall pay the insurance premium to the Insurer directly in instalments as specified in the **contract** for purchase of risk coverage.

.4 Scheme experience

The scheme experience for the listed therapies should be specified clearly in the bid so as to help the bidders arrive at the correct assessment of risk.

.5 (a) Administrative cost

The admissible administrative cost ceiling under the scheme shall be asked for in the bid as part of the financial quote. Any administrative charges in excess of the admissible administrative costs shall not be allowed. The administrative cost should not be allowed as a percentage of premium.

(b) Refund

The insurance cover shall be triggered the moment expenditure under the scheme exceeds the budget. Any premium paid to the insurer which remains unutilized due to the actual expenditure incurred being less than the sum of budget and premium shall be refunded to the Trust as specified in the **contract**.

6 Period

.1 Period of Insurance

The insurance coverage under the scheme shall be in force for the period as specified here.

.2 Period of contract

The insurance coverage under the scheme shall be in force for the period as specified here.

.3 Run-off period

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

.4 Transition Period

In case of a new bidder taking over the scheme at the end of **contract** period the existing insurer shall ensure that there is a smooth transition or take over by the new insurer without causing any disruption to the scheme. The transition period shall be as specified here.

EMPANELMENT AND DISCIPLINARY ACTION

7 **Empanelment:** The indicative items are given hereunder. These shall be modified by the CEO as per the needs of the scheme.

.1 **Health Care Providers**

A health care provider shall be a hospital or nursing home in Andhra Pradesh established for indoor medical care and treatment of disease and injuries and should be registered under Andhra Pradesh Private Allopathic Medical Establishments (Registration & Regulation) Act and Pre-Conception and Pre-Natal Diagnostic Techniques Act (Wherever Applicable).

A health care provider who fulfils the empanelment criteria of the Trust as specified here, shall become eligible for empanelment with the Trust. An empanelled health care provider shall be referred as a network hospital. The list of network hospitals will be as specified here.

.2 **Empanelment and Disciplinary Committee (EDC)**

The EDC shall consist of the following members.

1. Chief Medical Auditor (CMA) – Chairman,
2. Executive Officer (Technical) – Member,
3. Joint Executive Officer (Technical) – Member,
4. Joint Executive Officer (Empanelment) – Member Convenor,
5. Joint Executive Officer(Non-Technical)-Member

The quorum for EDC shall be any three of the members and decisions shall be taken based on the majority opinion.

.3 **(a) EDC functions**

Empanelment and Disciplinary Committee (EDC) under the chairmanship of Chief Medical Auditor of the Trust shall be responsible for

- (i) Empanelment of new hospitals,
- (ii) Regulation of empanelled hospitals,
- (iii) Disciplinary actions, and
- (iv) Settlement of disputes regarding claims.

(b) Empanelment

EDC shall ensure that a hospital possesses adequate infrastructure, man power, equipment requirements of the Trust, and conforms to the service and quality standards of the Trust. The empanelment process followed by the Trust includes online procedures.

.4 **Distribution and requirement of NWH**

The current number of NWHs and the maximum number of network hospitals that could be empanelled during the contract period shall be clearly specified.

A 50 bedded hospital intending to get empanelled is expected to have one or more specialities of General Surgery, Orthopaedics, OBG, Paediatrics, General Medicine, ENT, and Ophthalmology among the basic specialities.

A multi speciality hospital desirous of empanelment is expected to have facilities for one or more super speciality services such as Cardiology and CT Surgery, Medical and Surgical Gastroenterology, Paediatric surgery, Plastic surgery, Neurology and Neurosurgery, Nephrology and Urology among the super specialities.

.5 Empanelment process

The process of empanelment shall be clearly given.

.6 Single agreement between Trust and NWH

The scheme operates through two modes of administration, one insurance mode and the second directly administered by the Trust. However, the list of NWHs empanelled through EDC shall service both the schemes. Therefore the NWHs need to enter into a single contract agreement with the Trust for both the schemes. The single agreement between the Trust and NWH shall provide for payments by the insurer through the insurance scheme to the NWHs as per the “package prices” for the “listed therapies”.

8 **Disciplinary action:** The indicative items are given hereunder. These shall be modified by the CEO as per the needs of the scheme.

.1 **Reasons for disciplinary action**

The EDC shall initiate disciplinary proceedings against erring NWHs for the following reasons:

- (i) Infrastructure deficiencies
- (ii) Equipment deficiencies
- (iii) Man power deficiencies
- (iv) Service deficiencies
- (v) Violation of service contract agreement

.2 **Disciplinary action**

Based on the assessment of deficiencies, the EDC shall have the powers to recommend one or more of the following disciplinary actions:

(i) **Withholding of payments:** Cashlessness is the bedrock and the primary non-negotiable of this scheme. Any violation of this condition shall result in immediate withholding of entire payments of the hospital. Payments shall be released only after the hospital repays the patient and takes corrective measures.

A particular claim may also be withheld in case of any service deficiency in management of any case and the payment may be released based on the expert opinion obtained by the Trust or after rectification.

(ii) **Levy of penalty:** In cases where all the payments have been released to the NWHs, a penalty shall be levied on the NWH for violations attracting action at Term 7.2 (i).

(iii) **Suspension:** The NWH shall be liable to be suspended in all cases of violations of agreement.

(iv) **De-empanelment of specialities:** The NWH shall be de-empanelled for a particular speciality in case of service deficiencies.

(v) **Delisting:** The NWH shall be delisted for repeated violation of service contract agreement and other service deficiencies for a period of not less than six months.

9

Medical Audit: The items are given hereunder. These shall be modified by the CEO as per the needs of the scheme.

.1

Medical Audit

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

- (i) Monitoring of quality of medical care.
- (ii) Framing guidelines to prevent moral hazard.
- (iii) Monitoring the trends of utilization of listed therapies across NWHs.
- (iv) Conduct investigation into allegations of treatment lapses.
- (v) Analyze mortality and morbidity under this scheme and recommend corrective measures.
- (vi) Recommend punitive actions against a medical professional or NWH.

10 **NWH requirements:** The indicative requirements are given hereunder. These shall be modified as per the needs of the scheme.

.1 A NWH shall fulfill the minimum requirements relating to infrastructure, equipment, manpower and services as laid down by the Trust. The requirements are classified under two headings viz., General services requirements and Specialty service requirements based on the Andhra Pradesh Private Medical Care Establishments Act 2002.

The detailed requirements are shall be specified in the empanelment manual.

.2 **Infrastructure, equipment, manpower requirements in brief**

The infrastructure, equipment, manpower, and scheme specific equipment requirements as per the empanelment manual shall be specified.

.3 **Special functionaries to be provided by the NWH shall be clearly given.**

11 **Obligations of NWH:** The indicative obligations are given hereunder. These shall be modified as per the needs of the scheme.

.1 **Reception**

NWH shall place Aarogyasri Kiosk at the reception or at the patient entry point to the NWH as decided by the Trust for the purpose of reception and registration. It shall provide 2 MBPS Net connection and dedicated computer with peripherals. NWH shall identify, direct and register all the patients holding eligibility card.

.2 **Separate OP**

Separate Out-Patient Services manned by qualified doctors to facilitate initial consultation if required shall be specified.

.3 **Free pre-evaluation**

All the beneficiaries shall be pre-evaluated for the listed therapies till the diagnosis is established.

.4 **Counselling for Non-Aarogyasri packages**

The patient shall be properly counselled and referred to nearby Govt. Hospital for further management, if found to be suffering from diseases other than listed therapies of the scheme.

.5 **Admission and Pre-Authorisation**

The beneficiary shall be admitted as per the medical requirement and before pre-authorisation.

NWH shall send pre-authorisation for all the cases suffering from listed therapies after the final diagnosis and treatment plan along with the required documentation.

.6

Treatment

NWH shall offer complete treatment to the beneficiary as per the standard medical practices choosing best possible mode of treatment.

NWH shall use standard and approved medications, implants and other inputs. NWH shall attend to all the complications arising out during the course of hospitalization and make efforts to complete the treatment irrespective of costs incurred.

.7

Discharge

NWH shall discharge the patient after satisfactory recovery, duly giving discharge summary.

NWH shall give ten days post discharge medication, return transport fare as per the scheme norms and counsel the patient for follow-up.

.8

Follow up

NWH shall provide follow-up treatment for identified listed therapies under the scheme.

Management of Complications

(i) During hospitalization

NWH shall attend to all the complications arising during the course of treatment in the hospital.

- (a) Related complications: NWH shall attend to all the related complications within the package price.
- (b) Unrelated complications: NWH may obtain pre-authorisation for unrelated complications due to underlying co-morbid conditions, if the said complication is among listed therapies or may apply for package price enhancement.

(ii) After hospitalization

- (a) Related complications: NWH shall attend to all the complications related to the primary treatment up to the period of one month from date of discharge within the package price.
- (b) Unrelated complications: NWH may obtain pre-authorisation for unrelated complications due to underlying co-morbid conditions, if the said complication is among listed therapies
- (c) NWH may counsel and refer the patient to the nearest Govt. Hospital for unrelated complication not in listed therapies.

.10 Quality of Services

NWH shall follow the standard medical protocols and use only approved medications, implants and other inputs to ensure quality treatment. NWH shall follow the best medical practices as per the standard medical practices and ensure quality of services for the best outcome of the treatment. The hospital may establish internal medical audit mechanism for the above purpose.

.11 RAMCO Services

NWH shall provide RAMCO services as specified.

.12 Health Camps

NWH shall participate in the health camps as specified.

.13 Cashless Service

- (i) The Beneficiaries are provided with cashless treatment with adequate facilities without the need to pay any deposits right from the entry into the hospital, the commencement of the treatment, the end of treatment till the expiry of 10 days post discharge, for all the procedures covered under the Scheme.
- (ii) It is envisaged that for each hospitalization the transaction shall be cashless for covered procedures. Enrolled beneficiary will go to hospital and come out without making any payment to the hospital subject to procedure covered under the scheme.
- (iii) The same is the case for diagnostics if eventually the patient does not end up in doing the surgery or therapy.

.14 Limitation of liability and indemnity

- (i) The NWH shall be responsible for all commissions and omissions in treating the patients referred under the scheme and will also be responsible for all legal consequences that may arise. Trust or Insurer will not be held responsible for the choice of treatment and outcome of the treatment or quality of the care provided by the NWH and should any legal complications arise and is called upon to answer, the NWH will pay all legal expenses and consequent compensation, if any.
- (ii) The NWH admits and agrees that if any claim arises out of alleged deficiency in service on their part or on the part of their men or agents, then it will be the duty of the NWH to answer such claim. In the unlikely event of Trust or insurer being proceeded against for such cause of action and any liability was

imposed on them, only by virtue of its relationship with the NWH and then the NWH will step in and meet such liability on their own.

- (iii) The mere Preauthorization approval of case by Trust or insurer based on the data provided by the Network Hospitals shall not be construed as final medical opinion with regards to Diagnosis & Treatment of choice. The treating Doctor & Network hospital shall be solely responsible for the final diagnosis of disease, choice of treatment employed and outcome on such treatment.
- (iv) NWH admits and agrees that if any claim, suit or disciplinary actions by Empanelment and Disciplinary Committee (EDC) arises due to any commissions or omissions of their employees including RAMCO, AAMCO, Billing Head, Data Entry Operator or employees outsourced by them, NWH will be liable for such claim or suit or Disciplinary action.

.15

Confidentiality

- (i) All the stakeholders undertake to protect the secrecy of all the data of beneficiaries and trade or business secrets of and will not share the same with any unauthorized person for any reason whatsoever within or without any consideration.
- (ii) The NWH agrees to protect the confidentiality of the patient data including that of the clinical photographs and take due care to follow the standard medical practices while obtaining such photographs, under any circumstances Trust or insurer cannot be held responsible for lapse in confidentiality and protecting the information of the patient in the hospital.
- (iii) The NWH undertakes to handle the patient data diligently and shall not share or give access to employees of the hospital or to the outsiders under any circumstances within the hospital or outside.

PRE-AUTHORISATION AND CLAIMS

12 **Pre-Authorisation:** The indicative items are given hereunder. These shall be modified by the CEO as per the needs of the scheme.

.1 **Pre-Authorisation**

- (i) The insurer shall receive all the pre-authorisation requests from NWHs, scrutinize them as per guidelines issued by the Trust with the help of medical professionals, and forward to the Trust for final approval within 6 hours of receipt, to enable the Trust to give final approval within 12 hours of submission of request by NWH.
- (ii) A query on an incomplete pre-authorisation request can be raised not more than once by the insurer. In case of a query by insurer, an additional time of 6 hours will be allowed to the insurer so as to enable the Trust to offer approval within 18 hours.
- (iii) Wherever required the services of necessary specialists shall be utilized by the insurer to evaluate special cases.
- (iv) The responsibility & liability of management of a case solely rests with the treating doctor and the NWH. The pre-authorisation remarks of insurer shall be construed as advisory in nature and shall not in any way alter the line of treatment proposed by the treating doctor.
- (v) No recommendation for reduction in package price shall be made at pre-authorisation stage by the insurer.
- (vi) **Telephonic approval:** The NWH shall obtain Telephonic pre-authorisation through dedicated telephone lines in all cases of emergencies. NWH shall only obtain a telephonic approval after confirming that the particular case falls within the purview of the scheme. A telephonic pre-authorisation shall be deemed to be a provisional approval, and shall necessarily be followed by a regular pre-authorisation within 24 hours.
- (vii) The rejection of pre-authorisation by Trust shall not be construed as refusal of treatment to the patient by the Trust. The rejection of pre-authorisation merely means the disease of the patient and treatment choices are out of the listed therapies.
- (viii) The approval of pre-authorisation by the Trust shall be based on online evidence of diagnosis and choice of treatment arrived at by the treating doctor. The approval by Trust shall be deemed as an approval of the case for financial assistance under the scheme and shall not be construed as an endorsement of treatment by the NWH.
- (ix) **Enhancement (Package price adjustment):** The NWH shall provide end to end cashless services within the package. However NWH may apply for enhancement of the package price in case of exigencies prior to discharge as per guidelines

given by CEO.

.2 24-hr e-Preauthorisation

(i) The insurer shall establish network connectivity to connect to the virtual private network of the Trust from its project office with required bandwidth. All pre-authorisations are currently being handled through the Trust portal.

(ii) The pre-authorization shall be done 24x7x365 days.

.3 Scheme Technical Committee

A technical committee for the scheme, herein after called “The scheme technical committee” shall exercise the following powers of recommendation to the CEO:

- (i) Decision on pre-authorizations in case of difference of opinion between the Insurer and Trust;
- (ii) Authorization of utilization of “buffer amount”;
- (iii) Authorization of Package Price enhancements;
- (iv) Modification of nomenclature and relocation of any listed therapy;
- (v) Minor changes in protocols for the listed therapies;
- (vi) Framing of guidelines and evolving objective criteria to assist proper selection of cases in order to reduce moral hazard.

.4 Composition of Scheme Technical Committee

The scheme technical committee shall consist of the following members:

1. Executive Officer (Technical);
2. Joint Executive Officer (Technical) and
3. Medical Doctor nominated by insurance company

13 **Claims:** The indicative items are given hereunder. These shall be modified by the CEO as per the needs of the scheme.

.1 **Claim Processing**

(i) All the claims processing shall be carried out electronically through the Trust portal. Payments to all the NWHs shall be made through electronic clearance facility of the Trust.

(ii) The claim intimation, collection of claim documents, scrutiny of claim documents shall all be done through the Trust portal.

(iii) The insurer shall follow the claim control number generated by the Trust portal for further reference.

.2 (i) The grant of pre-authorisation by the Trust shall constitute the prime-facie evidence for any claim. Admission of a claim rests solely on three conditions viz., grant of pre-authorization for the listed therapy including changes in listed therapy necessitated by the exigencies of the case during management and intimated to the Trust within the shortest possible time, claim amount being limited to pre-auth amount, and evidence of performance of a listed therapy. An intra operative photograph or a scar photo or a case sheet is sufficient evidence for settlement of a claim. Decision of Trust on any claim settlement shall be final.

(ii) As soon as the claim lands with the insurer, the following verification alone needs to be performed.

(a) Verification of identity of the patient

(b) Verification whether the claim amount is limited to pre-authorized amount.

(c) Verification of case management as per the pre-authorization.

(d) Verification of evidence of treatment.

.3 (i) Upon the performance of a listed therapy the NWH initiates a claim. The claim will consist of the identity of patient, pre-authorized listed therapy and pre-authorized amount with enhancement if any, and evidence of performance of listed therapy in the form of an intra-operative photograph or a scar photograph linking the identity of the patient with the therapy or case sheet.

(ii) The insurer upon receipt of the claim shall verify the identity, listed therapy, amount of the claim and evidence.

- (iii) Upon confirmation by means of a photograph or a medical record such as a case sheet that the listed therapy has been performed, the claim shall be settled and payment made to the NWH within 7 days.
- (iv) If the insurer is unable to establish the performance of the listed therapy in the first round of claims scrutiny, the insurer will be allowed to return the claim requesting for specific information from the NWH. Any such request or clarification by the insurer shall not result in additional investigations or diagnostic reports to be performed afresh by the NWH.
- (v) The insurer shall be allowed to send a claim back to NWH for any clarifications only once before final settlement. All remarks relating to the claim ranging from non-medical to medical queries shall be consolidated before being sent back to the NWH.
- (vi) An additional time of 7 days will be allowed in case of claim is sent back to the NWH for clarification.
- (vii) CEO issued guidelines from time to time for pre-authorization and claims settlement which shall be followed scrupulously.

.4

Claim reduction and repudiation

- (i) **Reduction:** The settlement of a claim shall be to the full extent of the package price or pre-authorization amount whichever is lower. No disallowance can be made to a claim unless approved by the trust. A claim for a pre-authorized case shall not be either rejected or reduced unless approved by the trust.
- (ii) **Repudiation:** The insurer, in order to repudiate a claim for reason of not being covered by the policy, shall take the approval of the Trust.
- (iii) An appeal lies to the Appellate Committee either against repudiation (rejection) or (ii)reduction of claim as defined within 3 months from date of repudiation advice or settlement of

claim.

.5

Appeal

- (i) The NWH shall have a right of appeal to approach the appellate committee consisting of the Chief Medical Auditor, a member selected by the Trust from out of the panel of specialist doctors not related to the NWH and provided by the NWH, a representative from insurance company, under the chairmanship of CEO. The quorum for this committee shall be three members present and voting, and majority opinion shall prevail. The decision of this appellate committee shall be final and binding on the insurer and the NWH. This right of appeal shall be mentioned by the insurer in every repudiation advice given here.

- (ii) The Appellate Committee shall have the power to re-open a claim if properly supported by documentary evidence.

- (iii) The Appellate Committee shall have the right to reopen a settled claim and direct the insurer to settle for an appropriate amount within a period of 3 months of settlement of the claim. The insurer further agrees to provide access to the Appellate 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 price arrived at and also based on the pre-authorization given by the Trust shall be reckoned as final and not subject to any reopening by any authority except Appellate Committee.

.6

Claim float and Bank Account

The insurer shall have a separate Bank account to pay the NWH making a valid claim and all payments will be electronically cleared on the Trust portal. Detailed reports will be made available online on a real-time basis.

IMPLEMENTATION PROCESS

- 14** **Patient Process Flow:** The indicative process flows are given hereunder. These shall be modified as per the needs of the scheme.
- .1** **Modes of OP capture**

A beneficiary suffering from an ailment can approach any of the following 'first point of contact' for registration under the scheme. There are three modes of OP capture.

- (a) Aarogyamithra counter at PHC.
- (b) Registration in a Health Camp organised by the PHCs or NWHs and
- (c) Directly at the NWH in case of emergencies or through referral.

OP Process flow at PHC

- (i) Arrival: Beneficiary arrives at the PHC OP counter with a complaint.

- (ii) Registration: PAM or the registration clerk first mandatorily registers the Identity and Complaint (I and L). In case the patient is a child, the parent's identity (I) is additionally registered. Thereafter in case the patient has a ration card (E), the number is registered for later reference.

PAM will enter patient details in Aarogyasri OP Register.

- (iii) OP ticket is issued.

- (iv) Consultation: Patient is forwarded to the PHC doctor and gets examined. He thereafter moves to the diagnostic facility if required, gets tested and returns to the doctor. If he can be treated as an OP case, drugs are issued at the pharmacy as per prescription. Diagnosis and Prescription are entered in system and case disposed.

- (v) Referral Capture: In case the patient needs referral and Rajiv Aarogyasri can be availed of, patient is sent back to the registration desk. PAM enters ration card details, diagnosis, procedure and the NWH where he is referred. PAM issues referral card with the signature of medical officer. In case the procedure is reserved, then the patient shall be referred to a Government NWH alone. PAM shall contact referral hospital NAM and inform. Patient details are uploaded into the web portal of the scheme through call centre for completion of online registration.

Health Camp Arrangements

- (i) Scheduling: Four Health Camps per district per month are assigned as per the scheme requirement. 20 Health Camps in a month are scheduled in these five districts. The scheduling is based on distribution of marginalized population, uncovered areas if any, tribal areas etc. Due weightage is given to the specialties and their requirement in the concerned districts while assigning them to the network hospitals. The maximum distance to be covered is generally kept below 100 k.m.

Scheduling to be intimated to the network hospitals at least two months before and after obtaining confirmation the details of the camps will be communicated to the district units, district administration and public representatives of the concerned districts.

The health camp department shall oversee and monitor and ensure the health camps are conducted as per schedule in coordination with network hospitals.

- (ii) Publicity drill: Network hospital shall deploy AAMCO to the concerned village or Panchayath at least one week before the scheduled health camp and undertake canvassing, IEC activity and mobilization of patients in coordination with local Aarogyasri staff, Government Medical Officer, Public representative and ANMs and ASHA workers.

- (iii) Arrangements: Network hospital shall ensure

- (a) Proper place for IEC activity and establish necessary infrastructure.
- (b) Distribution of pamphlets on IEC activity.
- (c) Proper electrical connections for the equipment.
- (d) Ensure availability of equipment or instruments.

(iv) On camp day:

- (a) Registration counters for male and female patients.
- (b) Proper examination enclosures for male and female patients **OP** separately.
- (c) Water for the patients.
- (d) Shamiana and chairs for waiting patients.
- (e) Small refreshments for the patients.
- (f) Pharmacy counter for distribution of prescribed drugs.
- (g) Proper registration and distribution records as per Aarogyasri requirements.

Process flow at Health Camp

- (i) Arrival: Support staff, Doctors, Aarogyamithras shall arrive at 8.30 A.M.
- (ii) Registration: Registration shall start at 8.30 AM. Patient approaches registration counter, where Aarogyamithra will register the patient details in Aarogyasri Out-Patient Slip. Then the patient is guided to the doctor or specialist.
- (iii) Consultation: Doctor or specialist will examine and capture the clinical details in the prescribed slip of Aarogyasri format. Treatment is advised if no further evaluation is required and medicines are supplied at pharmacy with clear advice. Patient is referred to either to a network hospital (government or Private) for further evaluation if he is likely to be suffering from Listed Therapies. He may be referred to nearby government hospital if he is suffering from not covered diseases.
- (iv) Referral Capture: All patients will report back to Aarogyamithra for capturing data of treatment and referrals in Aarogyasri Camp Register. Aarogyamithra will inform NAMs about the referrals and facilitate or counsel the patient.

OP Process flow at the PNWH

- (i) Arrival: BPL beneficiary arrives at the PNWH kiosk either with a referral card or with a complaint for registration.
- (ii) Registration: PNAM first mandatorily registers the Identity, Eligibility, Contact and Complaint(I,E, C and L) in case the patient is adult. In case the patient is a child, the patient's Identity and Complaint (I & L) and parent's identity, eligibility and contact (I, E, C) are registered. OP is registered and OP ticket issued.
- (iii) OP Consultation: Patient is forwarded to the exclusive AS OP and gets counselled to ascertain the eligibility under RAS so that conversion of cash patients at a later date is avoided. Investigations are prescribed if required.
- (iv) Investigations: He thereafter moves to the Investigation facilities if required, gets tested and returns to the doctor. If he can be treated as an OP case, prescription is given. The Diagnosis and prescription (D&N) are entered in the system by PNAM and case disposed.
- (v) Reserved Procedure: If the patient's treatment warrants use of any of the Reserved Listed Therapies, the RAMCO enters the Procedure (D) in the system and refers the case to GNWH.
- (vi) IP registration: If the patient's treatment warrants use of any of the Listed Therapies, the RAMCO enters the details of Procedure and Investigations (D&IN) in the system, converts the case to IP, sent to separate AS ward and raises preauthorisation.

.5

OP Process flow at the GNWH

- (i) Arrival: Patient arrives at the GNWH OPD with a referral card or complaint.
- (ii) Registration: GNAM first mandatorily registers the Identity and Complaint(I and L) in case the patient is adult. In case the patient is a child, the patient's Identity and Complaint (I & L) and parent's identity (I) is registered. OP ticket is issued.
- (iii) OP Consultation: Patient is forwarded to the respective OP Consulting room. Doctor examines and Investigations are prescribed.
- (iv) Investigations: Patient thereafter moves to the Investigation facilities if required, gets tested and returns to the doctor. If he can be treated as an OP case, prescription is given, drugs issued and case disposed.
- (v) Listed Therapies: If the patient's treatment warrants use of any of the listed therapies, the case is sent to AS kiosk. GNAM enters the Eligibility, and contact, (E & C) in the system and takes the patient to RAMCO.
- (vi) IP registration: The RAMCO enters the details of Procedure and Investigations conducted (D&IN) in the system, converts the case to IP and raises preauthorization.

.6

Evaluation and Admission

After the initial evaluation of the patient, the patient is admitted if needed and evaluated further. The patient may be evaluated as an out-patient initially and after ascertaining the diagnosis and finalization treatment mode admitted and converted as "in-patient" in the online workflow.

.7

Final diagnosis and categorization

After the evaluation of the patient:

- (i) If the patient is found to be suffering from listed therapies, RAMCO shall submit the pre-authorization through the Trust portal within 24 hours.
- (ii) If the patient is found to be suffering from diseases other than listed therapies, he shall be counseled and referred to nearest Govt. Hospital for further management.

.8 Pre-authorisation

RAMCO shall upload all the relevant documents and send the case for pre-authorization.

.9 Treatment

The NWH shall render complete treatment to the patient after obtaining pre-authorization. Any complications arising during the course of hospitalization shall also be attended to.

.10 Discharge

The patient is discharged after complete recovery. The NWH shall issue discharge summary, 10 days post-discharge medication, counsel the patient for follow-up. A letter of satisfactory services shall be obtained from the beneficiary at the time of discharge.

The patient is reimbursed transport charges as per the scheme norms and obtains receipt.

RAMCO shall upload the documents.

.11 Follow-up

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

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

.12 Claim submission

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

.13 Emergency Registration and Admission

All the beneficiaries shall be admitted by a NWH and treated immediately. RAMCO or treating doctor shall obtain emergency telephonic pre-authorisation through dedicated round the clock telephone lines of the Trust, if the patient is suffering from listed therapies.

If the patient is suffering from diseases other than listed therapies he must be counselled and facilitated safe transportation to the nearest Government Hospital.

If the patient's condition warrants shifting him to a higher centre, safe transport shall be facilitated to other NWH if suffering from listed therapies.

15 **Project Office Functions:** The indicative items are given hereunder. These shall be modified by the CEO as per the needs of the scheme.

.1 **Location**

The Project staff of the insurer shall be located at a place indicated by the CEO.

.2 **Back Office Departments**

(a) **Round-the-Clock Pre-authorization wing** with specialist doctors for each category of diseases shall work along with the Trust doctors to process the preauthorization within 12 hours of the electronic request by the network hospital on the web portal of the Trust.

(b) **Claims settlement wing** with required staff shall function to settle valid claims within 7 days.

(c) IT and MIS wing

(i) IT wing with required staff shall ensure that the entire process of back office operations of e-preauthorization, claim settlement, grievance redressal, and other activities dependent on the Trust portal are maintained on real-time basis.

(ii) MIS wing shall collect, collate and report data on a real-time basis. This department will collect, compile information from field staff of the Trust and generate reports as desired by the Trust.

(d) **Call Centre** The Trust portal receives calls through **104** Call Centre handling all the incoming and outgoing phone calls, grievances received through various means. The insurer is expected to provide executive support for the purpose of guiding and redressing the grievances of the stake holders. This service shall be referred to as the "Call Centre Service". Queries relating to coverage, benefits, procedures, network hospitals, cashless treatment, balance available, claim status and any other information under the insurance scheme or Trust scheme anywhere in the state on a 24x7 basis shall be answered in Telugu. The insurer shall intimate the **104 toll free number** to all beneficiaries.

(e) Grievance wing

(i) Shall send feedback formats, collect and analyze 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.

(ii) The wing shall 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 or NWH grievances. The Insurer shall also attempt to solve the grievance at their end. The Insurer shall provide the beneficiaries or NWH with details of the follow-up action taken as regards the grievance as and when the Beneficiaries require it to do so.

(iii) The Insurer shall record in detail the action taken to solve the grievance of the beneficiaries NWH in the form of an Action Taken Report (ATR) within 2 working days of the recording of the grievance. The insurer shall provide the Trust or 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 or Trust in order to solve the grievance as and when required by the nature and circumstances of the grievance.

(f) Administration, Training and HR wing with required staff for purposes of office management, legal matters, accounts. It will manage human resources, arrange the workshops / training sessions for the capacity building of the insured, their representatives and other stakeholders in respect of the scheme and their roles at each district on the convenience of the insured and other stake holders.

(g) Health Camps and Publicity wing will plan, intimate, implement and follow-up the camps as per the directions of the Trust. It will undertake all the publicity and logistics activities as specified by the Trust.

16

Field Operations: The indicative items are given hereunder. These shall be modified by the CEO as per the needs of the scheme.

.1

District unit

(a) The Trust will have a District Coordinator incharge of each district. The insurer shall coordinate with the District Coordinator of the Trust in implementation of the scheme. The District Coordinator monitors Aarogyamithra services, health camps, beneficiary services and grievances.

(b) The district units of the Trust handle all the schemes operated by the Trust including insurance scheme.

.2

NWH staff functions

(i) **RAMCO:** RAMCO services shall be as specified in Term 9.6.

(ii) Network Aarogyamithras (NAM):

In order to facilitate patient services in NWH a facilitator known as “Network Aarogyamithra” is placed in all the NWHs. These NAMs are appointed by the Trust and available round the clock to attend to patient registration, consultation, diagnostic services, pre-authorization, discharge and follow-up. The role and responsibilities of the NAM are as stated below.

- a) Maintain Help Desk at Reception of the Hospital.
- b) Receive the patient referred from (PHC or Network)
- c) Work round the clock in shifts to cater to the needs of Emergencies.
- d) Verify the eligibility card or documents of the patients.
- e) Obtain digital photograph of the patient.
- f) Facilitate the Patient for consultation and admission.
- g) Liaison with coordinator or administration of the hospital.
- h) Counsel the patient regarding treatment or surgery.
- i) Facilitate early evaluation and posting for surgery.
- j) Facilitate hospital to send proper pre-authorization.
- k) Follow-up preauthorization procedure and facilitate approval.
- l) Follow-up recovery of patient.
- m) Facilitate payment of transport charges as per the guidelines.
- n) Facilitate cashless transaction at hospital.
- o) Facilitate discharge of the patient.
- p) Obtain feedback from the patient.
- q) Counsel the patient regarding follow-up.
- r) Coordinate with PAM or Government NAM for follow-up of beneficiary.
- s) Follow-up the patient referred by the hospital during the camps.
- t) Coordinate with the Head-Office and Medical officers for

any clarifications.

- u) Send daily MIS
- v) Facilitate Network Hospital in conducting Health Camps as scheduled.
- w) To report deaths related to the scheme.
- x) Any work assigned by the Trust from time to time.

.3

PHC Staff Functions

(i) Health camps:

- (a) Health Camps will be conducted in all Mandal Head Quarters, Major Panchayats and Municipalities by the PHCs as per the schedule approved by the Trust.
- (b) The cost of health camp is reimbursed by the Trust as per existing guidelines to the PHC.
- (c) Mega health camps will be conducted by NWHs at their own cost as and when scheduled by the Trust.

(ii) PHC Aarogyamithras (PAM):

PAM guides the beneficiary right from his door step to create awareness among rural illiterate poor for effective implementation of the scheme. The roles and responsibilities of PAM are as stated below:

(a) Role of PAM at the PHC: This needs to be specified.

(b) Outside The PHC: The role outside the PHC should also be indicated.

.4

Training of Aarogyamithras

Periodic trainings for Aarogyamithras are conducted by the Trust.

.5

Appraisal System

Performance of the Aarogyamithras both in PHCs and Network Hospitals shall be assessed periodically with definite performance appraisal system and KPIs electronically.

17

Web Portal and Online workflow: The indicative items are given hereunder. These shall be modified by the CEO as per the needs of the scheme.

.1

Web Portal:

- (i) The Trust website with e-preauthorization, claim settlement and real-time follow-up is maintained and updated on a 24-hour real-time basis. The source code and system design document for the application was developed and owned by the Trust. The IT application is being developed and maintained as per dynamic requirements of the Trust schemes. A dedicated data center is being maintained by Trust for this purpose.
- (ii) The website is a repository of information and has the following information or features:
 - a) General Information on the scheme.
 - b) Details of patients reporting and referrals from the
 - c) PHC/CHC/Government Hospitals/ District hospitals on daily basis.
 - d) e-Health Camps system and daily reporting of health camps.
 - e) Details of patients reporting and getting referred from the health camps.
 - f) Empanelment module.
 - g) Emergency approval system
 - h) Call centre module
 - i) Patient registration module operated by Aarogyamithras in Network Hospitals
 - j) Details of in-patients and out patients in the network hospitals
 - k) On-bed reporting system.
 - l) Preauthorization module
 - m) Surgery details.
 - n) Discharge details.
 - o) Real-time reporting, active data warehousing and analysis system.

- p) Claims module
- q) Electronic clearance of bills with payment gateway
- r) Follow-up of patient after surgery
- s) Follow-up services.
- t) Aarogyasri Messaging Services.
- u) Enhancement workflow
- v) Grievance and Feedback workflow
- w) Bug Tracking system
- x) Accounting module
- y) TDS or Service Tax workflow.
- z) Death reporting system.
- aa) Biometrics and Digital Signatures
- bb) Analytical tools including BI (Business Intelligence or Service Intelligence)

.2

IT backbone

A dedicated real-time online workflow system was designed by the Trust in order to bring dynamism and decentralization of work in a massive scheme like Aarogyasri. This includes total online processing of the cases starting from registration of case at first referral center (health camps or network hospitals or other sources), pre-authorization, up-load of medical and non-medical records electronically, treatment and other services at the hospital, discharge and post treatment follow-up, claim settlement, payments through payment gateway, accounting system, TDS deductions till the end. Any inputs for improvement of the system will be taken from all the stake holders from time to time.

18

Project Monitoring - Implementation Committees – State and

District: The indicative items are given hereunder. These shall be modified by the CEO as per the needs of the scheme.

.1

Monitoring Committees

Regular review meetings on the performance and administration of the scheme will be held between the Trust and the insurer. The following shall be the composition of the monitoring committees at the District and State levels.

(a) Aarogyasri District Monitoring Committee:

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. Supplier's representative on behalf of the district staffing contractor.

(b) State monitoring committee:

Chairman: CEO of Aarogyasri Health Care Trust.

Members:

2. Executive Officer (Technical)
3. Head Field Operations
4. Joint Executive Officer (PMU)
5. Representative of the Insurer.

The Chairmen of the above committees may invite any non-official member in the project districts 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 or Trust.

.2

Grievance Rederessal

- (i) At the district level, the district committee specified at Term 17.1 (a) shall redress the grievances and its decisions shall be binding except when an appeal to the state level committee is preferred.
- (ii) The state level committee specified at Term 17.1 (b) will entertain all the appeals and grievances at the state level. The decision taken by the committee will be final and binding on both the parties.

.3

Coordination

The insurer shall coordinate with all stake holders for implementation of activities like empanelment of hospitals, planning for camps, registration of patients of various schemes of Trust at the network hospitals, etc. under the scheme with the Trust and other Insurers. Trust will oversee these arrangements..

19 **Empowerment and IEC:** The indicative items are given hereunder. These shall be modified by the CEO as per the needs of the scheme.

.1 **Information Education and Communication (IEC)**

The Trust undertakes IEC activity to create awareness among various stakeholders through awareness campaigns, Health camps, Publicity through pamphlets and posters, Publicity through electronic media, Training and orientation.

.2 **Capacity Building**

(i) Workshops or training sessions for capacity building of the their beneficiaries, representatives and other stakeholders in respect of the scheme and their roles at each district is organized by the Trust. The following training programmes are organized for stakeholders

- a) Empanelment training programme
- b) Network Hospital training programme at hospital
- c) Network hospital reorientation programme
- d) Induction programme
- e) PHC Aarogyamithras training programme
- f) Training Programme for Field functionaries
- g) Soft & Communication skills training programme
- h) Any other training and orientation programme designed by the Trust.

(ii) The help of NGOs or SHGs will be taken by the Aarogyasri Help Desk or Aarogyasri Assistance Counters to spread awareness and guide the prospective patients to the network hospitals.

(iii) The insurer shall provide assistance to the Trust in organizing training programmes.

.3 **Aarogyasri Manual:**

Trust publishes detailed Manuals in respect of

- (i) Empanelment and Disciplinary Actions
- (ii) Packages and protocols
- (iii) Pre-authorisation and claims

and other manuals containing guidelines and operational procedures for implementation of the scheme. All the stake holders of the scheme shall scrupulously follow these manuals.

PACKAGES

20 **Packages:** The indicative items are given hereunder. These shall be modified by the CEO as per the needs of the scheme.

.1 **Package definition**

Package includes the following services:

- (i) End-to-end cashless service offered through a NWH from the time of reporting of a patient till ten days post discharge medication, including complications if any up to thirty (30) days post-discharge, for those patients who undergo a “listed therapy(ies);

- (ii) Free evaluation of patients for listed therapies who may not undergo treatment for “listed therapies”; and

- (iii) Other services as specified here

.2 **Description of packages**

For each hospitalization the transaction shall be cashless for “listed therapies”. A beneficiary shall go to the hospital and come out without making any payment to the hospital after treatment. The same shall hold true for diagnostic services if eventually the beneficiary does not end up undergoing any listed therapy.

The general guidelines published by the Trust separately from time to time shall be followed while providing services under the packages.

.3 **(a) Elaboration of services under package**

The services under the package include:

- (i) Stay: Stay consists of bed charges in ICU, Post-Operative ward and General ward, and nursing charges.

- (ii) Inputs: Inputs include O.T. Charges, O.T. Pharmacy, O.T. disposables and consumables, implants, blood and blood related products, General Pharmacy, Oxygen, Consumables and disposables.

- (iii) Professional fees: Consultant and In-house doctor charges.

- (iv) Investigations: All the biochemistry, pathology, micro biology and imageology investigations for diagnosis and management of the patient.

- (v) Miscellaneous: Diet and transportation charges. Prescribed quality food sourced from in-house facility or from an external vendor shall be provided. Return transport fare

between the patient's resident Mandal Headquarters and the NWH equivalent to RTC fare or Rs.50 whichever is minimum shall be paid.

(b) Blood and blood related products

Blood shall be provided either from an in-house blood bank or "tie up" blood bank subject to availability. The hospital shall provide blood from its own blood bank subject to availability within the package. In case of non-availability efforts shall be made to procure blood from other blood banks run by Red Cross, voluntary organizations etc. Assistance shall be provided to the patients to procure compatible blood for the surgeries by issuing a copy of the request letter to the patient.

.4

Packages under special listed therapies

(i) Package under Renal transplant

- (a) Post transplant immunosuppressive therapy for 1st to 6th months shall be provided under the Rajiv Aarogyasri Insurance Scheme and for 7th to 12th months under the Rajiv Aarogyasri Trust scheme.

(ii) Package under Cancer therapies:

- (a) Chemotherapy and radiotherapy shall 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 of the treatment.
- (b) Patients with hematological malignancies- (leukemias, lymphomas, multiple myeloma) and pediatric malignancies (Any patient < 14 years of age) shall be treated by qualified medical oncologists only.
- (c) Advanced radiotherapy procedures shall be utilized only for the cases and diseases which do not respond to conventional radiotherapy.
- (d) Tumors not included in the listed therapies and that can be treated with any listed chemotherapy regimen, proven to be curative, or providing long term improvements in overall survival shall be reviewed on a case to case basis by the "Scheme technical committee".

(iii) Package under Poly trauma category:

- (a) The components of poly trauma category are Orthopedic trauma (surgical Corrections), Neurosurgical Trauma (Surgical and conservative management), Chest Injuries (surgical and conservative management) and Abdominal injuries (surgical and conservative management). These components may be treated separately or combined as the case warrants.

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.

- (b) In case of Neurosurgical trauma, admission is based on both Imageological evidence and Glasgow Coma Scale (A scale of less than 13 is desirable).
- (c) All surgeries related to poly-trauma are covered irrespective of hospitalization period.
- (e) Initial evaluation of all trauma patients shall be free.

21

Follow-up Packages: The indicative items are given hereunder. These shall be modified by the CEO as per the needs of the scheme.

.1

Follow-up Packages

Follow-up packages are funded by Trust and cover the entire cost of follow-up.

- (i) The scheme provides for follow-up Packages for identified therapies to cover entire cost of follow-up i.e., consultation, medicines, diagnostic tests etc., to enable beneficiary to avail cashless followup therapy for long term period to obtain optimum benefit out of the primary listed therapy and avoid complications.

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

- (a) The Follow-up treatment shall be entirely cashless to the patient and will start on 11th day after the discharge and will continue for one year after 11th day of discharge.
- (b) No formal pre-authorization is required.
- (c) For operational convenience package amount is apportioned into 4 quarters. Since frequency of visits and investigations mostly take place during first quarter, more amount is allocated for first instalment.
- (d) Patient follow-up visits may be spaced according to medical requirement. However approval will be given for one quarter.
- (e) RAMCO along with NAM shall facilitate patient follow-up.

A.THE SCHEME DATA

[INSERT: The term wise details specific to this bid] The term numbers should tally with the serial order in the Terms of the Scheme.

B.DELIVERABLES

1. The Insurer shall provide adequate staffing for Project Office to enable 24/7 Pre-authorization and Claims non-medical support operations.

The requirements for this deliverable are as follows:

Deliverable	Requirements	Performance Indicators
<p>1. Pre-Authorization executive support: Insurer will provide adequate staffing for Pre-authorization operations 24 hours a day, 7 days a week, 365 days per year.</p>	<p>Insurer will furnish the following positions in Project Office.</p> <p>(i) A minimum of [insert: number] pre-authorization executives for round the clock clearance of pre-authorization. Candidate shall be a graduate with computer knowledge and typing in lower division.</p> <p>(ii) Additional pre-authorization executives are required in case the pre-authorization load crosses [insert: number] in a day at the rate of one executive per [insert: number] pre-authorizations.</p> <p>(iii) Insurer must have sufficient staffing resources to provide 24/7 /365 continuous pre-authorizations in the event of an emergency or sudden absence of deployed executives.</p>	<p>(i) Insurer shall provide Employment Agreements and/or contracts for review by Trust authority. Insurer shall present a written staffing plan that includes shift scheduling, including back-up staffing resources for every two months 1 week prior to the beginning of the work schedule.</p> <p>(ii) Insurer will present an Emergency Staffing Plan that outlines procedures for maintaining or deploying staffing hours in the event of an emergency and/or sudden absence of deployed Executives.</p>

	(iv) Prior to being approved as Pre-Authorization executive each candidate shall undergo the training.	
<p>2. Pre-authorisation Supervision: Insurer will provide adequate executive supervision staffing in the form of Team Lead for any time on call availability</p>	<p>Insurer will furnish the following position under Project Office staffing:</p> <p>(i) [insert: number] Team Lead for at least [insert: number] executives for supervision. Candidate shall be a Graduate desirably with an MBA with Computer Knowledge.</p> <p>(ii) Insurer must have sufficient staffing resources to replace any Team Lead in the event of employee turnover.</p> <p>(iii) Prior to being approved as Team Lead each candidate shall undergo the training prescribed by the Trust.</p>	<p>(i) Insurer will provide Employment Agreements and/or contracts for review by Trust Authority.</p>
<p>3. Claims executive support: Insurer will provide adequate staffing for Pre-authorisation operations 24 hours a day, 7 days a week, 365 days per year.</p>	<p>Insurer will furnish the following positions in Project Office.</p> <p>(i) A minimum of [insert: number] claim executives for round the clock clearance of claim. Candidate shall be a graduate with computer knowledge and typing in lower</p>	<p>(i) Insurer shall provide Employment Agreements and/or contracts for review by Trust authority. Insurer shall present a written staffing plan that includes shift scheduling, including back-up staffing resources for every two months 1 week prior to the beginning of the work schedule.</p>

	<p>division.</p> <p>(ii) Additional claim executives are required in case the claim load crosses [insert: number] in a day at the rate of one executive per [insert: number] claims.</p> <p>(iii) Insurer must have sufficient staffing resources to provide 24/7 /365 continuous claims in the event of an emergency or sudden absence of deployed executives.</p> <p>(iv) Prior to being approved as Claim executive each candidate shall undergo the training.</p>	<p>(ii) Insurer will present an Emergency Staffing Plan that outlines procedures for maintaining or deploying staffing hours in the event of an emergency and/or sudden absence of deployed Executives.</p>
<p>4.Claims Supervision: Insurer will provide adequate executive supervision staffing in the form of Team Lead for any time on call availability</p>	<p>Insurer will furnish the following position under Project Office staffing:</p> <p>(i) [insert: number] Team Lead for at least [insert: number] executives for supervision. Candidate shall be a Graduate desirably with an MBA with Computer Knowledge.</p> <p>(ii) Insurer must have sufficient staffing resources to replace any Team Lead in the event of employee turnover.</p>	<p>(i) Insurer will provide Employment Agreements and/or contracts for review by Trust Authority.</p>

(iii) Prior to being approved as Team Lead each candidate shall undergo the training prescribed by the Trust.

2. The Insurer shall provide adequate staffing for Project Office to enable 8/6 Grievance and administration operations.

The requirements for this deliverable are as follows:

Deliverable	Requirements	Performance Indicators
1. Executive Support for Grievance Redressal, Empanelment and other Administrative Work.	<p>Insurer will furnish the following positions in Project Office.</p> <p>(i) A minimum of [insert: number] executives for 8 hours in a day, 6 days week. Candidate shall be a graduate with computer knowledge and typing with lower division.</p> <p>(ii) Additional executives are required in case the administrative load increases.</p> <p>(iii) Insurer must have sufficient staffing resources in the event of an emergency or sudden absence of deployed executives.</p> <p>(iv) Prior to being approved as executive each candidate shall undergo the training.</p>	<p>(i) Insurer shall provide Employment Agreements and/or contracts for review by Trust authority. Insurer shall present a written staffing plan that includes shift scheduling, including back-up staffing resources for every two months 1 week prior to the beginning of the work schedule.</p> <p>(ii) Insurer will present an Emergency Staffing Plan that outlines procedures for maintaining or deploying staffing hours in the event of an emergency and/or sudden absence of deployed Executives.</p>
2.Team Lead: Insurer will provide adequate executive supervision staffing in the form of Team Lead for any time on call availability	<p>Insurer will furnish the following position under Project Office staffing:</p> <p>(i) [insert: number] Team Lead for Grievance and Call centre, Empanelment and other Administrative Work in project</p>	<p>(i) Insurer will provide Employment Agreements and/or contracts for review by Trust Authority.</p>

Office. Candidate shall be a Graduate desirably with an MBA with Computer Knowledge.

(ii) Insurer must have sufficient staffing resources to replace any Team Lead in the event of employee turnover.

(iii) Prior to being approved as Team Lead each candidate shall undergo the training prescribed by the Trust.

3. Project Leader

Insurer will furnish the following position under Project Office staffing:

(i) [insert: **number**] **Project leader** for heading the project in project Office. Candidate shall be a Graduate with an MBA with Computer Knowledge.

(ii) Prior to being approved by Trust he shall undergo training on the Scheme organised by Trust.

(i). Insurer will provide Employment Agreement and/or contract for review by Trust Authority.

3. The Insurer shall provide adequate staffing for Project Office to enable 24/7 Preauthorisation and Claims Medical support operations.

The requirements for this deliverable are as follows:

Deliverable	Requirements	Performance Indicators
1. Pre-Authorization and Claims medical support round the clock.	<p>Insurer will furnish the following positions in Project Office.</p> <p>(i) A minimum of [insert: number] doctors ([insert: number] doctors for pre-authorization and [insert: number] doctors for claim processing) for round the clock clearance of pre-authorization and claims. Candidate shall be a MBBS graduate.</p> <p>(ii). Additional Doctors are required in case the pre-authorization or claim load crosses [insert: number] in a day at the rate of one Doctor per [insert: number] pre-authorizations or claims.</p> <p>(iii). Insurer must have sufficient staffing resources to provide 24/7 /365 continuous pre-authorizations and claims in the event of an emergency or sudden absence of deployed doctor.</p>	<p>(i) Insurer shall provide Employment Agreements and/or contracts for review by Trust authority. Insurer shall present a written staffing plan that includes shift scheduling, including back-up staffing resources for every two months 1 week prior to the beginning of the work schedule.</p> <p>(ii) Insurer will present an Emergency Staffing Plan that outlines procedures for maintaining or deploying staffing hours in the event of an emergency and/or sudden absence of deployed Executives.</p>
2. Specialist Doctors support for Preauthorisation and	<p>Insurer will furnish the following position under Project Office</p>	<p>(i) Insurer will provide Employment Agreements and/or contracts for review by Trust</p>

Claims.

staffing:

(i) At least [insert: **number**] **specialist doctors** for giving opinion in specialty cases as and when required. Candidate shall be a Post-Graduate degree holder (MD or MS) or a post doctoral degree (DM or Mch) in concerned specialty.

Authority.

C.STAFFING

1. The insurer shall deploy a minimum number of resource personnel as per ratio indicated below in the Project Office. However, the insurer may plan and propose additional resources if required to achieve desired SLAs.

Resource	Pre- authorisation	Claims	Grievances & Call Centre	Empanelment	Admin	Total	%
Executive							
Team Leader							
Supervisor							
Doctors							
Specialists or Senior Doctors							
Total							
Project Head							

2. Each staff shall have the following minimum eligibility criteria and responsibilities.

A	Project Manager And Office Staff	
Staff	Qualifications, experience and skills	Responsibilities
1.Pre-authorisation Executive	<p><u>(a)Qualifications:</u> A Graduate with Computer Knowledge and typing in lower division .</p> <p><u>(b)Experience:</u> In Health Insurance Desirable.</p> <p><u>(c)Skills:</u></p> <p>i. Good computer knowledge.</p> <p>ii. Good documentation and communication skills.</p> <p>iii. Demonstrated experience with and knowledge of computerized data collection, management, reporting and analysis systems, and</p> <p>iv. Shall have thorough understanding of aims and objectives of Aarogyasri scheme.</p>	<p>i. Report to Team Lead.</p> <p>ii. Shall peruse the online pre-authorisation request, analyse the non-medical social parameters, eligibility criteria, mandatory medical and non-medical attachments.</p> <p>iii. Record and report the deficiencies if any in pre-authorisation requests.</p> <p>iv. Reach targets fixed as per the SLAs.</p>
2.Claim Executive	<p><u>(a)Qualifications:</u> A Graduate with Computer Knowledge and typing in lower division.</p> <p><u>(b)Experience:</u> In Health Insurance Desirable.</p> <p><u>(c)Skills:</u></p> <p>i. Good computer knowledge.</p>	<p>i. Report to Team Lead.</p> <p>ii. Shall peruse the online claims submitted by the NWHs, ascertain completeness of the claim in terms of filling of all the clinical documents such as case sheet, discharge summary, post pre-auth notes and note any</p>

	<p>ii. Good documentation and communication skills.</p> <p>iii. Demonstrated experience with and knowledge of computerized data collection, management, reporting and analysis systems, and</p> <p>iv. Shall have thorough understanding of aims and objectives of Aarogyasri scheme.</p>	<p>discrepancies in the dates, days in these documents.</p> <p>iii. Verify the availability of mandatory medical and non-medical records in the claims attachments and record the deficiencies if any in claim.</p> <p>iv. Reach targets fixed as per the SLAs.</p>
<p>3. Other Executives</p>	<p><u>(a)Qualifications:</u> A Graduate with Computer Knowledge and typing in lower division.</p> <p><u>(b)Experience:</u> In Health Insurance Desirable.</p> <p><u>(c)Skills:</u></p> <p>i. Good computer knowledge.</p> <p>ii. Good documentation and communication skills.</p> <p>iii. Conversant with office procedures</p> <p>iv. Demonstrated experience with and knowledge of computerized data collection, management, reporting and analysis systems</p> <p>v. Shall have thorough understanding of aims and objectives of Aarogyasri scheme.</p>	<p>i. Report to Team Lead.</p> <p>ii. Shall collect the grievances and complaints and analyse the content of it.</p> <p>iii. Collect and compile the relevant information from concerned sources such as, online documentation from Aarogyasri portal, hospital explanations if any, previous records related to these complaints if any.</p> <p>iv. Notify the team lead about the grievances and their analytical outcome.</p> <p>v. Assist other departments such as health camps, legal, HR.</p> <p>iv. Reach targets fixed as per the SLAs.</p>
<p>4. Team Lead</p>	<p><u>(a)Qualifications:</u> A Graduate with Computer Knowledge.</p>	<p>i. Report to Project Head.</p> <p>ii. Shall supervise the work of</p>

	<p><u>(b)Experience:</u> Minimum 2 years In Health Insurance .</p> <p><u>(c)Skills:</u></p> <p>i. Good leadership skills.</p> <p>ii. Able to command group of executives.</p> <p>iii. Good documentation and communication skills.</p> <p>iv. Analytical skills</p> <p>v. Conversant with office procedures</p> <p>iv. Demonstrated experience with and knowledge of computerized data collection, management, reporting and analysis systems</p> <p>v. Shall have thorough understanding of aims and objectives of Aarogyasri scheme.</p>	<p>executives.</p> <p>iii. Shall guide the executive in quality completion of work</p> <p>iv. Shall impart knowledge and training to the executive.</p> <p>v. Shall analyse the grievances and evidences submitted by the executive.</p> <p>iii. Shall resolve the grievances to the best of his ability.</p> <p>iv. Report to Project Head on resolved and unresolved grievances.</p> <p>v. Assist other departments such as health camps, legal, HR.</p> <p>iv. Reach targets fixed as per the SLAs.</p>
5.Supervisor	<p><u>(a)Qualifications:</u> A Graduate with MBA with Computer Knowledge.</p> <p><u>(b)Experience:</u> Minimum 3 years In Health Insurance .</p> <p><u>(c)Skills:</u></p> <p>i. Good leadership skills.</p> <p>ii. Able to command group of Team Leads.</p> <p>iii. Good documentation and communication skills.</p>	<p>i. Report to Project Head.</p> <p>ii. Shall supervise the work of subordinate staff.</p> <p>iii. Shall guide the subordinate staff in quality completion of work</p> <p>iv. Shall impart knowledge and training to the subordinate staff.</p> <p>iv. Ensure that team achieves targets fixed as per the SLAs.</p>

	<ul style="list-style-type: none"> iv. Analytical skills v. Conversant with office procedures iv. Able to lead and guide subordinate staff. v. Shall have thorough understanding of aims and objectives of Aarogyasri scheme. 	
6.Doctors	<p><u>(a)Qualifications:</u> MBBS or Post Graduate degree or diploma in specialties.</p> <p><u>(b)Experience:</u> Desirable In Health Insurance.</p> <p><u>(c)Skills:</u></p> <ul style="list-style-type: none"> i. Good leadership skills. ii. Able to comprehend online medical evidences and EMRs iii. Good documentation and communication skills. iv. Analytical skills v. Shall have thorough understanding of aims and objectives of Aarogyasri scheme. 	<ul style="list-style-type: none"> i. Report to Lead. ii. Shall analyze and assess the pre-authorizations and claims and give approvals after due verification. iii. Shall guide the subordinate staff in quality completion of work iv. Achieve targets fixed as per the SLAs.

D. SERVICE LEVEL AGREEMENT

1 Service Level Requirement

.1 Statement of Intent

The aim of this agreement is to provide a basis for close co-operation between purchaser and the service provider to ensure that timely and efficient services are available. The objectives of this agreement are detailed below. This agreement is contingent upon each party knowing and fulfilling their responsibilities and generating an environment conducive to the achievement and maintenance of targeted service levels.

.2 Objectives of Service Level Agreements

(i) To create an environment this is conducive to a co-operative relationship between the Service Provider and the Purchaser to ensure effective support.

(ii) To document the responsibilities of all parties taking part in the Agreement

(iii) To ensure that the Purchaser achieves the provision of a high quality of service with the full support of the Service Provider.

(iv) To define the commencement of the agreement, its initial term and the provision for reviews

(v) To define in detail the service to be delivered by the bidder and the level of service that can be expected by the Purchaser, thereby reducing the risk of misunderstandings.

(vi) To institute a formal system of objective service level monitoring, ensuring that reviews of the agreement are based on factual data.

(vii) To provide a common understanding of service requirements/capabilities and of the principles involved in the measurement of service levels

(viii) To provide for all parties to the Service Level Agreement a single, easily referenced document which caters for all objectives as listed above.

.3 Period of Agreement

This agreement will commence on the date specified in the '**Contract Agreement**' to be signed between Purchaser and the Service Provider following the completion of selection process and will continue until end of the contract period or termination whichever is earlier.

.4 Representatives

The representatives responsible for monitoring and maintenance of the service agreement on behalf of the Purchaser and the Service Provider shall be as defined in the Contract Agreement.

.5 Management of SLA

Service Level requirements will be necessarily managed by the Service Provider. The Service Provider will make this information available to authorised personnel of the Purchaser through on-line browsing and also through hard copy of the report as per requirement. Compliance of SLA with the Service Provider will be measured monthly as per details given below.

2 Service Level Monitoring

.1 The success of service level agreements depends fundamentally on the ability to measure performance comprehensively and accurately so that credible and reliable information can be provided on the service. Service factors must be meaningful, measurable and monitored constantly. Service level monitoring will be performed the Service Provider. Reports will be produced every two weeks and submitted purchaser. Service level monitoring and reporting is performed on disputes as defined in the following sections

Service Level Definition

.2 Service levels are as defined in the table 2.2 below.

Service Level targets

.3 The Table 2.3 below defines Service Level Targets for response and resolution time.

Service Level Compliance

.4 The service provider needs to ensure the compliance level for each of the service levels as in table 2.4.

.5 Measurement Metrics

The measurement metrics are given at table 2.5

.6 Penalty Calculation on SLA

(i) Actual versus targeted compliance level for each of the respective service areas will be measured separately in every month.

(ii) Monthly shortfall in achieving SLA compliance, if any, for the respective service areas shall be aggregated for the month.

(iii) Penalty for the month will be calculated as:

Penalty amount = (Sum of all the penalties calculated on pre-authorisations delayed beyond the compliance threshold) + (Sum of all the penalties calculated on claims delayed beyond the compliance threshold).

(iv) Applicable Penalty would be as given in table 2.6

(v) However, the aggregate penalties that may be levied in a month towards the aforesaid services shall be limited to 10% premium amount.

(vi) Service Provider will monitor this information using Aarogyasri portal of the Trust.

.7 Penalty Calculation on Human Resource supply default

Although this project is SLA based, the Service Provider is required to maintain a minimum level of resources in each of the service areas throughout the contract period. The Service Provider shall deploy minimum manpower resources as per staffing requirement prescribed in this document. Service Provider shall ensure the availability of resources as per contract for each resource category.

Monthly applicable penalties in the event of default of respective manpower resources in case no substitute is arranged by the service provider would be as in table 2.7.

.8 The method of calculating the performance scores for Pre-Authorization, Claims,

PAM/ Netleads/ Divleads/ DM shall be based on the current priorities of the Trust in a realistic manner. The current key performance indicators are in tables 2.8, 2.9 & 2.10.

Table	2.2
Type of Service	Definition
Pre-authorisation 24/7	The scrutiny of all the preauthorisation requests raised by the NWH with the help of executives and doctors, forwarding to the Trust for final approval within 6 hours.
Claims settlement 24/7	The scrutiny and settlement of all the claims with the help of executives and doctors, and payment of money within 7 days.
Grievance redressal 8/6	Receipt and settlement of grievances and call centre complaints within 24 hours.

Table	2.3 and 2.4		
Type of Service	Service Round	Performance target	Performance compliance
Pre-authorisation	First time clearance	6 hours from the time of submission	90%
	Second time clearance after query	6 hours from the time of re-submission	90%
Claims	First time clearance	Within 7days from time of submission	90%
	Second time clearance after query	Within 7days from time of re-submission	80%

Table	2.5
Preauthorisation compliance level	= Number of cases forwarded to Trust within the targeted time in the month / Total number of cases initiated by NWHs during the month.
Claims compliance level	= Number of cases whose claims are paid within the targeted time in the month / Total number of claims initiated by the NWHs during the month.

Table	2.6	
Shortfall in compliance	Penalty (for pre- authorisations)	Penalty (for claims)
1- 10%	12% annual interest calculated on 24 hour basis for delay of each and every case on the pre- authorisation amount	12% annual interest calculated on 24 hour basis for delay of each and every case on the claim amount