



Proceedings of the Government of Karnataka

Subject : Integration of Ayushman Bharat – Arogya Karnataka Scheme - reg.

Read : 1) Karnataka Integrated Public Health Policy 2017

(http://www.karnataka.gov.in/hfw/kannada/Documents/Karnataka_Integrated_Public_Health_Policy_2017.PDF);

2). Karnataka Vision 2025 Document

(https://navakarnataka2025.in/site/sites/default/files/health%20and%20nutrition_10th%20Jan.pdf);

3). National Health Policy 2017

(<https://mohfw.gov.in/sites/default/files/9147562941489753121.pdf>).

4) G.O. No. HFW 91 CGE 2017 dated 1/3/2018

5) Operational Guidelines on Ayushman Bharat National Health Protection Mission (AB-NHPM) of National Health Agency, MoHFW.

6) G.O. No. HFW 91 CGE 2017 dated 1/6/2018

7) Circular No. DHS/PS/38/2018-19 dated 21/06/2018

8) Circular No. DHS/PS/38/2018-19 dated 23/06/2018

Background

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

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

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

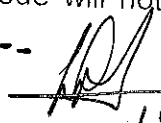
- (i) Assuring availability of free comprehensive primary healthcare services for all aspects of reproductive, maternal, child and adolescent health and for the treatment of the most prevalent communicable, non-communicable and occupational diseases in the population.
- (ii) Ensuring improved access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

4. In order to achieve the goal of Universal, Equitable and Sustainable healthcare as envisaged in the Vision document "Arogya Karnataka" a Universal Health care Scheme was launched on 2/3/2018, wherein cashless treatments upto Rs. 2.00 lakh for specified treatments are provided based on eligibility criteria.

5. Similarly, in order to provide financial protection to poor and vulnerable families against catastrophic health expenditure and to reduce out of pocket expenditure for accessing health services due to hospitalization, Government of India has decided to roll out the Ayushman Bharat Scheme to provide holistic health care to all citizens including preventive health promotion as well as primary, secondary and tertiary care.

With this vision, the AB-PMJAY aims to help achieve the Sustainable Development Goals (SDG3) of providing Universal Health care (UHC). It will provide for cashless hospitalization services of upto Rs. Five lakh per family per year to over ten crore poor and vulnerable families (approximately 50 crore) beneficiaries.

6. Since both the schemes have the common goal, scope and similar modalities for providing specified treatments to the poor and vulnerable sections of society, integrating both the schemes and having a single scheme is inevitable. Implementation of both the schemes in a standalone mode will not be a workable


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model due to the fact that it would be a difficult task to distinguish the beneficiaries of two schemes at the field level.

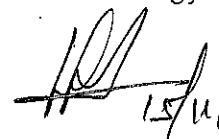
PREAMBLE :

7. The Universal Health Coverage (UHC) scheme, "Arogya Karnataka" as it is known was launched on 2.3.2018, with the goal of providing Universal Health Coverage, to all residents of the State, by way of providing 1530 specified healthcare treatments vide G.Os at Ref (1) and (3) above. Eligibility is based on Aadhaar card and the entitlement is based on the definition of the National Food Security Act 2013. For the "eligible patient" treatment is to be free or with a nominal user fee; with an assistance of Rs.30,000/- for Complex secondary care and up to Rs. 1.5 lakh per family, per year with an additional Rs. 0.5 lakh, per family in case of emergency, for Tertiary and Emergency care. For general patients, the Government will bear 30% of the cost of package rates.

8. Government of India has come out with a centrally sponsored scheme (CSS) called Ayushman Bharat - National Health Protection Mission, on 21.3.2018, later renamed as Pradhan Mantri Jan Arogya Yojana (PMJAY), to provide health protection to over 10 Crore poor families identified based on the latest Socio-Economic Caste Census (SECC) data/RSBY thus covering about 50 crore beneficiaries in the country. The Operational guidelines are at Ref (2) above. The financial cover provided under the scheme is Rs.5.00 lakh per annum per family.

9.- The centrally sponsored Rashtriya Swasthya Bhima Yojane that was implemented in an insurance mode and was servicing about 62 lakh families who come under the 8 deprivation criteria has come to a close on 31/8/2018. It is this category of population, including those who are in the SECC data, that will now be the beneficiaries under the Ayushman Bharat-PMJAY scheme.

10. Since the State already has a Universal Health Coverage scheme "Arogya Karnataka" and Ayushman Bharat is a similar scheme of the Government of India albeit with a smaller coverage but higher financial assistance, it has been felt advisable to integrate both the schemes "Ayushman Bharat" and "Arogya Karnataka", to achieve operational efficiency.


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11. The integrated scheme shall be called "Ayushman Bharat-Arogya Karnataka" and shall have common coverage, scope and implementation modalities under co-branding arrangements.

12. In the light of this integrated scheme necessary modifications and addendums of the Government Orders referred at (1) and (3) above are necessary. The amendments made in this G.O are to be read in conjunction with the Government Orders cited. Hence the following order.

Government Order No. HFW 69 CGE 2018
Bangalore, Dated 15.11.2018

Scope

1. Administrative approval is hereby accorded for providing Universal Health Coverage to all the residents of Karnataka by integrating the existing health scheme of the Government of Karnataka, "Arogya Karnataka" and Government of India health scheme "Ayushman Bharat".

2. The integrated scheme shall be called "Ayushman Bharat - Arogya Karnataka" and shall be implemented in an "Assurance Mode". The same name shall be used in all scheme documents, IEC material and communication with stakeholders and shall be referred to as an integrated health scheme of both Government of Karnataka and Government of India.

3. The integrated health scheme shall operate a revised list of procedures numbering 1628, that has been arrived at by combining and rationalizing the 1530 procedures in ArK and 1349 procedures in Ayushman Bharat by way of Primary health care, simple secondary health care, complex secondary health care, tertiary health care and emergency health care as specified in Annexures-1, 2A, 2B, 3 and 4 respectively attached to this order.

4. Universal health coverage as assured in this new scheme shall exclude the following categories of residents as they can avail healthcare through other schemes.

- a. Residents covered under Employees' State Insurance Scheme;
- b. Residents covered under health assurance or health insurance schemes of their employers;

- c. Residents who have taken private health insurance policies on their own;
- d. Residents covered under Central Government Health Scheme of the Government of India;
- e. Employees of Government of Karnataka till the amendment of the Karnataka Government Servants' (Medical Attendance) Rules;
- f. Members of Karnataka Legislature till the amendment of the Karnataka Legislature (Members Medical Attendance) Rules 1968.

Enrollment of patients

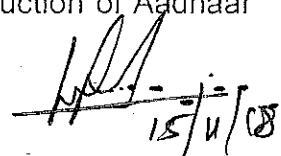
5. There shall be a one-time enrollment of patients, on an IT portal to be established by Suvarna Arogya Suraksha Trust (referred as SAST hereafter), as and when they approach any PHI for treatment for the first time or any other enrollment facility as designated from time to time. A patient approaching an empanelled private hospital in case of emergency (as per Annexure 4) without a referral from a PHI can be enrolled at a designated enrollment centre or a PHI after stabilization and discharge from hospital. Till such time for that single incident he can get treatment under the scheme by producing his Aadhar card and PDS card.

6. Under the Ayushman Bharat- Arogya Karnataka scheme the enrolment card shall be called AB-ArK Card and the unique ID generated while enrollment shall be called AB-ArK ID.

7. On successful enrollment based on Aadhaar authentication, a unique identity number "AB-ArK ID" shall be generated and a health card called "AB-ArK Card" shall be provided to the patient at the enrolment center on payment of a fee of Rs.10/- (Ten) only".

8. Arogya Karnataka Card shall be henceforth called as AB-ArK Card and shall be understood as AB-ArK Card, wherever mentioned in the referenced GOs and Circulars issued related to the "Arogya Karnataka" Scheme. Enrollment cards that have already been issued under the "Arogya Karnataka" scheme shall remain valid for the integrated "Ayushman Bharat- Arogya Karnataka" scheme

9. In case of loss of the health card, a duplicate card can be obtained at any PHI or at enrollment centers on payment Rs. 20 (twenty) only on production of Aadhaar


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or PDS card and on Aadhaar authentication.

10. For a patient not having Aadhaar, enrollment for Ayushman Bharat-Arogya Karnataka scheme can be done based on the PDS card. Such person shall be provided treatment in the PHIs, but will need to get enrolled for Aadhaar before getting any referral to a private hospital.

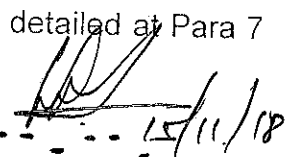
11. It shall be the responsibility of the PHIs to set up the required number of enrollment counters and outpatient registration counters in their respective hospitals. The competent authority may designate places such as Common service centres, B1 and K1 centres, or any other place convenient to the public for obtaining a health card. If felt necessary, the competent authority may put in place any system/procedure of issuing health cards to the public expeditiously. However the cost of the health card in these centres other than PHIs will be fixed by the competent authority.

12. The patients availing healthcare services under the integrated scheme shall be categorized as detailed below:

- i. Eligible Patient: A patient who is a resident of Karnataka State and belongs to "Eligible Household" as defined under the National Food Security Act, 2013; This category shall also include the beneficiaries listed in the SECC data and the enrolled members of the hitherto existing Rashtriya Swasthya Bhima Yojane.
- ii. General Patient: A patient who is a resident of Karnataka State but does not come under the definition of "Eligible Household" as defined under the National Food Security Act, 2013, or does not produce the eligible household card.

13. The basic features of the enrollment process are detailed in Annexure-5.

14. Pregnant women and children requiring reproductive and child health services, persons requiring preventive healthcare for non-communicable diseases, and persons requiring curative health care for communicable diseases shall also be enrolled through Health & Wellness Centers in similar manner as detailed at Para 7 to 13 above and in Annexure-5.


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Cost of treatment to be borne by the Government

15. Financial assistance up to Rs.5.00 lakh will be provided for specified simple secondary care, complex secondary health care, tertiary health care and emergency health care listed in Annexures-2A, 2B, 3 & 4 to this G.O, per annum, for a family that comes under the definition of "Eligible Patients" as defined at Para-12 above. 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 lakh.

16. The benefit limit for "General Patient" as defined in Para 12 (ii) above shall be 30% of Government package rates, with overall annual limit of Rs.1.50 lakh per family, per year on co-payment basis.

Eligible Patient

17. The complex secondary health care treatments, tertiary health care treatments, and emergency healthcare treatments, as specified in Annexures-2B, 3 and 4 respectively, given to eligible patients in the PHIs shall be free subject to limits mentioned at para-17 above. The State Government shall reimburse the cost to the concerned PHI as per the limit of the package rates fixed and detailed in para-60 of this order.

18. The complex secondary health care or tertiary health care treatments given to an eligible patient by an empanelled private hospital on a referral from a PHI and emergency health care treatment as listed in Annexure-4 given without referral from a PHI shall be free for the eligible patient. The cost of treatment up to the package rate shall be reimbursed to the concerned empanelled hospital that provides the treatment, subject to the prescribed annual limit as in Paras-15 and 16 above. The empanelled hospital cannot charge more than the approved package rate. In case the family limit is exhausted, the excess amount for the treatment shall be borne by the patient.

19. All the members of 62 lakh beneficiary families enrolled under the Rashtriya Swasthya Bhima Yojane Scheme shall also be "Eligible beneficiaries" of the integrated scheme "Ayushman Bharat-Arogya Karnataka" (AB-ArK) and the expenditure incurred on this set shall be maintained separately.


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General Patient

20. Complex secondary health care treatments, Tertiary healthcare treatments and Emergency care treatments, to a general patient shall be on co-payment basis in a PHI and in an empanelled private hospital, subject to being referred from a PHI for treatments listed in Annexures-2B, and 3. For emergency procedures listed in Annexure-4, a referral will not be required. This treatment shall also be on a co-payment basis.

21. The concerned PHI or the empanelled private hospital can charge such patient its publicly-disclosed rates. The reimbursement under the scheme shall be limited to 30 percent of the package rate for that treatment prescribed by the Government or 30% of the actual amount charged for the treatment, whichever is lower. The balance 70 percent should be collected from the patient.

Patient without referral

22. In case of a patient, irrespective of his category being eligible or general, getting treatment in an empanelled private hospital without a prior referral from a PHI, except in an emergency, for the treatments listed in Annexure-4, reimbursement shall not be made for such treatment. Such patient shall bear the entire cost of the treatment by himself.

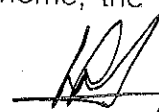
User Charges

23. For the primary healthcare treatments specified in Annexure-1, the concerned PHI may charge their normal user charges. There shall not be any reimbursement to the PHIs or to the patients from the Government for such treatments.

24. In the Integrated scheme user charges shall not be collected by PHIs for the updated list of 1614 procedures in Annexures- 2A, 2B, 3 & 4 annexed to this Government Order, as reimbursement will be made on claims as per the limit of package rates fixed by the Government.

25. The PHIs can collect their normal user charges for such treatment that are not included in the list of 1614 procedures.

26. For the treatments and diagnostics not covered under the scheme, the PHIs may charge their normal user charges.


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Referral system

27. A patient requiring a complex secondary healthcare treatment, as listed in Annexure-2B, or a tertiary healthcare treatment as listed in Annexure-3, shall consult the medical doctor in the nearest taluka or district level PHI first. Based on the outcome of the consultation and evaluation by the medical doctor and the existing medical capability of the concerned PHI, the treatment may be provided in the same PHI or a referral may be provided to a higher-level PHI within the same or neighbouring district. The patient with a referral in any of the districts in the State may also seek treatment in centres of excellence or any higher level PHI in the State capital if he so desires.

28. In case of non-availability of the required diagnostic facilities in the PHIs to decide the nature of treatment, a referral may be provided to empanelled diagnostic laboratories for investigations.

29. In case the required complex secondary healthcare treatment or tertiary healthcare treatment is not available in the PHIs, a referral shall be provided for availing the treatment in any of the empanelled private hospitals.

30. The referral protocol as prescribed in the circular at Ref. (4) and (5) above for complex secondary healthcare treatments and tertiary healthcare treatments specified in Annexures-2B and 3 respectively shall prevail with respect to the integrated scheme.

31. In case a higher-level PHI in the same district has the medical capability for the required specified complex secondary healthcare treatment or tertiary healthcare treatment of a patient, referral shall be provided for such higher-level PHI only. Only in case of an emergency (as specified in Annexure-4) referral can be made by the referring PHI to any of the empanelled private hospitals.

32. The referring PHI shall not refer a patient to any particular empanelled hospital by name. The referral shall be open for all empanelled private hospitals having the capability and "Ayushman Bharat-Arogya Karnataka" readiness on the day. The patient on being referred shall have the liberty to select any of the empanelled hospitals of his choice. The patient should carry the AB-ArK Card for acceptance in


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the hospital for the treatment. In districts and talukas where the AB-ArK card enrollment has not yet commenced treatment shall be made available on the basis of Adhaar card and PDS card, till such time as the AB-ArK card facility is put in place by the competent authority.

Patient Acquisition

33. A patient needs to be enrolled at a PHI or any other centre designated by the competent authority only once. For any follow up visit or any subsequent visit for another ailment to the same or any other PHI, the patient should carry the AB-ArK Card for the out-patient (OPD) registration based on Aadhaar authentication.

34. In case of AB- ArK card being produced for subsequent visits, there shall not be any requirement of producing Aadhaar card. The OPD registration slip shall be generated based on the Aadhaar authentication facilitated by the IT system based on AB-ArK ID.

35. In the instance of the Ayushman Bharat- Arogya Karnataka card (Ab-ArK) not being produced during subsequent visits, OPD registration can be done by fetching the AB-ArK ID from the IT system based on Aadhaar card or PDS Card and Aadhaar authentication.

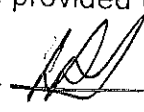
36. Once a patient gets referred from a PHI for treatment to an empanelled private hospital, any of such hospitals can accept the patient on successful Aadhaar authentication for providing the treatment. SAST shall provide the required software for the Aadhaar authentication and patient acquisition at the hospital level. Once a hospital accepts the patient, it shall not be open for another hospital to record the patient acquisition.

Implementation agencies

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

Primary Healthcare Services

38. All primary healthcare services, specified in Annexure-1, shall be provided only


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

Secondary Healthcare Services

39. All simple secondary healthcare treatments specified in Annexure-2A shall be provided only in the PHIs. PHIs shall not refer patients to Private Empanelled hospitals for these treatments.

40. All complex secondary healthcare treatments, specified in Annexure-2B shall also be provided in the PHIs subject to medical capability in the PHIs located within the taluka or district of the patient.

41. In case of the PHIs within the district that do not have the medical capability for the required complex secondary healthcare treatment, listed in Annexure-2B, the patient shall be referred for availing treatment from any of the empanelled private hospitals.


Tertiary Healthcare Services

42. Tertiary healthcare services, as specified in Annexure-3, shall be provided in the PHIs subject to medical capability for the required treatment in the PHIs located within the district of the patient.

43. In case PHIs within the same or neighbouring district do not have the medical capability for the required tertiary healthcare treatment listed in Annexure-3, the patient shall be referred for treatment to any of the empanelled private hospitals. The patient shall be free to approach any Government centre of excellence or higher PHI in the State capital of his choice either with or without a referral for such treatments from any part of the State.

Mapping of Implementation agencies

44. The mapping of the PHIs for providing primary healthcare services, secondary healthcare treatments, complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments shall be prepared by the


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Commissioner, Health & Family Welfare for the PHIs administered by Health & Family Welfare Department and with Director, Medical Education for the PHIs administered by Medical Education Department. The "Ayushman Bharat-Arogya Karnataka Readiness" of those PHIs shall be placed in the public domain and updated monthly.

45. Similarly, the mapping of the empanelled private hospitals for providing complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments shall be prepared by SAST. The "Ayushman Bharat-Arogya Karnataka Readiness" of those hospitals shall be placed in the public domain and updated monthly.

Empanelment of Implementation agencies

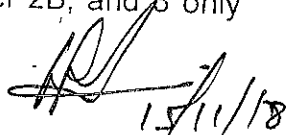
46. All PHIs shall be deemed empanelled under the scheme. However, their "Ayushman Bharat-Arogya Karnataka Readiness" shall be assessed as per the norms to be formulated. Their readiness for the specified treatments shall be placed in the public domain. The PHIs shall empanel themselves in the SAST web portal. There shall be no empanelment fee for the PHIs getting empanelled in the SAST portal.

47. All private hospitals in the State that meet the prescribed norms, as specified in Annexure-6, shall be eligible for getting empanelled with SAST for providing complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments.

48. The hospitals empanelled with SAST or Yeshasvini Trust or with RSBY insurance companies; and the Arogya Karnataka scheme shall be given an option to get empanelled in the integrated Ayushman Bharat- Arogya Karnataka scheme, subject to meeting the norms prescribed in Annexure-6.

49. The empanelment of private hospitals in the neighbouring states can also be considered in case of inadequate capacity being available in the PHIs and the empanelled hospitals in the border districts.

50. The hospitals empanelled in the neighbouring states for convenience of the patients from the border districts shall provide the treatments under 2B, and 3 only


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on referral from the PHIs situated within the State of Karnataka. In case of emergency procedures listed in Annexure-4, a referral will not be necessary. Treatment can be done by obtaining an emergency Preauthorization from SAST based on the eligibility criteria. The hospitals shall ensure that the patient shall be acquired based on the production of AB-Ark ID card or PDS card and Adhaar card till such time as the enrollment facility and distribution of the AB-Ark ID card is rolled out.

51. Empanelment of all private hospitals in the State shall meet the prescribed norms as specified in the amended Annexure to this G.O - Annexure -6.

Package Rates

52. The cost of the specified simple secondary health care treatment, complex secondary health care treatments, tertiary health care treatments and emergency health care treatments shall be based on the package rates, prescribed in Annexure - 7A, 7B, 8 & 9 annexed to this G.O.

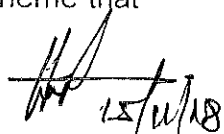
53. Hospitals with entry level NABH accreditation will be given 2% incentive on the package rates and hospitals with full NABH accreditation will be given 5% incentive of the package rates subject to procedure and costing guidelines.

54. Capability gaps in PHIs for simple secondary treatments should be filled on priority. Thereafter, the gaps for complex secondary and tertiary treatments should be addressed, so that most of the packages offered in the scheme are available in Govt. Hospitals itself.

55. The package rates for the empanelled private hospitals shall be fixed and revised periodically as per provisions of the Karnataka Private Medical Establishment Act (KPME Act) based on the recommendations of the Expert Committee. The norms for determining the package rates shall be prescribed by the Government through a separate order.

56. The package rates for the list of treatments in Annexures - 2A, 2B, 3 & 4 of the integrated scheme is detailed in Annexures- 7A, 7B, 8 & 9 of this order.

57. For settlement of the pending claims of the Yeshasvini and RSBY scheme that


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came to a close on 30.5.2018 and 31.08.2018 respectively, the package rates already fixed for those schemes shall be applicable for settling pending claims.

58. For complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments in the integrated Ayushman Bharat- Arogya Karnataka scheme specified in Annexures-2B, 3 and 4 respectively that have been referred to Private empanelled hospitals by PHIs and duly authorized, the reimbursement to empanelled private hospitals shall be 100% of the package rates as noted in Annexure -7A, 7B, 8 & 9 annexed to this GO

59. For purpose of reimbursing the PHIs, if they have treated patients for complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments specified in Annexures - 2A, 2B, 3 and 4 of this GO under the integrated Ayushman Bharat- Arogya Karnataka scheme, their cost over and above the normal block grants provided to them shall be reimbursed by SAST as below: ;

- (i) In case of PHIs including Government Medical Colleges, 50% of the package rate shall be reimbursed for simple secondary care procedures as listed in Annexure 7A
- (ii) 100% of the package rates shall be reimbursed to PHIs for all cardiology speciality cases, of all complex secondary care, tertiary care procedures and emergency procedures listed in the relevant Annexures.
- (iii) For all other specialities, complex secondary care and tertiary care procedures and emergency procedures listed in Annexures - 7B, 8 & 9; 75% of the package rate shall be reimbursed to the PHIs including Government Medical Colleges.
- (iv) These rates shall apply irrespective of the method adopted by the hospitals for the treatment procedures for eg. if a treatment is done using Robotic surgery, laser surgery or laproscopy etc.
- (v) There shall be no reimbursement to the PHIs for primary healthcare treatments conducted by them as specified in Annexure-1 and procedures not mentioned in Annexures.

Payment to implementation agencies

60. An empanelled private hospital providing a complex secondary healthcare or tertiary healthcare treatment, specified in Annexures- 2B and 3, after the referral and pre-authorization, to an eligible patient shall be paid the package rate as per

Annexures- 7A, 7B and 8 or actual bill amount, whichever is lower, by the SAST. In case of treatment to a general patient, the payment to the empanelled private hospital shall be limited to 30 percent of the package rate or 30% of actual bill whichever is lower up to Rs. 1.5 lakh per family per annum.

61. An empanelled private hospital providing emergency healthcare treatments, specified in Annexure-4 to an eligible patient shall be paid the package rate as per Annexure-9 or actual bill amount, whichever is lower, by the SAST. In case of the treatment to a general patient, the payment to the empanelled private hospital shall be limited to 30 percent of the package rate capped at Rs. 1.5 lakh per family per annum. The reimbursement for emergency healthcare treatment shall be subject to confirmation of the need and emergency on post-treatment basis.

62. A PHI providing a specified complex secondary healthcare or tertiary healthcare treatment or emergency healthcare treatment to an eligible patient shall be paid the package rate as prescribed for the PHIs in Para-59 above or actual bill amount, whichever is lower.

63. For providing treatment to a general patient, the payment to the PHI shall be limited to 30 percent of the prescribed limit of package rate in para- 59(i), (ii) and (iii) above or 30% of actual bill amount subject to the prescribed limit allowed for PHIs as in Para -59 whichever is lower.

Productivity linked incentives for public health institutions

64. A PHI can use up to 10 percent of the reimbursement amount received under the scheme for complex secondary healthcare treatments, tertiary healthcare and emergency treatments to provide productivity linked incentives (productivity to be defined separately) to its medical team involved in the specified treatment. The balance 90 percent of the amount shall be deposited in the Arogya Raksha Fund of the PHI for meeting the expenses of the hospital as per the Fund norms over and above the normal grant-in-aid available from the Government.

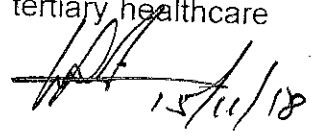
65. Reimbursement amount received under the scheme shall also include reimbursement as indicated in para - 59(i) above for simple secondary health care treatments to PHIs only as listed in Annexure - 2A to this G O.

Scheme management

66. Suvarna Arogya Suraksha Trust shall be the State Health Agency (SHA) for the integrated "Ayushman Bharat-Arogya Karnataka" scheme. It will co-ordinate with the National Health Agency (NHA) regarding the implementation of the scheme.
67. In addition to supporting the Commissioner Health & Family Welfare and Director Medical Education for implementation and management of the scheme, SAST will facilitate coordination with the Health & Family Welfare Dept., GoK and Medical Education Dept., GoK and MoHFW and monitor implementation of the scheme by private empanelled hospitals. The detailed roles and responsibilities of SAST are at Annexure - 10 to this order.
68. The operational responsibility of delivery of health services in the PHIs shall be with the Commissioner, Health & Family Welfare for the PHIs administered by Health & Family Welfare Department and with Director, Medical Education for the PHIs administered by Medical Education Department.
69. The fixing of treatment package rates and their periodic revisions shall require approval of the Government. Any revision to the list of treatments specified in Annexures - 1, 2A, 2B, 3 and 4 shall also require approval of the Government.
70. The administrative charges payable to SAST for management of the scheme shall be sanctioned through a separate order.

IT System

71. SAST shall establish the IT systems for patient enrollment, patient referral, patient acquisition, and "Ayushman Bharat-Arogya Karnataka Readiness" disclosure of hospitals.
72. The first-time enrolment of patients shall be done on Arogya Karnataka enrollment software.
73. SAST shall provide secured integration and access to its IT systems for the e-Hospital or any other customized software of the PHIs for patient registration after the one-time enrolment, referral management, Ayushman Bharat-Arogya Karnataka readiness information inputs, and submission of reimbursement claims for the simple secondary healthcare, complex secondary healthcare treatments, tertiary healthcare


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treatments and emergency treatments specified in Annexures - 2A, 2B, 3 and 4 respectively.

74. SAST shall provide secured access to its IT systems to the empanelled hospitals for patients' acquisition based on referrals from the PHI, pre-authorization requests and claim submissions.

75. For an "eligible patient" seeking complex secondary or tertiary healthcare treatment, copies of PDS card, Aadhaar card and the referral note should be uploaded on the SAST portal for pre-authorization. The hospital should verify that the patient belongs to the eligible household category as per the PDS card.

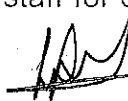
76. For a "general patient" seeking complex secondary or tertiary healthcare treatment, copies of Aadhaar card and the referral note should be uploaded in the SAST portal for pre-authorization. The hospital should verify that the patient is a resident of Karnataka as per the Aadhaar card.

77. For emergency healthcare treatment provided to an eligible patient, copies of PDS card and Aadhaar card should be submitted along with the reimbursement claim.

78. The PHIs and the empanelled private hospitals shall upgrade their information systems to provide relevant information to the SAST IT system, at least on a daily basis, for disclosure to the public.

79. Commissioner, Health & Family Welfare and Director, Medical Education shall be responsible for establishing the patient registration system and patient referral system in their respective PHIs by arranging suitable customization in the e-Hospital software. SAST will facilitate preparation of FRS document for the registration and referral systems based on the protocol to be developed and arranging training of the medical and para-medical staff for using the systems.

80. Commissioner, Health & Family Welfare and Director, Medical Education shall also be responsible for establishing biometric attendance systems in their respective PHIs to ensure assured availability of the medical and para-medical staff for delivery of services.


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81. Primary & Secondary Education Department will be encouraged to provide a "student health module" in its "Students Achievement Tracking System" for implementation of RBSK in government and aided schools.

82. Suvarna Arogya Suraksha Trust shall customize its system to share scheme data relating to scheme implementation and progress, beneficiary data, financial data or any other data relating to the scheme to the Government of India in the format prescribed by the National health Agency.

83. SAST shall provide for inter-operability of PM-JAY beneficiaries of India over all AB-ArK empanelled facilities in the State through its existing IT platform or adopt the National portal to facilitate National Portability.

84. Under Ayushman Bharat-Arogya Karnataka integrated scheme the eligible beneficiary under "Ayushman Bharat" Scheme from other States of the country will be able to get treatment in the State from the Empanelled Health Care Provider (EHCP) network of Karnataka. Similarly eligible beneficiaries from Karnataka can avail treatment outside the State in any Empanelled Healthcare Provider Network under Ayushman Bharat. For this guidelines of AB-NHPM shall be followed regarding modalities of portability under the scheme.

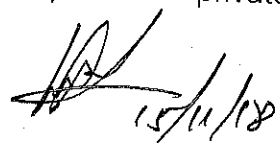
85. This provision will not be applicable to the hospitals of the neighbouring States empanelled with Karnataka. The hospitals in neighbouring States servicing the border areas and empanelled in the integrated Ayushman Bharat-Arogya Karnataka Scheme shall follow the reference norms as laid down in this G.O.

86. It shall be the responsibility of SAST to settle the claims that are raised by the hospitals outside of Karnataka relating to treatment of patients under the national portability norms as stipulated by NHA.

Disclosure to the public

87. SAST shall facilitate placing of the following information in the public domain by Commissioner, Health & Family Welfare and Director, Medical Education for orderly implementation of the scheme and for helping patients make informed choices;

- i. Geographical spread of available PHIs and empanelled private hospitals for specified treatments;



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- ii. Readiness of PHIs and empanelled private hospitals for the specified treatments on a daily basis;
- iii. Number of treatments provided by each PHI and empanelled private hospitals;
- iv. Package rate lists approved by the State Government in the integrated scheme;
- v. Package rate list of each empanelled private hospital for general category patients;

The access of the public to the above information shall be facilitated through a suitable Mobile App, Public Website, SMS based query system, and Interactive Voice-based query system and Call Center.

Funding for the scheme

88. The scheme shall be funded primarily from the budget provision available under HOA 2210-80-001-0-01. The scheme description shall be modified as "Ayushman Bhārat-Arogya Karnataka".

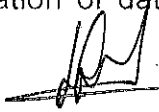
89. For the transition period during 2017-18 and 2018-19, the expenditure for the Yeshasvini scheme patients shall be met from the budget provision available under HOA 2425-00-108-0-57. The provision shall be brought under the Demand for the Health & Family Welfare in the budget for 2018-19.

90. The expenditure for RSBY patients shall be met from the budget provision available under HOA 2210-80-800-0-27 to facilitate separate maintenance of accounts for claiming reimbursement from the Government of India.

91. The expenditure on RBSK patients shall be met from the outlay approved for the National Health Mission programme.

92. The scheme shall be funded primarily from the budget provision available under HoA 2210-80-001-0-01. The scheme description shall be modified as "Ayushman Bharat-Arogya Karnataka", shall be;

- i. The integrated scheme shall be implemented in Assurance Mode.
- ii. The list of 1614 treatments that are annexed to this GO shall be aligned with the codes adopted by NHA for facilitation of data sharing with NHA and National Portability.

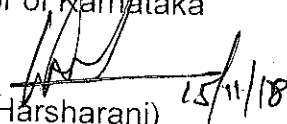

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- iii. The treatments detailed in Annexures-1 and 2A, shall be reserved exclusively for the PHIs. For the services provided through PHIs, SAST shall claim reimbursement from NHA and settle the claims of PHIs relating to these procedures.
- iv. The referral to the private hospitals for other treatments, except emergency cases, shall be through the PHIs as prescribed in paras - 29 to 34 above.
- v. SAST shall establish a back-end mapping of "Ayushman Bharat-Arogya Karnataka" unique identity number with RSBY card identity number based on Aadhaar or PDS Card number to facilitate compilation of reimbursement claims and monitoring of healthcare for persons working in the un-organized sectors.

Timeline for implementation

93. The scheme shall be implemented simultaneously in all District level and Taluka level hospitals administered by the Health & Family Welfare Department and Medical Education Department in the State with effect from the date of the issue of this order.
94. All other provisions in the Government Orders and Circulars at reference that are not inconsistent with this order shall continue to be in force.
95. Annexures - 2A, 2B, 3, 4, 7, 8 and 9 of the G.O. No. HFW 91 CGE 2017, dated 1/3/2018 are hereby rescinded.
96. This order is issued with approval of the competent authority and concurrence of Finance Department vide its endorsement number FD 557 Exp 5 / 2018 dated 17.9.2018.

By Order and in the Name of the
Governor of Karnataka


(H.C. Harsharani)

Under Secretary to Government
Health & Family Welfare Department
(Health 1 & 2)

To:

1. Principal Accountant General of Karnataka (G&SSA), Bengaluru
2. Accountant General of Karnataka (A&E), Bengaluru
3. Chief Secretary

4. Additional Chief Secretary
5. Additional Chief Secretary & Development Commissioner
6. Additional Chief Secretary, Finance Department
7. Additional Chief Secretary, Home Department
8. Additional Chief Secretary, Medical Education Department
9. Additional Chief Secretary, E-Governance Department
10. Additional Chief Secretary, Social Welfare Department
11. Principal Secretary, Primary & Secondary Education Department
12. Principal Secretary, Planning Department
13. Principal Secretary, DPAR
14. Principal Secretary, Women & Child Development Department
15. Principal Secretary-1 to Hon'ble Chief Minister
16. Principal Secretary-2 to Hon'ble Chief Minister
17. Secretary, Cooperation Department
18. Secretary, Labour Department
19. Secretary, Karnataka Legislative Assembly
20. Secretary, Karnataka Legislative Council
21. Director General & Inspector General of Police
22. Chief Executive Officer, Vision Document Project
23. Commissioner, Health & Family Welfare
24. Registrar General of Cooperative Societies
25. Labour Commissioner
26. Mission Director, NHM-Karnataka
27. Executive Director, SAST
28. Chief Executive Officer, Yeshasvini Trust
29. Deputy Director General and State Informatics Officer, NIC Karnataka
30. Director, Medical Education
31. Director, Health & Family Welfare
32. Deputy Commissioners of all districts
33. Chief Executive officers of all Zilla Panchayats
34. District Health Officers of all districts
35. District Surgeons of all districts
36. Directors & Deans of all Government Medical Colleges
37. Directors of all government-promoted Autonomous Hospitals
38. Superintendents of all Government Hospitals
39. Superintendents of all Government Medical College Hospitals
40. Director, Treasuries Department
41. PS to Hon'ble Minister for Health and Family Welfare
42. PS to Hon'ble Minister for Medical Education
43. PS to Hon'ble Minister for Cooperation
44. PS to Hon'ble Minister for Labour

