



Proceedings of Government of Karnataka

Subject: Universal Health Coverage Scheme, Arogya Karnataka - Administrative Approval and Implementation Guidelines

Read:

1. Karnataka Integrated Public Health Policy 2017
(http://www.karnataka.gov.in/hfw/kannada/Documents/Karnataka_Integrated_Public_Health_Policy_2017.PDF);
2. Karnataka Vision 2025 Document
(https://navakarnataka2025.in/site/sites/default/files/health%20and%20nutrition_10th%20Jan.pdf);
3. National Health Policy 2017
(<https://mohfw.gov.in/sites/default/files/9147562941489753121.pdf>).

Preamble:

1. The Karnataka Integrated Public Health Policy 2017 read at (1) above envisages attainment of the highest possible level of good health and well-being of all people in the State through a preventive, promotive, curative and rehabilitative healthcare orientation, with universal access to affordable and quality healthcare services to all, and inclusion of health in all developmental policies. The Policy also envisages that all the fragmented social insurance schemes be merged into a single health assurance plan to improve efficiency and outreach. The policy expects the State Government to develop robust and sustainable financing mechanisms by strengthening the public sector and harnessing private services (not-for-profit), to ensure that public services of the highest quality are maintained, keeping the public health interest in mind, whenever needed.

2. The Karnataka Vision 2025 Document read at (2) above envisions achieving Universal Healthcare through an equitable, accessible, affordable, qualitative and well governed health system for the people of Karnataka. The document aims to achieve this vision by strengthening and reforming public healthcare system to enhance its credibility, efficiency and effectiveness, establishing objective, transparent and unobtrusive regulations and regulatory mechanism for the private hospitals, and using technology for sector management from a service delivery perspective.

3. The National Health Policy read at (3) above envisages universal access to quality healthcare services without anyone having to face financial hardship as a consequence. The policy further envisages the following.

- i. Assuring availability of free comprehensive primary healthcare services for all aspects of reproductive, maternal, child and adolescent health and for the treatment of the most prevalent communicable, non-communicable and occupational diseases in the population.
- ii. Ensuring improved access and affordability, of quality secondary and tertiary healthcare services through a combination of public hospitals and well measured strategic purchasing of services in healthcare deficit areas, from private care providers, especially the not-for profit providers.
- iii. Achieving a significant reduction in out of pocket expenditure of healthcare costs thereby reducing the proportion of households experiencing catastrophic health expenditures and consequent impoverishment.

4. The Government of Karnataka provides a range of healthcare services through public health institutions administered by the Health & Family Welfare Department, and hospitals and centers of excellence attached to government medical colleges. These institutions, hospitals and centers (all referred collectively as PHIs hereafter) cater to about 687 lakh patients in a year providing about 3000 types of treatments. These services include hospital-based treatment for 41 lakh in-patients, 2.4 lakh major surgeries, 2.7 lakh minor surgeries and 5.7 lakh child birth deliveries in a year.

5. In addition to the healthcare normally available in the PHIs, the State Government also implements the following health assurance and health insurance schemes, with support from Government of India and in partnership with private hospitals, to provide secondary and tertiary healthcare:

- i. Yeshaswini Scheme providing specified secondary and tertiary surgical treatment for members of cooperative societies and their family members that make annual contribution;
- ii. Vajpayee Arogyashree Scheme providing free specified tertiary healthcare for persons belonging to BPL families;
- iii. Rajiv Arogya Bhagya Scheme providing specified tertiary healthcare for persons above the poverty line on co-payment basis;

- iv. Rashtriya Swasthaya Bima Yojana (RSBY) providing free specified secondary healthcare to BPL persons and persons working in un-organized sectors and their family members, and providing specified tertiary healthcare to senior citizens among those;
- v. Rashtriya Bala Swasthaya Karyakram (RBSK) providing free specified secondary and tertiary healthcare to students up to 18 years of age in government and aided schools and children in anganwadies;
- vi. Mukhyamantri Santwana Harish Scheme providing emergency healthcare to all victims of road accidents;
- vii. Indira Suraksha Yojane providing healthcare to dependent family members of farmers who committed suicide;
- viii. Jyothi Sanjeevini Scheme providing specified tertiary healthcare to government servants and their dependent family members;
- ix. Arogya Bhagya Scheme providing specified secondary and tertiary healthcare to police personnel and their dependent family members;
- x. The Karnataka Legislative (Members, Medical Attendance) Rules 1968, for providing specified secondary and tertiary healthcare to members of Karnataka State Legislature.

6. The above listed schemes cover about 3.25 lakh cases of secondary healthcare and 1.25 lakh cases of tertiary healthcare treatments in a year at a total expenditure of about Rs. 900 Crore per annum. The Yeshaswini scheme gets an annual contribution of about Rs.100 Crore from the members, which is utilized to partly fund the scheme out lay of approx. Rs.400 Crore in a year. The schemes at sl.no. (iv) and (v), namely RSBY and RBSK are partly funded by the Government of India to an extent of 60 percent. The RSBY is implemented, except the component for the senior citizens, in insurance mode. In addition to the healthcare available to government servants under the scheme at sl. no. (vii), they also get reimbursement for their medical care as per Karnataka Government Servants' (Medical Attendance) Rules.

7. The insights and learnings gained in implementing the above listed schemes suggest significant overlap across schemes in terms of scope and coverage, sub-optimal utilization of the PHIs, and variations in the treatment rates in private hospitals. The design of some of those schemes has resulted in by-passing of the public health system in favour of availing healthcare services from private healthcare providers. Such by-passing of the

public health system has contributed inadvertently to the weakening of the system in terms of service delivery and productivity. The goal of universal, equitable and sustainable healthcare can be possible, as noted in the policies and the Vision document read above, only through a credible, efficient and effective public health system, supplemented by a lightly but credibly regulated private health system. The basic premise of provisioning of universal health services is 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.

8. Considering the above imperatives, the following order is made to achieve the policy goal of universal, equitable and sustainable healthcare over a period of time.

Government Order No. HFW 91 CGE 2017, Dated 1.3.2018, Bengaluru

Scope

1. Administrative approval is hereby accorded for providing universal health coverage, through a new scheme called “Arogya Karnataka”, to all residents of Karnataka State 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 this order.
2. Universal health coverage as assured in this new scheme shall exclude the following categories of residents as they can avail healthcare through other schemes.
 - i. Residents covered under Employees’ State Insurance Scheme;
 - ii. Residents covered under health assurance or health insurance schemes of their employers;
 - iii. Residents who have taken private health insurance policies on their own;
 - iv. Residents covered under Central Government Health Scheme of the Government of India;
 - v. Employees of Government of Karnataka till the amendment of the Karnataka Government Servants’ (Medical Attendance) Rules;
 - vi. Members of Karnataka Legislature till the amendment of the Karnataka Legislature (Members Medical Attendance) Rules 1968.

Subsuming of existing schemes

3. The following existing schemes shall be subsumed in the Arogya Karnataka scheme.
 - i. Yeshaswini Scheme;
 - ii. Vajpayee Arogyashree Scheme;
 - iii. Rajiv Arogya Bhagya Scheme;
 - iv. Rashtriya Swasthaya Bima Yojana (RSBY) including RSBY for senior citizens;
 - v. Rashtriya Bala Swasthaya Karyakram (RBSK);
 - vi. Mukhyamantri Santwana Harish Scheme.
 - vii. Indira Suraksha Yojane
4. The schemes meant for the members of the Karnataka State Legislature, government employees and police personnel shall be brought under this new scheme after the related medical attendance rules applicable to them are amended.

Enrollment of patients

5. There shall be a one-time enrollment of patients, on an IT portal to be established by Suvarna Arogya Suraksha Trust (referred as SAST hereafter) as part of E-hospital application, as and when they approach any PHI for treatment for the first time. A patient approaching an empanelled private hospital in case of emergency (as per Annexure 4) without a referral from a PHI can be enrolled at the private hospital also on the SAST portal.
6. The enrollment shall be based on Aadhaar and PDS Card, of which, Aadhaar shall be mandatory. On successful enrollment based on Aadhaar authentication, a unique identity number, ARKID, shall be generated and a health card called "Arogya Karnataka Card" shall be provided to the patient at the enrollment counter on payment of fee of Rs. 10 (ten) only.

7. In case of loss of the health card, a duplicate card can be obtained at any PHI on payment Rs. 20 (twenty) only on production of Aadhaar or PDS card and on Aadhaar authentication.
8. For a patient not having Aadhaar, enrollment for Arogya Karnataka scheme can be done based on the PDS card. Such person shall be provided treatment in the PHIs, but will need to get enrolled for Aadhaar before getting any referral to a private hospital.
9. The patients availing healthcare services under the scheme shall be categorized as detailed below:
 - i. Eligible Patient: A patient who is a resident of Karnataka State and belongs to “Eligible Household” as defined under the National Food Security Act, 2013;
 - ii. General Patient: A patient who is a resident of Karnataka State but does not come under the definition of “Eligible Household” as defined under the National Food Security Act, 2013, or does not produce the eligible household card.
10. The basic features of the enrollment process are detailed in Annexure 5.
11. It shall be the responsibility of the PHIs to set up the required number of enrollment counters and outpatient registration counters.
12. Pregnant women and children requiring reproductive and child health services, persons requiring preventive healthcare for non-communicable diseases, and persons requiring curative health care for communicable diseases shall also be enrolled through Health & Wellness Centers in similar manner as detailed at para 5 to 10.

Cost of treatment to be borne by the Government

13. Financial assistance up to Rs. 30,000 per annum will be provided for specified complex secondary healthcare treatment to a family of up to 5 persons. In the event of the family requiring specified tertiary healthcare treatment, this annual limit will be increased to Rs.1.5 lakh per annum. For any family needing specified emergency tertiary healthcare treatment even after full utilization of the annual limit, additional assistance of Rs. 50,000 will be provided. These assistances shall be subject to the approved package rates.

14. The benefit limit for a family under Yeshaswini scheme during the transition period up to 31.5.2018 shall be Rs. 2,00,000 per annum.

Eligible Patient

15. The complex secondary health care treatments, tertiary health care treatments, and emergency healthcare treatments, as specified in Annexures 2B, 3 and 4 respectively, given to eligible patients in the PHIs shall be free subject to limits mentioned at para 13 above. The State Government shall reimburse the cost to the concerned PHI as per the package rates to be prescribed separately for the PHIs.
16. The complex secondary health care or tertiary health care treatments given to an eligible patient by an empanelled private hospital on a referral from a PHI and emergency health care treatment given without referral from a PHI shall be free for the eligible patient. The cost of treatment up to the package rate shall be reimbursed to the concerned empanelled hospital that provides the treatment subject to the prescribed annual limit as per para 13. The empanelled hospital cannot charge more than the approved package rate. In case the family limit is exhausted, the excess amount for the treatment shall be borne by the patient.

General Patient

17. The secondary health care treatment or tertiary healthcare treatment to a general patient shall be on co-payment basis in a PHI or on referral in an empaneled private hospital. The concerned PHI or the empanelled private hospital can charge such patient its publicly-disclosed rates. The reimbursement under the scheme shall be limited to 30 percent of the package rate for that treatment prescribed by the Government or the actual amount charged for the treatment, whichever is lower. The balance 70 percent should be collected from the patient.

Patient without referral

18. In case of a patient, irrespective of his category being eligible or general, getting treatment in an empanelled private hospital without a prior referral from a PHI, except in an emergency (as specified in Annexure 4), reimbursement shall not be provided for such treatment. Such patient shall have to bear the entire cost of the treatment.

User Charges

19. For the primary healthcare treatments and normal secondary healthcare treatments specified in Annexures 1 and 2A respectively, the concerned PHI shall charge their normal user charges. There shall not be any reimbursement to the PHIs or to the patients from the Government for such treatments.
20. For the treatments and diagnostics not covered under the scheme, the PHIs shall also charge their normal user charges.

Referral system

21. A patient requiring a complex secondary healthcare treatment, as listed in Annexure 2B, or a tertiary healthcare treatment, as listed in Annexure 3, shall consult the medical doctor in the nearest taluka or district level PHI first. Based on the outcome of the consultation and evaluation by the medical doctor and the existing medical capability of the concerned PHI, the treatment may be provided in the same PHI or a referral may be provided to a higher-level PHI within the same or neighbouring district.
22. In case of non-availability of the required diagnostic facilities in the PHIs to decide the nature of treatment, a referral may be provided to empanelled diagnostic laboratories for investigations.
23. In case of the required complex secondary healthcare treatment or tertiary healthcare treatment not available in the PHIs, a referral shall be provided for availing the treatment in any of the empanelled private hospitals.
24. The referral protocol for each of the complex secondary healthcare treatments and tertiary healthcare treatments specified in Annexures 2B and 3 respectively shall be prescribed through a separate government order.
25. In case a higher-level PHI in the same district has the medical capability for the required specified complex secondary healthcare treatment or tertiary healthcare treatment of a patient, the referral shall be provided for such higher-level PHI only. Only in case of an emergency (as specified in Annexure 4) the referral can be made by the head of the referring PHI to any of the empanelled private hospitals.
26. The referring PHI shall not refer a patient to any particular empanelled hospital. The referral shall be open for all empanelled private hospitals having the

capability and Arogya Karnataka readiness on the day. The patient on being referred shall have the choice to select any of the empanelled hospital. The patient should carry the Arogya Karnataka Card for acceptance in the hospital for the treatment.

Patient Acquisition

27. A patient needs to be enrolled at a PHI only once. For any follow up visit or any subsequent visit for another ailment to the same or any other PHI, the patient should carry the Arogya Karnataka Card for the out-patient (OPD) registration based on Aadhaar authentication.
28. In case of Arogya Karnataka card being produced for the subsequent visit, there shall not be any requirement of producing Aadhaar card. The OPD registration slip shall be generated based on the Aadhaar authentication facilitated by the IT system based on Arogya Karnataka Id (ARKID) itself.
29. In the absence of the Arogya Karnataka card not being produced during a subsequent visit, the OPD registration can be done by fetching the ARKID from the IT system based on Aadhaar card or PDS Card, and Aadhaar authentication.
30. Once a patient gets referred from a PHI for treatment in an empanelled private hospital, any of such hospitals can accept the patient on successful Aadhaar authentication for providing the treatment. SAST shall provide the required software for the Aadhaar authentication and patient acquisition at the hospital level. Once a hospital accepts the patient, it shall not be open for another hospital to record the patient acquisition.

Implementation agencies

31. Commissioner Health & Family Welfare and Director Medical Education shall be responsible for implementation and management of the scheme in the PHIs administered by them.

Primary Healthcare Services:

32. All primary healthcare services, specified in Annexure 1, shall be provided only in the PHIs. Efforts shall be made to provide these services from PHIs most easily accessible to the residents. The outreach of those services shall be strengthened by visits of para-medical staff and ASHA workers to the homes of the residents, especially in respect of RCH services.

Secondary Healthcare Services

33. All normal secondary healthcare treatments specified in Annexure 2A shall be provided only in the PHIs.
34. All complex secondary healthcare treatments, specified in Annexure 2B shall also be provided in the PHIs subject to medical capability in the PHIs located within the taluka or district of the patient.
35. In case of the PHIs within the district not having the medical capability for the required complex secondary healthcare treatment, listed in Annexure 2B, the patient shall be referred for availing treatment from any of the empanelled private hospitals.

Tertiary Healthcare Services

36. Tertiary healthcare services, as specified in Annexure 3, shall be provided in the PHIs subject to medical capability for the required treatment in the PHIs located within the district of the patient.
37. In case PHIs within the same or neighbouring district do not have the medical capability for the required tertiary healthcare treatment listed in Annexure 3, the patient shall be referred for treatment from any of the empanelled private hospitals.

Mapping of Implementation agencies

38. The mapping of the PHIs for providing primary healthcare services, secondary healthcare treatments, complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments shall be prepared by the Commissioner, Health & Family Welfare for the PHIs administered by Health & Family Welfare Department and with Director, Medical Education for the PHIs administered by Medical Education Department. The “Arogya Karnataka Readiness” of those PHIs shall be placed in the public domain and updated monthly.
39. Similarly, the mapping of the empanelled private hospitals for providing complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments shall be prepared by SAST. The “Arogya Karnataka Readiness” of those hospitals shall be placed in the public domain and updated monthly.

Empanelment of implementation agencies

40. All PHIs shall be empanelled under the scheme compulsorily. However, their “Arogya Karnataka Readiness” shall be assessed as per the norms to be formulated. Their readiness for the specified treatments shall be placed in the public domain.
41. All private hospitals in the State that meet the prescribed norms, as specified in Annexure 6, shall be eligible for getting empanelled with SAST for providing complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments.
42. The hospitals currently empanelled with SAST or Yeshaswini Trust or with RSBY insurance companies shall be given an option to get empanelled for the Arogya Karnataka scheme, subject to meeting the norms prescribed in Annexure 6 within 6 months.
43. The empanelment of private hospitals in the neighbouring states can also be considered in case of inadequate capacity being available in the PHIs and the empanelled hospitals in the border districts.

Package Rates

44. The cost of specified complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments shall be based on package rates, which shall be uniform for all the empanelled private hospitals. However, an additional incentive amount of 2 percent of the package rates shall be provided for hospitals which have got final accreditation from NABH for patient safety and quality of care.
45. The package rates for the empanelled private hospitals shall be fixed and revised periodically as per provisions of the Karnataka Private Medical Establishment Act (KPME Act) based on the recommendations of the expert committees. The norms for determining the package rates shall be prescribed by the Government through a separate order.
46. The package rates for the empanelled private hospitals for the scheme based on rationalized list of treatments are detailed in Annexure 7 to 9. These rates are prescribed based on the existing rates under various schemes subsumed in the new scheme. The first revision to the rates shall be taken up from 1.10.2018.

47. During the transition period for RSBY and Yeshaswini scheme, i.e, up to 31.3.2018 and 30.5.2018 respectively, the package rates already fixed for those schemes shall be applicable.
48. The package rates for the complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments specified in Annexures 2B, 3 and 4 respectively for purpose of reimbursing the PHIs their cost over and above the normal block grants provided to them and the procedure for reimbursement shall be prescribed through a separate order.
49. There shall not be any reimbursement to the PHIs for the primary healthcare and normal secondary healthcare treatments specified in Annexures 1 and 2A respectively.

Payment to implementation agencies

50. An empanelled private hospital providing a complex secondary healthcare or tertiary healthcare treatment, specified in Annexure 2B and 3, after the referral and pre-authorization, to an eligible patient shall be paid the package rate as per Annexure 7 and 8 or actual bill amount, whichever is lower, by the SAST. In case of the treatment to a general patient, the payment to the empanelled private hospital shall be limited to 30 percent of the package rate.
51. An empanelled private hospital providing emergency healthcare treatment, specified in Annexure 4 to an eligible patient shall be paid the package rate as per Annexure 9 or actual bill amount, whichever is lower, by the SAST. In case of the treatment to a general patient, the payment to the empanelled private hospital shall be limited to 30 percent of the package rate. The reimbursement for emergency healthcare treatment shall be subject to confirmation of the need and emergency on post-treatment basis.
52. A PHI providing a specified complex secondary healthcare or tertiary healthcare treatment or emergency healthcare treatment to an eligible patient shall be paid the package rate to be prescribed for the PHIs as per para 48 or actual bill amount, whichever is lower. For providing treatment to a general patient, the payment to the PHI shall be limited to 30 percent of the package rate to be prescribed for the PHIs.

Productivity linked incentives for public health institutions

53. A PHI can use up to 10 percent of the reimbursement amount received under the scheme for complex secondary healthcare treatments or tertiary healthcare treatments to provide productivity linked bonus to its medical and para-medical staff. The balance 90 percent of the amount shall be deposited in the Arogya Raksha Fund of the PHI for meeting the expenses of the hospital as per the Fund norms over and above the normal grant-in-aid available from the Government.

Scheme management

54. The Suvarna Arogya Suraksha Trust shall be the agency for providing support to Commissioner Health & Family Welfare and Director Medical Education for implementation and management of the scheme. The responsibilities of the Trust shall include the following activities.
 - i. Providing and maintaining IT system for operational management of the Scheme including quality assurance and grievance management;
 - ii. Financial Management of the scheme;
 - iii. Reimbursement from the Government of India for RSBY claims;
 - iv. Empanelment of PHIs and private hospitals;
 - v. Payments to private empanelled hospitals and PHIs;
 - vi. Assistance to Expert Committee constituted under the KPME Act for recommending treatment package rates and their periodic revisions;
 - vii. Formulation of norms for empanellment of private hospitals;
 - viii. Formulation of the referral protocol and establishment of the referral system;
 - ix. Formulation of “Arogya Karnataka Readiness” norms for PHIs and private hospitals;
 - x. Formulation of medical audit protocol;
 - xi. Formulation of claims approval and financial audit protocol;

55. The fixing of treatment package rates and their periodic revisions shall require approval of the Government. Any revision to the list of treatments specified in Annexures 1, 2A, 2B, 3 and 4 shall also require approval of the Government.
56. The activities prescribed at sl. nos. (vii) to (xi) in para 54 shall be carried out by SAST based on specific expert committees to be constituted with the approval of the Government. Their recommendations shall be got approved by the Board of Trustees.
57. The operational responsibility of delivery of health services in the PHIs shall be with the Commissioner, Health & Family Welfare for the PHIs administered by Health & Family Welfare Department and with Director, Medical Education for the PHIs administered by Medical Education Department.
58. During the transition period of Yeshaswini scheme, the Yeshaswini Trust shall be responsible for the operational management of the scheme and payments to the concerned hospitals. The role of the SAST during that period will be in respect of pre-authorization, reimbursement claim approval, and claim audit only.
59. The administrative charges payable to SAST for management of the scheme shall be sanctioned through a separate order.

IT System

60. SAST shall establish the IT systems for patient enrollment, patient referral, patient acquisition, and “Arogya Karnataka Readiness” disclosure.
61. The first-time enrolment of patients shall be done on Arogya Karnataka enrollment software.
62. SAST shall provide secured integration and access to its IT systems for the e-Hospital or any other customized software of the PHIs for patient registration after the one-time enrolment, referral management, Arogya Karnataka readiness information inputs, and submission of reimbursement claims for the complex secondary healthcare treatments and tertiary healthcare treatments specified in Annexures 2A and 3 respectively.
63. SAST shall provide secured access to its IT systems to the empanelled hospitals for patients’ acquisition based on referrals from the PHI, pre-authorization requests, claim submissions, and patient enrollment in emergency cases.

64. The PHIs and the empanelled private hospitals shall be required to upgrade their information systems to provide relevant information to the SAST IT system, at least on a daily basis, for disclosure to the public.
65. Commissioner, Health & Family Welfare and Director, Medical Education shall be responsible for establishing the patient registration system and patient referral system in their respective PHIs by arranging suitable customization in the e-Hospital software. The SAST will facilitate preparation of FRS document for the registration and referral systems based on the protocol to be developed, customization of e-Hospital software, and arranging training of the medical and para-medical staff for using the systems.
66. Commissioner, Health & Family Welfare and Director, Medical Education shall also be responsible for establishing biometric attendance systems in their respective PHIs to ensure assured availability of the medical and para-medical staff for delivery of services.
67. Primary & Secondary Education Department will be encouraged to provide a “student health module” in its “Students Achievement Tracking System” for implementation of RBSK in government and aided schools.

Disclosure to the public

68. SAST shall facilitate placing of the following information in the public domain by Commissioner, Health & Family Welfare and Director, Medical Education for orderly implementation of the scheme and for helping patients make informed choices.
 - i. Geographical spread of available PHIs and empanelled private hospitals for specified treatments;
 - ii. Readiness of PHIs and empanelled private hospitals for the specified treatments on daily basis;
 - iii. Number of treatments provided by each PHI and empanelled private hospitals;
 - iv. Package rate lists approved by the State Government;
 - v. Package rate list of each empanelled private hospital for general category patients;

69. The access of the public to the above information shall be facilitated through a suitable mobile App, public website, SMS based query system, and interactive voice-based query system and Call Center.

Funding for the scheme

70. The scheme shall be funded primarily from the budget provision available under HOA 2210-80-001-0-01. The scheme description shall be modified as “Arogya Karnataka”.
71. For the transition period during 2017-18 and 2018-19, the expenditure for the Yeshaswini scheme patients shall be met from the budget provision available under HOA 2425-00-108-0-57. The provision shall be brought under the Demand for the Health & Family Welfare in the budget for 2018-19.
72. The expenditure for RSBY patients shall be met from the budget provision available under HOA 2210-80-800-0-27 to facilitate separate maintenance of accounts for claiming reimbursement from the Government of India.
73. The expenditure on RBSK patients shall be met from the outlay approved for the National Health Mission programme.

Transition modalities for Vajpayee Arogyashree Scheme

74. For period up to 30.5.2018 a resident needing tertiary healthcare treatment can avail the treatment from any of the Arogya Karnataka or Vajpayee Arogyashree empanelled private hospitals without a referral from a PHI. However, such patient will need to get enrolled either at a PHI, if the facility is available in the same district, or provide Aadhaar and PDS card number at the empanelled private hospital as part of the pre-authorization activity.
75. From 1.6.2018, the referral to the empanelled private hospitals even for tertiary healthcare treatment shall be necessary, except for emergency cases, shall be through the PHIs alone as prescribed in paras 21 to 26 above.

Transition modalities for RSBY

76. The RSBY scheme shall continue to be implemented under the insurance mode as per the scheme guidelines prescribed by the Government of India. However, efforts shall be made to persuade the Government of India to allow the implementation under the assurance mode through the SAST from 1.4.2018.

77. While following the insurance mode, the following refinements shall be brought in the implementation modalities of RSBY with effect from 1.4.2018.
- i. The list of 1516 treatments envisaged originally shall be rationalized and aligned with the list of treatments and their codes under the Clinical Establishments (Registration and Regulation) Act 2010.
 - ii. The treatments detailed in Annexures 1 and 2A, shall be reserved exclusively for the PHIs. For the services provided through PHIs, SAST shall claim reimbursement from the insurance companies.
 - iii. The referral to the private hospitals for other treatments, except emergency cases, shall be through the PHIs as prescribed in para 21 to 26 above.
 - iv. The treatment of senior citizens enrolled under RSBY shall be under the assurance mode as already allowed by the Government of India. SAST shall send the related reimbursement claims to the Government of India every quarter.
 - v. SAST shall establish a back-end mapping of “Arogya Karnataka” unique identity number with RSBY card identity number based on Aadhaar or PDS Card number to facilitate compilation of reimbursement claims and monitoring of healthcare for persons working in the un-organized sectors.

Transition modalities for Yeshaswini scheme

78. The Yeshaswini scheme shall be continued in its present form till the end of the current cooperative year, i.e., up to 31.5.2018, for which contributions from the members have been collected already.
79. The treatments for the pre-authorizations given up to 31.5.2018 can be availed up to 30.6.2018.
80. There shall not be any contribution from the cooperative society members from the next cooperative year.

Timeline for implementation

81. The scheme shall be implemented first in 10 major hospitals administered by the Health & Family Welfare Department and Medical Education Department within 15.3.2018 as listed in Annexure 10A.

82. Thereafter, it shall be rolled out in other 33 major and district level hospitals within 30.6.2018 as listed in Annexure 10B.
83. The roll out of the scheme to taluka level hospitals, CHC and PHCs shall be completed by 30.9.2018, 31.10.2018 and 31.12.2018 respectively.

This order is issued with approval of the competent authority and concurrence of Finance Department vide its endorsement numbers FD 1009 Exp 5 / 2017 dated 3.10.2017, FD 1054 Exp 5 / 2017 dated 31.10.2017 and FD 130 Exp 5 / 2018 dated 12.2.2018.

**By Order and in the Name of
The Governor of Karnataka**

**-Sd-
(Padma V.)
Under Secretary
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, Home Department
8. Additional Chief Secretary, Medical Education Department
9. Additional Chief Secretary, E-Governance Department
10. Additional Chief Secretary, Social Welfare Department
11. Principal Secretary, Primary & Secondary Education Department
12. Principal Secretary, Planning Department
13. Principal Secretary, DPAR
14. Principal Secretary, Women & Child Development Department
15. Principal Secretary-1 to Hon'ble Chief Minister
16. Principal Secretary-2 to Hon'ble Chief Minister
17. Secretary, Cooperation Department
18. Secretary, Labour Department
19. Secretary, Karnataka Legislative Assembly
20. Secretary, Karnataka Legislative Council
21. Director General & Inspector General of Police
22. Chief Executive Officer, Vision Document Project
23. Commissioner, Health & Family Welfare

24. Registrar General of Cooperative Societies
25. Labour Commissioner
26. Mission Director, NHM-Karnataka
27. Executive Director, SAST
28. Chief Executive Officer, Yeshaswini Trust
29. Deputy Director General and State Informatics Officer, NIC Karnataka
30. Director, Medical Education
31. Director, Health & Family Welfare
32. Deputy Commissioners of all districts
33. Chief Executive officers of all Zilla Panchayats
34. District Health Officers of all districts
35. District Surgeons of all districts
36. Directors & Deans of all Government Medical Colleges
37. Directors of all government-promoted Autonomous Hospitals
38. Superintendents of all Government Hospitals
39. Superintendents of all Government Medical College Hospitals
40. Director, Treasuries Department
41. PS to Hon'ble Minister for Health and Family Welfare
42. PS to Hon'ble Minister for Medical Education
43. PS to Hon'ble Minister for Cooperation
44. PS to Hon'ble Minister for Labour