


**Original Research Article**

# Evaluation of Arogyasri Seva Scheme in a Government Maternity Hospital, Govt. Victoria Hospital, Visakhapatnam

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## Abstract

A prospective observational study was conducted in Government Victoria Hospital, Visakhapatnam from 2013 to 2018 to evaluate Arogyasri scheme. Arogyasri scheme provides end to end cashless services for identified diseases in Andhra Pradesh. During this period, 891 gynecological surgeries were conducted under this scheme. Out of them, 44 were not approved for claim. A total of 10,880,238 rupees were claimed.

## Key words

Arogyasri scheme, Arogya mitra, Empanelment, Preauthorisation, Telephonic Approval.

## Introduction

Towards achievement of universal coverage of health for BPL families, the Govt. of Andhra Pradesh is implementing state sponsored Arogyasri scheme. This scheme is a unique PPP model in the field of health insurance. The state govt. setup the arogyasri trust under chairmanship of Honourable Chief Minister. The trusts

administered by a chief executive officer who is an IPS officer.

### i. Empanelment

Hospitals having a minimum of 50 hospital beds with requisite infrastructure and expertise within the states of Andhra Pradesh and Telangana are eligible to be empanelled under the scheme for

providing services. In respect of single speciality hospitals like ENT, Ophthalmology, etc. 20 bedded hospitals are eligible.

To bring in quality and transparency into the system of empanelment, online empanelment procedure is adopted. Hospitals while applying have to upload their application along with entire details of the hospital such as infrastructure. Availability of Specialists, Equipment, Lab facilities with documentary and photographic evidence. Once the online application is registered these hospitals are inspected by team of doctors from the Empanelment and Disciplinary Committee (EDC) and based on the report and evidence the Empanelment and Disciplinary Committee analyse the hospital and thereafter accept/reject the empanelment application. The hospitals whose applications are accepted are thereafter inducted into the scheme after a work shop and signing of MOU.

An empanelled health care provider shall be referred as a network hospital- which are listed in website: [www.Arogyasriseva.ap.gov.in](http://www.Arogyasriseva.ap.gov.in)

## **ii. Disciplinary action**

The EDC shall initiate disciplinary proceedings against erring NWHs for the following reasons:

- Infrastructure deficiencies
- Equipment deficiencies
- Man power deficiencies
- Service deficiencies
- Violation of service contract agreement

## **iii. Medical Audit**

The success of the scheme rests on ensuring that all the stakeholders adhere to the highest level of medical ethics.

- Monitoring of quality of medical care.
- Framing guidelines to prevent moral hazard.
- Monitoring the trends of utilization of listed therapies across NWHs.
- Conduct investigation into allegations of treatment lapses.

- Analyze mortality and morbidity under this scheme and recommend corrective measures.
- Recommend punitive actions against a medical professional or NWH.

## **iv. Pre-Authorization**

- For elective cases the approvals are given within 12 hours and for emergency cases telephonic approvals are given immediately.
- All pre-authorizations are being handled through the Trust portal. The preauthorization is done 24x7x365 days.

## **v. Telephonic approval**

A provision is made in the scheme to ensure timely pre-authorization in cases of life saving emergencies through Telephonic Approvals. Provisional approval is given by collecting minimal essential data through cell conferencing facility available round the clock between the treating Doctor/Medco. pre-auth executive and pre-auth doctor. The data thus collected through few questions is captured in online format by preauthorization team and a system generated reference number is given to the hospital. The online format thus created is automatically made available in the hospital login to help hospital to use it to send regular pre-authorization.

## **vi. Claims settlement**

Hospital can raise claim only after 10 days after discharge as post discharge to 10 days period is part of package. All the claims processing shall be carried out electronically through the Trust portal. Payments to all the NWHs shall be made through electronic clearance facility of the Trust.

The Claim processing is done on the basis of outcome of treatment and is evidence based with definite post treatment indication.

## **vii. Online workflow**

A dedicated real-time online workflow system was designed by the Trust in order to bring dynamism and decentralization of work in a

massive scheme like Arogya Sri this includes total online processing of the cases starting from registration of case at first referral center (health camps or network hospitals or other sources). pro-authorization upload of medical and non-medical records electronically. Treatment and other services at the hospital discharge and post treatment follow-up, claim settlement. Payments through payment gateway, accounting system, TDS deductions till the end. Any inputs for improvement of the system will be taken from all the stake holders from time to time. A dedicated data center is being maintained by Trust for this purpose. Analytical tools including BI (Business Intelligence or Service Intelligence)

#### **viii. Information Education and Communication (IEC)**

The Trust undertakes IEC activity to create awareness among various stakeholders through awareness campaigns, Health camps, Publicity through pamphlets and posters, Publicity through electronic media, Training and orientation.

#### **ix. Capacity Building**

Workshops or training sessions for capacity building of their beneficiaries, representatives and other stakeholders in respect of the scheme and their roles at each district is organized by the Trust. The following training programmes are organized for stakeholders

- Empanelment training programme
- Network Hospital training programme at hospital. Network hospital reorientation programme
- Induction programme
- PHC Vaidyamithras training programme
- Training Programme for Field functionaries
- Soft & Communication skills training programme
- Any other training and orientation programme designed by the Trust

#### **x. Health Camps services**

Arogyasri Seva is the flag ship scheme of the state government and the aim is to achieve

"Universal Health Care" to poor people in Andhra Pradesh, and the benefit in the primary care is addressed through health camps as part of scheme Implementation. Health Camps are main source of mobilizing the Beneficiaries. The important role played by the health camps includes conducting IEC activity, screening, counselling. Treatment of common ailments and refer the patients to Government and Corporate Network Hospitals for treatment under Arogyasri Seva Scheme

#### **Introduction**

Towards achievement of universal health coverage for BPL families whether defined in terms of financial protection or access to and effective use of health care. Government of Andhra Pradesh is implementing state sponsored Arogyasri Seva Health insurance Scheme. The aim of the Government is to provide Universal Health Coverage to BPL families The scheme is a unique PPP model in the field of Health insurance, tailor made to the health needs of poor patients and provides end to end cashless services for identified diseases under secondary and tertiary care through a network of service providers from Government and private sector.

The scheme has established a demand-side mechanism that mobilizes and channels additional public financing to health, introduced an explicit benefits package. Pioneered cashless care and fostered public private partnerships.

The scheme is designed in such a way that the benefit in the primary care is addressed through free screening and outpatient consultation both in the health camps and in the network hospitals as part of scheme implementation The IEC activity during the health camps, screening, counseling and treatment of common ailments in the health camps and out-patient services in network hospitals is supplementing the government health care system in preventive and primary care.

In order to facilitate the effective implementation of the scheme, the State Government set up the Arogyasri Seva Trust under the chairmanship of

the Honourable Chief Minister. The Trust is administered by a Chief Executive Officer who is an IPS Officer. The trust in consultation with the specialists in the field of insurance and health care, runs the scheme.

Arogyasri Seva Health Insurance scheme is unique in its applicability since no other State! government agency has provided universal health coverage to the poor. The choice of hospital for treatment is with the patient. The entire process from the time of conduct of health camps to the screening, diagnosing, treatment, follow-up and claim payment is made transparent through online web based processing to prevent any misuse and fraud. The scheme is complimentary to facilities available in government hospitals and put together provides Universal Health Coverage to BPL population including Prevention. Primary care and In-Patient care. All the Primary Health Centres (PHCs) which are the first contact point. Area/District Hospitals and

Network Hospitals are provided with Help Desks manned by VAIDYA MITHRA's to facilitate the illiterate patients.

### **Objectives**

- To provide free quality hospital care and equity of access to BPL families by purchase of quality medical services from identified network of health care providers through a self-funded reimbursement mechanism (serviced by Trust).
- To provide financial security against the catastrophic health expenditures.
- To strengthen the Government Hospitals through demand side financing.
- To provide universal coverage of health for both urban and rural poor of the State of Andhra Pradesh.

### **Geometry of health insurance coverage**

- Population coverage (Breadth of Universal Health coverage) The beneficiaries of the scheme are the

members of Below Poverty Line (BPL) families as enumerated and photographed in White Ration Card linked with Adhar card and available in Civil Supplies Department database.

- Financial coverage (Height of Universal Health coverage) The scheme shall provide coverage for the services to the beneficiaries up to Rs.2.50 lakh per family per annum on floater basis. There shall be no co-payment under this scheme.
- Benefit Coverage (Depth of Universal Health coverage)

### **Out-Patient**

The scheme is designed in such a way that the benefit in the primary care is a rendered through free screening and outpatient consultation both in the health camps and in the network hospitals as part of scheme implementation.

### **In-patient**

The scheme shall provide coverage for the 1044 "Listed Therapies" for identified diseases in the 29 categories which are listed in website [1].

### **Package includes the following services**

- End-to-end cashless service offered through a NWH from the time of reporting of a patient till ten days post discharge medication, including complications if any up to thirty (30) days post-discharge for those patients who undergo a "listed therapy(ies).
- Free OP evaluation of patients for listed therapies who may not undergo treatment for "listed therapies".
- All the pre-existing cases under listed therapies are covered under the scheme.
- Food and Transportation.

### **The scheme provides coverage for the procedures under following categories**

- General surgery
- ENT surgery
- Ophthalmology

- Gynaecology and Obstetrics
- Orthopedic surgery and procedures
- Surgical gastroenterology
- Cardiothoracic surgery
- Paediatric surgeries
- Genitourinary surgeries
- Neurosurgery
- Surgical oncology
- Medical oncology
- Radiation oncology
- Plastic surgery
- Polytrauma
- Prostheses
- Critical care
- General medicine
- Infectious diseases
- Pediatrics
- Cardiology
- Nephrology
- Neurology
- Pulmonology
- Dermatology
- Rheumatology
- Endocrinology
- Gastroenterology and Psychiatry

### Follow-up Services

Follow-up services are provided for a period of one year through fixed packages to the patients whoever require long term follow-up therapy in order to get optimum benefit from the procedure and avoid complications. Follow-up package for consultation, investigations, drugs etc, for one year for listed therapies were formulated by Technical committee of the Trust in consultation with specialists.

### Important stakeholders in the scheme are

- The beneficiaries The Scheme is intended to benefit 129.44 lakh families in all 13 districts of the state.
- Vaidya Seva Health Care Trust Implementing agency In order to implement the scheme in a dynamic and hassle free manner Government of AP established an independent Trust "Dr.

NTR Vaidya Seva Trust". The scheme is implemented directly by the Trust by entering into contract agreement with network hospitals

- Network Hospitals Service Providers A health care provider shall be a hospital or nursing home in Andhra Pradesh established for indoor medical care and treatment of disease and injuries and should be registered under Andhra Pradesh Private Allopathic Medical Establishments Registration and Regulation Act and Pre-Conception and Pre-Natal Diagnostic Techniques Act (Wherever Applicable).

### Hospital profile of Government Victoria Hospital

Government Victoria Hospital is a 147 bedded Hospital located in I town area, Beach Road, Visakhapatnam. It is a mother and child care clinic and hospital daily Gynec op strength is 60 - 80 and 250 to 300 antenatal op daily 2-3 Gynecological operations will be done apart from the cesarean sections and normal deliveries. The hospital is empanelled in Arogyasri. It is doing a lot of service to the poor. It is developing day by day in meeting the health needs of the local population. Arogyasri scheme cases are increasing, as a result the public health sector and the hospitals are developing.

### Year wise claim amount

Financial year	Claim amount
2013-2014	4,96,147
2014-2015	10,19,704
2015-2016	22,44,964
2016-2017	37,17,281
2017-2018	34,02,142

### Cashless Treatment package

- Screening
- Testing and Diagnosis
- Medical treatment
- Medicine
- Transport
- Food
- Follow-up treatment

### Surgeries conducted in a Govt. Maternity hospital

	2013	2014	2015	2016	2017	2018
<b>S4.1.1 Cesarean hysterectomy with bladder repair</b>	-	-	-	-	1	-
<b>S4.1.1 Surgery for rupture uterus with tubectomy</b>	-	1	1	-	-	-
<b>S4.2.1 Laparoscopic vaginal hysterectomy</b>	54	121	163	149	47	67
<b>S4.2.2 Laparoscopic cystectomy</b>	7	18	12	10	7	8
<b>S4.2.3 Laparoscopic ectopic resection</b>	-	4	-	-	-	1
<b>S4.2.5 Laparoscopic myomectomy</b>	2	2	1	7	1	1
<b>S4.2.6 Laparoscopic recanalization</b>	-	-	1	-	3	2
<b>S4.2.7 Laparoscopic sling operations</b>	1	2	-	-	-	-
<b>S4.2.8 Laproscopic ahesiolysis</b>	8	-	-	1	-	-
<b>S4.2.9 Vaginal hysterectomy</b>	-	4	1	1	1	-
<b>S4.2.10 Vaginal hysterectomy with pelvic floor repair</b>	15	32	33	43	8	30
<b>S4.2.16 Abdominal repair for vault prolapse</b>	-	1	1	1	-	-
<b>S4.2.17 Abdominal repair with mesh for vault prolapse</b>	3	4	4	-	2	4

### Claim status of surgeries conducted by Govt. maternity hospital.

	2013	2014	2015	2016	2017	2018
<b>1 Claim paid</b>	60	116	181	180	5	87
<b>2 Cancel by trust (discharge updated)</b>	22	5	15	-	-	
<b>3 EO rejected</b>	4	44	12	-	-	15
<b>4 Discharge updated</b>	-	-	-	-	16	
<b>5 Account verified</b>	2	21	-	2	-	
<b>6 Cancel by trust (surgery updated)</b>	2	1	-	-	-	
<b>7 Claim doctor approved</b>	-	-	-	5	11	
<b>8 Claim doctor pending updated</b>	-	-	1	9	21	
<b>9 Jjeo pending</b>	-	-	3	12	-	
<b>10 Claim submitted</b>	-	-	-	-	14	6
<b>11 EO approved</b>	-	-	-	9	1	2
<b>12 EO pending</b>	-	-	6	2	-	3
<b>13 JEO approved</b>	-	-	-	-	2	
<b>14 Jeo pending updated</b>	-	-	-	2	-	
<b>15 Surgery updated</b>	-	-	-	-	2	

### Government Vitoria Hospital for women and children, Visakhapatnam statistics and performance indicators for the period from 2013 to 2018

	2013	2014	2015	2016	2017	2018
<b>In-patients</b>	53553	59025	63794	59291	66295	61549
<b>Out-patients</b>	65655	63278	66637	64419	68517	36200
<b>Total admissions</b>	9227	9667	10063	9522	10046	9163
<b>Major gynec operations</b>	2300	2331	2477	2225	2589	2692
<b>Minor operations</b>	500	437	298	552	1375	428



**Each package covers the cost of the following:**

- Scheme lists Procedure covered, not diseases
- No protocol for determining the best modality of treating the patient, or whether the patient actually needs the procedure.
- Packages are standardized and priced in consultation with Medical experts based on procedures or surgeries.

**Cashless Treatment package**

- Screening
- Testing and Diagnosis
- Medical treatment
- Medicine
- Transport
- Food
- Follow-up treatment

**Each package covers the cost of the following**

- Scheme lists Procedure covered, not diseases
- No protocol for determining the best modality of treating the patient, or whether the patient actually needs the procedure.

- Packages are standardized and priced in consultation with Medical experts based on procedures or surgeries.

**Conclusion**

The Arogyasri scheme is helping the poor people and is also causing development of the hospitals. All other states in India also should implement such insurance schemes which in turn improve the health of the people and there by developing the health sector.

Patients availing the services of maternity Hospital were mostly satisfied with various aspects of the patient care, the type of services avoided plays an important role in patient satisfaction.

**References**

1. A.P. State Government guidelines for Arogysri. [www.arogyasri.ap.gov.in](http://www.arogyasri.ap.gov.in)