



Proceedings of Government of Karnataka

Subject: Arogya Karnataka–Modification of Implementation Guidelines-reg

Read:

1. Government Order No. HFW 91 CGE 2017, Dated 1.3.2018
2. Government Order No. HFW 91 CGE 2017, Dated 17.4.2018

Preamble:

1. Administrative approval was accorded vide Government Order read at (1) above for providing universal health coverage, through a new scheme called "Arogya Karnataka", to all residents of Karnataka State, except few specified categories of residents by way of primary healthcare, normal secondary healthcare, complex secondary healthcare, tertiary healthcare and emergency healthcare as specified in Annexures 1, 2A, 2B, 3 and 4 respectively attached to that order.
2. The Arogya Karnataka scheme envisages subsuming of existing seven schemes, namely Yeshaswini Scheme, Vajpayee Arogyashree Scheme, Rajiv Arogya Bhagya Scheme, Rashtriya Swasthaya Bima Yojana (RSBY) including RSBY for senior citizens, Rashtriya Bala Swasthaya Karyakram (RBSK), Mukhyamantri Santwana Harish Scheme and Indira Suraksha Yojane. The scheme was launched on 3.3.2018 and since then has been implemented in 11 major public health institutions (PHI). The further rollout of the scheme to more PHIs had to be put on hold in view of the model code of conduct in connection with the general election to the State Legislative assembly in the State.
3. The implementation guidelines contained in the Government Order provides for transition modalities for three major schemes subsumed in the Arogya Karnataka scheme. While Rashtriya Swasthaya Bima Yojana (RSBY) was to be continued till 31.3.2018 as a standalone scheme, Yeshaswini scheme and Vajpayee Arogyashree scheme were to be continued till 31.5.2018. Beyond those dates, those three schemes were to get subsumed in the Arogya Karnataka scheme.
4. In the meantime, the Government of India has announced a major scheme called National Health Protection Scheme (NHPS) as part of the Prime Minister Rashtriya Swasthaya Surksha Mission (PMRSSM), which will replace the RSBY and cover its beneficiaries. While the Arogya Karnataka scheme has a larger coverage covering all residents in the state, the NHPS-PMRSSM seeks to cover only a subset of the population

below the poverty line. The NHPS-PMRSSM, however envisages a larger monetary cover per family. Both the schemes do not require any contribution by the patients belonging to families below the poverty line. Discussions have been held with the Ministry of Health & Family Welfare, Government of India for implementation of a single scheme in the state with common coverage, specified treatments, and monetary cover under co-branding arrangements. In this context the Government of India advised that RSBY in its present form should be continued till the new scheme NHPS-PMRSSM gets launched and modalities for co-branding are worked out. Accordingly, the Government Order read at (2) above, has given administrative approval for continuation of the RSBY till 31.8.2018, under the current insurance mode.

5. The information technology system for enrollment of the beneficiaries under the Arogya Karnataka has been developed and implemented in eleven major PHIs. The rollout of the enrollment system to other major PHIs and thereafter to taluka PHIs is likely to take three to four months. Therefore, there is a need to provide a mechanism for identification of the patients in the interim period.

6. The Arogya Karnataka scheme is formulated on the premise that the available capacities in the public health system are augmented and utilized in full, before recourse is made for availing the services from the private providers. Accordingly, the scheme envisages that all primary healthcare services and all normal secondary healthcare treatments listed in Annexure 1 and 2A of the Government Order read at (1) above shall be provided in the PHIs alone as per paras 32 and 33 of that order. Complex secondary healthcare treatments and tertiary healthcare treatments listed in Annexure 2B and 3 can be provided in the PHIs, subject to their medical capabilities or in the empaneled private hospitals, on referral from the PHIs as per paras 34 to 37 of that order. There is no need for any referral in case of emergency treatments.

7. The Government Order read at (1) above provides for a referral system and establishment of an IT (information technology) system, to manage the referrals at paras 21 to 26 and 63 to 65 of that order. The IT system for managing the referrals from the PHIs to the empaneled private hospitals is yet to be developed.

8. Annexure-6 to the Government order read at (1) above prescribes the norms for empanelment of the private hospitals for implementation of the Arogya Karnataka scheme. Para 42 of that order also envisages that the hospitals currently empaneled with Suvarana Arogya Suraksha Trust or Yeshaswini Trust or with RSBY insurance companies shall be given an option to get empaneled for the Arogya Karnataka scheme, subject to meeting the norms prescribed in Annexure-6 within 6 months. A number of those hospitals have conveyed their willingness to participate in the Arogya Karnataka scheme but have sought time to meet the requirements prescribed for empanelment of the hospitals. Further, there is a need to align the empanelment requirements of the

Arogya Karnataka with that of the NHPS-PMRSSM, as both schemes are expected to be implemented as a single scheme in the state.

9. Considering the above imperatives, the following order is made to provide for transition modalities in partial modification of the guidelines contained in the order read at (1) above.

Government Order No. HFW 91 CGE 2017, Dated 1.6.2018, Bengaluru

Scope

1. All schemes listed at para 2 of the preamble except RashtriyaSwasthayaBima Yojana (RSBY) stand subsumed in the Arogya Karnataka scheme.
2. RashtriyaSwasthayaBima Yojana shall continue till 31.8.2018 as per the current arrangements of implementation through the health insurance companies.

Identification of Patients

3. The current arrangements of enrollment of patients and issuance of Arogya Karnataka Card shall continue in the eleven PHIs. The same shall be rolled out in other major PHIs and taluka PHIs during next four months.
4. If the PHIs are not equipped with the requisite IT system for enrollment of patients and issuance of Arogya Karnataka Card, PDS card shall be used for their identification. The PDS card number shall be used as the interim identity number of a patient. This arrangement will be till such time the IT enrolment system is set up in the PHI.

Treatment Options for Patients

RSBY Treatments:

5. Patients holding RSBY cards can avail the treatments covered under that scheme either in a PHI or in an empaneled private hospital, as per their choice on production of the RSBY card, without any referral from a PHI. A list of RSBY treatment packages is attached to this order as Annexure.
6. Patients holding RSBY cards should be encouraged to produce that card while seeking any type of treatment in the PHIs or the empaneled private hospitals.

Primary Healthcare Services and Normal Secondary Healthcare Treatments:

7. All primary healthcare services or normal secondary healthcare treatments listed in Annexure 1 and 2A of the order read at (1) above, can be availed in the PHIs only. For those services and treatments, it will not be necessary to produce PDS card or any other identity card.

Complex Secondary and Tertiary Healthcare Treatments:

8. All complex secondary healthcare treatments and tertiary healthcare treatments listed in Annexure 2B and 3 of the order read at (1) above, can be availed in the PHIs subject to the PHIs in the district of the patient having the required medical capability.
9. In the event of the required medical capability for such treatments not being available in the PHIs of the relevant district, the patient can obtain the treatment in an empaneled private hospital after obtaining a referral from the district or taluka level PHI.
10. An eligible patient as defined in para 9(i) of the order read at (1) above can obtain the referral on production of the PDS card. Such eligible patient will need to produce the PDS card, Aadhaar card and the referral authorization from the PHI for taking treatment in any empaneled private hospital.
11. A "general patient" as defined in para 9(ii) of the order read at (1) above can obtain the referral on production of the Aadhaar card. Such "general patient" will need to produce his Aadhaar card and the referral authorization from the PHI for taking treatment in any empaneled private hospital on co-payment basis with the Government providing 30 percent of the package rate.

Emergency Treatments

12. All emergency treatments listed in Annexure 4 of the order read at (1) above can be availed by an eligible patient in the PHIs or in any empaneled private hospitals without any referral on production of PDS card and Aadhaar card.
13. The facility of emergency treatment of general patients in empaneled private hospitals is not approved at this stage.

Referral System

14. All PHIs at the district and taluka level should adopt a manual referral system till the rollout of the IT system-based referral modalities. Each of these PHIs shall designate a nodal doctor for authorizing the referral.

15. The concerned specialist based on examination of the patient and results of diagnostic tests available in the PHI can recommend the referral in case the concerned PHI or the district level PHI does not have the medical capability for the required complex secondary or tertiary treatment. Such recommendation should be recorded in the referral form to be prescribed by the Director, Health and Family Welfare Services.
16. The recommendation of the specialist shall be considered by the nodal doctor who will authorize the referral. On such authorization, the original referral form shall be given to the patient, and a copy shall be retained in the PHI. Subsequently, the details of the authorization shall be uploaded on SAST portal.
17. A list of empaneled private hospitals in the same or adjoining districts or in Bengaluru and other nearby major cities should be prominently displayed in the PHI for information to the patients.

Empanelment of Private Hospitals

18. The private hospitals currently empaneled with SAST or Yeshaswini Trust or with RSBY insurance companies shall be given provisional empanelment for the Arogya Karnataka scheme on production of a consent letter to participate in the scheme and to meet the norms prescribed in Annexure-6 of the order read at (1) above within the prescribed time limit. All such hospitals can avail this facility of provisional empanelment within 30.6.2018.
19. On getting the provisional empanelment, the concerned hospital shall be provided a three-month period to submit the formal application along with supporting documents in fulfillment of the norms, or submission of requests, to the concerned authorities for the statutory approvals.
20. Beyond 30.06.2018, the private hospitals currently empaneled with SAST or Yeshaswini Trust or with RSBY insurance companies can get provisional empanelment only on submission of the formal application along with the supporting documents to show compliance to the norms or submission of requests to the concerned authorities for the statutory approvals, and not on the basis of the consent letter.
21. New hospitals desirous of implementing the Arogya Karnataka scheme can also seek provisional empanelment, by submitting an online empanelment application available in the SAST portal, along with the necessary supporting documents at any time. However, such hospitals will have to produce KPME registration, AERB permission and pollution control certification along with the application itself.

22. On submission of the formal application with supporting documents, the empanelment committee of SAST shall consider the application for continuation of the provisional empanelment, for a period not exceeding one year in case of partial compliance to the norms, or according full empanelment for a period of three years on compliance of all the norms. After a period of three years, the empanelment would have to be renewed.
23. For fulfilling the requirement of the norms relating to NABH entry level certification and fire safety advisory plan from prescribed agencies, a period of one year is provided for compliance.
24. For fulfilling the requirement of the statutory norms such as KPME renewal, AERB permission, Pollution control certification, a period of six months is provided for compliance
25. Based on the decision of the empanelment committee, a Memorandum of Understanding (MOU) between SAST and the concerned hospitals shall be signed according to the status of the empanelment, defining the rights and obligations of the parties.
26. In the event of a provisionally empaneled hospital not submitting the formal application with supporting documents within a period of three months from the date of the provisional empanelment based on the consent letter, or not submitting compliance to the norms within the stipulated time, as relevant for the norm mentioned in paras 23 and 24 above, from the date of the formal application, the provisional empanelment shall stand terminated.
27. The minimum bed-strength for empanelment for complex secondary healthcare treatments is reduced to 10 (ten) beds.
28. A one-time processing fee for application for empanelment or its renewal shall be the following.
 - i. Rs. 10000 (ten thousand), for a private hospital seeking to provide complex secondary healthcare treatments only;
 - ii. Rs. 20000 (twenty thousand), for a private hospital seeking to provide tertiary healthcare treatments only;
 - iii. Rs. 10000 (ten thousand), for a private hospital seeking to provide emergency healthcare treatments only;

- iv. Rs. 20000 (twenty thousand) for a private hospital seeking to provide all three types of treatment complex secondary, tertiary and emergency healthcare treatment.

There shall not be any fee for empanelment of the PHIs.

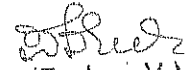
Provision of Treatment by Empaneled Private Hospital

29. A private hospital empaneled for RSBY can provide RSBY treatments up to 31.8.2018, to any patient having the RSBY card and claim reimbursement from the concerned insurance company.
30. A private hospital empaneled for RSBY and also for Arogya Karnataka should check whether the patient holds RSBY card. In case where the patient has a RSBY card, treatment should be provided under RSBY and not under Arogya Karnataka. The reimbursement claim for such treatment should be sent to the concerned insurance company. Such patient will not require any referral from a PHI.
31. A private hospital empaneled for Arogya Karnataka can provide only complex secondary or tertiary healthcare treatment listed in Annexure 2B and 3 of the order read at (1) above on receiving an authorized referral from a district level or taluka level PHI. For emergency healthcare treatment listed in Annexure 4 of the order read at (1) above, such referral will not be necessary.
32. For an "eligible patient" seeking complex secondary or tertiary healthcare treatment, copies of PDS card, Aadhaar card and the referral note should be uploaded on the SAST portal for pre-authorization. The hospital should verify that the patient belongs to the eligible household category as per the PDS card.
33. For a "general patient" seeking complex secondary or tertiary healthcare treatment, copies of Aadhaar card and the referral note should be uploaded in the SAST portal for pre-authorization. The hospital should verify that the patient is a resident of Karnataka as per the Aadhaar card.
34. For emergency healthcare treatment provided to an eligible patient, copies of PDS card and Aadhaar card should be submitted along with the reimbursement claim.
35. For patients covered under para 29 to 34 above, a consent letter from the concerned patient for verification of their identity from UIDAI should also be uploaded on SAST portal.

36. The facility of emergency treatment of "General patients" in empaneled private hospitals is not available at this stage. The same shall be started after establishing the system of enrolment of such patients for Arogya Karnataka scheme in private hospitals.

This order is issued as per concurrence of Finance Department vide its note number FD 373 Exp-5/2018 dated 31.5.2018.

By Order and in the Name of
The Governor of Karnataka


(Padma V.) 01/6/2018

Under Secretary (I/c)
Health & Family Welfare Department

To:

1. Principal Accountant General of Karnataka (G&SSA), Bengaluru
2. Accountant General of Karnataka (A&E), Bengaluru
3. Chief Secretary
4. Additional Chief Secretary
5. Additional Chief Secretary & Development Commissioner
6. Additional Chief Secretary, Finance Department
7. Additional Chief Secretary, Medical Education Department
8. Additional Chief Secretary to Hon'ble Chief Minister
9. Principal Secretary to Hon'ble Chief Minister
10. Secretary, Cooperation Department
11. Secretary, Labour Department
12. Commissioner, Health & Family Welfare
13. Registrar General of Cooperative Societies
14. Labour Commissioner
15. Mission Director, NHM-Karnataka
16. Executive Director, SAST
17. Chief Executive Officer, Yeshaswini Trust
18. Director, Medical Education
19. Director, Health & Family Welfare
20. Deputy Commissioners of all districts
21. Chief Executive officers of all Zilla Panchayats
22. Directors & Deans of all Government Medical Colleges
23. Directors of all government-promoted Autonomous Hospitals
24. District Health Officers of all districts
25. District Surgeons of all districts
26. Superintendents of all Government Hospitals
27. Superintendents of all Government Medical College Hospitals
28. Director, Treasuries Department