

# **MANUAL NO. 12**

The Manner of execution of  
subsidy Programmes

## RAJEEV GANDHI JEEVANDAYEE AAROGYA YOJANA

### RGJAY Scheme Details:

Rajiv Gandhi Jeevandayee Arogya Yojana scheme was implemented in Nair hospital from July 2012. Till date around 21345 patients have benefited for different procedures and many have benefited for different investigations such as X-ray, C.T. Scan, M.R.I., 2D echo, USG etc.

**OBJECTIVE:** To improve access of Below Poverty Line (BPL) and Above Poverty Line (APL) families (excluding White Card Holders as defined by Civil Supplies Department) to quality medical care for identified speciality services requiring hospitalization for surgeries and therapies or consultations through an identified Network of health care providers.

**SCHEME:** Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) has been implemented throughout the state of Maharashtra in phased manner for a period of 3 years. From 21<sup>st</sup> November, 2014 the insurance policy/coverage under the RGJAY has been availed by eligible beneficiary families residing in all the 35 districts of Maharashtra Gadchiroli, Amravati, Nanded, Sholapur, Dhule, Raigad, Mumbai and Mumbai Suburban, Akola, Buldhana, Yavatmal, Washim, Aurangabad, Beed, Hingoli, Jalna, Latur, Osmanabad, Parbhani, Thane, Ratnagiri, Sindhudurga, Bhandara, Chandrapur, Gondia, Nagpur, Wardha, Ahmednagar, Jalgaon, Nadurbar, Nashik, Kolhapur, Pune, Sangli, Satara.

**BENEFITS:** The scheme entails around 971 surgeries/therapies/procedures along with 121 follow up packages in following 30 identified specialized categories mentioned below:

1	GENERAL SURGERY
2	ENT SURGERY
3	OPHTHALMOLOGY SURGERY
4	GYNAECOLOGY AND OBSTETRICS SURGERY
5	ORTHOPEDIC SURGERY AND PROCEDURES
6	SURGICAL GASTRO ENTEROLOGY
7	CARDIAC AND CARDIOTHORACIC SURGERY
8	PEDIATRIC SURGERY
9	GENITOURINARY SYSTEM
10	NEUROSURGERY
11	SURGICAL ONCOLOGY
12	MEDICAL ONCOLOGY
13	RADIATION ONCOLOGY
14	PLASTIC SURGERY
15	BURNS
16	POLY TRAUMA
17	PROSTHESES
18	CRITICAL CARE
19	GENERAL MEDICINE
20	INFECTIOUS DISEASES
21	PEDIATRICS MEDICAL MANAGEMENT
22	CARDIOLOGY
23	NEPHROLOGY
24	NEUROLOGY
25	PULMONOLOGY
26	DERMATOLOGY

27	RHEUMATOLOGY
28	ENDOCRINOLOGY
29	GASTROENTEROLOGY
30	INTERVENTIONAL RADIOLOGY

The 131 procedures are to be performed only in empanelled public hospital / government medical college subject to availability of facility and procedure is planned.

**BENEFICIARY FAMILIES:** The families belonging to any of the 35 districts of Maharashtra and holding yellow ration card, Antyodaya Anna Yojana card (AAY), Annapurna card and orange ration card. The families with white ration card holding would not be covered under the scheme. The beneficiary families would be identified through the “Rajiv Gandhi Jeevandayee Health Card” issued by the Government of Maharashtra or based on the Yellow and Orange ration card issued by Civil Supplies Department.

**HEALTH CARDS:** Eligible families in these districts shall be provided with Rajiv Gandhi Jeevandayee Arogya Yojana Health Cards in due course of time. This Health Cards will be used for identification of Beneficiary families under the Scheme. Family Health Cards will be prepared by using data from valid Yellow or orange ration cards coupled with Aadhaar numbers issued by UID authorities. As an interim measure till the issuance of health cards, a valid Orange/Yellow Ration Card with Aadhaar number or in case Aadhaar number not available, any Photo ID card of beneficiary issued by Govt. agencies (Driving License, Election ID,) would be accepted in lieu of health card to correlate the patient name and photograph.

**FAMILY:** Family means members as listed on the Rajiv Gandhi Jeevandayee Arogya Yojana Health Cards or holding valid Orange/Yellow Ration Card.

**IDENTIFICATION:** Health card issued by Govt. of Maharashtra/Rajiv Gandhi Jeevandayee Arogya Yojana Society or valid Orange/Yellow Ration Card with Aadhaar number if Health card is not issued would act as a tool for beneficiary identification for availing the health insurance facility. The following actions would be undertaken by Network hospitals in case of the possible exceptional situations:

<b>Situation</b>	<b>Validations / Check</b>
No Health Card with beneficiary, but Valid Yellow or Orange Ration Card with name of beneficiary is available Aadhaar	Aadhaar number and in case Aadhaar number not taken any Photo Health Card issued by Govt. (Driving license, election identity card with photograph, school ID, certificate issued by authorized office.) to correlate the patient name & photograph (In instance of emergency admission, provisional preauthorization may be given subject to confirmation of it against submission of valid photo identity card issued by Govt. before discharge.)
Children born after issue of card i.e. name and photo not available on health card or on valid yellow/Orange ration card	Photograph of child with either parent along with Health card/ valid Yellow or Orange ration card of parent and Birth certificate issued by authorized office.
Name is there in Yellow or Orange Ration Card and matches with name in the Photo identity Card. But the card is invalid as it does not match with the digitized list	Not eligible for benefit of package. (The yellow/orange ration card is cancelled after verification by the department but still the family is holding it)

**PRE EXISTING DISEASES:** All Diseases under the proposed scheme shall be covered from day one. A person suffering from disease prior to the inception of the policy shall also be covered under approved procedures for that disease.

**SUM INSURED ON FLOATER BASIS & PERIOD OF INSURANCE:** The Scheme shall provide coverage for meeting all expenses relating to hospitalization of beneficiary up to Rs. 1, 50,000/- per family per year in any of the Empanelled Hospital subject to Package Rates on cashless basis through Health cards or valid Orange/Yellow Ration Card. The benefit shall be available to each and every member of the family on floater basis i.e. the total annual coverage of Rs. 1.5 lakh can be availed by one individual or collectively by all members of the family. In case of renal transplant surgery, the immunosuppressive therapy is required for a period of 1 year. So the upper ceiling for Renal Transplant would be Rs. 2, 50,000 per operation as an exceptional package exclusively for this procedure. The cases are likely to be very few and well controlled by Human Organ Transplant Act 1994. The claims related to this have to be settled by Insurer. The insurance coverage under the scheme for the beneficiary families shall be in force for an initial period of one year from the date of commencement of the policy.

**RUN OFF PERIOD:** “ Run Off period ” of one month will be allowed after the expiry of the policy period i.e. till one month after the date of policy period for 27 districts of Phase-II. This means that pre-authorizations can be done till the end of policy period and surgeries for such pre-authorizations can be done up to one month after the expiry of policy period and such claim will be honored by the Insurance Company.

**PACKAGE:** The insurer should ensure that the Network hospitals follow the packages worked out by Rajiv Gandhi Jeevandayee Society. The package rates will include bed charges in General ward, Nursing and boarding charges, Surgeons, Anaesthetists, Medical Practitioner, Consultants fees, Anaesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, food to inpatient, one time transport cost by State Transport or second class rail fare (from Hospital to residence of patient only) etc. In other words the package should cover the entire cost of treatment of Beneficiary from date of reporting to his discharge from hospital for a period of 10 days after discharge following surgery including complications if any, making the transaction truly cashless to the Beneficiary. In instance of death, the carriage of dead body from network hospital to the village/township would also be part of package. The planned 131 procedures like hernia, vaginal or abdominal hysterectomy, appendicectomy, cholecystectomy, Discectomy, etc. will be performed only in empaneled public hospitals/government medical colleges. The rates for each procedure are indicative and represent upper ceiling and the Insurer may negotiate with the given empanelled hospitals to bring them down amicably without compromising quality.

**CASHLESS TRANSACTION:** 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 payment to the hospital subject to procedure covered under the scheme. When the beneficiary visits the selected network hospital and services of selected network hospital should be made available (Subject to availability of beds). In instance of non- availability of beds at network hospital, the facility of cross referral to nearest another Network hospital is to be made available and Arogyamitra will also provide the beneficiary with the list of nearby network hospitals.

**ONLINE CLAIM SETTLEMENT:** The Insurance Company shall settle the claims of the hospitals online within 15 working days on receipt of complete claim document from the Network Hospital including the Originals bills, Diagnostics reports, Case sheet, Satisfaction letter from patient, Discharge Summary duly signed by the doctor, acknowledgement of payments of transportation cost and other relevant documents to Insurer for settlement of the claim. The online progress of claim settlement will be scrutinized and reviewed by Rajiv Gandhi Jeevandayee Arogya Yojana Society.

### **Steps for Treatment in the B.Y.L. Nair Hospital**

**STEP 01:** Beneficiary families shall approach in Hospital. Arogyamitra placed in the nair hospital shall facilitate the beneficiary. If beneficiary visits Government Health Facility other than the Network Hospital, he/she will be given a referral card to the Network Hospital with preliminary diagnosis by the doctors. The Beneficiary may also attend the Health Camps being conducted by the Network Hospital in the Villages and can get that referral card based on the diagnosis. The

information on the outpatient and referred cases in the General, Women/DH and the camps will be collected from all Arogyamitra /Hospitals on regular basis and captured in the dedicated database through a well-established call center.

STEP 02: The Arogyamitra at the Nair Hospital examine the referral card and health card or Yellow/Orange Ration Card, Annapurna or Antyodaya card register the patients and facilitate the beneficiary to undergo specialist consultation, preliminary diagnosis, basic tests and admission process. The information like admission notes, test done will be captured in the dedicated database by the Medical Coordinator of the Network Hospital as per the requirement of the Rajiv Gandhi Jeevandayee Arogya Yojana Society.

STEP 03: The Hospital, based on the diagnosis, admits the patient and sends E-preauthorization request to the insurer, same can be reviewed by Rajiv Gandhi Jeevandayee Arogya Yojana Society.

STEP 04: Recognized Medical Specialists of the Insurer and Rajiv Gandhi Jeevandayee Arogya Yojana Society examine the preauthorization request and approve preauthorization, if, all the conditions are satisfied. This will be done within 24 working hours and immediately in case of emergency wherein e-preauthorization is marked as "EM". The validity of preauthorization would be for 7 days.

STEP 05: The Network Hospital extends cashless treatment and surgery to the beneficiary. The Postoperative notes of the Network Hospitals will be updated on the website by the medical coordinator of the Network Hospital.

STEP 06: Network Hospital after performing the covered surgery/ therapy/ procedure forwards the Originals bills, Diagnostics reports, Case sheet, and Satisfaction letter from patient, Discharge Summary duly signed by the doctor, acknowledgement of payments of transportation cost and other relevant documents to Insurer for settlement of the claim. The Discharge Summary and follow-up details will be part of the Rajiv Gandhi Jeevandayee Arogya Yojana Society portal.

STEP 07: Insurer scrutinizes the bills and gives approval for the sanction of the bill and shall make the payment within agreed period as per agreed package rates. The claim settlement module along with electronic clearance and payment gateway will be part of the workflow in Rajiv Gandhi Jeevandayee Arogya Yojana Society portal and will be operated by the Insurer. The reports will be available for scrutiny on the Rajiv Gandhi Jeevandayee Arogya Yojana Society login.

STEP 08: The Network Hospital will provide free follow-up consultation, diagnostics, and medicines under the scheme up to 10 days from the date of discharge.

**HEALTH CAMPS:** Health Camps are to be conducted in Taluka Head Quarters, Major Gram Panchayat and Municipalities. Minimum of one camp per week per empanelled hospital has to be held in the eight districts in the policy year. The insurer shall ensure that at least one free medical camp is conducted by each network hospital per week at the place suggested by Rajiv Gandhi Jeevandayee Arogya Yojana Society. The Rajiv Gandhi Jeevandayee Medical Camp Coordinator MCCOs of the hospital shall coordinate the entire activity. Network hospital shall carry necessary screening equipment along with specialists (as suggested by the Rajiv Gandhi Jeevandayee Arogya Yojana Society) and other Para-medical staff. The Insurer shall put in the minimum requirements as regards the health camp in the MOU with the hospitals. The empanelled hospital shall work in close liaison with district coordinator of the Insurance Company, Civil Surgeon/District Health Officer in consultation with District Collector. Hospital shall follow the Camp policy of Rajiv Gandhi Jeevandayee Arogya Yojana Society.

Sd/-

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