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অসম ৰাজপত্ৰ
THE ASSAM GAZETTE

অসাধাৰণ
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OFFICE OF THE HEALTH & FAMILY WELFARE DEPARTMENT
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NOTIFICATION

The 6th February, 2017

No. HLA.995/2016/78

Subject: **Guidelines for implementing Atal Amrit Abhiyan**

1. Introduction

During the budget speech 2016-17, the State Government has announced implementation of Atal Amrit Abhiyan, a Health Assurance Scheme, for providing cashless treatment and coverage of critical care targeted at the BPL population and Low Income households. The budget announcement is quoted below:

Health Assurance Scheme- Atal Amrit Abhiyan :

"32.3. Illnesses, whether long term chronic or sudden and acute, can impose costs on households that can cascade into catastrophic healthcare expenses with wide ranging consequences. Even in the lower middle class and middle class families, when critical illnesses occur, access to quality treatment is restricted, often on account of prohibitive costs. The highest attainable standard of health is a fundamental right of every human being and Article 21 of the Constitution endorses this. It is estimated that about 70% of all healthcare spending in India is drawn from personal, or out of pocket expenses of households.

32.4. In light of this and to take forward our Government's commitment to the people of Assam, a comprehensive coverage for six commonly prevalent and high cost

disease group is proposed. These are: (a) Cardiovascular diseases, (b) Cancer c) Kidney diseases, d) Neo natal diseases, e) Neurological conditions, and f) Burns. We also propose to cover all cases which require surgical intervention and/ or intensive care.

- 32.5. *The proposed Scheme, to be finalized and put in place by the Health & Family Welfare Department, will be smart card based with unique identification number for the beneficiary. The total sum assured will be Rs. 2,00,000/-per person per year. The Scheme will be free for BPL people and for families having annual family income of Rs. 5 lakh or less, the beneficiaries will be charged Rs. 100/-per member per year. The aim is that as enrolment increases, this scheme will be self-sustainable in terms of budgetary requirement.*
- 32.6. *Both public and private health providers which provide specialized treatment for these diseases would be eligible for empanelment under the scheme. We hope with this, the long suffering lower and low middle income group families of Assam will get relief when one of their family members falls critically ill.*
- 32.7. *It is a matter of great pride that the Education Department has resolved to cover all the students studying in government schools across the state under this proposed Scheme. The Labour Department is seriously contemplating to cover all the workers of the unorganized sector under this proposed Scheme. I appeal to all government departments / semi-government agencies/ private organizations to come forward and take advantage of this initiative so that their workers can benefit from this innovative Scheme.*
- 32.8. *For the current year, to build credibility, trust and awareness, we have decided to extend benefits under the Scheme to all eligible citizens, even in the non-BPL category, without any payment.*
- 32.9. *We aim to unveil the Scheme on 2nd October, 2016. The Scheme has been named after the great visionary and former Prime Minister, Shri Atal Bihari Vajpayee, and will be called Atal Amrit Abhiyan. For this financial year, I am proposing a sum of Rs. 45 Crores for this Scheme."*

2. Background

- 2.1. A large number of households are pushed into poverty as a result of high levels of spending on healthcare. The Below Poverty Line (BPL) population and Low Income households with annual income below Rs 5.00 Lakhs are especially vulnerable to this phenomenon due to serious ailments.
- 2.2. To address this key vulnerability faced by the BPL population and Low Income households in the state, the Government of Assam has taken a decision to launch a medical care scheme – to be called Atal Amrit Abhiyan– providing cashless treatment and coverage of critical care targeted at the BPL population and low Income households. The Scheme will cover the entire State of Assam.

2.3. The Scheme is intended to benefit Below Poverty Line (BPL) population and low income households (Annual income of individual below Rs 5.00 Lakhs) in all districts of the State of Assam.

3. Mechanism for implementation :

3.1. **Atal Amit Abhiyan Society:** A Society will be set up to administer the scheme.

The Governing Body of this Society is to be chaired by Minister, Health & Family Welfare with the Senior Most Secretary, Health & Family Welfare Department as Vice – Chairman, Chief Executive Officer, Atal Amrit Abhiyan Society as Member-Secretary along with other members.

The Executive Committee is to be Chaired by Senior Most Secretary, Health & Family Welfare Department with Chief Executive Officer, Atal Amrit Abhiyan Society as Member-Secretary along with other members.

A suitable officer, serving or retired of the State Government, or any suitable individual shall be appointed as the Chief Executive Officer of Atal Amrit Abhiyan Society. Provision has also been made for establishment of a Secretariat of the Society consisting of technical/ medical, financial and management professionals to serve as the implementation arm of the Society along with formation of various Cells/ Sub- Committees for different purposes.

3.2. **State Nodal Cell (SNC)** – The Secretariat of the Society will function as the State Nodal Cell of Atal Amit Abhiyan as and when the society is set up. Till such time as the Society is set up, Atal Amrit Abhiyan Cell has been temporarily constituted in National Health Mission, Assam to carry out the preparatory activities so that the implementation of the budget announcement is not delayed.

Once the Atal Amit Abhiyan Society is set up, the Scheme will function under the aegis of this Society which is envisaged to have its own independent establishment/ manpower in due course.

The primary activity of the SNC will be to closely supervise the functioning of the Implementing Support Agency and the empaneled hospitals on a continuous basis and carry out the medical audits, third party evaluation etc. independently.

3.3. **Implementing Support Agency (ISA)** - The Scheme will be implemented by the State Nodal Cell (SNC) setup for the purpose with the assistance of Implementation Support Agency (ISA). The ISA will be selected through open competitive bidding from amongst the Companies (registered under the Companies Act) and associated with health care related activities, having experience in medical claim processing and providing IT support, for processing claims under the "Atal Amrit Abhiyan".

4. Salient Features of Atal Amit Abhiyan guidelines

4.1. Unit of Enrolment: An individual will be the unit of enrolment; each individual of a family will be given a laminated card with an identification number unique to a family.

4.2. Sum Assured: The scheme provides coverage for meeting expenses of hospitalization and surgical procedures of beneficiary members up to Rs. 2.0 Lakhs per member of a family per year in any of the empaneled hospitals.

4.3. Benefits: Upto Rs 2.00 Lakhs annually will be reimbursed towards approved procedures and other services as part of the disease/treatment packages on a complete cashless basis. Enrolled beneficiary will go to the empaneled hospital with the bar coded laminated card and come out without making any payment to the hospital, subject to a cap of Rs. 2.00 Lakh against all expenditures mentioned in this Guidelines. There will be an approved list of procedures in the 6 below specialties which only will be reimbursed. The list of 436 procedures have been finalized by a Committee under the Chairmanship of Director Medical Education, Assam.

1. Cardiology and Cardiovascular Surgeries
2. Neurological conditions
3. Burns
4. Cancer
5. Kidney diseases
6. Neo-natal diseases

a) In addition, there will be no pre-existing condition exclusions. Pre-existing diseases are also covered from day one which means that any illnesses existing prior to the inception of the scheme shall also be covered. These will include follow-ups for the Procedures defined. However there will be an agreed treatment protocol on the procedures as defined by the expert panel and the ISA for authorizing claims.

b) Provision for transport allowance (Rs. 300/- per visit) but subject to an annual ceiling of Rs. 3000/- shall be a part of the total coverage of Rs. 2,00,000/- per individual for within the state.

c) For out of state treatment in empanelled hospitals in selected cities, patient and one attendant will be provided economy cheapest air fare in that route.

d) For out of state treatment a daily allowance of Rs 1000 will be provided upto a limit of Rs 10,000 provided the total no. of days claimed matches the hospital length of stay or treatment dates.

4.4. Empanelment of Hospitals: All the public, private, trust and grant-in-aid hospitals which provide hospitalization and/or daycare services would be eligible for empanelment/inclusion under the scheme, subject to such requirements for empanelment as agreed between the State Nodal Cell and the Implementation Support Agency (ISA). Hospitals will be selected both within

and outside the State. The cities that will be considered for treatment outside the state are: Kolkata, Delhi, Bengaluru, Chennai and Mumbai (only Cancer cases). The patients will be sent outside the State only in cases where the required procedure is not available or there is no capacity. Further, the selection of the hospital and city will be based on cost benefit.

4.5. Agreement with empaneled Hospital: The ISA shall sign MoU with all the hospitals to be empanelled under the scheme. Institutions meeting the empanelment criteria set forth by the State Nodal Cell and having undergone satisfactory inspection by a committee constituted by the SNC shall extend healthcare to the beneficiary under the scheme. A provision regarding non-compliance clause will be made in the hospital MoU. Outside the State, only CGHS empaneled hospitals / hospitals empaneled by Central / State Governments in Kolkata, Delhi, Bengaluru, Chennai and Mumbai (only cancer) will be considered. The number of hospitals to be empanelled in each city will be decided and agreed by the ISA and the State Nodal Cell depending on capacity requirement by procedure and specialty.

4.6. Implementation procedure: The entire scheme is intended to be implemented as cashless hospitalization arranged by the Implementation Support Agency.

4.6.1. Package Rates: The package rates would include consultations, medicine, diagnostics, food, hospital charges, etc. as indicated in the treatment package as decided by the State Nodal Cell from time to time.

4.7. Enrollment fees

Enrolment will be free for everyone the first year. Subsequently, the Scheme will be free for BPL families. However for families having annual family income between Rs 1.2 lakhs to Rs 5.0 lakhs, each beneficiary will be charged Rs. 100/- per member per year from the second year onwards. The fees will be deposited into the accounts of the Atal Amit Abhiyan Society.

4.8. Medical Auditors: The scheme will have two separate audit mechanisms:

4.8.1. Internal audit: to be carried out by the Implementation Support Agency. The Agency will create an internal audit function to ensure claims are paid within the prescribed benefit package and also ensuring the quality of service being delivered. The audit team will consist of qualified specialist doctors, one audit district level coordinator in all the twenty seven districts, and two coordinators at the State level. At least 25 percent of the cases i.e., those admitted in the hospital and receiving treatment and auditing of all empaneled hospitals at least once a year need to be conducted.

4.8.2. External audit: to be conducted by the State Nodal Cell. The audit could include concurrent audits of pre-authorization, claims management and administration, and hospital empaneled management among others. The State Nodal Cell will also carry out surprise audits at a regular frequency

and the Agency is required to provide the necessary assistance. The State Nodal Cell will also carry out audits every quarter on the performance of the 24*7 call center set up by the ISA.

4.9. Package rates:

4.9.1. The rates of various medical / surgical interventions / procedures under the scheme shall be finalized after due diligence. Those hospitals who agree to accept the package rates shall be empanelled. While finalizing the rates, the CGHS rates applicable in that particular city will be referred to.

4.9.2. These package rates will include bed charges (general ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, food to patient etc. Expenses incurred for diagnostic test and medicines up to 10 days of the discharge from the hospital for the same ailment / surgery and transport expenses will also be the part of package.

4.9.3. The package will cover the cost of patient from date of reporting to his discharge from hospital, including transportation, boarding etc, if any, subject to a cap of Rs. 2 Lakh under the Scheme. Any cost beyond Rs. 2 Lakh will have to be borne by the patients directly. The claims will be settled by the State Nodal Cell directly to the empaneled hospital within 30-days of its receipt from the implementation support agency.

5. Steps to be followed for availing treatment by beneficiaries in the empaneled Hospitals:

- (a) **Step 1:** Beneficiaries approach nearby Sub Divisional Civil Hospital/District Hospital/Medical College & Hospital/empaneled Hospital. Arogya Mitras would facilitate the beneficiary. If beneficiary visits any other Government hospital other than the empaneled Hospital, the doctors will give him/her a referral card to the empaneled Hospital after preliminary diagnosis.
- (b) **Step 2:** The Arogya Mitra engaged by the Implementation Support Agency examines the referral card and bar coded laminated card and facilitates the beneficiary to undergo preliminary diagnosis and basic tests.
- (c) **Step 3:** The empaneled Hospital, based on the diagnosis, admits the patient and sends preauthorization request to the Implementation Support Agency.
- (d) **Step 4:** Doctors/Specialists of the Implementation Support Agency examine the preauthorization request and approve preauthorization within 24 hours on receiving the preauthorization request from the empaneled hospitals, if all the conditions are satisfied.

- (e) **Step 5:** The empaneled Hospital extends cashless treatment and surgery to the beneficiary subject to the limits prescribed under the scheme.
- (f) **Step 6:** Empaneled Hospital after discharge forwards the original bill, discharge summary with signature of the patient and other relevant documents to Implementation Support Agency for processing and settlement of the claim within one week (7 days) from the date of discharge of the patient.
- (g) **Step 7:** Implementation Support Agency scrutinizes the bills and forwards the payment request of the bill to the State Nodal Cell (SNC) within fifteen days (15 days) of the receipt of bills from the empaneled Hospital.
- (h) **Step 8:** The State Nodal Cell (SNC) after verification of the bills in lieu of the services provided will directly make the payment by way of electronic transfer to the empaneled Hospital(s) within 30-days of receiving the bills from the Implementation Support Agency.

6. Functions of the State Nodal Cell:

The State Nodal Cell under the Atal Amrit Abhiyan Society will be responsible for the overall implementation of the Scheme and will closely monitor the functioning of the Implementing Support Agency so that it fulfils all contractual obligations.

7. Role & Responsibilities of the implementing Support Agency:

7.1. Servicing of the Claims:

- 7.1.1. To review and update empanelment criteria for hospitals. The service agency shall assist the State Nodal Cell in identifying and empaneling with empaneled hospitals within and outside the State. (The ISA will enter into MoU with the empaneled hospitals)
- 7.1.2. To provide input on various formats used for cashless transactions, discharge summary, billing pattern and other reports prepared by the State Nodal Cell.
- 7.1.3. To arrange cashless treatment of the beneficiaries in the empaneled hospitals under the defined benefit package. To provide adequate manpower, so as to ensure free flow of daily MIS and ensure that progress of scheme is reported to State Nodal Cell in the desired format on a real-time basis. The agency should facilitate proper empaneling for quick and error-free processing of pre-authorizations. This will be done through the dedicated website of the State Nodal Cell.
- 7.1.4. To standardize various formats used for cashless transactions, discharge summary, billing pattern and other reports in consultation with the State Nodal Cell.

7.1.5. The Service Agency and all empaneled hospitals will use the IT platform developed by the ISA to conduct all transactions related to the "Atal Amrit Abhiyan". The ISA will use its in-house software, subject to meeting the requirements of the processes.

7.1.6. To set up and operate a 24 x 7 Call Centre with minimum 15 seats and 5 lines of communication following all Government guidelines for operation of Call Centre.

7.2. Pre-authorization and Claim Settlement:

7.2.1. The Implementation Support Agency shall process all the claims related to the Scheme. The pre-authorization processing personnel shall be qualified specialist Doctors. The claims processing by the Implementation Support Agency includes:

- a) Pre-authorization of requests and approve preauthorization if all the conditions are fulfilled, within 24-hours of receiving the preauthorization request from the empaneled hospitals.
- b) ensuring that empaneled Hospital extends cashless treatment and surgery to the beneficiary
- c) Scrutinize the bills from empaneled hospitals (i.e., ensuring charges are as per the package rates) and give approval for the sanction of the bill and forward it to the State Nodal Cell for payment within 15 days of the receipt of the bills from the empaneled Hospitals.

7.2.2. The State Nodal Cell will settle the claims of the hospitals within 30 days of receipt of the approved bills along with the discharge summary and satisfaction letter of the patient. The claims amount will be paid directly to the provider by the State Nodal Cell i.e., the payment will not be routed through the Implementation Support Agency. The claim settlement progress will be audited both by an internal and external audit team set-up by the State Nodal Cell.

7.2.3. The Service Agency should not under any circumstances carry out activities relating to insurance underwriting since the proposed scheme is a prefunded scheme by the Government of Assam.

7.2.4. The Agency is not required to carry any insurance risk, since this is a pre-funded health scheme promoted by the Government of Assam. Hence, all incurred health expenditure under the Scheme will be paid by the State Nodal Cell set-up exclusively by the Government of Assam for administering the scheme.

7.2.5. To set up field level monitoring staff as follows:

- a) District Coordinators (1 per district) for monitoring and supervision of Arogya Mitras, and organization of the Health Camps.

- b) District level internal auditors (a team of specialists with relevant specializations) for conducting concurrent audits of services delivered by empaneled hospitals (At least 25% of the patients undergoing treatment or treated are to be covered under audit).
- c) District level auditors (a team of specialists with relevant specializations) for auditing quality of service provided to the beneficiaries.
- d) District level auditors to audit at least once a year, the medical facilities available in the empaneled hospitals.

7.3. Advocacy, Patient Facilitation and Support Services:

- 7.3.1. To select, train and deploy adequate number of Arogya Mitra personnel as sought for by the State Nodal Cell.
- 7.3.2. To ensure that proper publicity is given to the Scheme. The publicity includes interactive awareness creation meetings in villages, display of materials including brochures, banners and display boards at public places.
- 7.3.3. The ISA will provide Mobile handsets and pay monthly service charges for CUG connections to Arogya Mitras and District Coordinators.

7.4. Enrolment of Beneficiaries:

- 7.4.1. To enroll the eligible beneficiaries (people in the BPL category and people with annual income of Rs. 5 lakh or less) under the Scheme in the village, block, and district level kiosks set up by the ISA.
- 7.4.2. Supply, print and distribute individual card having unique identification number on the spot and carry out correction/reissue of cards as per requirement.
- 7.4.3. Maintain kiosk in all districts for continuous enrolment of the beneficiaries throughout the contract period.
- 7.4.4. Types of enrolment kiosks:
 - a) Mobile Kiosks
 - b) District Kiosks
- 7.4.5. Management of New Enrolments:
 - a) Village level new enrollments at Mobile Kiosks
 - b) Mobilize eligible households for enrolment in the scheme and facilitating their enrolments.
 - c) Set up District Kiosks for New Enrolments
- 7.4.6. Management of Modification: Only the District Kiosks shall carry out Modification Processes

7.4.7. Card Management:

- a) Supply and delivery of pre-printed cards to kiosk executives.
- b) Re-issuance of cards
- c) Add on cards
- d) Listing of lost/stolen/damaged cards

7.4.8. Set up Enrollment Management Unit**7.5. Kiosk Duration:**

7.5.1. The ISA will deploy manpower for enrolment initially for a period of one year which is to be extended based on requirements. Mobile kiosks shall be operational in the village level and stationary kiosks shall be setup at each District Center for the required period.

7.5.2. New enrolments shall be done by the Mobile Kiosks or District Kiosks. The modification, card re-issuance, duplicate card and other activities inclusive of new enrolment shall only be carried out at the District Kiosks.

7.5.3. The ISA is required to submit the schedule of the Mobile Kiosk to the SNC before carrying out the enrolments and ensure that the enrolment at mobile kiosks is carried out as per the schedule.

7.5.4. The mobile kiosks shall visit village to village for enrolment of all eligible beneficiaries, print and deliver the Cards to the enrolled beneficiaries on the spot. The stationary kiosks at District locations will be used for new enrolments as well as Modifications and Card Management.

7.6. Credentials for Enrollment: The Kiosk Administrator shall be responsible for all the operations carried out by the respective Kiosk Executives on field. The Kiosk Executives shall also be responsible to register the Verifying Authorities (VA) appointed by Government for authentication of data entered on the software package by the Kiosk Executives during enrolments. The biometric fingerprints, demographic details, email address, phone numbers etc. of the VA's shall be captured.

7.7. New Enrollment- On Line Mode: The Agency is required to carry out new enrolments of the defined category of individuals under "Atal Amrit Abhiyan".

7.7.1. The Enrollment Card shall be valid for initial 3 years or as per the policies set by SNC. The beneficiary under BPL category is not required to renew the Card every year but beneficiary other than BPL will pay a nominal premium of Rs 100.00 for renewal every year from the second year onwards.

7.7.2. The online mode shall be used for mobile as well as stationary kiosks where the Agency shall ensure that Internet connectivity is not less than 2 Mbps at any point and time. Only when the internet is available, the online

mode of enrolment shall work. It is advisable that the online mode is used always, as the online mode shall have the fingerprint duplication engine running so as to eliminate duplicate enrolments and help the department to mitigate frauds. The Agency is required to develop and maintain the portal for enrolment of BPL beneficiaries and abide the processes of the enrolment module approved by the SNC.

7.8. New Enrollment Process:

- 7.8.1. The kiosk executive shall only be able to login to the portal through his/her valid fingerprint authentication.
- 7.8.2. The kiosk executive at respective enrolment station shall check the beneficiaries' document proofs brought along for the enrolment and search for the same on the portal.
- 7.8.3. Only after checking the beneficiary documents the enrolment process shall start.
- 7.8.4. The documents provided by the beneficiary shall be scanned and uploaded on the portal where a photo identity proof and voter's identity card is mandatory. For children under 18 years of age, birth certificate will be mandatory. For APL families a valid income certificate will be required to be eligible (Rs 1.2 Lakhs to Rs 5 Lakhs annual family income)
- 7.8.5. The kiosk executive shall capture the demographic details and names of the dependents below 18 years along with the photograph & two biometric fingerprint of the individual.
- 7.8.6. After the verification process, the card will be ready for printing which shall be shown to the beneficiary for correctness of the photo and the details of the card shall be communicated in local language orally.
- 7.8.7. Once the confirmation is done, the card shall be printed using the full 4 (four) colour thermal printer.
- 7.8.8. Only after the fingerprint authentication of the enrolled beneficiary, the card shall be delivered to the beneficiary.
- 7.8.9. The Agency is responsible to manage the printed and wasted cards.
- 7.8.10. The entire enrolment process shall be done online where Internet connectivity is available.

7.9. New Enrollment- Off Line Mode:

- 7.9.1. Only where the internet connectivity is not available or slow enough to carry out the transactions, the Agency shall use the offline module developed by them. The enrolment executive shall carry the required hardware kit along with him as per detailed in this document for enrolment of eligible beneficiaries.

7.9.2. The offline mode is a desktop application of the software package which shall store the data on the local computer and the operations for enrolment can be carried out even where the Internet Connectivity is not available. Only new enrolments can be carried out on the offline application.

7.10. Mobile Enrollment Kiosks:

7.10.1. Mobile kiosks with a team of two Mobile Kiosk Executives (MKEs) will be equipped with required hardware for enrolment to be provided by the Agency across Assam at village levels. The Agency has to manage and operate the Enrolment Process at Mobile Kiosk Locations.

7.10.2. The mobile enrolment kiosk shall have a team of 2 Mobile Kiosk Executives (MKEs) who shall be deployed at various village levels for new enrolments only. Information, Education & Communication (IEC) activities for awareness and popularization of "Atal Amrit Abhiyan" leading to information about the location and schedule of Mobile Camps to be organized for beneficiaries shall be carried out by the Agency. The Agency shall provide the detailed schedule for first 6 months for the IEC and mobile enrolment kiosk activities across Assam.

7.10.3. There shall be approximately 5 Mobile Enrolment Kiosks per Block across Assam to be deployed by the Agency. The MKEs shall have the required hardware for the enrolment at the village level. The enrolment process involves steps like capturing –

- a) Basic enrolment information like last name, address, DOB, Blood Group, etc.
- b) Scan the documentary proofs submitted by the individual for enrolment and attach the same for enrolment
- c) Photo of the individual to be enrolled shall be captured too
- d) Two fingerprints of the individual to be captured
- e) Verification by Government Verifying Authority on the spot shall be facilitated by the SNC
- f) Card Printing on the spot
- g) Card Delivery on the spot.

7.10.4. The MKE shall also provide the hand-outs for the information of "Atal Amrit Abhiyan" printed in Assamese, Bengali, Hindi and English along with the facilities provided under the scheme - which diseases are covered and list of empanelled hospitals for treatment of the Card holders.

7.11. **Management of Modification:** The Agency is required to help the people for modification of the enrolled beneficiary under "Atal Amrit Abhiyan". Individuals may require the modification as at times the Government may insist on doing so for some card holders to update details or even provide other health

related assistance. The modification of any kind of details shall only be carried out at the District Kiosks.

7.12. Updating Family Details: The process of Card Modification shall be done in the following conditions:

- a) In case a dependent member to be deleted from the card held by a parent
- b) Updation of health record
- c) The updation process shall be carried out as per the policies set by the SNC

7.13. Card Re-issuance: Card Re-Issuance can only be done for case mentioned below:

- a) The card is reported as lost or missing through any of the authorized channels, or, the card is damaged.
- b) In these cases, the lost/damaged card shall be hot-listed by the appointed agency.
- c) The existing data of the beneficiary – including photograph, fingerprint and transaction details – shall be pulled up from the CDS, verified by the beneficiary and validated using the beneficiary fingerprints.
- d) The new Card shall be issued to the individual with updated records and appropriate authentication on the spot.
- e) Card should be personalized with details of beneficiary.

7.14. Information, Education & Communication (IEC):

7.14.1. Information, Education & Communication (IEC) activities are very important components for the success of the scheme "Atal Amrit Abhiyan". Easily understandable medium to explain the functions of the scheme and the importance of the Enrollment Card provided to beneficiaries during the enrolment drive and popularization campaigns shall have a positive impact on the targeted beneficiaries.

7.14.2. The Agency shall carry out various forms of popularization campaigns so as to bring in the understanding of "Atal Amrit Abhiyan" at the grassroots level (Village Level). The Agency has to:

- a) Arrange regular campaigns in villages to increase awareness and enrolment under "Atal Amrit Abhiyan"
- b) Mobilize BPL households and individuals with annual income below Rs 5.00 Lakhs for enrolment in the scheme and facilitate their enrolments.

- c) Ensure in collaboration with Government officials, that lists of participating households/individuals are publicly available and displayed.
- 7.14.3. The objective of IEC activities is to provide information about "Atal Amrit Abhiyan" location of Mobile Kiosk, necessary documents to be carried at the time of enrolment, to educate targeted households and in general everyone about the benefits available under "Atal Amrit Abhiyan" and to communicate effectively and on time, the schedule of Mobile Enrolment Kiosk to be organized at respective village locations.
- 7.14.4. Based on the blocks/villages the Agency shall undertake a detailed study to analyze the awareness level and the rate of acceptance of such Government initiatives by the targeted population.
- 7.14.5. The popularization shall take into consideration the various modes of communication i.e.
- a) Distribution of Brochures/Pamphlets in Assamese, Bengali, Hindi & other languages as per need.
 - b) Street Plays
 - c) Banners
 - d) Local Announcements
 - e) Promotion through Gram Sevaks/Panchayats
- 7.14.6. A continuous analysis of the various sensitization & popularization initiative to be undertaken to improvise on the modes and material of communication
- 7.14.7. The Agency will be responsible for designing the content of the skits/plays, announcements, IEC, Training, and Information Dissemination, etc. in Assamese and/or local language for successful & faster enrolments. The design cost of the material, hand-outs, AV, presentation, etc. shall be considered in the financial bid. All the contents shall be approved by the SNC.
- 7.14.8. **Arogya Mitra** –: Arogya Mitra acts as the facilitator for the patients. In fact they form the face of this scheme. The Implementation Support Agency (ISA) is the nodal agency that selects the Health Coordinators (Arogya Mitras).
- 7.14.8.1. The Arogya Mitras shall have the following qualifications and the ISA shall ensure the same while engaging by the Arogya Mitras:
1. 10+2 from a recognized Board
 2. Good communication skills
 3. Prefers to move around the villages

4. Functional knowledge of computers
5. Proficient in Assamese, Hindi/ Bengali & English Language.

7.14.8.2. The ISA will offer a suitable compensation package to Arogya Mitras to ensure availability and retention of best talent. The consolidated service charges for the Arogya Mitras should including incidental expenses like traveling and all statutory benefits like PF etc. The ISA will provide mobile handsets and pay monthly service charges for CUG connections to Arogya Mitras and District Coordinators. The work of the Arogya Mitras will be monitored on a daily basis by the District Coordinators of the ISA.

7.14.8.3. The number of Arogya Mitras to be positioned in various Sub District Hospital / District Hospital / Medical College & Hospital / Private Hospitals will vary in keeping with the requirements of each local area. However in the first instance about 50 Arogya Mitras will be positioned. State Nodal Cell will decide the number and place of posting of Arogya Mitras. There will also be provision of Arogya Mitras in all empanelled hospitals outside the state. They will be empaneled with the ISA state and regional office and the call centres remotely and as required.

7.14.8.4. The State Nodal Cell may seek to increase or decrease the number of Arogya Mitras and the service charges payable to ISA will be adjusted on pro-rata basis.

8. Role of Arogya Mitras:

- (a) **In Government Hospitals:** Arogya Mitras should also ensure proper flow of MIS and reports to the State Nodal Cell on day-to-day basis about the progress of the scheme in the assigned area.
- (b) **In Sub & District Hospital:**
 1. Publicity and awareness.
 2. Maintain helpdesk at hospital.
 3. Receive the beneficiary.
 4. Verify the Beneficiary criteria. (Eligibility Criteria)
 5. Facilitate consultation with Doctor.
 6. To counsel the patients who may require any one of the listed surgeries.
 7. To facilitate either to a Government Hospital for further tests or to an empaneled Hospital depending upon the advice of the doctor.
 8. If required to be referred, fill up the referral card.
 9. Guide the patient to the next center.
 10. To guide the patient to empaneled Hospital.

11. Follow-up the referred cases.
12. In effect to act as, a guide and friend for the prospective beneficiaries under the 'Atal Amrit Abhiyan'.

(c) Outside the Hospital:

1. To send daily MIS of the patients
2. To spread the awareness of the scheme in the villages.
3. To spread the awareness about the scheduled health camps by empaneled hospitals in the villages.
4. To coordinate with empaneled hospitals and help conduct health camps.
5. Mobilize the patients for health camps
6. Follow up the patients identified in the health camp to report to empaneled hospital.
7. Coordinate with local PR Bodies, ANMs, and Women Health Volunteers for effective implementation of the scheme.
8. Move around the villages and encourage patients to come to avail the benefits of the scheme.
9. Educate villagers about the scheme and distribute brochures and other material.
10. Keep in touch with the District Coordinator
11. Follow up with the Beneficiaries before and after Surgery/Therapy.

(d) Role of Arogya Mitras in the Empaneled Hospitals:

1. Maintain Help Desk at Reception of the Hospital.
2. Receive the patient referred from (PHC/CHC or Empaneled)
3. Verify the bar coded plastic card and the documents of the patients.
4. Obtain digital photograph of the patient.
5. Facilitate the Patient for consultation and admission.
6. Liaison with Hospital Arogya Mitra (Hospital Coordinator) /administration of the hospital.
7. Counsel the patient regarding treatment/surgery/therapy.
8. Facilitate early evaluation and posting for surgery/therapy.
9. Facilitate hospital and send proper pre-authorization.
10. Follow-up preauthorization procedure and facilitate approval.
11. Follow-up recovery of patient.
12. Facilitate payment of transport charges as per the guidelines.
13. Facilitate cashless transaction at hospital.
14. Facilitate discharge of the patient.
15. Obtain feedback from the patient.
16. Counsel the patient regarding follow-up.

17. Coordinate with ANM/FHW/MPW/Government Hospitals/
18. Block Arogya Mitras for follow up of beneficiary.
19. Follow-up the patient referred by the hospital during the camps.
20. Coordinate with the ISA and Medical officers for any clarifications.
21. Send death reports
22. Send daily MIS.
23. Facilitate Empaneled Hospital in conducting Health Camps as scheduled

9. Online MIS and 24 Hour E-Preauthorization:

- 9.1. The Implementation Support Agency should provide adequate manpower, so as to ensure free flow of daily MIS and ensure that progress of the scheme is reported to State Nodal Cell in the desired format on a real-time basis. The agency should facilitate proper empaneling for quick and error-free processing of pre-authorizations. This will be done through the dedicated website of the State Nodal Cell to be set up and maintained by the ISA.
- 9.2. The preauthorization has to be done round- the-clock i.e., by a team of doctors at the Implementation Support Agency. The ISA will conduct all transactions including E-Preauthorization on the Atal Amrit Abhiyan Web Platform. The ISA is responsible for all preauthorization requests and should be completed within 24 hours on receipt of the request. In case of repudiation of the claim not covered under the policy, ISA will mention the reasons for repudiation in writing and communicate online to the empaneled hospital.

10. Modes & Schedules of IEC Activities

- 10.4.1 **PRINT MEDIA:** This medium shall mainly focus on educated groups in the economically weaker section of society. This shall include Doctors, Teachers, Panchayat members etc.
 - a) **Local Newspapers and Magazines:** Assamese or other local language dailies, weeklies etc. shall create awareness.
 - b) Catalogues / brochures / flyers / **posters:** The catalogues / brochures / flyers / posters about Card based scheme shall be distributed.
 - c) **Outdoor advertising:** The Signages on buildings, billboards and signages on vehicles will be a good option for spreading awareness about the scheme in rural as well as urban area.
- 10.4.2 **ELECTRONIC MEDIA**
 - a) Television: Advertisements providing information about the campaign can be given on local channels.
 - b) SMS Advertising: SMS can be sent to doctors and schools teachers who in turn can inform the about the scheme to BPL families.

- c) **Radio Advertising:** Ads on the radio can be given to create awareness. A point of contact is to be given after such ads from where more information can be availed.

10.4.3 EVENTS

- a) Road shows/ street plays in rural areas: The information about the scheme shall be given by a small street play as it's a popular medium of entertainment in rural areas.
- b) Audio & Visual skits, clippings, case studies shall be used for creating awareness of "Atal Amrit Abhiyan" at all levels.
- c) Workshops in a public gathering such as fairs / Melas
- d) Cycles, and Auto rickshaws with Loud Speakers & Banners
- e) Create champions: Members of Panchayat, Doctors of local health centers, etc. who can propagate the idea and awareness of "Atal Amrit Abhiyan"

- 10.4.4 Some of the Catalogues / brochures / flyers posters may be provided by SNC which shall be utilized by the Agency. All the IEC activity contents shall be approved by the SNC. No content shall be distributed / displayed / shown / publicized without the prior approval of the SNC. The Agency shall bear the expense of all the IEC activities done at all levels. The Agency shall ensure that the proper IEC activities are being done which would result in increase in the enrolment of beneficiaries for "Atal Amrit Abhiyan".

11. Accounting, Financing And Audit

- 11.1. The following arrangement for accounting, financing and audit shall be made by the ISA:
- 11.1.1 The ISA shall maintain a separate account and keep a true and accurate record of the funds received from the State Government / Atal Amrit Abhiyan Society. Such records and the accounts shall have to be made available for the inspection by the designated representative of the State Nodal Cell (SNC).
 - 11.1.2 The ISA shall furnish true and correct accounts every year to the State Nodal Cell and as and when requisitioned by the State Nodal Cell.
 - 11.1.3 The ISA shall furnish the Utilization Certificate to the SNC once in a quarter before claiming the next installment.
 - 11.1.4 The ISA shall furnish by 10th day of every month to the SNC, the statement of expenditure pertaining to the previous month along with all the supporting documents.
 - 11.1.5 Auditing of the accounts maintained by the SNC shall be conducted strictly in accordance with standard guidelines. The audited accounts along with a copy of the audit report shall be furnished to the SNC every year.

11.1.6 The ISA shall submit to the State Nodal Cell all reports and documents relating to the progress of the project, the accounts, audit, procurement, disbursement and annual work plan at such intervals as required by the SN.

11.1.7 The ISA shall facilitate inspection by the SNC or its representatives of all the works, activities and documents related to the Scheme when so desired by the SNC.

11.2 Maintenance of Records:

11.2.1 The SNC will specify from time to time detailed norms for maintenance of records and accounts for the expenditure, disbursement and repayment under the scheme and shall have the power to modify, amend or withdraw such norms as and when it deems it necessary;

11.2.2 That if at any time, any dispute, doubt or question shall arise between the ISA and the SNC, the same shall be resolved as specified in the contract document.

12. Removal of Difficulty Clause

If any difficulty arises due to any provisions of the Guidelines, the Government in the Health & Family Welfare Department may, by order, make suitable modifications not inconsistent with the objectives of this Scheme, as appears to be necessary or expedient for removing the difficulty.

SAMIR KUMAR SINHA

Commissioner & Secretary to the Government of Assam,
Health & Family Welfare Department