GOVERNMENT OF ARUNACHAL PRADESH
DEPARTMENT OF HEALTH & FAMILY WELFARE
ITANAGAR

No. CMAAY/2019/182 Dated Itanagar the 30th June'2020

NOTIFICATION

In the interest of public service, the Governor of Arunachal Pradesh is pleased to make the following procedure and guidelines for empanelment of Christian Medical College (CMC) Vellore, Tamil Nadu for availing benefits under Chief Minister Arogya Arunachal Yojana (CMAAY) as follows;

I. VISION:

To accord quality and cashless health care services to the indigenous people and the State Government employees & to reduce out of pocket (OOP) expenses during major illness & hospitalization.

II. OBJECTIVES:

1) To reduce the financial hardship on people of the State due to disease and hospitalization
2) To equitably ensure assured access to quality health care for all bonafide citizens of the State.

III. IMPLEMENTATION STRATEGY:

1) "The Chief Minister Arogya Arunachal Society (CMAA Society)", has been set up by the Government of Arunachal Pradesh for implementation of the Chief Minister Arogya Arunachal Yojana (CMAAY). The Society will implement, establish, administer and supervise provision of medical care to the beneficiaries of CMAAY at CMC Vellore as well.
2) The Management Support Provider (MSP) namely MD India Health Insurance TPA Pvt. Ltd. will assist the Society to carry out this scheme.

IV. SALIENT FEATURES

The salient features of the scheme are as follows:

1) Benefits – Rs. 5.00 lakhs per family per annum
2) APST Members will be able to avail the **General Ward** Stay
3) Govt. Employees & Dependents will be able to avail accommodation in hospital as per their eligibility
4) Referral from District CMAAY Referral Board is **mandatory**.
5) Enrolment under CMAAY is **mandatory**
6) Information to public on benefits, grievances, answers to frequently asked questions and transaction status through CMAAY website/portal
7) Provision for incentives to member of the District CMAAY Referral Board for each sitting.

V. CRIETERIA FOR SELECTION OF BENEFICIARIES

1) Beneficiaries covered are as.below:
   a) Arunachal Pradesh Scheduled Tribe(APST) members

b) Non-APST residents of Changlang, Lohit, Namsai possessing Resident Certificate(RC) who are people with permanent land holding documents
c) State Govt. Employees and their dependents

2) Documents which are required to establish the identity & proof of valid beneficiary are:

Aadhaar Card along with following documents:

a) For APST: APST certificate
b) For Non-APST but bonafide members of Lohit, Namsai & Changlang districts: Resident Certificate (RC) issued by Competent Authority.
c) For State Government employees: Government ID card issued by competent Authority.
Dependent of State Government employees/RC holders should produce any legal document (along with Aadhaar card) to prove their relation to the State Government employees/RC holder.

VI. GUIDELINES FOR REFERRAL

1) Tomo Riba Institute of Health & Medical Sciences (TRIHMS), Naharlagun shall finalise on the procedures for which CMC Vellore is empanelled. Based on which, the referral to CMC Vellore shall be recommended by the District CMAAY Referral Board headed by District Medical Officer/Medical Superintendent at district level to PMU.
2) Referral would be **mandatory** for availing benefits under this scheme.
3) Process flow for referral would be as follows:
   (i) Patient approaches PHC/CHC/DH/GH- Doctor examines the patient and treats the case at his level if it is manageable.
   (ii) If the case cannot be managed at the general hospital/district hospital level and it requires referral to higher centre, and if the beneficiary has expressed desire to be referred to CMC Vellore, the patient is directed to District CMAAY Referral Board by the treating doctor through CMAAY helpdesk at General/District Hospital. A format for requisition is to be filled by the treating doctor.
   (iii) The District CMAAY Referral Board will examine and recommend the referral for CMC Vellore to PMU of CMAA Society.
   (iv) Referral letter will be issued by PMU of CMAA Society which will be valid for 60 days from the date of issue.
4) Format for referral letter **Annexure-1.**
5) The referral letter will mention the maximum room rent eligible for each case, or shall indicate the eligible type of room, double bed / general ward.

VII. GUIDELINES FOR STATE GOVERNMENT EMPLOYEES

1) Govt Employees: Will include Regular / Ad HOC / Contingency / Contractual for the purpose of health Coverage.
2) Govt. Employees will enrol under the CMAAY first by submitting a declaration format of dependents/family and by producing I/Card issued by competent authority and Aadhaar Card.
3) Definition of family and Dependents would be as per CCS rules.

4) Entitlement of hospital accommodation will be as follows:

Sl.No	Corresponding Basic Pay drawn by the Officer in 7th CPC	Ward entitlement (*Maximum upto*)
1.	Up to Rs. 47,600 (Group-C) including contractual /Contingency / Ad-hoc employees)	General
2.	Rs. 47,601 to Rs. 63,100 (Group-B)	Semi-Private
3.	Rs. 63,101 and above (Group-A)	Private

VIII. PAYMENT TERMS

1) CMC shall submit the consolidated and break-up bills with following documents enclosed along with Inpatient details.

   a. Consolidated bills
   b. Detailed bill with Drug details
   c. Xerox copy of referral letter

2) The CMAA Society on receipt of the medical bill from the hospital shall settle the same within 30 days from the date of receipt of the bill. All bills need to be settled within 30 days (one month) from the date of receipt at Programme Management Unit (PMU) of CMAAS from CMC. Non payment of dues to CMC Vellore within 30 days of submission of bills will attract an interest of 2% per month. The upper limit of the outstanding invoices should not exceed the amount which is calculated at 45 days billed amount of the preceding 3 months.
3) Bills will be based on CMC tariff prevailing at the time of utilizations of services by the patient, provided to the beneficiaries referred by CMAA Society.
4) Payment of bills will be made directly by the CMAA Society to CMC by electronic fund transfer (EFT) via PFMS link. Unique Transaction Reference (**UTR**) for payment made will be conveyed with a covering letter to the CMC Vellore mentioning the Patient Name, Hospital No. & Bill no.

IX. INCENTIVES TO THE MEMBERS OF DISTRICT CMAAY REFERRAL BOARD

Incentives may be provided to the members of District CMAAY Referral Board to motivate them for implementing the scheme as it is practically seen that Doctors look upon task assigned under health assurance scheme as additional burden/paperwork which they have to perform apart from their clinical work in the hospital. The quantum of incentives shall be decided by the Executive Committee of the CMAA Society from time to time.

X. GRIEVANCES/FEEDBACK

Registering grievance through:

a) Online through portal- www.cmaay.com
b) Offline mode
   (i) Call centre helpline (Toll Free Number: 1800 233 5558)
   (ii)Through letter, telephone, email (care_arp@mdindia.com) to the official address of the PMU of CMAAY

(iii) Stakeholder can even directly walk-in and register their grievance with grievance nodal officer.

These complaints and grievances will be monitored by the Society on daily basis. The Chairman of the Grievance redressal Committee of CMAAY shall regularly monitor these grievances.

XI. MISCELLANEOUS

CMAA Society/Health and Family Welfare Department, Government of Arunachal Pradesh may from time to time, issue directions for compliances of various stakeholders as may be necessary for smooth implementation of this scheme.

(By order and in the name of Governor of Arunachal Pradesh)

Sd/-
(P.Parthiban)
Secretary (Health &FW)
Govt. of Arunachal Pradesh
Itanagar

Memo. No. CMAAY/2019/182 Dated ___July'2020

Copy forwarded for information to:

1. Secretary to Governor of Arunachal Pradesh, Itanagar
2. Commissioner to Chief Minister, Arunachal Pradesh, Itanagar
3. PS to the Deputy Chief Minister, Arunachal Pradesh, Itanagar
4. PS to Speaker/Deputy Speaker, Arunachal Pradesh Legislative Assembly Itanagar.
5. PS to all Ministers for information of the Ministers, Arunachal Pradesh Itanagar
6. US to the Chief Secretary, Government of Arunachal Pradesh Itanagar
7. All Principal Secretaries/Commissioners/Secretaries/Jt. Secretaries/Dy. Secretaries/Under Secretaries and equivalent, Government of Arunachal Pradesh, Itanagar
8. The Registrar, Arunachal Pradesh Information Commission, Itanagar
9. The Resident Commissioner, Government of Arunachal Pradesh, Arunachal Bhavan, Kautilya Marg, Chanakyapuri, New Delhi
10. The Secretary, Arunachal Pradesh Legislative Assembly
11. All the Directors/Head of Offices/Education/Training Institute, Arunachal Pradesh, Itanagar/Naharlagun/Nirjuli
12. All Deputy Commissioners/Additional Deputy Commissioners of Arunachal Pradesh
13. The Director of Printing, Government of Arunachal Pradesh for publication in the next issue of Arunachal Pradesh Gazette.
14. Office copy.

06/7/2020

(S.Tante)
Under Secretary (Health &FW)-II
Govt. of Arunachal Pradesh
Itanagar

Annexure-1 of notification no. CMAAY/2019/182

CHIEF MINISTER AROGYA ARUNACHAL YOJANA
UNDER CHIEF MINISTER AROGYA ARUNACHAL SOCIETY
Society registration No. SR/ITA/5334
(Registered under the Societies Registration Act 1860)

Ref. No.

Dated Naharlagun _____

To,

The Associate Director
Christian Medical College & Hospital
Vellore – 632004

Passport size photo of the beneficiary

Sub- Recommendation for treatment under Chief Minister Arogya Arunachal Yojana (CMAAY)

Sir,

With reference to our agreement, you are hereby requested to make necessary arrangement for treatment & investigation of _____(name of beneficiary) with enrolment No. _____ (CMAAY URN) a case of _____(Provisional Diagnosis) under the sponsorship of this society.

As per the existing arrangement, the Society will bear up Rs. 5.00 lakhs only or actual expenditure whichever is less. In case whose treatment cost exceeds Rs. 5.00 lakhs, the expenditure will be borne by the patient/patient party. An undertaking to this effect as submitted by the patient/patient party is enclosed herewith for kind information.

Necessary bills for investigation & treatment may please be sent to the Society.

A passport size photograph of _____(name of beneficiary) is appended herewith.

Yours faithfully,

CEO cum Member Secretary
CMAA Society

Signature of the patient/patient party