PROCEEDINGS OF THE MEETING OF
THE SUVARNA AROGYA SURKSHA TRUST EXECUTIVE COMMITTEE
UNDER THE CHAIRMANSHIP OF DR. E.V. RAMANA REDDY, IAS,
SECRETARY, DEPT. OF HEALTH AND FAMILY WELFARE, HELD IN ROOM
NO: 212, 2nd FLOOR, VIKASA SOUDHA, BANGALORE ON 7th December 2009

Members Present:

1. Dr. E. V. Ramana Reddy, IAS, Secretary, H&FW Dept. - Chairman
2. Sri. D. N. Nayak, IAS, Commissioner, H&FWS - Member
3. Dr. Sumedha R. Desai, Director, H&FWS - Vice Chairperson
5. Dr. K. Chandrashekar Naik, Deputy Project Administrator, KHSDRP - Member
   (Representative of Project Administrator, KHSDRP)
6. Dr. K.V. Raju, Economic Advisor to Hon’ble Chief Minister - Member
7. Dr. H. Sudarshan, Hon. Secretary, Karuna Trust - Member
8. Sri. J. Manjunath, CFO, SAST/NRHM/KHSDRP - Special Invitee
9. Dr. N. Devadasan, Director, IPH - Member
10. Dr. C.N. Manjunath, Director, Jayadeva Institute of Cardiology - Special Invitee
11. Dr. D. Nagaraj, Director, NIMHANS - Special Invitee
12. Dr. M. Vijayakumar, Director, KIDWAI, Institute of Oncology - Special Invitee
13. Dr. B.H. Tilak, Medical Supdt. and Prof.& HOD, Victoria Hospital - Special Invitee
14. Dr. Ananth Kamat, Medical Supdt. and Prof. of Nephro-Urology - Special Invitee
15. Sri. J.E. Prasad, Vice President, FHPL - Special Invitee

Officers Present:

1. Dr. G.Y. Nagaraj, J.D. HI/PPP, KHSDRP
2. Dr. Pandurang Pujari, J.D. SAS Trust
3. Dr. Sanjay J. Deodhar, NRHM Consultant
4. Smt. Bharathi V.M., Manager, FHPL
5. Sri. Chetan Mahajan, HI Assistant, SAS Trust

Sri. G. Kumar Naik, IAS, Executive Director (ED) of Suvarna Arogya Suraksha (SAS) Trust and Member Secretary of the Executive Committee (EC), welcomed members present at the Executive Committee Meeting provided opening remarks.

1. Commencement of ISA Activities

Vice President, FHPL informed EC about the activities and services undertaken thus far as the Implementation Support Agency under Suvarna Arogya Suraksha Trust. The
organization charts for FHPL Bangalore and Gulbarga Division field offices were presented and the list of key personnel was placed in front of EC for their perusal. EC recommended having qualified and more experienced personnel for vital activities such as preauthorization and claims processing. ED was advised to monitor the selection process of such personnel and Arogyamitras as the unique foundation of the Scheme rests on the seamless transaction that will be facilitated by such components. FHPL was requested to develop and propose Fraud Control Mechanisms specially geared towards the SAS Scheme.

2. Finalizing of Benefit Package Listing and Pricing

EC was taken through the following process of arriving at the currently finalized list of procedures and prices to be covered under SAS Benefit Package:

a) Finalizing list of procedures covered under SAS Benefit Package

A draft list was prepared in-house by comparing various Schemes like Aarogyasri, Yeshasvini, CGHS, and RSBY. A Committee of eminent doctors and directors of Government healthcare institutions was constituted for discussing and finalizing the presented list as per the Trust Order for Constitution of Benefit Package Committee (Trust Order No. HFW/SAST/0003/2009-10, Dated 08.09.2009). In the process of deliberation, the basis for inclusion and exclusion was discussed and consensus had been reached on the following points: (i) stick to the GO for covering exclusively tertiary/catastrophic illnesses; (ii) procedure coverage will focus on Super Specialization not available in all District Level Govt. Hospitals; (iii) expensive procedures should be covered; (iv) focus will be on procedures not covered in any other programmes, national or otherwise; (v) there will be a phase wise growth of the list rather than having an all inclusive and comprehensive list.
b) **Fixing rates on SAS Benefit Package**

As per the resolution of the Benefit Package List Finalizing Committee (Trust Order No. HFW/SAST/0003/2009-10, Dated 08.09.2009), Specialty wise subcommittees (for eleven identified specialties) comprised of 3 members, 1 from the Government sector, 1 from the Private sector and 1 from Gulbarga Division or areas in proximity to the same were formed in order to gather more diverse inputs and a comprehensive pricing perspective for fixing rates on SAS Benefit Package. During the course of the discussions held on Sept 24 and Oct 3, 2009 the subcommittees considered the following aspects:

1) **Components of Packages** – in order to make the entire transaction completely cashless for the Beneficiary, the individual packages will consist of the entire cost of treatment, including consultation, diagnostics (including cases leading to negative diagnosis), cost of surgery/procedure, any complications while in the hospital, essential medical devices, hospital charges, follow-up, food, cost of transportation, etc.

2) The comprehensive pricing perspective gained by involving eminent figures from government institutions, individual nursing homes, and corporate institutions allows for uniform acceptable pricing for all sectors and across the State.

Subsequent to the aforementioned meetings, a State Level Consultative meeting was held on Nov 21, 2009 with eminent doctors from across the State to hold open discussions on the Benefit Package Listing and Pricing. The list and respective rates were subsequently submitted to the subcommittee members for their perusal and final approval.

The recommendations from the Benefit Package Committees were presented for EC’s approval on the process and finalized Benefit Packages to be covered under SAS Scheme. A comparative analysis with Aarogyasri Benefit Packages of Andhra Pradesh highlighting the areas in which: 1) SAS Benefit Packages are higher than Aarogyasri’s; 2) SAS Benefit Packages are lesser than Aarogyasri’s; 3) SAS Benefit Packages are equal to Aarogyasri’s;
and 4) SAS Benefit Packages are not listed under Arogyasri, was presented for EC’s perusal.

EC arrived at the consensus that Arogyasri Benefit Packages should be used as a benchmark for fixing the list of procedures and rates at least for the first year of this program. Thus all comparative Packages currently proposed to be covered under SAS that are less than or equal to those in Arogyasri were approved by EC, and those exceeding Arogyasri Benefit Packages shall be kept under or reduced to the same. It was also mentioned that no Package shall exceed the limit of Rs. 1.5 lakhs and a cap on graft and device costs shall be placed. Furthermore it was decided that diagnostic tests such as Angiography, even though they may be required and expensive, will not be covered under additional separate Packages. Instead, the cost of all diagnostics is expected to be absorbed within the prescribed Packages. For procedures not directly correlated with the Arogyasri list, EC arrived at the consensus that such procedures might still be essential to cover under tertiary care and it was advised that the proposed rates for such procedures should be compared with other Schemes or to the next most similar procedures (if available) for which the rates have been approved. It was also discussed that separate Follow-up Packages shall be devised for cases requiring follow-up treatment beyond the regular duration as covered under the Package and up to one year.

EC gave ED approval to post the Benefit Packages online for a period of 10 days for public opinion. The approved Benefit Packages shall be frozen till 31/03/2011, or until further orders.

3. Initiating Empanelment Process of Network Hospitals:

The ISA - FHPL has assisted the Trust in preparing the application and criteria for empanelment of hospitals under the SAS Scheme. The empanelment application and criteria have been prepared keeping in view that the target population can access the
tertiary care at the empanelled network hospitals. The draft copy of the empanelment application and criteria were presented for EC’s perusal.

EC was informed of the Pre-Empanelment Conference held on Dec 5th, 2009 with private hospitals to explain the application process and obtain feedback on the draft empanelment application and criteria. The feedback from various providers was shared with EC for their consideration. Some of the major concerns raised were as follows: a) application is too cumbersome, i.e. attaching photographs of all facilities and equipment and why provide information about specialities/clinical services not covered under SAS; b) different criteria should be in place for single specialty hospitals; c) in-house blood bank facility should not be mandatory; d) in-house pathology facility should not be mandatory. In this regard, the following respective decisions were taken: a) Hospitals shall comply with all information requested to be furnished by the Trust in order to go through the empanelment process successfully; b) As of now, the criteria for empanelment will be strictly adhered to, i.e. requiring 50 beds, and only the institutions, whether single specialty or multispecialty, fulfilling such criteria will be empanelled. However, in the future this subject may be put up for reconsideration in case the Trust does not receive applications from hospitals meeting the current criterion; c) blood bank facility can be present in-house or tied-up separately; d) basic pathology facilities such as radiology, biochemistry, microbiology, serology, etc. will be mandatory to be in-house, but advanced pathology facilities such as CT Scan, MRI, ECHO, etc. can be present in-house or tied-up separately.

EC gave ED the approval to initiate the Empanelment process by making the final application and criteria publicly available.

The constitution of the Empanelment and Disciplinary Committee for the purposes of scrutinizing applications, inspection reports and other material facts for empanelling a hospital, and recommending those hospitals that have fulfilled the criteria for
empanelment under Suvama Arogya Suraksha Scheme was proposed and approved. Dr. H. Sudarshan, Karuna Trust, was requested to head the committee and the member was kind enough to accept the same. EC also suggested that ED put up the names of the other members to be included in the committee for the approval of the Chairman.

Concerns were raised on the mandated frequency of regular Health Camps to be conducted by empanelled hospitals. Bringing to light the initial load of cases requiring tertiary medical intervention, it was proposed and approved that in the initial stage the Trust will require one Health Camp per month, instead of once per week as previously prescribed, from each Network Hospital. It was also mentioned that the frequency of Health Camps can be revisited by the Trust with time and experience.

4. Launching of Mega Camps in Gulbarga Division

EC was informed of the interest that has been expressed to hold Mega Health Camps as an awareness building exercise for SAS Scheme in Gulbarga Division. It is envisaged that one Mega Camp per district will be held during the months of December and January, the first of which is scheduled to be held in Gulbarga District. The Mega Camp will initiate end-to-end healthcare delivery by generating awareness and demand on behalf of Beneficiaries at the ground level. The occasion will also be used to distribute SAS ID Cards in the respective Districts. In this regard, ED and SAS Team held meetings with the District Administration in Gulbarga and Bidar to engage them in the preparatory process of organizing the Mega Camp. In these meetings, the broad visualization of such a camp was shared with the District Administration with details of components such as venue, duration, necessary personnel, booths, and the flow of beneficiaries. Roles of DHOs, THOs, PHC MOs, and other District Administration were provided as guidelines to be followed for various tasks such as ensuring patients and staff are aware of the Mega Camp and the referral process, conducting taluka level and district level meetings, and
maintaining referred patient data throughout the month. The District Commissioners were requested to facilitate the Trust in ensuring all the preparations such as preparatory meetings, infrastructure facilities, signage, volunteers, and interactions with hospitals on behalf of the Trust are put in place for the camps.

A budget of Rs. 10 lakhs was proposed and approved to fund the first Mega Camp to be held in Gulbarga District on behalf of the Trust. Further, Secretary, HF&W Dept. gave approval to dovetail NRHM funds for additional costs if any, incurred for conducting the Mega Camp.

5. Printing of ID Cards as per BPL Database:

Branding of SAS Scheme will be essential in empowering the Beneficiaries and facilitating wider awareness of the Scheme. Hence, interest has been expressed to initiate the designing, printing, and distribution of SAS Beneficiary ID Cards as per the Food and Civil Supplies BPL Database. The Food and Civil Supplies Dept. has contracted an agency for managing and extracting data for the printing and distribution of the cards. This work is still under process. It was felt desirable that the Trust entrust the work of printing SAS ID Cards to the same agency so as to enable efficient handling of data and quick completion of the printing task without disturbing the activities of Food and Civil Supplies Dept. EC was requested to permit ED to propose for exemption under Section 4 (g) of KTPP Act after obtaining the necessary information/data regarding probable cost from the FCS Dept. and the Agency. The same was approved by EC.

6. Procurement of SAS Trust Office and Ratification of Purchasing and Hiring of Vehicles:

EC was appraised on the following process undertaken for the procurement of the Trust office: quotations have been called, received, verified and evaluated from two responsive firms. Comparative statement was prepared and the L1 agency quoting the least cost, M/s
Monopoly Inc. 404, Eaden Park, Vittal Malaya Road, Bangalore- 560 001, had been approved. The firm was then asked to furnish details of office space available in the vicinity of the Secretariat. Many office spaces were considered and inspected, and finally premises belonging to Messrs. The Karakalu Hanumakka & B.M. Ramaiah Trust & NITON Enterprises measuring about 3500 sq ft. was considered appropriate. EC then suggested that ED should approach PWD for consultation on rent as per PWD norms and also obtain the existing market rent in the surrounding area. In this regard, EC was briefed that a letter had been sent to PWD No-1, building division to visit and inspect the building office space situated in No-11, Cunningham Road, Bangalore- 560 052, and to suggest appropriate rent as per Government norms. Similarly, efforts were being made to obtain prevailing market rents. While ratifying the action taken for procurement of office space, the EC suggested that necessary rental information should be obtained and placed before the Chairperson along with the rental agreement details for approval. Consequent upon approval, the office space may be occupied.

EC ratified the action taken for the procurement of one Maruti SX4 vehicle costing Rs. 7,29,647/- (Rupees Seven lakhs twenty nine thousand and six hundred and forty seven only all inclusive), with the prior approval of Chairman in view of urgency for official use to the Executive Director SAST.

On the subject of delegation of power for administrative powers, EC proposed that a comprehensive proposal be placed for the delegation of powers to the ED and the Chairman.
7. Update on consultation with Arogyasri Health Care Trust and sharing IT platform:

SAS Trust awaits a response from Aarogyasri Health Care Trust regarding entering into an agreement with their consultancy and sharing their IT platform. Follow-up letters have been sent following the SAS Team visit to AHCT, in Hyderabad and verbal concurrence has been received. Chief Secretary, Government of Karnataka and Secretary, Health and Family Welfare have interacted with their counterparts in Andhra Pradesh and elicited positive response. ED was requested to pursue the matter.

Secretary, H&FW, and Chairman of SAS Trust provided closing remarks. ED extended thanks to the Chairman and the EC members for active participation at the 5th Executive Committee Meeting.

[Signature]
Secretary, Dept. of Health & Family Welfare

[Signature]
and Chairman, Suvarna Arogya Suraksha Trust