PROCEEDINGS OF THE MEETING OF THE EXECUTIVE COMMITTEE OF THE SUVARNA AROGYA SURKSHA TRUST UNDER THE CHAIRMANSHIP OF SECRETARY, DEPT. OF HEALTH AND FAMILY WELFARE, HELD IN CONFERENCE ROOM OF TRUST OFFICE, BANGALORE ON 22<sup>th</sup> JULY 2010

Members Present:
1. Dr. E. V. Ramana Reddy, IAS, Secretary, H&FW Dept. - Chairman
2. Sri. D. N. Nayak, IAS, Commissioner, H&FWS - Member
4. Representative of Principal Secretary, Finance Dept. - Member
5. Sri. Selva Kumar, IAS, MD, NRHM & PA, KHSDRP - Member
6. Dr. Sumedha R. Desai, Director, H&FWS - Vice Chairperson
7. Dr. H. Sudarshan, Hon. Secrètary, Karuna Trust - Member
8. Representative of Chief Finance Officer, SAST - Member
9. Sri. H.R. Srinivasa, IAS, Commissioner FCS&CA - Special Invitee
10. Dr. D.S. Ravindran, CEO, Centre for e-Governance - Special Invitee
11. Dr. N. Devadasan, Director, IPH - Special Invitee

Officers Present:
1. Dr. Pandurang T. Pujari, J.D. SAS Trust
2. Sri. Chetan Mahajan, SAS Trust
3. Sri. J.E. Prasad, Vice President, FHPL

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 VIII Executive Committee Meeting of SAS Trust and provided opening remarks. The proceedings of the meeting are as follows:

1. Confirmation of the Action Taken Report of 7<sup>th</sup> EC Meeting held on 25<sup>th</sup> Jan 2010:

The action taken report as per the minutes of the 7<sup>th</sup> EC meeting held on 25.01.2010 was presented for EC's perusal and approval. The actions taken thus far were ratified by EC.
2. Approval on Agreement between Network Hospitals and Trust

As per the resolution of the 7th EC Meeting, the Draft Agreement between SAS Trust and Network Hospitals was to be signed on a temporary basis until final vetting from the Law Dept. was attained. Government have returned the Draft Agreement with observations and sought the Trust’s comments on the same. SAS Trust has considered the observations and deliberated on the feasibility of the recommended changes to the Agreement. The feasible recommended changes were incorporated and the final version of the agreement was presented for EC’s perusal and approval.

Some concerns were raised about emphasizing the protocol for keeping patients admitted until preauthorization approval is given and defining guidelines for taking care of the patient’s body in case of death. It was suggested that these points should be ensured within the final version of agreement. Otherwise, EC was in consensus with the changes made thus far and suggested the ED may put up the final Agreement for final concurrence with the Chairman.

3. Updates on activities of Empanelment & Disciplinary Committee and Proposed Empanelment of Hospitals:

EC was appraised on the progress of the empanelment process thus far including details of 167 applications for empanelment under Vajpayee Arogyasree Scheme have been received, of which 162 hospitals have been inspected. Further, the EDC’s recommendations to approve an additional 54 hospitals for empanelment and reject 21 on various measures since the 7th EC Meeting; for a total of 94 approved hospitals and 64 rejected applications till date. EC approved the recommendations of the EDC.
Further, the Trust presented some trends that have been noticed through the course of time such as active participation in the programme from only about 45 Network Hospitals. The EC was apprised about the current review of performance with the programme being conducted of all hospitals and areas in which they can improve in providing better coverage to VAS beneficiaries. A break-up of Network Hospitals according to their activity, i.e. first category consisting of hospitals which have sent more than 25 preauthorization requests, second category of hospitals which have sent less than 25 preauthorization requests, third category of hospitals in the Gulbarga region which are yet to participate and finally a fourth category of hospitals from other districts which have not participated at all. EC appreciated the Trust going through the process to review each individual hospital’s performance and suggested that the hospitals in the distant districts, i.e. distant from Gulbarga Division, would be allowed more time to participate or until the programme is expanded to another Division. Meanwhile, it was expressed that the other hospitals should be urged to play a bigger role in the programme.

4. Progress of Preauthorization and Claims Settlement Processes

EC was apprised on the progress of preauthorization and claims settlement processes: as on 21.07.2010, 2311 preauthorizations amounting to Rs. 14,11,71,835 have been received by the Trust of which 1928 preauthorizations amounting to Rs. 12,24,42,500 have been approved for treatment. Thus far 813 claims amounting to Rs.5,44,79,730 have been received and 571 claims amounting to Rs.3,72,11,430 have been approved and paid directly to the Network Hospitals. Detailed preauthorization and claims reports were presented for EC’s perusal. Concerns were raised by the EC on the high prevalence of
cardiovascular cases relative to other specialties. It was suggested by Dr. H. Sudarshan and Dr. N. Devadasan that, apart from there being an existing disease burden in this category, in the case of cardiovascular surgeries the patient outcomes are very dramatic and perhaps the skewed trend in such cases can also be attributed to the initiative from the patient to seek treatment along with the readiness of the Network Hospitals to provide the service. It was also suggested that other factors such as discrepancy in Benefit Package or in the screening methods for the other specialties at the health camp may also contribute to the skewed trend in cases. Also it was felt that it would be worthwhile to peruse the results of the beneficiary audits to be conducted on the cardiovascular cases, especially those below the age of 45, to examine need for and effectiveness of treatment.

The following points were presented for EC’s consideration for incorporating changes in the service delivery process:

1) Thus far BPL beneficiaries have been required to furnish either a permanent BPL card or temporary BPL card with photograph and seal attesting payment towards a permanent BPL card. However, it was shared that recent discussions with FCS&CA Dept. suggest that the ration card distribution across Gulbarga Division has been completed and thus the permanent BPL card should be the only mode of identification. The Trust has sent a letter to the Secretary, FCS&CA in this regard and awaits a response. The Commissioner, FCS&CA, gave his concurrence in this regard, stating that the distribution of laminated photo ration cards in Gulbarga Division is considered to be more or less complete and that it would be feasible for the Trust to implement the programme with laminated photo BPL card as the sole source for beneficiary identification. EC considered the Commissioner’s
opinion and was in consensus to permit the ED to implement the laminated photo BPL card as the sole source for beneficiary identification.

2) A number of preauthorizations have been received in which the diagnostic tests on the patient have been done at an independent diagnostic centre within a short time of reporting to the Network Hospital. In light of keeping the cashless nature of this programme intact, EC was requested to deliberate on who should bear the cost in such cases. EC advised the Trust to come back with a more detailed analysis of such cases to be able to take further decision in the matter.

3) It was discussed that under VAS, some death cases have occurred and the procedure for handling the patient’s body and determining who shall bear the cost of transporting it to its place of origin should be established. EC arrived at the consensus that the Network Hospital shall bear the cost and responsibility of transporting the patient’s body to the place of patient’s origin in the event of a death case.

Additionally, it was highlighted that as on 21.07.2010, only two preauthorizations for polytrauma cases have been approved under the programme. While the Trust is concerned about the disparity in number of such cases relative to other specialties, it has been receiving representation from various Network Hospitals to address such a gap. Hence the EC was asked to consider recommendations from the Benefit Package Polytrauma Subcommittee for extending scope of VAS polytrauma packages to include more procedures and to remove the clause in the programme which excludes coverage for cases covered under the Motor Vehicle Act. During the discussion, concerns were raised on the risk of double claims being raised with the Trust and concerned Insurance Agency. EC arrived at the consensus to constitute a committee to examine this case further and return to
the EC with recommendations on further action. It was also suggested that the committee may approach Government Insurance Companies for further understanding in this regard.

5. IT Procurement

As per the resolution from the 7th EC meeting, EC was appraised on the following course of action taken by the Trust to initiate the procurement process for an IT solution to administer VAS. The IT Advisory Committee of the Trust was first consulted about the course of action for procuring the IT platform for Vajpayee Arogyashree. The Committee reached the consensus that the Trust must first define the functional requirements of the scheme in terms of the IT specifications desired in order to take the tender process forward. It was also suggested that it would be advisable to approach E-Governance Consultancy Services to do the needful in the process.

EC was appraised that the E-Governance Consultancy Organization (M/s PricewaterhouseCoopers) has been engaged for conducting a functional requirements study and developing RFP for selection of Service Provider for Design, Development, Testing, Installation and Maintenance of IT Solution. PwC, with 2 process consultants and one solution architect deployed, defined the project in two parts: 1) Process mapping - mapping process flow of all activities of the Trust and other stakeholders such as beneficiary verification, patient registration, preauthorization, claims settlement, MIS, etc. The Functional Requirement Specifications were defined as a result of the process mapping; 2) Preparation of RFP.

EC was presented with the completed RFP, internally reviewed by the Trust and PwC, and an overview of the main features for suggestions. After detailed discussions on the
document, EC advised the ED to obtain final approval on the RFP from the IT Advisory Committee, after which it may be released for tendering as per KTPP norms. Additionally, concerns were raised on how the Trust would be able to access the FCS&CA BPL data once the IT platform is implemented. EC requested Commissioner, FCS&CA to provide input in this regard. He suggested that the Trust may approach FCS&CA to apply for a web login for the Trust and ISA to access the BPL data. EC requested ED to pursue the matter.

6. Health Camp Schedule

As prescribed in the Agreement between SAS Trust and Network Hospitals, the Network Hospitals shall conduct regular Health Camps at least once a month at the designated Taluka as per the schedule provided by the Trust. EC was apprised that Taluka wise Health Camp schedule has been prepared which ensures that screenings for all specialties covered under VAS are provided at the camp. Currently, the plan envisages Health Camps to be conducted in all Talukas in Bidar and Koppal Districts on the 5th of every month, in Yadgir and Bellary Districts on the 10th of every month, in Gulbarga and Raichur Districts on the 15th of every month and District level camps in all 6 Districts on the 25th of every month. EC was presented with the Health Camp plan for perusal and approval on continuing to implement the envisaged Health Camp plan. EC approved the Health Camp plan and permitted the ED to implement along same lines.
7. Publicity Module

Though Health Camps have been a major source for spreading awareness on the programme as well providing an arena for screening patients, it is felt that more robust and mainstream publicity activities must be carried out in the coming months to further extend the reach of the programme. The Trust has identified certain target groups such as Anganwadis, Gram Panchayat, village to district level health institutions, elected representatives, etc. which will help disseminate the VAS cause. With the strength of such target groups and the existing manpower of Arogyamitra stationed at the ground level, certain publicity material such as handbills, posters, banners, hoardings, cinema, TV, radio and bus advertisements, letters, etc. will facilitate the interaction with BPL families. EC was presented with a district wise publicity plan.

EC was appraised that the Trust is also looking to leverage the existing KHSDRP and NRHM network of NGOs and various programmes such as Mobile Health Clinics (MHC), Village Health and Sanitation Committees (VHSC), ASHA workers, Citizen Help Desk (CHD), etc. to reach out to the masses with information and facilities of counseling, medicines and treatment. Identified persons from each of these programmes shall be oriented about VAS and provided with information and publicity material for mobilization of probable beneficiaries. EC was requested to approve the presented publicity plan and provide for channels to engage the existing network under KHSDRP and NRHM.

EC perused the publicity plan and suggested a phase wise implementation of the plan. It was also suggested that the Trust should allow for printing of banners at the local district level or with the Network Hospitals. The Chairman requested ED to present a staggered plan for the next 6 months and in order to maintain uniform standards in quality the Trust
shall call for tender for the printing and distribution of the approved material. EC was also requested to permit ED, on an urgent need basis, to procure limited quantities of materials such as handbills, posters, etc. and the services of experts to prepare the same. The same was approved by the EC.

It was also shared that till now, services from experts and procurement of material such as handbills, posters, etc. for limited quantities have been undertaken by the Trust towards the successful conduct of Health Camps. EC ratified the action taken thus far in this regard.

8. Printing and Distribution of VAS stickers

As per earlier discussions on establishing distinguished branding for VAS beneficiaries, it had been decided that the most resource effective method would be to place a sticker with the following dimensions, 20x40mm, directly on the BPL card in the vacant space allotted for the address of the Fair Price Shop. The sticker shall be placed in this currently vacant area of the BPL card and is not expected to have any impact on the existing card. It is envisaged that this small sticker will serve the purpose of entitling beneficiaries to avail the benefits under the Scheme at any identified Network Hospitals of their choice.

Quotes from local printing agencies have been taken and it seems the cost of the sticker will be around 7 paisa/sticker if a bulk order of 14 lakhs is given, amounting to about Rs. 98,000 in total. It was suggested to the EC that a set number of stickers will be dispatched to a central location at each Taluka for distribution. EC was requested to permit ED to approach agencies for printing and delivery of VAS stickers on a quotation basis. The same was approved by EC and Chairman was requested to write to the Revenue Secretary to have the VAS stickers distributed through local Tahshildars.
9. Initiating Baseline Study of VAS

EC was appraised that it is felt at this stage of implementation that it would be advisable to conduct a baseline study of the programme. It is envisaged to examine the programme along two parameters: 1) Impact Assessment; 2) Effectiveness of Processes. An impact assessment would encompass such indicators as age, gender, geographical distribution, health status, morbidity, mortality, economic and productivity impact, coping mechanism, well-being, etc. Essentially, this portion of the study would determine whether the programme has achieved its objective of providing coverage for BPL families in the event of a catastrophic illnesses and whether or not it has truly impacted the lives of the target population.

The second segment of the study would examine the effectiveness of processes put into place by the Trust, such as benefit packages, public private partnerships, preauthorization and claims settlement processes, follow-up treatment, Health Camps, Arogyamitras, fraud control, sanctity of cashless treatment, patient satisfaction, etc. This segment will allow the Trust to make any changes and close gaps where needed in the day to day administration of the programme. Further, it was suggested that the overall baseline study shall provide a reference point or comparison once the impact analysis of the programme is conducted 2-3 years from now.

The EC appreciated the need to conduct a baseline study on the programme and requested the ED to constitute a committee of experts to further develop the objectives of the study and present a TOR for conducting the study.
10. SAS Trust Office Requirements

a) EC was appraised that during the week of the 12/07/2010 – 16/07/2010, SAST Team had extensive discussions with the World Bank Health Insurance experts, Sri. Vijaysekar Kalavakonda and Dr. Somil Nagpal, and the rest of the World Bank team on setting milestones for developing the capacity of the Trust over the next couple of years. Upon assessing the current progress of the programme and determining the needs of the Trust in the near future, the previously approved organization chart was revised to meet the current needs of the Trust. It was further explained that the envisaged organization chart would have the following heads of departments:

**Operations** – to be headed by senior Government doctor with empanelled specialist doctors, handling all activities associated with preauthorization requests and claims settlement;

**Medical Management** – Monitoring and managing activities under Benefit Package listing and pricing, developing procedural guidelines, effective conduct of Health Camp, follow-up care, quality of care given at the Network Hospital and patient satisfaction;

**IEC** – Management of all activities related to publicity for the programme, material design and distribution and Health Camp management. To be headed by experienced consultant having handled socioeconomic programmes, especially those reaching out to BPL population, multi-media experience;

**M&E and Capacity Building** – Monitoring, evaluation and reporting of Arogyamitras, Network Hospitals and ISA. Also responsible for training, capacity building and information dissemination along the guidelines of the programme;
IT – Managing and monitoring activities of IT platform and Service Provider. Preferably an experienced young IT consultant;

Finance and Admin – managing all administrative and financial needs of the Trust and maintains the Turn around Time (TAT) for the payment process after approved claims are received from Operations department. Finance and admin department also has to provide guidance and assistance to the Operations Department staff in the performance of their duties and responsibilities with a focus on the overall departmental as well as the organization’s goals and objectives.

Furthermore, EC was appraised that two specialist doctors from the Government have been deputed to assist the Trust. At present both doctors are engaged in the preauthorization and claims settlement processes. It was expressed that the processes are more or less streamlined at the current flow of incoming cases. Therefore, with their existing knowledge of the programme, it was suggested to entrust these individuals with more responsibilities such as taking up the activities under the aforesaid departments. Meanwhile, the Trust may continue to empanel specialist doctors on a part-time basis depending on the load of the preauthorizations and claims.

EC was requested to approve the revised organization structure and permit ED to establish the aforesaid departments and deploy the necessary human resources. EC approved the same and advised ED to adopt KHSDRP procedure in this regard.

b) EC was requested to ratify administrative expenses incurred by the Trust. A detailed report of such expenditures was presented EC’s perusal and ratification on the expenditures. EC ratified the expenditures till date.
c) EC was appraised that Sri. Chetan Mahajan has been working with the Trust on a consultancy basis since July 2009. He has been deeply involved and played a significant role in the activities of the Trust thus far. The Trust has benefited from his participation and it is felt that his continued engagement can add more value towards the implementation of the programme. Hence, the decision was taken to extend his consultancy period from Jan 2010 – Dec 2010. EC ratified the decision taken in this regard.

11. Relaxation in Empanelment Criteria of Gulbarga Institutions

A case has been presented to the Trust from the Deputy Commissioner, Gulbarga for allowing some of the Gulbarga region cardiac institutions, which currently do not meet the set criteria for empanelment, to be empanelled under VAS for performing identified procedures which are less resource intensive, i.e. can be performed with a cath lab. EC was requested to consider this appeal and advise for further action. EC arrived at the consensus that the criteria for empanelment shall not be relaxed in this case and any institution seeking empanelment under the programme shall meet the minimum criteria.

[Signature]
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, KHSDRP. Sheshadri Road Bangalore.
7. Dr. K.V. Raju, Economist, Advisor to Hon'ble Chief Minister, Vidhana Soudha, Bangalore.
8. Dr. H Sudarshan, Karuna Trust. #686, 16th main, 39th cross, 4th 'T' Block, Jayanagar, Bangalore.
10. Chief Finance Officer, SAS Trust/ KHSDRP/ NRHM