

GOVERNMENT OF ARUNACHAL PRADESH
DEPARTMENT OF HEALTH & FAMILY WELFARE
ITANAGAR

No. CMAAY/2020/196

Itanagar dated 08 January, 2021

NOTIFICATION

The Governor of Arunachal Pradesh is pleased to frame the guidelines for implementation of Chief Minister Arogya Arunachal Yojana (CMAAY) by the Health and Family Welfare Department through Chief Minister Arogya Arunachal Society in *Assurance Mode*, utilizing services as well as expertise of a Management Support Provider (MSP) as follows:-

1. Short Title and Commencement: -

- (i) These guidelines may be called the Guidelines for implementation of Chief Minister Arogya Arunachal Yojana (CMAAY), 2021.
- (ii) They shall come into force on the date of issue of the Notification.

2. Benefits: Cost of treatment to be borne by the State Government:

Financial assistance up to Rs. 5.00 lakhs per annum for a family will be provided for secondary and tertiary health care listed in **Annexure-1** of this guideline that comes under the definition of target population. This will be on family floater basis meaning one or more persons of the family can use the full cover of Rs. 5.00 lakhs. One person can also use the entire Rs. 5.00 lakhs. There shall be no limit on family size and age for enrollment in the scheme. The scheme shall endeavor to provide cashless hospitalization; beneficiaries shall not require paying any charges as hospitalization expenses at empanelled government and private hospitals.

3. Institutional Structure

Chief Minister Arogya Arunachal Society: The Chief Minister Arogya Arunachal Society (CMAAS) has been set up by the Government of Arunachal Pradesh for implementation of the Scheme. The Governing Body of the Society is chaired by the Hon'ble Chief Minister of Arunachal Pradesh with Minister of Health & FW as Vice-Chairman and Chief Executive Officer of Chief Minister Arogya Arunachal Yojana as Member Secretary along with other members. The Executive Committee of the Society shall be chaired by the Principal Secretary/Commissioner/Secretary of Health & FW Department, Government of Arunachal Pradesh with Chief Executive Officer of Chief Minister Arogya Arunachal Yojana as Member Secretary along with other members. The memorandum of association and rules of the Society has been notified through separate notification.

4. Program Management Unit (PMU):

It shall be the implementation arm of the CMAA Society consisting of technical/medical, financial and management professionals along with various Committees for different purposes. The PMU shall consist of all such technical/management units put together and as may be determined by the Governing Body with due regard to the scope of functions of the



Society. A suitable senior officer of the State Government, serving or retired, shall be appointed as the Chief Executive Officer of Chief Minister Arogya Arunachal Yojana and Member Secretary of the CMAA Society and he/she shall be head of the PMU. The Executive Committee of the Society will have overall responsibility supervising the work of the PMU, directing and overseeing implementation of CMAAY. The PMU shall act as gateway for out of the State patient referrals and for emergency approvals under the scheme.

PMU of the Society shall have following sections:

- (i) Management section: The Executive Committee of the Society will handle the management section with Chief Executive Officer (CEO) as the Member Secretary assisted by officials deputed to PMU.
- (ii) Medical section: The medical section shall monitor the quality of medical care, frame guidelines to prevent moral hazard, monitor the trend of utilization of listed therapies across empanelled hospitals, conduct investigation into allegations of treatment lapses and analyze mortality and morbidity under the scheme and recommend corrective measures.
- (iii) Finance & accounts section will deal with financial matters relating to the schemes and maintain records for audits and accounts of the Society.
- (iv) IT/data analytics section: This section will coordinate with Management Support Provider (MSP) in the process of installation, operation and maintenance of IT infrastructure including server installation, configuration and administration of server for the Society. It will also manage, maintain and update the website of the Society. This section will also evaluate IT requirement, prepare annual action plan, submit proposals and procure IT hardware for the Society. It will monitor data migration across applications and ensure data consistency and integrity.
- (v) Legal section to handle agreements and civil disputes and assist PMU in all legal matters.
- (vi) IEC section will manage the Information, Education and Communication component of the Society.

5. Management Support Provider (MSP):

The scheme(s) implemented by the Program Management Unit will be assisted by the Management Support Provider (MSP). The MSP shall be selected through open competitive bidding amongst the Companies associated with healthcare related activities, having experience in medical claim processing and providing IT support and registered under the Companies Act as well as IRDA Act.

The MSP shall, apart from rendering consultancy services in process redesigning shall support in empanelment of hospitals, enrolment of beneficiaries, servicing of pre-authorization and claim processing, training & advocacy and provide IT platform for easy and secure implementation of scheme and provide access to all stakeholders (patients, hospitals, officials of State Government etc.). It shall place District Coordinator in each district headquarter and

Arogyamitra in all empanelled network hospitals. The relationship between Society and MSP shall be bound by an agreement between the two parties.

6. District Implementation Unit

District implementation unit (DIU): A DIU shall be chaired by the Deputy Commissioner of the district with District Medical Officer as Vice-Chairman and Medical Superintendent of the district hospital designated as the Chief Operational Officer (COO) of DIU. This Unit shall coordinate with the PMU of the Society, MSP and the empanelled Network Hospitals to ensure effective implementation and also send review reports periodically. It shall also act as District CMAAY Referral Board. A data entry operator (DEO) cum accounts assistant shall be placed under Chief Operational Officer of DIU of each district to coordinate the activities of PMU.

7. Committee to support the implementation of the scheme(s)

Empanelment and Disciplinary Committee (EDC): Will deal with empanelment of hospitals for the scheme, addition/deletion of specialties of hospital, disciplinary action against hospitals (suspension/de-empanelment), review of infrastructure and performance of hospitals, and other empanelment related matters. CEO shall decide whether the issues can be resolved at his level or placed before the EDC. Any issue not resolved by CEO within 15 days will be escalated to EDC which should resolve the issue within 30 days.

The EDC shall consist of:

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|---|--------------|
| (a) Director of Health Services | -Chairperson |
| (b) Chief Operational Officer of MSP/ his or her representative | - Member |
| (c) Surgical specialty expert from TRIHMS, Naharlagun | - Member |
| (d) Medical specialty expert from Arunachal Pradesh Health Services | - Member |
| (e) Public Health expert from Arunachal Pradesh Health Services | - Member |
| (f) CEO of CMAA Society | - Convenor |

8. Central Claims Committee (CCC): It shall act as appellate authority and review of claims appealed by empanelled hospitals which were initially repudiated by MSP and subsequently by PMU, review of hospital behavior on utilization of various packages. Medical Officer of the medical section shall decide whether the issues can be resolved at his level or placed before the CCC. Any issue not resolved by Medical Officer of the medical section of PMU within 15 days will be escalated to CCC which should resolve the issue within 30 days. The CCC shall consist of:

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|---|---------------|
| (a) CEO of CMAA Society | - Chairperson |
| (b) Accounts Manager of finance &accounts section of PMU | - Member(c) |
| (c) Project Manager of MSP (local office) | - Member |
| (d) Medical Coordinator of TRIHMS, Naharlagun | - Member |
| (e) Medical Officer of the Medical Unit of PMU of Society | - Convenor |

9. Grievance Redressal Committee :

To track, call for additional information as required either directly from an aggrieved party or from the concerned agencies /individuals, conduct grievance redressal proceedings, call for hearings and representations from the parties concerned, adjudicate and issue final orders on

grievances, review grievance & monitor the grievance database to ensure that all grievances are resolved within 30 days or earlier. Grievance nodal officer shall decide whether grievance received can be handled directly or through Grievance redressal committee. Any grievances not resolved by grievance nodal officer within 15 days shall escalate to Grievance Redressal Committee. The Grievance Redressal Committee shall consist of:

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|---|---------------|
| (a) Secretary (Health &FW), Govt. of Arunachal Pradesh | - Chairperson |
| (b) Director of TRIHMS/ his or her representative | - Member |
| (c) Chief Operational Officer of MSP/ his or her representative | - Member |
| (d) Registrar of Arunachal Pradesh Medical Council | - Member |
| (e) Grievance nodal officer of the PMU | - Convenor |

10. Medical Audit Committee:

The committee shall conduct medical audits on empanelled hospitals and MSP. Audits on pre-authorization, claims management and administration, and hospital network management etc. with a mandate to carry out surprise audits at a regular frequency. The Society will also carry out audits on the performance of the 24*7 call center set up by the MSP. The medical audit committee shall consist of:

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|--|---------------|
| (a) CEO of CMAA Society | - Chairperson |
| (b) Chief Medical Superintendent of TRIHMS, Naharlagun | - Member |
| (c) Surgical specialty expert from Arunachal Pradesh Health Services | - Member |
| (d) Medical specialty expert from TRIHMS Naharlagun | - Member |
| (e) Medical auditor of PMU | - Convenor |

11. Anti-Fraud Unit:

A State Anti-fraud unit will be set up with Chief Executive Officer as its in-charge. All effort to prevent and control fraud shall be adopted by means of timely revision in the design of the scheme-benefit packages, empanelment policies, associated operation frameworks, deployment of robust IT system with analytics engine (triggers), awareness campaigns of all stakeholders and capacity building initiatives.

12. In all the Committee, two-third of the committee members present in person shall form a quorum at every meeting of the Committee.

13. Planning process

Planning will be a dynamic process as the scheme would be reviewed from time to time. It will consist of the following activities.

- (a) Designing of the scheme
- (b) Designing & costing of the procedures
- (c) Hospital Empanelment Process
- (d) Grading process of the Empanelled hospitals
- (e) Standard Operating Procedures (SOP) for Pre-Authorization & Claims
- (f) Adjudication Guidelines
- (g) IT – Infrastructure



- (h) Call Center
- (i) Business continuity plan (BCP) / Disaster Recovery Plan (DRP) for IT infrastructure
- (j) Business Analytics

14. Funding mechanism

From State Budget

The modalities to be followed for ensuring regular funding for the scheme would be as follows:

- (i) Annual plans and budget proposal shall be prepared by Programme Management Unit of CMAA Society and submitted to Directorate of Health Services.
- (ii) The Department of Health & Family Welfare shall project annual requirement of fund for CMAAY and State Share of the AB-PMJAY in the Budget Estimate (BE) and additional requirement would be projected in the Revised Estimate (RE).
- (iii) The Government of Arunachal Pradesh will make provision for funding the Chief Minister Arogya Arunachal Yojana (CMAAY) and State Share of the AB-PMJAY in its Budget and shall release the fund biannually to the Society through Health & Family Welfare Department.
- (iv) Department of Health & Family Welfare in turn shall draw the fund from Treasury and deposit the same in CMAA Society account.
- (v) The Programme Management Unit (PMU) of CMAA Society shall handle the fund for CMAAY and disburse various payments as per approved guidelines.

15. Flow of funds

- (i) Government of Arunachal Pradesh shall release fund to the dedicated bank account of the Society through Health & Family Welfare Department under Public Fund Management System (PFMS).
- (ii) In order to receive funds under CMAAY, the Society shall open a separate dedicated bank account in a nationalized bank having e-banking facility or leading Scheduled Commercial banks enrolled on PFMS.
- (iii) Eligible funds for execution of the scheme shall be released to this dedicated bank account and all due payments related to implementation of the scheme shall be made from this account only.

(i) Safety of fund and accounts of the Society

- (ii) The funds of the Society shall be placed in the Schedule Bank in the public sector and /or money market.
- (iii) All payment shall be made directly from the dedicated bank account as per the established procedure through PFMS only.
- (iv) The society shall ensure that funds released under CMAAY are utilized for the purpose for which it is released and will not be diverted for any other purposes.
- (v) Society shall maintain separate books of accounts both for receipt of fund from Government of Arunachal Pradesh and its expenditure / utilization.

- (vi) The accounts of the Society shall be kept open for inspection by an agency of the Government of Arunachal Pradesh or the Controller and Auditor General of India or Accountant General or Chartered Accountants (empanelled by CAG) appointed by the Government of Arunachal Pradesh at any time to be satisfied that the funds received by the Society have been utilized for the purpose for which they were received.
- (vii) The Society shall submit Utilization Certificate for the funds released during the financial year and the utilization thereof in prescribed format latest by 30th June of the succeeding year.

16. Public financial management system (PFMS)

- (i) The fund release from Government of Arunachal Pradesh shall be done through PFMS and the Society shall use PFMS for fund flows under the scheme.
- (ii) The Society shall mandatorily enter details like receipts, expenditures, etc. in PFMS portal. In case on non-entering desired details in PFMS portal, banks may not consider release of funds to the hospitals, etc.

17. Sanctioning authority-delegation of power of the Society: After administrative approval and expenditure sanction is obtained from Government, the delegation of financial power may be as follows:

(i) For disbursement of claim settlement

Sl. No.	Amount (Per Claim)	Sanctioning Authority
1	Upto Rs.2,00,000/-	Member Secretary
2	Beyond Rs.2,00,000/-	Commissioner / Secretary (H&FW) or Com/Secy. of designated department

(ii) For Programme management unit (PMU) expenses

Sl. No.	Amount	Sanctioning Authority
1	Upto Rs.2,00,000/-	Member Secretary
2	Beyond Rs.2,00,000/-	Commissioner / Secretary (H&FW) or Com/Secy. of designated department

Types of expenses of the Society

18. Settlement of claims of the hospitals

This would be the payment of the amount claimed by the empanelled hospitals for providing free cashless treatment to the beneficiaries under the Chief Minister Arogya Arunachal Yojana. Hospitalization claims would be as per the pre-defined packages mentioned in the MoU and as per adjudication guidelines of the schemes.

19. Consultancy / service charges of MSP

Payment of consultancy / service charges to the Management Support Provider (MSP) for providing various technical support services (like enrolment of beneficiaries, hospital empanelment, developing software among others).

20. Administrative expenses of Programme Management Unit (PMU)

The day-to-day routine expenditure required for successful implementation of CMAAY and PMJAY. The details shall be as below:

- (a) Construction of Office Building / Hiring of Office Space.
- (b) Creation of IT Infrastructure.
- (c) Procurement of vehicles.
- (d) Procurement of office equipments.
- (e) Procurement of office stationary.
- (f) Repair and Maintenance of vehicle including POL.
- (g) Repair and Maintenance of Office Equipments.
- (h) Payment of Salaries, Wages, Incentives, etc.
- (i) Payment of Honorariums to the Officers and Officials of other departments engaged on ex-officio/co-opted basis for implementation of the scheme. (No honorarium will be given to ex-officio/co-opted staff of H&FW Department, NHM and the various vertical/extended programmes who are engaged in CMAAY.)
- (j) Payment of TA & DA of the officials of PMU.
- (k) Providing new connection for Telephone, Mobile, Internet, etc. including their monthly recurring expenditure.
- (l) Payment of Electricity and Water charges.
- (m) Payment of Auditor Fees, Legal Expenses, Consultancy Fees, etc.
- (n) Expenses for developing IEC materials and activities
- (o) Meeting expenses for regular review and advocacy
- (p) Other miscellaneous expenses.

Beneficiary identification

21. Target Population:

The target populations for Chief Minister Arogya Arunachal Yojana (CMAAY) are:

- (a) Arunachal Pradesh Scheduled Tribe (APST) members and their family

Note: A non-tribal man married to a tribal woman or their children cannot claim the benefit of government reservations for tribal.

- (b) Non-APST residents of Changlang, Lohit, Namsai possessing Resident Certificate (RC) with permanent land holding documents and their family members.
- (c) State Government Employees and their dependents:
 - (i) Government Employees will include Regular / Ad HOC / Contingency / Contractual for the purpose of health coverage.

- (ii) Government Employees and their dependants will be covered under the scheme for Secondary & Tertiary/Critical illness as per the package defined.

Exclusion Criteria: *Natives of Arunachal Pradesh working for Public Sector Undertakings (PSUs) and Central Government.*

Note: *Any family who are entitled beneficiary of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) shall avail AB-PMJAY scheme only.*

22. Documents which are required to establish the identity & proof of valid beneficiary are:

Aadhaar Card of all members of family is mandatory for enrollment except for children under 5 years. In case of children under 5 years birth certificate is required. In addition, following documents are to be submitted:

- (i) **For APST:** APST certificate of the head of the family and members to be declared in a self-declaration form (Annexure-2). In case of any doubt, the dependent members should produce APST certificate as well.
- (ii) **For Non-APST** but bonafide residents of Lohit, Namsai & Changlang districts: Resident Certificate (RC) issued by Competent Authority for the head of family and family members as declared in the family declaration format (Annexure-2). In case of any doubt, dependent of RC holders should produce any legal document (along with Aadhaar card) to prove their relation with RC holders.
- (iii) **For State Government employees:** Government ID card issued by competent Authority. State Government employees shall declare their dependants in the format provided for this purpose (Annexure-3) which is to be signed by competent authority (DDO or Controlling Authority). In case of any doubt, dependent of State Government employee should produce any legal document (along with Aadhaar card) to prove their relation with Government employee.

Note:

(a) Definition of family and Dependent

The term 'family' means and includes:

- (i) Self (head of the family) and spouse and/or dependent family members.
- (ii) Dependent family members are: parents (female head of family can have either her parents or her parents-in-law as dependents), sisters, widowed sisters, widowed daughters, minor brothers and minor sister, children and stepchildren wholly dependent upon the head of family (HOF) or the Government Servant and are normally residing with the HOF or the Government Servant. It also includes, dependent divorced / separated daughters (including their dependent minor children) and stepmother.

(b) List of acceptable legal documents to support proof of relationship to the head of family/Government employees:

- (i) Ration/PDS Card
- (ii) Adoption certificate
- (iii) Birth Certificate
- (iv) Aadhaar card
- (v) PAN Card
- (vi) Voter ID Card
- (vii) Driving License
- (viii) MNREGA Job Card
- (ix) Pension Card
- (x) Passport
- (xi) Land allotment passbook
- (xii) Marriage Certificate Issued by the Government
- (xiii) Any other Central/State government issued family entitlement document

23. Enrollment of beneficiaries:

- (i) There shall be one time enrollment of beneficiaries for availing benefits under the scheme enabled by IT platform established by PMU of the Society through MSP. The first point of contact for the beneficiary is either the District Coordinator stationed at the District kiosk or Arogyamitra in empanelled network hospital or self-enrollment through portal/mobile application. Enrollment may be routine or emergency. However, it is advisable to complete enrollment process as routine in order to avoid rush or difficulty at the time of suffering from illness. Routine enrollment can be done at District Kiosk or by self through online portal (www.cmaay.com) or mobile application – 'arogya arunachal'. The enrollment will be verified based on eligibility and support documents uploaded into the system. A patient approaching empanelled network hospital for the first time without enrollment (in case of emergency) can be enrolled by Arogyamitra and treatment initiated under the scheme subject to production of proof of eligibility (Aadhaar card and support documents) and immediate verification and approval by PMU/MSP.
- (ii) Every member seeking benefits under CMAAY should be enrolled. Once enrollment is verified, an e-card with unique registration number (URN) shall be generated. E-card can be downloaded and printed using the URN or the Aadhaar number.
- (iii) Verified enrollment may still be subjected to scrutiny if doubt regarding eligibility is raised at the time of registration for treatment/referral. Such scrutiny may arise when ineligible member is enrolled by wrongful declaration by the beneficiary. In such case, the patient should provide support documents to prove the eligibility before being registered in the hospital for treatment/referral. In case of failure of providing eligible documents, the benefits under the scheme will not be extended to the member.

- (iv) It shall be the responsibility of the MSP to set up the district kiosks for enrollment and patient registration kiosk in the empanelled network hospitals. The competent authority may put in place any system/procedure of issuing health cards to the public as and when necessary.
- (v) The basic steps of the enrollment process shall be elaborated in the operational guidelines.

24. Referral System

- (i) A patient requiring a healthcare treatment shall consult the medical doctor in the nearest Primary Healthcare Centre (PHC) or Community Healthcare Centre (CHC) or District Hospital (DH) in the district level first. Based on the outcome of consultation and evaluation by the medical doctor and existing medical capability of the concerned PHC, CHC or DH, the treatment may be provided in the same PHC, CHC/DH or a referral may be provided to a higher centre within the State or outside the State. The District CMAAY Referral board headed by District Medical Officer/Medical Superintendent at district level shall refer through referral portal. In case of referral to CMC Vellore or any hospital notified under same model, the District CMAAY Referral Board shall forward its recommendation to the PMU for referral and formal Referral Letter issued by PMU as per separate guidelines notified in this regard.
- (ii) For treatment outside the State, referral from Government Hospital (PHC/CHC/DH/General Hospital, etc) would be **mandatory** for availing benefits under CMAAY EXCEPT for State Government employees posted outside Arunachal Pradesh and eligible students studying outside Arunachal Pradesh.
- (iii) State Government Employees posted outside and eligible students studying outside Arunachal Pradesh can approach any of the nearest empanelled hospitals directly for treatment. If enrolment is not yet done the approval would be granted by PMU.
 - (a) Employees posted outside the State is required to produce identity support document in the form of ID card/ certification from controlling authority
 - (b) For eligible students studying outside Arunachal Pradesh-students I/ card and bonafide student certificate from the head of the institution/designated authority of the institute.
- (iv) Basic steps for treatment outside Arunachal except for conditions mentioned at 25(iii) above, shall be as follows:
 - (a) Patient goes to an empaneled hospital in the State, the medical doctor examines and decides to refer the case and sends the patient to Arogyamitra/District Coordinator (DCoor)
 - (b) Arogyamitra/District Coordinator check/confirms the enrolment and adds all demographic information in the referral form.

- (c) Referring doctor enters clinical details of the referral letter with adequate medical justification (which will be subject to medical audit) and then software will give list of hospitals where the specialty is available. This form is then printed, signed & scanned into the system.
 - (d) PMU/DIU will then approve/query the referral.
 - (e) The information is then sent back to referring Arogyamitra /District Coordinator for information to the patient as well as to the Arogyamitra of the referred hospital.
 - (f) The Arogyamitra of the referred hospital raises pre-authorization after confirmation of the selected package by the treating doctor.
 - (g) A reference number will be auto-generated and will be unique for a referral. This reference number will be used by PMU/MSP to track approval when clearing claim.
 - (h) Referral for CMC Vellore shall be through PMU
- (v) The referral shall be open to all empanelled network hospitals subject to occupancy availability and availability of empanelled specialty of the referred hospital. The patient should provide Aadhaar card and support documents in case the PMU raises doubt about the eligibility before proceeding to the hospital for treatment. Detailed referral process and format of referral letter shall be elaborated in the operational guidelines.
- (vi) In case a patient, if he is eligible or enrolled, getting treatment in an empanelled hospital outside Arunachal Pradesh without prior referral (except in an emergency), shall apply for referral through the Arogyamitra of the treating hospital to be covered under CMAAY.

25. Empanelment of network hospitals

- (i). The Hospitals will be empanelled in phased manner. The hospitals will be blend of private & Government hospitals. They will also be geographically based in & out of Arunachal Pradesh.
- (ii). All private hospitals within and outside Arunachal Pradesh that meet the prescribed norms, as specified in operational guidelines will be eligible for getting empanelled with CMAA Society.
- (iii). The empanelled hospitals outside Arunachal Pradesh shall provide treatment only on referral from the empanelled hospitals within the State of Arunachal Pradesh except for State Government Employees posted/eligible students studying outside Arunachal Pradesh of State as mentioned at Clause 25 (iii) above. In exceptional case (for an emergency), a referral will not be mandatory, but treatment can be initiated in the empanelled hospital by obtaining an emergency pre-authorization from PMU through MSP based on the eligibility criteria and request for referral to be raised simultaneously. The hospital shall ensure that the patient shall be registered based on production of e-card/Aadhaar card with support documents.
- (iv). All Government hospitals are deemed empanelled under the scheme. However, their operational under the scheme will be in phased manner and subject to availability of

specific services (specialist & infrastructure). The Government hospital shall enter details regarding availability of specialist and infrastructure in the empanel module of the CMAAY/PMJAY HEM web portal.

- (v). Capability gaps in Government hospitals for simple secondary treatments shall be filled on priority. Thereafter, the gaps for tertiary treatments shall be addressed, so that most of the packages offered in the scheme are available in the Government hospitals within the State itself.
- (vi). To encourage private hospitals to be empanelled and to ensure that appropriate and consistent quality services are delivered to the beneficiary, the State Government shall adopt package list and rates of AB-PMJAY with hike over and above PMJAY base rates as deem fit from time to time on technical justification & approval from competent authorities.
- (vii). Hospitals will be encouraged to attain quality milestones to promote quality and patient safety by incentivizing for higher package rates in a staged approach similar to the approach available under NABH. Gradation percentage shall be decided from time to time.
- (viii). A tripartite MoU (between the Society, MSP and empaneled network hospital) shall be signed with the technically qualified hospital meeting the required standard.

26. Covered procedures

The scheme shall cover medical and hospitalization expenses for as many secondary care and tertiary care procedures bundled as treatment packages covering surgery and medical treatments which is listed in **Annexure 1** of this guidelines. However, number of packages may differ from time to time as stated at Clause 25 (vi) above.

27. Package definition

- (i). The packages predefined in the CMAAY scheme are a fully bundled package, which endeavor to ensure a seamless cashless transaction for the beneficiary to enable zero, out of pocket expenses.
- (ii). The package rates shall be fixed and revised periodically on the recommendations of the State Expert Committee under Chairmanship of Commissioner/Secretary (Health & Family Welfare) with member from Department of Finance, Planning & Investment based on local felt needs or upon any revision of packages by National Health Authority (NHA).
- (iii). A treatment package covers Medical examination, treatment, and consultation:
 - (a) Pre-hospitalization: Consultation involving diagnostics tests and medicines before admission within the same hospital upto 3 days prior to hospitalization*.
 - (b) During hospitalization: Consultation, Medicines and medical consumables, non-intensive and intensive care services, OT, Blood & blood products, diagnostic and laboratory investigations, procedure costs including medical implant, devices, prosthesis services (where necessary), accommodation benefits and food services for the patient, complications/co-morbid conditions arising during treatment



(c) Post-hospitalization up-to a limit of 10 days that includes discharge medicines and medical records.

28. In case beneficiary is required to undertake multiple surgical treatment, then the highest package rate shall be taken at 100%, thereupon the 2nd treatment package shall taken as 50% of package rate and 3rd treatment package shall be at 25% of the package rate and will be as per Society adjudication or claim settlement guidelines issued from time to time. This shall include both surgical as well as medical packages.

29. Registration of patient, pre-authorization and cashless hospitalization

- (i). A patient needs to be enrolled by the competent authority only once. Registration for referral and treatment, follow up visit or any subsequent visit for another ailment can be done using unique registration number (URN) or Aadhaar number. Arogyamitra would facilitate the beneficiary to undergo preliminary diagnosis and basic tests.
- (ii). The Society shall provide the required software for patient registration. Once a hospital registers a patient, it shall not be open for another hospital to record the patient registration for the same admission.
- (iii). Identity of the beneficiary in the CMAAY database is established by the URN or Aadhaar number. The empanelled Hospital, based on the diagnosis, admits the patient and sends preauthorization request to the MSP.
- (iv). The hospital shall raise the pre-authorization through CMAAY website with all relevant tests reports along with digital photograph of the beneficiary taken in the hospital including the signed copy of consent of the patient. Society/MSP will approve the Pre-authorization within 4 working hours for elective & 1 hour for emergency from the receipt of the request for pre-authorization form if all the conditions are satisfied.
- (v). The empanelled Hospital shall extend cashless treatment and surgery to the beneficiary subject to the limits prescribed under the scheme.

30. Settlement of claims to the hospitals

- (i). An empanelled network hospital providing secondary and tertiary healthcare treatment, specified in Annexure-1 after the referral and pre-authorization to the eligible patient shall be paid the package rate by the Society.
- (ii). Empanelled Hospital after discharge shall submit the original bill, discharge summary with signature of the patient in the feedback form and other relevant documents to MSP for processing and settlement of the claim after discharge of the patient. MSP shall scrutinize the bills and forward the payment request of the bill to the Society within seven working days (7 days) of the receipt of bills from the empanelled Hospital.
- (iii). The Society after verification of the bills in lieu of the services provided will directly make the payment by way of electronic transfer to the empanelled Hospital(s) within 30-days of receiving the bills from the MSP.

(iv). The payment to the hospital shall have following stages:

STAGE – I: The Management Support Provider (MSP) will examine the claims submitted by the empanelled hospital and if the claims are found to be genuine and in order the MSP will forward the claims along with all supporting documents through web portal to the Programme Management Unit (PMU) of the Society. The recommendation of the MSP shall certify the following:

- (a) The patient for which the claim submitted is a bonafide local individual (APST or residents of Changlang, Lohit and Namsai possessing Resident Certificate of Arunachal Pradesh) or an Employee of Government of Arunachal Pradesh.
- (b) The claim submitted by the hospital is well within the package cost provided to the hospital.
- (c) The claim settlement is made as per the standard adjudication guidelines.
- (d) The present claim, after availing any treatment in the past in the scheme, is well within the overall sum assured for the beneficiary's family.

If the claims submitted have deficiency, the MSP will return the claims to the hospital with observations.

STAGE – II: On receiving the recommendation of the Management Support Provider (MSP) the medical section of the Programme Management Unit (PMU) will examine the claim on the basis of the predefined checklist and if the claim is found in order will certify and recommend the claim to the Finance & Accounts Section for approval and payment.

STAGE – III: On receiving the certifications of MSP and recommendation of the Medical Section, the Finance & Accounts Section will verify the claim on the following grounds:

- (a) Hospital eligibility as per the empanelled list.
- (b) Beneficiary / Patient eligibility as per the enrolled list.
- (c) Claim amount submitted by the Hospital.
- (d) Amount and Claim certified and recommended by the Management Service Provider (MSP).
- (e) Amount and Claim certified and recommended by the Medical Section of PMU.

After verification, the Finance & Accounts Section will recommend the claim to the competent authority for approval.

On receiving the approval of the competent authority, the Finance & accounts section will release the payment to the hospital through PFMS Platform and submit UTR to MSP for update of payment.

31. Checklist for examination of the claims submitted by the empanelled hospitals

- (i). ID proof : Aadhaar Card / RC / APST Certificate
- (ii). Referral letter, if any, to hospital.
- (iii). Pre-authorisation approval letter.
- (iv). Admission notes – certified copy
- (v). IPD Papers for all conservative ailments

- (vi). Investigation reports - (scanned) – for investigations done during hospitalisation (Reports for all tests done along with images)
- (vii). Operation Theatre (OT) notes & Anaesthetic notes – where surgery is performed – Signed by the surgeon & stamped by the hospital
- (viii). Detailed discharge summary (Provides details of complaints & treatment given to patient during hospitalisation) (scanned) and signed statement of reason if it's a case of LAMA/DAMA.
- (ix). Death summary (instead of discharge summary) in case the patient has passed away during hospitalisation (scanned) including internal death audit report.
- (x). MLC report/ FIR for accident cases
- (xi). Sticker for the implants used
- (xii). Any other document that the claim processing team / MSP requests.
- (xiii). Declaration / Feedback / Satisfaction forms as required by PMU
- (xiv). Bed side photograph of the beneficiary wherever necessary should be included.

The claim settlement period shall be 40 days from the date of submission of the claims by the empanelled hospitals.

The empanelled hospitals will follow standard adjudication guidelines for pre-authorization, raising claim settlement as per operational guidelines.

32. Participation of State Government Hospitals

Since the scheme is incentivizing the government health machinery, better outcomes & infrastructure is envisaged with the inclusion of Government hospitals.

General guidelines for participating State Government hospitals shall be: -

- (i). Eligible State Government hospitals will participate in the scheme as per the online empanelment criteria and other guidelines. If concerned specialist is not available, case would be referred to nearest empanelled hospital where the specialty is available.
- (ii). Claim settlement would be as per claim settlement and adjudication guidelines.
- (iii). Claim amount approved for cashless treatment provided to beneficiary will be accounted against the individual hospital.
- (iv). To provide cashless treatment under the scheme, following will be the suggestive modalities for containing cost on medicines and consumables for scheme patients:
 - (a) Government supplied medicines should be the first choice of prescription
 - (b) In case there is no stock of Government supplied medicines, Jan Aushadi medicines should be the second choice of prescription
 - (c) For items not available in Government free supply or Jan Aushadi stores the same may be procured from empanelled drug store(s) in the locality for easy access 24x7. Rate for such drug and items may be determined by a board of officers by calling quotation from drug stores located near the hospital by observing all codal formalities.

- (d) For purchase of medicines from the store other than Government supply and Jan Aushadi, the hospital authority has to certify that it is not available in stock.
- (v) Hospital will feed the actual cost incurred for cashless treatment in CMAAY software during claim process and the data shall be used for payment purpose.

33. Fund utilization by empanelled Government Hospitals

- (i). All participating State Government hospitals have to change the name of the existing bank account to Chief Minister Arogya Arunachal Society (CMAAS) suffixing the name of the institute if it exists in any other name for purpose of operating the scheme under Society mode. Funds related to CMAAY & PMJAY shall be operated through two separate bank accounts suffixing the scheme name CMAAY & PMJAY respectively. Joint signatories shall be District Medical Officer & Medical Superintendent/MO In-charge in other General/ District Hospitals.
- (ii). Expenditures for cashless treatment under CMAAY/PMJAY of eligible patients by hospitals should be restricted to only medicines, investigation charges, consumables etc. and the same cannot be more than the package cost. No expenditures should be made on expenditures of capital nature like construction of new building, other civil works, etc without approval of the Governing body of CMAA Society. Specific permission of CMAA Society has to be obtained for any other expenditure which would be examined on case to case basis.
- (iii). Cash book, bill registers and other such books of records shall be maintained for recording transaction. Cash analysis, bank reconciliation, audit, etc. should be done at regular intervals of time.
- (iv). CMAAY claim amount in Government hospitals can be utilized with following caps on each category following due codal formalities:
- (a) 30% of the reimbursement accruing to the Government hospitals shall be retained by the Chief Minister Arogya Arunachal Society and deposited in a dedicated CMAAY account for procurement of high end but low demand and necessary equipments & consumables for extending cashless hospitalization and medicines for long term medication in OPD setting on consignment basis.
- (b) Amount paid post mentioned retention, should be spent as per the following calculation:

Sl. No	Sharing pattern	Percentage
1.	Consumables (patient related)	50 %
2.	Incentive to medical team	25 %
3.	Institutional development/ Hospital upgradation	25 %

- (c) Allocation for the incentives from the mentioned bracket i.e Clause 33 (iv) (b) sl.2. should be further divided into staff as per below mentioned bifurcation:

1.	Surgeon/Doctors	25 %
2.	Anesthetists	25 %
3.	Theatre staff/Nurse team	25 %
4.	Supportive department	25 %

- (v). These expenditures may also be open to audit by competent Government agencies apart from the Audit by Chartered Accountant.

34. Financial power of the participating Government hospitals for disbursement to suppliers/Vendors will be as follows:

- (i) Medical Superintendent/Chief Operating Officer of District Implementation Unit (DIU)- upto Rs 2,00,000.00 (upto rupees two lakhs)
- (ii) Vice-Chairman of DIU – Rs. Rs 2, 00,000- to upto 5, 00,000.00 (upto rupees two-five lakhs)
- (iii) DC/Chairman of the District Implementation Unit (DIU) - Rs. 5.00 Lakhs and above (Rupees two lakhs) upto to available accrued amount in the CMAAY account of the hospital.

35. Monitoring & Evaluation

Regular meetings on the performance/administration of the scheme would be held between the Government of Arunachal Pradesh/CMAA Society and Management Support Provider at the District as well as at the State level. The mode of monitoring and evaluation shall be as given in the table below:

Item	Monitoring	Evaluation
Frequency	Real time, Routine, Monthly	Baseline, Yearly impact evaluation study
Primary objective	To keep track	To make assessment
Purpose	To improve efficiency, mid-course corrections of guidelines	To improve effectiveness, impact and future policy
Focus	Conformity / fidelity to the guidelines	Effectiveness, impact, cost effectiveness
Data source	MIS, feedback & Grievances, Death audit report, field observation and progress reports	Same plus survey and special studies
Conducted by	District implementation unit (DIU), Empanelment & Disciplinary Action Committee and Monitoring & Evaluation unit of PMU	External evaluators (PHFI, ACCESS Health International etc.), Social audit by scholars of Rajiv Gandhi University
Reporting to	CMAA Society	State Cabinet/ Legislative Assembly

36. Parameters and Indicators

The MSP will process data from Management Information System (MIS) and present it in form of reports at regular interval. The key monitoring areas and important indicators shall be given in the operational guidelines.

37. Arogyamitra in empanelled hospitals

The Arogyamitra will be recruited and trained by the MSP in consultation with the Society. Arogyamitra shall be placed at empanelled hospitals and shall be supervised by the District Coordinator and monitored by the District Implementation Unit (DIU) in districts. Arogyamitra in hospitals outside the State will be supervised by the Project Manager of MSP and monitored by the Society directly. Arogyamitra will act as facilitator for the patients and ensure proper flow of MIS and reports to the Society on day-to-day basis about the progress of the scheme in the assigned area. Following roles shall be performed by Arogyamitra:

- (a) Maintain CMAAY helpdesk at the hospital
- (b) Guide the beneficiary, receive and reply query on CMAAY/PMJAY and enable conversion of admitted patient as beneficiary of the schemes.
- (c) Operate CMAAY portal to identify and verify the beneficiary under CMAAY. If enrollment not yet done for emergency cases, facilitate enrollment after verifying eligibility with mandatory support documents like Aadhaar, APST or Resident Certificate. Government employees cannot enroll without the family declaration signed by competent authority.
- (d) Operate CMAAY portal to register the patient for referral if referred, submit request for pre-authorization.
- (e) Liaise with hospital coordinator/administration to facilitate consultation, early evaluation and posting for surgery/treatment.
- (f) Obtain death reports (when necessary) and collect feedback from beneficiary.

38. District Coordinator in District Kiosk

District Coordinator shall be recruited and trained by the MSP in consultation with the Society. They shall supervise the Arogyamitra and coordinate with the District Implementation Unit to disseminate awareness about the scheme and conduct training as and when needed to health officials and hospital administration. They shall maintain the District kiosk and facilitate enrollment on routine basis and assist in addition and correction of enrolled families. They shall also receive and forward any grievances to the project head of MSP or PMU of the Society.

39. Grievance and feedback mechanism

Registering grievance:

- (a) Online through portal- www.cmaay.com or CPGRAMS portal www.pgportal.gov.in
- (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.
- (iii). Stakeholder can even directly walk-in and register their grievance with Grievance nodal officer in PMU.

These complaints and grievances shall be monitored at the highest level in the Society on daily basis. The Chairman of the Grievance redressal Committee shall regularly monitor these grievances.

40. All the discharged cases shall pass through a social audit mechanism. A feedback letter shall be given at the time of discharge of the patient enquiring about his current status of health after the treatment. The letter shall provide details of the claim such as package availed, surgery/treatment done, package cost paid to the hospital and enquires about the satisfaction level of the beneficiary regarding the services rendered. This letter shall also include any specific feedback from beneficiary about the quality of services, behavior of Arogyamitra and hospital staff and his opinion about the scheme. This letter will be uploaded by the beneficiary/Arogyamitra and made available to the MSP and Society on real time basis.

41. Points of convergence with Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)

- (i). Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was launched on 23rd September 2018 to provide health protection to poor families identified based on Socio-Economic Caste Census (SECC) of 2011 with financial cover of Rs. 5.00 lakhs per annum per family.
- (ii). Validation of AB-PMJAY Beneficiaries: The identity of 88,928 families from Arunachal Pradesh who are entitled to get benefits under AB-PMJAY will be validated with Aadhaar card or other methods for persons without Aadhaar prescribed in the operational guidelines of National Health Authority.
- (iii). The State scheme "Chief Minister Arogya Arunachal Yojana" and Central scheme Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana are similar scheme albeit with a difference in identifying beneficiaries, the State Cabinet approved the convergence of main features of CMAAY with AB-PMJAY on 29 June 2018.
- (iv). The operational guidelines issued by National Health Authority (NHA) from time to time shall be applicable for AB-PMJAY beneficiaries.
- (v). The patient availing healthcare services under the converged scheme shall be categorized as detailed below:
 - (a) CMAAY patient: A patient who is a resident of Arunachal Pradesh and belongs to "Target population" as defined at clause -21 above.
 - (b) AB-PMJAY patient: Families figuring in defined Socio Economic Caste Census-2011 (SECC) database shall be entitled to claim benefit under the AB-PMJAY scheme. Any



category of beneficiaries identified for benefits under AB-PMJAY in future shall be automatically included and patient categorized accordingly.

42. IEC and publicity

Publicity will be an integral component in driving the vision of the programme to the masses. Publicity would be a joint activity of the Society & MSP wherein Government/Society would take the lead role. The Management Support Provider shall ensure that proper publicity is given to the scheme through its website and through its field functionaries. The MSP would also advise and assist the Society in developing the publicity materials including brochures, banners, display boards, etc. and also in distribution of the publicity materials. The MSP should effectively use services of Arogyamitras & District Coordinators cum Kiosk Managers for this purpose. The MSP would also provide continuous feedback to the Society on the methodology and effectiveness of IEC activities for further improvement.

General guidelines

Chief Minister Arogya Arunachal Society in the Health and Family Welfare Department, Government of Arunachal Pradesh may from time to time, issue amendments/corrigendum to this guideline for compliances of various stakeholders as may be necessary for smooth implementation of the Chief Minister Arogya Arunachal Yojana.

This guideline is issued with the approval of the Governing Body of the CMAA Society vide its proceedings dated 9th August 2018 and concurrence of the Finance Department vide its U.N no. 618 dated 23/2/2021.

Sd/-

(P.Parthiban)

Secretary (Health &FW)

Government of Arunachal Pradesh

Itanagar

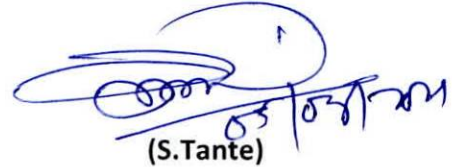
Itanagar dated ____ March, 2021

Memo No. CMAAY/2020/196

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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 Council
11. All the Directors/Head of offices/Education/Training Institute, Arunachal Pradesh, Itanagar/Naharlagun/Nirjuli
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(S.Tante)

Under Secretary (Health &FW)-II
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