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 29th 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. Sri. G. Kumar Naik, IAS, Executive Director, SAS Trust - Member Secy
4. Dr. K.V. Raju, Economic Advisor to Hon’ble Chief Minister - Member
5. Dr. H. Sudarshan, Hon. Secretary, Karuna Trust - Member
6. Sri. A. Babu, IAS, CEO, Aarogyasri Health Care Trust - Special Invitee
7. Dr. D. S. Ravindran, CEO, Cehre for E-Governance - Special Invitee
8. Sri. A. F. Hafiz, Chief Informatics Officer, FCS&CA - Special Invitee
9. Dr. N. Devadasan, Director, IPH - Special Invitee
10. Sri. J.E. Prasad, Vice President, FHPL - Special Invitee
11. Sri. Pradip Mutilak, Tata Consultancy Services - Special Invitee
12. Sri. Vishnu, Tata Consultancy Services - Special Invitee

Officers Present:

1. Dr. Pandurang Pujari, J.D. SAS Trust
2. ‘Dr. Sanjay J. Deodhar, NRHM Consultant
3. Smt. Bharathi V.M., Manager, FHPL
4. 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 at the Executive Committee Meeting and special invitees from Aarogyasri Healthcare Trust, Andhra Pradesh and provided opening remarks.

1. Presentation by Aarogyasri Health Care Trust of Andhra Pradesh:

Suvarna Arogya Suraksha Scheme has been devised along similar lines as Rajiv Arogyasri of Andhra Pradesh. It is envisaged that various components of the programmes such as intended beneficiaries (i.e. BPL families as per the Food, Civil Supplies & Consumer Affairs database), surgical and medical procedures to be covered, follow-up packages, total health

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coverage for families in monetary terms, involvement of private hospitals for providing healthcare services, are very much alike. Similarly, various procedural flows, i.e. recognizing the need for medical/surgical intervention, approaching service providers, obtaining preauthorization, forwarding claims after discharge of patient, claims settlement, transfer of funds electronically, etc. are also conceptualized on almost identical lines. It is very obvious to the discerning that the unique IT platform of Aarogyasri Health Care Trust (AHCT) has played the role of a force multiplier in improving the overall efficiency and effectiveness of this model of seamless health care delivery. Hence Mr. Babu, CEO, AHCT was invited from Andhra Pradesh to share his unique perspectives on the immense impact of the IT platform on the success of the Scheme and to facilitate the deliberations on how SAS Trust may proceed to enter into agreement to obtain the same from AHCT.

CEO, AHCT gave an elaborate presentation on the vital role of IT platform in Rajiv Aarogyasri and EC was appraised on how the IT platform has become the backbone in the success of the Scheme by way of serving as the fulcrum on which all the synchronized gears of the Scheme, i.e. stakeholders, process flows, etc., smoothly rotate.

The presentation by CEO, AHCT was well received by EC. Some of the following highlights from the presentation caught the attention of the EC and stimulated further discussion with CEO, AHCT: the effects of IT enabled systems on slashing administrative costs and ease of establishing monitoring mechanisms, interconnectedness of various stakeholders, etc.

Furthermore, the costs for hardware, software development, customization, infrastructure and manpower requirements were also sought from the experiences of AHCT. Other details such as virtual warehousing, data management and analysis, MIS, training for Medical Coordinators and Arogyamitras, Medical Camp policy and planning were observed by the EC. Good practices such as social auditing, beneficiary feedback system, roles of Empanelment and Disciplinary committee (EDC) were noted. After elaborate discussions,
members of the EC congratulated AHCT on their relentless efforts in developing such an advanced IT platform enabling speedy and successful implementation of the Aarogyasri Scheme. Overall, greater appreciation developed for expediting the IT procuring process for SAS Scheme, the details of which would be further discussed later in the meeting.

2. Assessment of the Action Taken Report:

Action taken report as per the minutes of the 5th EC Meeting held on 7.12.2009 was presented for EC's perusal and approval. The actions taken thus far were ratified by EC.

3. SAS IT Platform:

Following the presentation by Arogyasri Healthcare Trust, Andhra Pradesh, in the presence of representatives from M/s. Tata Consultancy Services (TCS), Chief Informatics Officer, Food Civil Supplies & Consumer Affairs, and CEO, Centre for e-Governance, Govt of Karnataka it was felt necessary to continue the discussion subsequently in a smaller group. Chairman, SAS Trust suggested that the discussion may continue in the afternoon session in greater detail on technical aspects of the IT platform so as to enable the EC to take suitable decision regarding anticipated cost of obtaining IT platform and related technical services of the IT partner like importing the software, customization, capacity building, maintenance and support, data storage and management, etc.

It was also suggested that a follow-up meeting with M/s. TCS would be held on 02.01.2010 with participation from the Dept. of e-Governance team and Dept. of FCS & Consumer Affairs to discuss the finer details of the IT solution and its timely implementation for the purpose of the Scheme. It was resolved to constitute an IT Advisory Committee for the purpose of guiding the Trust through the technical and financial parameters of the respective
proposals to be submitted by AHCT and M/s. TCS, and to facilitate the speedy, full-fledged implementation of the IT platform. It was also resolved that ED may propose for exemption under KTTP Act, related to procurement of IT platform and related services of AHCT and the IT partner, M/s. TCS, subsequent to decision of IT Advisory Committee, so constituted.

4. Approval on Benefit Package of SAS Scheme:

The list of 438 procedures along with proposed rates was placed before the last EC meeting held on 7th Dec 2009 for taking decision in the matter. Subsequently as per the decision of the Executive Committee the rates have been fixed. However during that process it was noticed that a few procedures were repeated and a few procedures under ophthalmology specialty were not in accordance with G.O. dated 20th February 2009. Hence after elimination of such procedures the list of 402 procedures had been prepared. The EC took this into consideration and approved the Benefit Package list and rates as final and frozen for the next financial year, i.e. till 31.03.2011 or until further orders.

EC permitted additional time for finalizing a) “Follow-up Packages” and b) “Pre-operative and Post-operative Procedures and Investigations” to be done in order to facilitate the Preauthorization and Claims Settlement processes.

5. Differentiation of (a) Criteria for Empanelment and (b) Packages for Government and Autonomous institutions:

a) EC was appraised on the fact that thus far in the Empanelment process, the SAS Trust has received 101 applications from mostly private hospitals for empanelment under the Scheme. However, there are a significant number of providers in the domain of Government and Autonomous institutions that have not submitted the application. The
Trust values and looks forward to receiving active participation from such institutions in this Scheme, but simultaneously it is not seen as viable to compromise for a specific group of providers the currently envisioned standard of Network Hospitals as set forth in the criteria for empanelment. The subject was presented to EC for deliberation on how to engage such institutions and on whether amendments to the criteria for empanelment should be considered in the process. EC arrived at the consensus that the same standards for all empanelled hospitals should be maintained. However, the Trust should positively seek the empanelment of Government, Autonomous and Academic Institutions.

b) As mentioned in previous discussions on SAS Benefit Package, a comprehensive pricing perspective, i.e. private, government and autonomous institutions, has been taken into account when fixing the rates. Consequently, the Packages have been designed to cater to the profit seeking model of private hospitals as well as keeping in the mind the investment necessary to establish super specialty infrastructure and its maintenance. Since such investment is made directly through the government budget and/or through charitable funds in the case of government and autonomous institution, it was proposed to the EC that a differentiation in the Benefit Packages should be considered in such cases. The matter was presented to the EC for deliberation on the profit sharing model to be implemented for government and autonomous institutions and some proposals were presented to facilitate the discussion. EC arrived at the consensus that the following profit sharing model shall be established: 30% of the package rate will be given to the Surgeon’s Team as part of fees and incentives and 70% of the package rate will be given to the hospital with specified guidelines for utilization. The proposed guidelines are to be put forth during the next EC meeting.
6. Constitution of Empannelment & Disciplinary Committee and Proposed Tentative
Empannelment

EC was appraised on the constitution of the Empannelment & Disciplinary Committee as per
Trust Order No. HFW/SAST/05/2009-10 dated 18th Dec 2009 and was also intimated on the
details of the first meeting held under the Chairmanship of Dr. H. Sudarshan, Honorary
Secretary, Karuna Trust. It was proposed to approve to pay remuneration fee of Rs. 500/-
each for the members of the committee on a per-sitting basis. Further for the members of
inspection team apart from TA & DA, it was also proposed and approved to pay Rs. 500/-
each per inspection basis.

It was proposed and approved to charge an empanelment processing fee of Rs. 10,000/- and a
similar empanelment renewal fee annually. If the application is rejected, a re-inspection fee
of Rs. 2,500/- will be charged from the applicant hospitals.

7. Approval for advertising empanelment of specialist doctors for Trust Office:

EC was appraised on the felt need to form a panel of specialists at the Trust level for scrutiny
of preauthorization and claims, and quality assurance teams. The Preauthorization and claims
settlement are envisioned to be two-tier processes shared by the ISA and Trust. The ISA
(FHPL) will assume significant responsibilities as it will have a processing mechanism in
place for preauthorization and claims with its own team of specialists. Nevertheless, the ISA
is the third party agency and ultimately the final approval for preauthorization and claims
settlement will be the sole responsibility of the Trust. In SAS Scheme, the ISA does not
assume the function of an insurance agency, in which case the entire premium would have to
be paid upfront to the agency and the Trust would have to establish checks and balances to
ensure that genuine Beneficiaries are not denied. Instead the ISA is contracted on the basis of
payment for services as prescribed in the RFP document, and thus has no stake in the
premium or the amount of utilization under the Scheme. Consequently, the entire onus is on
the Trust to ensure the optimal utilization of the Scheme, a model based on providing care to
the needy and minimizing fraud.

Hence, it was proposed that the Trust will have to increase its internal capacity by forming a
panel of doctors, who have significant expertise in the identified specialties covered under
SAS Scheme, on a consultancy/part-time basis as well as deputing senior surgeons from the
government for giving the final approval on the entire process on behalf of the Trust. It is
envisaged that in order to enable the seamless functioning of the Scheme such experts will
have to be available round the clock, thus a system of shifts shall be established. It is
recommended to recruit 2 doctors, 1 of which will be on-call for attending to emergency
cases round the clock, from each of the 7 identified specialties to be covered under the
Scheme. Specialists could be drawn on part time basis from Retired Govt. Doctors, Govt.
Institutions and Medical College, etc. It was also proposed that the Trust will have to
separately depute 2-3 senior surgeons from the government on a full-time basis. Job
descriptions and roles of the doctors were presented.

It was proposed and approved to permit ED to advertise the empanelment of specialist
doctors in major newspapers and ED was permitted to empanel the short listed candidates. It
was decided that Government doctors may be taken on deputation and ED shall write to
Secretary, H&FW and Commissioner, H&FW for further verification in the process. The EC
also arrived at the consensus that specific procedures for which preauthorization is to be re-
checked in the Trust shall be identified.

8. Updates on ISA Activities:

The ISA, M/s. Family Health Plan Limited (FHPL), mentioned they have forwarded the bio
data of Arogyamitras recruited for Raichur and Gulbarga districts and recruitment of other
districts Arogyamitrās will be completed on or before 7th Jan 2010. Other developments such as establishing a Call Center designated for SAS Trust were stated as being under process. EC requested the ISA to present their detailed progress and status report on 02.01.2010 in order to properly access their developments.

9. **Updates on Trust Office:**

EC was informed that ED has furnished the requested information, i.e. obtaining PWD consultation for appropriate rents according to government norms and also obtaining the existing market rent in the surrounding area, to the Chairman for his approval. The Chairman has given approval and the Trust is proceeding to occupy the premises.

10. **Proposal for delegation of powers to the ED and Chairman:**

As per the resolution of the 5th EC meeting, ED had been requested to place a comprehensive proposal for the delegation of powers to the ED and the Chairman before the EC. EC permitted ED to present the same in the next EC Meeting.

11. **Mega Camp Postponed:**

EC was appraised on postponement of Mega Health Camp to be held on Dec. 25th, 2009 and a future date would be announced in due time. Keeping this future date in mind, the EC was informed that the Trust will ensure that the efforts put into the preparation for this Mega Camp will be sustained. The District Administration has informed the Trust that thus far 1200 patients have been screened and a register is being maintained. Additionally, on 14/12/09 and
15/12/09 two meetings at Taluka level were held and the THOs have also undertaken various IEC activities throughout the district.

EC was also informed that in efforts to involve private hospitals in the Mega Camp preparations, a Pre-Mega Camp Conference was held on December 14, 2009. The details of the Mega Camp such as the duration, infrastructure, personnel requirement, patient inflow pattern, etc. as well as the importance of branding of the hospital as part of the network under SAS Scheme were clearly explained to the participants. Also the roles of network hospitals and the need for their participation through specialist stalls with adequate staff, i.e. good number of specialists, nurses, general doctors, paramedics, portable diagnostic and investigative instruments, etc., were described in detail. It was also discussed that a participation fee of Rs. 5000 in order to cover some of the administrative costs would be required per stall. The Trust invariably received positive response from the providers and DD’s from 6 hospitals, willing to occupy 11 stalls were received. Since the news of postponement of the Mega Camp had reached many of the other hospitals before their submission, the Trust was reassured that they would come forward once the next date for the camp is finalized. The EC was requested to ratify the collection of participation fee for the specialist stalls. The same was ratified by EC.

Secretary, Health & Family Welfare Dept. and
Chairman, Suvarna Arogya Suraksha Trust
Copy to:

1. Secretary to Government, Health & Family Welfare Department Vikasa Soudha, Bangalore.
2. Principal Secretary to Government, Finance Department, Vidhana Soudha, Bangalore.
3. Principal Secretary to Government, Medical Education Department, Vikasa Soudha, Bangalore.
5. Mission Director, National Rural Health Mission / Project Administrator, KHSRDP. Sheshadri Road Bangalore.
7. Dr. K.V. Raju, Economist, Advisor to Hon’ble Chief Minister, Vidhana Soudha, Bangalore.
8. Dr. H Sudaarshan, Karuna’Trust. #686, 16th main, 39th cross, 4th ‘T’ Block, Jayanagar, Bangalore.
10. Chief Finance Officer, SAS Trust/ KHSRDP/ NRHM

Special invitees:

1. Sri. A. Babu, IAS, CEO, Aarogyasri Health Care Trust - Special Invitee
2. Dr. D. S. Ravindran, CEO, Centre for E-Governance - Special Invitee
3. Sri. A. F. Hafiz, Chief Informatics Officer, FCS & CA - Special Invitee
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