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VISION

- Rajiv Aarogyasri is the flagship scheme of all health initiatives of the State Government with a mission to provide quality healthcare to the poor.
- The aim of the Government is to achieve “Health for All” in Aarogyandhra Pradesh (Healthy Andhra Pradesh state).
- In order to facilitate the effective implementation of the scheme, the State Government has set up the Aarogyasri Health Care Trust.
- The Trust, in consultation with the specialists in the field of insurance and medical professionals runs the scheme.

OBJECTIVES

- To improve access to poor families of the Andhra Pradesh State for quality tertiary medical care and treatment of identified diseases involving hospitalization through an identified network of health care providers.
- To cover catastrophic illnesses, which will have the potential to wipe out a lifetime savings of poor families.
- To provide universal coverage of urban and rural poor of the Andhra Pradesh State.
- To strengthen the Andhra Pradesh Government Hospitals through demand side financing.
To start Aarogyasri–II scheme run directly under the Trust for additional therapies.

**ORIGIN**

Aarogyasri Scheme was introduced as a flagship scheme of all health initiatives of the State Government as per GO 227 dated 9th June 2006, with a mission to provide quality healthcare to all the poor within the overall aim of achieving "Health for All". In order to facilitate effective implementation of the scheme, the State Government set up an Aarogyasri Health Care Trust under the chairmanship of the Chief Minister, and administered by a Chief Executive Officer who is an IAS officer.
**BOARD OF TRUSTEES (2010-11)**

Aarogyasri Health Care Trust comprises of the Chairman, Vice Chairman & Trustees nominated by the Government of Andhra Pradesh. The Trustees of the Board include the representatives and experts from Government. The trustees for this period are given below.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name of the Trustees</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr.K.Rosaiah (Hon’ble Chief Minister)</td>
<td>Chairman</td>
</tr>
<tr>
<td>2</td>
<td>Sri.P.Satyanarayana Hon’ble Minister for Aarogyasri,104,108</td>
<td>Vice Chairman-1</td>
</tr>
<tr>
<td>3</td>
<td>J.Satyanarayana IAS., Principal Secretary to Govt. HM&amp;FW Dept.,</td>
<td>Vice Chairman-1</td>
</tr>
<tr>
<td>4</td>
<td>Sri.L.V.Subrahmanym Finance(FP) Dept.,</td>
<td>Trustee</td>
</tr>
<tr>
<td>5</td>
<td>Sri.R.Subrahmanym, IAS., Principal Secretary to Govt., Rural Development Department.</td>
<td>Trustee</td>
</tr>
<tr>
<td>6</td>
<td>Smt.Y.Sri Lakshmi,IAS., Commissioner of Family Welfare and Family Welfare</td>
<td>Trustee</td>
</tr>
<tr>
<td>7</td>
<td>Dr.T.Ravi Raju, Director of Medical Education</td>
<td>Trustee</td>
</tr>
<tr>
<td>8</td>
<td>Dr. B.Sai Babu,, Director of Health</td>
<td>Trustee</td>
</tr>
<tr>
<td>9</td>
<td>Dr.Pani Koteswara Rao Commission of APVVP</td>
<td>Trustee</td>
</tr>
<tr>
<td>10</td>
<td>Dr.D.Prasad Rao, Director of NIMS</td>
<td>Trustee</td>
</tr>
<tr>
<td>11</td>
<td>P.R.Kiran Kumar Reddy, Finance Adviser</td>
<td>Trustee</td>
</tr>
<tr>
<td>12</td>
<td>Babu.A.IAS., Chief Executive officer</td>
<td>CEO &amp; Secretary</td>
</tr>
</tbody>
</table>
TRUST INFORMATION

Chief Executive Officer : Ahmed Babu, IAS

Executive officer : Dr.P.Kamala Devi

Registered Office, Administrative Office

Aarogyasri Health Care Trust,
Opp.Ambedkar open university
Road.No.46, Jubilee Hills
Hyderabad – 500 033
E-mail: ceo@aarogyasri.org.
Website: www.aarogyasri.org.

Banker

State Bank of Hyderabad,
Secretariat,
AP Secretariat Complex
Saifabad, Hyderabad - 500022

Auditors

Sagar & Associates
Chartered Accountants
Saradadevi Street, Prem Nagar,
Hyderabad -500 004.
INTRODUCTION

Andhra Pradesh is predominantly an Agrarian State with a population of 266 lakh families with a GDP of more than Rs.5 lakh crores. Financing health care of persons living below poverty line (BPL), especially for the treatment of serious ailments such as cancer, kidney failure, heart diseases, is one of the key determinants that affect the poverty levels in Andhra Pradesh. The Hon'ble Chief Minister addressed a letter to the Union Finance Minister seeking support for State Government’s effort to which he responded favorably. The Hon'ble Minister for Finance and Health, Government of AP. discussed this issue during the first week of May 2006 at Hyderabad.

The group of Ministers constituted for working out the details met twice and the Hon’ble Chief Minister held a final meeting on 14.04.2006 and decided to introduce a Health Insurance Scheme in the State under the name “Rajiv Aarogyasri”. It was introduced as a flagship scheme of all health initiatives of the State Government with a mission to provide quality healthcare to all the poor within the overall aim of achieving "Health for All". In order to facilitate effective implementation of the scheme, the State Government set up “Aarogyasri Health Care Trust” under the Chairmanship of the Chief Minister, and administered by a Chief Executive Officer who is an IAS officer.

The scheme is a unique model in the field of health care, tailormade to the hospital needs of poor, providing end-to-end cashless services for identified diseases through a network of service providers from Government and private sectors. The scheme was introduced on 01.04.2007 in three backward districts of Mahboobnagar, Anantapur and Srikakulam on pilot basis. Subsequently the scheme was extended to the entire Andhra Pradesh State in a phased manner to cover 1.92 Crore BPL families (more than 20 million) in 23 districts from 17.07.2008. The identification of beneficiaries and the family size is based on the socio-economic data, digital photographs and biometrics available in the white cards (PDS Card for BPL families). The scheme which was initiated with a coverage for 163 identified treatments in 6 specialities was gradually extended to 942 procedures in 31
specialities. In order to maximize the benefit of the therapy the scheme provides packages for one year cashless follow-up services which includes consultation, tests and treatment to the beneficiary in the 125 identified follow-up therapies.

**GOAL**

Rajiv Aarogyasri Scheme is unique and unparalleled in the country, and having been introduced for the first time in the Andhra Pradesh State, there was no data available to arrive at the disease load and morbidity rates in the Andhra Pradesh State. However, based on historical data from the tertiary care Government hospitals and incidence rates of certain diseases, it was assumed that around 10% of population suffers from ill health, requiring hospitalization during any year. Out of this 60% would require medical treatment and 40% surgical treatment. Out of the total patients who require surgical treatment 10% might need surgical interventions listed under the scheme. In addition, there is enormous pre-existing disease load in the state for which estimations are not available. The scheme besides aiming at elimination of pre-existing disease load in the areas of catastrophic health needs in the long run and extend the depth of coverage aims at universal coverage of the population.
REPORT OF BOARD OF TRUSTEES

Aarogyasri Health Care Trust has pleasure in presenting the Fourth Annual Report together with the Audited Accounts of the Trust for the financial year ended 31st March, 2011 and the Auditors Report thereon.

1. Financial Results

(Rs. in Crores)

Table 1: Financial Results

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2011</th>
<th>As at 31.03.2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grants from</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening Balance</td>
<td>355.66</td>
<td>189.52</td>
</tr>
<tr>
<td>GOAP</td>
<td>879.58</td>
<td>817.57</td>
</tr>
<tr>
<td>Capital fund</td>
<td>-</td>
<td>1.08</td>
</tr>
<tr>
<td>CMRF</td>
<td>348.25</td>
<td>309.00</td>
</tr>
<tr>
<td>Interest on Fixed deposit</td>
<td>6.46</td>
<td>3.41</td>
</tr>
<tr>
<td>Other Income</td>
<td>0.02</td>
<td>0.03</td>
</tr>
<tr>
<td><strong>Total (A)</strong></td>
<td>1589.97</td>
<td>1320.61</td>
</tr>
</tbody>
</table>

Less: Aarogyasri Scheme Expenses

a) AS-I Insurance claims                     | 817.08           | 689.17           |
b) AS –II Trust Claims                       | 230.92           | 244.24           |
c) Cochlear Implantation                     | 10.22            | 10.20            |
d) Trauma Claims                             | -                | 2.17             |
e) CMCO Claims                               | 36.19            | -                |
f) Health Camps                              | 3.70             | 1.31             |
g) Follow-up                                 | 8.32             | 0.65             |
2. **Scheme Coverage**

**Population Cover**

Population Cover during the year, Rajiv Aarogyasri Health Insurance scheme was extended to the entire state in 5 Phases. The coverage details are given tables 2 and 3.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Policy Period</th>
<th>Policy Period</th>
<th>Total Families (In lacs)</th>
<th>BPL Families (In lacs)</th>
<th>No.of Procedures</th>
<th>Premium (Rs) Per Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1(R3)</td>
<td>4</td>
<td>5-4-10 to 4-4-11</td>
<td>31.13</td>
<td>27.47</td>
<td>938</td>
<td>399/-</td>
</tr>
<tr>
<td>Phase 2(R3)</td>
<td>4</td>
<td>5-12-10 to 4-12-11</td>
<td>56.09</td>
<td>49.49</td>
<td>938</td>
<td>531.99/-</td>
</tr>
<tr>
<td>Phase 3(R2)</td>
<td>3</td>
<td>15-4-10 to 14-4-11</td>
<td>45.13</td>
<td>39.52</td>
<td>938</td>
<td>399/-</td>
</tr>
<tr>
<td>Phase</td>
<td>3</td>
<td>17-7-10 to 16-7-11</td>
<td>40.18</td>
<td>35.46</td>
<td>352</td>
<td>399/-</td>
</tr>
</tbody>
</table>
The Insurance scheme covered 195.10 lack families out of total across 221.11 Lack families (88.24% families covered) residing in 27138 villages 1128 mandals of all districts of the State in five Phases. A poor family having a white ration card becomes eligible for the scheme. The beneficiary is identified and authenticated through the online database of the Civil Supplies department of GoAP. There is no limit on the size of the family. Andhra Pradesh has the advantage of photo ration cards issued to all eligible BPL families by Civil Supplies Department. Taking advantage of this unique fool proof facility, BPL ration cards issued by Civil Supplies Department with family details and photograph were taken as the eligibility card for the scheme. The authentication under the scheme is done through a white ration card.

The current BPL cards as well as BPL population, rounded off in lakhs, in the state is given in table 4.

<table>
<thead>
<tr>
<th>PHASE</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cards</td>
<td>27</td>
<td>49</td>
<td>39</td>
<td>35</td>
<td>43</td>
<td>193</td>
</tr>
<tr>
<td>Population (in lakhs)</td>
<td>96</td>
<td>183</td>
<td>139</td>
<td>124</td>
<td>150</td>
<td>692</td>
</tr>
</tbody>
</table>

Note: Figures are as on the beginning of Policy Period (PP).

This shows that 88% of the families of the State are BPL. This figure is at large variance with that given by GoI which is in the range of 40%. It is believed that Aarogyasri Scheme has fuelled the demand for possessing a BPL card. This cause along with the GoAP BPL line fixation at Rs.60000 in rural areas and Rs.75000 in urban areas could explain the reason for a high number of BPL families in the state. The dates of launch of various policy periods in the 5 phases of districts are given in table 3. Each group of districts required around 6 months of preparatory time for launch.
**Benefit Coverage**

The scheme covers 932 therapies in 29 specialties such as cancer, cardiology, poly trauma etc. There are 380 network hospitals serving the patients. The benefit coverage under the scheme increased from 166 procedures to 884 procedures.

**Financial Coverage**

Each BPL family is provided with a financial coverage of Rs.2 lakhs per year on floater basis. Renal transplant has coverage of Rs.2.5 lakhs.

Though contribution of a part of the premium by the beneficiary was considered initially, it was decided that entire risk premium would be contributed by the State Government.

3. **Scheme Progress**

Aarogyasri I (Insurance Mode)

During the year, under Insurance mode the following was the physical and financial progress.

(Rs.in Crores)

<table>
<thead>
<tr>
<th>PHASE</th>
<th>Preauthorised Therapies</th>
<th>Preauthorised Therapy Amount</th>
<th>Therapy Count</th>
<th>Therapy done Amount</th>
<th>Claim Approved Count</th>
<th>Claim Approved Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1(R3)</td>
<td>8724</td>
<td>21.48</td>
<td>8711</td>
<td>21.43</td>
<td>6371</td>
<td>13.91</td>
</tr>
<tr>
<td>Phase 2(R3)</td>
<td>21482</td>
<td>55.13</td>
<td>21406</td>
<td>55.04</td>
<td>15483</td>
<td>35.16</td>
</tr>
<tr>
<td>Phase 3(R2)</td>
<td>13094</td>
<td>35.04</td>
<td>13141</td>
<td>35.10</td>
<td>10409</td>
<td>24.88</td>
</tr>
<tr>
<td>Phase 4(R2)</td>
<td>8384</td>
<td>24.66</td>
<td>8380</td>
<td>24.63</td>
<td>6355</td>
<td>17.36</td>
</tr>
<tr>
<td>Phase 5(R2)</td>
<td>8518</td>
<td>23.47</td>
<td>8530</td>
<td>23.43</td>
<td>6784</td>
<td>16.51</td>
</tr>
</tbody>
</table>
Table 6: Phase wise Therapies done by Corporate Hospitals

<table>
<thead>
<tr>
<th>PHASE</th>
<th>Preauthorised Therapies Count</th>
<th>Preauthorised therapy Amount</th>
<th>Therapy done Count</th>
<th>Therapy done Amount</th>
<th>Claim Approved Count</th>
<th>Claim Approved Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1(R3)</td>
<td>29439</td>
<td>78.55</td>
<td>294327</td>
<td>78.53</td>
<td>27831</td>
<td>71.59</td>
</tr>
<tr>
<td>Phase 2(R3)</td>
<td>53312</td>
<td>149.86</td>
<td>52953</td>
<td>149.01</td>
<td>46587</td>
<td>126.83</td>
</tr>
<tr>
<td>Phase 3(R2)</td>
<td>65145</td>
<td>171.35</td>
<td>64995</td>
<td>171.01</td>
<td>61093</td>
<td>149.54</td>
</tr>
<tr>
<td>Phase 4(R2)</td>
<td>32151</td>
<td>93.78</td>
<td>32065</td>
<td>93.67</td>
<td>30524</td>
<td>85.31</td>
</tr>
<tr>
<td>Phase 5(R2)</td>
<td>50330</td>
<td>148.80</td>
<td>50168</td>
<td>148.15</td>
<td>47297</td>
<td>131.32</td>
</tr>
</tbody>
</table>
Aarogyasri-II (Trust Mode)

During the year encouraged by the success of Aarogyasri-I scheme, Government have launched with effect from 17th July 2008, Aarogyasri –II scheme to include a large number of additional surgical and medical diseases to enable many more BPL people who are suffering from acute ailments to lead a healthy life.

Aarogyasri –II scheme is an extension of the ongoing Health Insurance Scheme. The front end of the both the scheme viz., network hospitals, Aarogyamithras, Health Cards etc., remained the same. Preauthorisation and claim processing for new diseases in Aarogyasri –II would however be done by the Trust directly and funded from the Chief Minister Relief fund along with regular budget.

The Scheme now covers 451 Surgical and 159 Medical Procedures for cashless treatment, selected on the basis of the treatment being emergency and life saving in nature, requiring specialist doctors / equipment and not ordinarily available at district level Government Hospitals. With the launch of Aarogyasri - II, cashless treatment of BPL population for all major diseases has become possible in Government /corporate hospitals. Treatments covered under ongoing Aarogyasri - I and those covered under Aarogyasri-II are complimentary to the facilities available in Government hospitals and put together substantially meet the hospital requirements of general population. Exclusions from the Scheme are extremely high end diseases such as hip and knee replacement, bone morrow transplants, heart and liver transplants, gamma-knife procedures in neuro surgery, assisted devices for cardiac failures etc.

To the extent the scope of Aarogyasri - I is enlarged by Aarogyasri-II, it would no longer be permissible for the BPL population to approach the Government for providing relief for medical purposes from the CMRF.
The scheme is providing much needed help to poor families for treatment of serious ailments thereby saving them from falling in a debt trap. It is also bringing advanced surgical treatment within the reach of the poor and helping many an invalid young and elderly patients to resume their productive life's.

During the year under Aarogyasri–II the following was the progress

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Preauthorised Therapies Count</th>
<th>Preauthorised Therapies Amount (Rs.in Crores)</th>
<th>Therapy Count</th>
<th>Therapy done Amount (Rs.in Crores)</th>
<th>Claim Approved Count</th>
<th>Claim Paid Amount (Rs.in Crores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>32045</td>
<td>68.35</td>
<td>32355</td>
<td>68.90</td>
<td>30759</td>
<td>60.23</td>
</tr>
<tr>
<td>Corporate</td>
<td>67032</td>
<td>156.15</td>
<td>67409</td>
<td>157.05</td>
<td>73052</td>
<td>166.81</td>
</tr>
</tbody>
</table>

CMCO:

During the year under CMCO the following was the progress

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Preauthorised Therapies Count</th>
<th>Preauthorised Therapies Amount (Rs.in Crores)</th>
<th>Therapy Count</th>
<th>Therapy done Amount (Rs.in Crores)</th>
<th>Claim Approved Count</th>
<th>Claim Paid Amount (Rs.in Crores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>2882</td>
<td>6.34</td>
<td>2960</td>
<td>6.53</td>
<td>2518</td>
<td>5.53</td>
</tr>
<tr>
<td>Corporate</td>
<td>6565</td>
<td>28.37</td>
<td>9467</td>
<td>28.32</td>
<td>9108</td>
<td>27.69</td>
</tr>
</tbody>
</table>
Table 9: Therapies done under Journalist by Government & Corporate Hospitals

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Preauthorised Therapies Count</th>
<th>Preauthorised Therapies Amount (Rs.in Crores)</th>
<th>Therapy Count</th>
<th>Therapy done Amount (Rs.in Crores)</th>
<th>Claim Approved Count</th>
<th>Claim Paid Amount (Rs.in Crores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>1</td>
<td>0.0002</td>
<td>1</td>
<td>0.0002</td>
<td>1</td>
<td>0.0002</td>
</tr>
<tr>
<td>Corporate</td>
<td>9</td>
<td>0.03</td>
<td>8</td>
<td>0.03</td>
<td>22</td>
<td>0.06</td>
</tr>
</tbody>
</table>

Follow up services:

Scheme is aimed at providing coverage for follow-up services where specifically needed, so as to gain optimum benefit from the Surgery/Therapy and to avoid complications by providing system / disease specific package for one year follow-up for consultation, investigations, drugs etc.,

Patients require follow-up services for certain procedures in order to gain optimum benefit from the Surgery/Therapy and to avoid complications,. Presently Trust is providing follow-up drugs to these beneficiaries through Network Hospitals, but changes in the follow-up services are required in order to streamline the services.

Hence the technical committee of the Trust in consultation with specialists identified specific procedures for follow-up, reviewed the present policy and suggested change by providing
system / disease specific package. Accordingly the following guidelines and packages are formulated for follow-up services by Network Hospitals under the scheme.

**Table 10: Therapies done under Follow up by Government & Corporate Hospitals**

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Therapies Count</th>
<th>Therapies Amount (Rs.in Crores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>5790</td>
<td>0.94</td>
</tr>
<tr>
<td>Corporate</td>
<td>60203</td>
<td>9.41</td>
</tr>
</tbody>
</table>

**Cochlear implantation**

Under cochlear implantation program, the progress is given at table 9.

**Table 11: Therapies done under Cochlear implantation by Government & Corporate Hospitals**

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Preauthorised Therapies Count</th>
<th>Preauthorised Therapies Amount (Rs.in Crores)</th>
<th>Therapy Count</th>
<th>Therapy done Amount (Rs.in Crores)</th>
<th>Claim Approved Count</th>
<th>Claim Paid Amount (Rs.in Crores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>19</td>
<td>0.98</td>
<td>15</td>
<td>0.78</td>
<td>9</td>
<td>0.46</td>
</tr>
<tr>
<td>Corporate</td>
<td>169</td>
<td>8.78</td>
<td>166</td>
<td>8.63</td>
<td>172</td>
<td>8.94</td>
</tr>
</tbody>
</table>

**Health Camps**

The scheme was formulated in consultation with specialists from the fields of medicine, healthcare and Insurance in order to address the needs of catastrophic health expenditure of the poor families of the state while at the same time taking care to strengthen the existing infrastructure in Government hospitals. Improvement of infrastructure in Government hospitals through utilization of funds earned by implementing the scheme enables them to provide quality care. The scheme is designed in such a way that the primary screening of
beneficiaries is done free of charge through a system of health camps conducted at the PHC level and also through free OP screening done by the network hospitals as part of scheme services. The IEC activities conducted during the health camps and OP services in network hospitals supplement the regular primary care provided by Government providers. During the year, 13.37 lakhs people were screened and treated for common ailments in 8348 health camps held under the scheme across the state. The health camps also helped in creating awareness and popularizing the scheme. The scheme is unique since no other State or Government agency attempted to provide universal health cover to the poor. The choice of hospital for treatment lies with the patient. The entire process from the time of conduct of health camps, OP screening, testing, treatment, follow-up and claim payment is made transparent through an online web based process flow in order to prevent any misuse or fraud. The scheme compliments the services rendered by Government hospitals outside the scheme and together attempts to fully meet the hospital needs of the poor.

<table>
<thead>
<tr>
<th>Camps</th>
<th>Phase - I</th>
<th>Phase - II</th>
<th>Phase - III</th>
<th>Phase - IV</th>
<th>Phase – V</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Camps</td>
<td>1165</td>
<td>1806</td>
<td>1662</td>
<td>1871</td>
<td>1844</td>
<td>8348</td>
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<tr>
<td>Patients Screened</td>
<td>170949</td>
<td>295959</td>
<td>276843</td>
<td>292248</td>
<td>301929</td>
<td>1337928</td>
</tr>
<tr>
<td>Patients Referred</td>
<td>7628</td>
<td>8609</td>
<td>8463</td>
<td>8773</td>
<td>10221</td>
<td>43694</td>
</tr>
</tbody>
</table>

Network Hospitals

Hospitals having a minimum of 50 hospital beds with requisite infrastructure and expertise within the state of Andhra Pradesh are eligible to be empanelled under the scheme for providing services. To bring in quality and transparency into the system of empanelment, an online empanelment procedure is adopted where hospitals while applying need to submit their application along with details of infrastructure, equipment, manpower, investigation facilities along with documentary evidence. Once the online application is registered, the hospitals are inspected by a team of doctors from the Empanelment and Disciplinary Committee (EDC) and based on the report a decision on acceptance or rejection of the empanelment application.
takes place. The hospitals whose applications are accepted are thereafter inducted into the scheme after a workshop and signing of agreement.

Table 13: Network Hospital Empanelment status as on 31st March of the year.

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Government NWH</th>
<th>Corporate NWH</th>
<th>Total NWH</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-08</td>
<td>13</td>
<td>71</td>
<td>84</td>
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<tr>
<td>2008-09</td>
<td>82</td>
<td>207</td>
<td>289</td>
</tr>
<tr>
<td>2009-10</td>
<td>2</td>
<td>17</td>
<td>19</td>
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<tr>
<td>2010-11</td>
<td>0</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

Table :14 Cost & Benefits

a) Insurance Mode:  
(Rs in Crores)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Cost (Premium paid)</td>
<td>133.18</td>
<td>507.37</td>
<td>761.39</td>
<td>802.73</td>
</tr>
<tr>
<td>Benefit(Claims paid)</td>
<td>94.39</td>
<td>390.82</td>
<td>540.71</td>
<td>714.22</td>
</tr>
<tr>
<td>Cost Benefit Ration (%)</td>
<td>71%</td>
<td>77%</td>
<td>71%</td>
<td>89%</td>
</tr>
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</table>

b) Trust Mode:  
(Rs in Crores)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost (Claims paid &amp; Admin)</td>
<td>0.73</td>
<td>115.65</td>
<td>263.42</td>
<td>271.55</td>
</tr>
<tr>
<td>Benefit(Claims paid)</td>
<td>Nil</td>
<td>112.12</td>
<td>258.72</td>
<td>267.17</td>
</tr>
<tr>
<td>Cost Benefit Ration(%)</td>
<td>0</td>
<td>96.94%</td>
<td>98.22%</td>
<td>98.39%</td>
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</table>
Table 15: CARD UTILISATION RATE (CUR)/CLAIMS RATE(CLR) - MONTHLY TIME SERIES.

<table>
<thead>
<tr>
<th>MONTH/YEAR</th>
<th>CUR/CLR - MONTHLY TIME SERIES</th>
<th>PHASE-1</th>
<th>PHASE-2</th>
<th>PHASE-3</th>
<th>PHASE-4</th>
<th>PHASE-5</th>
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<tbody>
<tr>
<td></td>
<td>CUR</td>
<td>CLR1</td>
<td>CUR</td>
<td>CLR2</td>
<td>CUR</td>
<td>CLR3</td>
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<td>Apr-10</td>
<td>888</td>
<td>344</td>
<td>1243</td>
<td>486</td>
<td>1247</td>
<td>508</td>
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<td>May-10</td>
<td>876</td>
<td>328</td>
<td>1224</td>
<td>470</td>
<td>1178</td>
<td>488</td>
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<td>Jun-10</td>
<td>944</td>
<td>357</td>
<td>1276</td>
<td>483</td>
<td>1251</td>
<td>515</td>
</tr>
<tr>
<td>Jul-10</td>
<td>945</td>
<td>376</td>
<td>1336</td>
<td>535</td>
<td>1335</td>
<td>555</td>
</tr>
<tr>
<td>Aug-10</td>
<td>857</td>
<td>355</td>
<td>1272</td>
<td>506</td>
<td>1206</td>
<td>517</td>
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<tr>
<td>Sep-10</td>
<td>820</td>
<td>341</td>
<td>1262</td>
<td>535</td>
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<td>509</td>
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<td>521</td>
<td>1114</td>
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<td>330</td>
<td>1676</td>
<td>514</td>
<td>1533</td>
<td>493</td>
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<td>367</td>
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<td>540</td>
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<td>346</td>
<td>1475</td>
<td>527</td>
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<td>487</td>
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<td>PHASE III</td>
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<td>45793</td>
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<td>Persons utilised</td>
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<td>28013</td>
<td>67109</td>
<td>80087</td>
<td>46296</td>
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<td>Times utilised</td>
<td>28455</td>
<td>37467</td>
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<td>80.54</td>
<td>103</td>
<td>236.66</td>
<td>281.07</td>
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<td>Therapy Done Cost (Cr)</td>
<td>80.52</td>
<td>102.97</td>
<td>236.61</td>
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<td>Therapy Done Cost (Cr) Pvt Hospitals</td>
<td>64.33</td>
<td>81.02</td>
<td>177.98</td>
<td>201.62</td>
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<td>Therapy Done Cost (Cr) Govt Hospitals</td>
<td>16.19</td>
<td>21.95</td>
<td>58.65</td>
<td>79.44</td>
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<td>Therapy Claim Raised Cost(Cr)</td>
<td>78.89</td>
<td>100.43</td>
<td>233.65</td>
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<td>Therapy Claim Rejected Cost(Cr)</td>
<td>1.45</td>
<td>1.28</td>
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<td>Therapy Claim Approved Cost(Cr)</td>
<td>71.23</td>
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<td>209.46</td>
<td>248.45</td>
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<td>PHASE III</td>
<td>PHASE IV</td>
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<td>Therapy Claim Outstanding</td>
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<td>Cost (Cr)</td>
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<td>Therapy Claim Paid Cost (Cr)</td>
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<td>Pvt Hospitals</td>
<td>59.76</td>
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<td>163.58</td>
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<td>Govt Hospitals</td>
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<td>CDR in Pvt. Hospitals</td>
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<td>To date</td>
<td>31/03/2010</td>
<td>31/03/2011</td>
<td>04/12/2009</td>
<td>04/12/2010</td>
<td>31/03/2010</td>
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<td>Particulars</td>
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<td>PHASE II</td>
<td>PHASE III</td>
<td>PHASE IV</td>
<td>PHASE V</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------</td>
<td>----------</td>
<td>-----------</td>
<td>----------</td>
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<tr>
<td>Bare Premium Paid for the installment (Cr)</td>
<td>120.10</td>
<td>102.14</td>
<td>74.72</td>
<td>93.45</td>
<td>166.85</td>
<td>141.81</td>
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<td>Service Tax paid for the instalment (Cr)</td>
<td>11.12</td>
<td>9.48</td>
<td>8.58</td>
<td>8.19</td>
<td>15.44</td>
<td>13.16</td>
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<tr>
<td>Additional Premium (addl. Cards)(Cr)</td>
<td>0.00</td>
<td>0.00</td>
<td>0.42</td>
<td>4.89</td>
<td>0.00</td>
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<td>1.27</td>
<td>1.06</td>
<td>0.39</td>
<td>0.86</td>
<td>1.75</td>
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<td>Premium Refund Amount(Cr)</td>
<td>25.28</td>
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<td>0.00</td>
<td>3.65</td>
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<td>Premium Refund amount service tax(Cr)</td>
<td>2.34</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.35</td>
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<tr>
<td>Total Premium Paid (Cr)</td>
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<td>112.65</td>
<td>84.10</td>
<td>107.36</td>
<td>184.03</td>
<td>156.42</td>
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<td>Particulars</td>
<td>PHASE I</td>
<td>PHASE II</td>
<td>PHASE III</td>
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<td>PHASE V</td>
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<tr>
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<tr>
<td>TOTAL</td>
<td>TOTAL</td>
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<td>2010-11</td>
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<tr>
<td>Therapies done</td>
<td>28603</td>
<td>37764</td>
<td>30614</td>
<td>39737</td>
<td>59124</td>
<td>75342</td>
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<tr>
<td>Therapy preauthed</td>
<td>76.78</td>
<td>98.95</td>
<td>91.13</td>
<td>114.41</td>
<td>160.49</td>
<td>198.73</td>
</tr>
<tr>
<td>Cost for PFF (Cr)</td>
<td>76.76</td>
<td>98.92</td>
<td>91.10</td>
<td>114.39</td>
<td>160.49</td>
<td>198.69</td>
</tr>
<tr>
<td>Therapy Done</td>
<td>61.35</td>
<td>77.69</td>
<td>69.73</td>
<td>86.55</td>
<td>133.85</td>
<td>164.82</td>
</tr>
<tr>
<td>Cost for PFF Preauths (Cr) Pvt Hospitals</td>
<td>15.41</td>
<td>21.23</td>
<td>21.38</td>
<td>27.85</td>
<td>26.64</td>
<td>33.87</td>
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<tr>
<td>Therapy Done</td>
<td>75.16</td>
<td>96.43</td>
<td>90.08</td>
<td>112.07</td>
<td>158.47</td>
<td>195.94</td>
</tr>
<tr>
<td>Cost for PFF Preauths (Cr) Govt Hospitals</td>
<td>1.39</td>
<td>1.22</td>
<td>1.67</td>
<td>1.50</td>
<td>2.35</td>
<td>2.01</td>
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<tr>
<td>Therapy Claim</td>
<td>67.76</td>
<td>87.81</td>
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### TABLE 14: OVERALL SCHEME EXPERIENCE - FINANCIAL YEAR TIME SERIES

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**INSURANCE**

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<td>Times utilised</td>
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| Claim for FY | Therapy preauthed Cost (Cr) | 291.74 | 268.58 |
|              | Therapy Done Cost (Cr)      | 291.73 | 268.55 |
|              | Therapy Done Cost (Cr) Pvt Hospitals | 226.37 | 193.25 |
|              | Therapy Done Cost (Cr) Govt Hospitals | 65.37  | 75.32  |
|              | Therapy Claim Raised Cost(Cr) | 288.55 | 265.20 |
|              | Therapy Claim Rejected Cost(Cr) | 4.47   | 4.20   |
|              | Therapy Claim Approved Cost(Cr) | 260.01 | 240.45 |
|              | Therapy Claim Outstanding Cost(Cr) | 27.25  | 23.90  |
|              | Therapy Claim Paid Cost (Cr)  | 258.97 | 240.37 |
|              | Therapy Claim Paid Cost (Cr) Pvt Hospitals | 206.56 | 179.69 |
|              | Therapy Claim Paid Cost (Cr) Govt Hospitals | 52.42  | 60.70  |
|              | CDR%                      | 11     | 10     |
DEPARTMENTS OF THE TRUST

Empanelment, Disciplinary Action and Medical Audit Department

In order to ensure empanelment of hospitals providing quality medical care and to prevent fraud, the department was setup. The Chief Medical Auditor monitors the quality of case processing as well as medical care being provided under the scheme. EDC ensures that hospitals have adequate infrastructure, manpower and equipment as per the standards listed under law. Further, the process of empanelment is done online in order to bring in transparency in the empanelment procedure.

Empanelment and Disciplinary Committee (EDC) under the chairmanship of Chief Medical Auditor of the Trust looks into all the complaints against the hospitals received from various sources viz., patients, 24 Hour Call Center, field staff, surprise inspections by the staff, press clippings and recommends disciplinary action against the erring network hospitals.

Field Operations Department

The first point of contact for the patient is Aarogyamithra stationed at Aarogyasri kiosk in the hospital. Aarogyamithra registers the patient after authentication of white card and forwards him to the hospital doctors for evaluation. The Arogyamitras located in network hospitals (NAM) facilitate patient treatment from the time of point of entry of the patient into the premises of the hospital till the time of discharge. The NAM workforce at the district level is supervised by team leaders and monitored by a district manager.

Trust established District offices in all the districts and appointed a Medical Officer as District Coordinator. A constant vigil is maintained on the services of the network hospitals through regular district level reviews. The following activities are taken up at the NAM level.

- Staff monitoring
- Surprise inspections of the hospitals
- Obtaining feedback from the beneficiaries
• Complaints and Grievance redressal
• Specific inspections and interaction with the patient in the hospital on instruction from head office
• Verification of emergency pre-authorized cases

The treatment facilitation of the beneficiary when he is outside the premises of network hospital i.e. from the time he is identified till he is registered in the network hospital, and also from the time of discharge till his one year follow-up is complete, is done by the PHC Aaorgyamitra workforce (PAM). The PAM workforce which is located in the PHCs is supervised by divisional team leaders and monitored by the district manager. The following activities are taken up at the PAM level.

• Health camp monitoring
• Patient capture and conversion into admissions
• Patient follow up treatments
• Verification of card data
• Obtaining death reports

District Coordinator is the overall incharge of the district staff. The field operations at the head office are monitored by a strong back office team of field operations support services, which monitors all their performance indicators and also facilitate the logistics support.

Trust Operations Department

Preauthorisation: Hospital submits a preauthorisation request for a surgery along with documents such as on bed patient photograph, all relevant diagnostic documents such as films, angiograms, videos, radiological reports etc. through the online portal. The complete Electronic Medical Record (EMR) of the patient is received online by Trust operations department where it is processed.

The pre-authorization is scrutinized at four levels before being approved within definite timelines.
• Scrutiny by Aarogyamithra in the hospital before submission.
• Scrutiny of non-technical part by pre-auth executive.
• Scrutiny of technical part by Preauth Panel doctor (a specialist) with regard to evidence of diagnosis line of treatment suggested.
• Scrutiny by trust doctor who gives the sanction of expenditure or approval.

For elective cases the approvals are given within 12 hours and for emergency cases telephonic approvals are given immediately.

To ensure timely preauthorization in cases of life saving emergencies a process of telephonic approval is put in place. Provisional approval is given for a therapy based on the telephonically conveyed evidence for diagnosis and line of treatment. Data is obtained through call conference facility available round the clock between the treating Doctor, pre-auth executive and trust doctor. The information thus collected is captured online by preauthorization team and a system generated reference number is given to the hospital. The online format thus created is automatically made available in the hospital login from where a regular pre-authorization is submitted by the Hospital.

Provision is given to hospital to upload many details of the surgery / therapy such as daily clinical notes, surgery notes, intra-operative photographs/video recordings, post-operative photographs in addition to detailed notes. All the technical photographs and documents are available for view and scrutiny only to doctors.

Claim submission: At the time of discharge hospital uploads patient satisfaction certificate, proof of payment of transport charges to the patient, standard discharge photographs of the patient along with Aarogyamithra and RAMCO. Hospital can submit a claim only after 10 days after discharge.

The claim is scrutinized at the following levels before online payment is made.

• Scrutiny of non-technical part by claim executive
• Scrutiny of technical part by Claim Panel doctor.
• Scrutiny by Trust doctors.
• Final scrutiny by Claim Head.

The Claim processing is done on the basis of evidence of treatment as per approved line of treatment.

**Grievance Department**

A comprehensive complaint cell and grievance redressal mechanism is put in place through online system with clear Turn Around Times (TAT) in order to ensure fair and timely redressal of grievances. These complaints and grievances are monitored at the highest level in the Trust on daily basis. The central committee chaired by CEO of the Trust and District level Committee chaired by the District Collector regularly monitor these grievances. This department works in close liaison with the Empanelment Disciplinary Action and Medical Audit.

All the discharged cases pass through a Social Audit Mechanism. A letter from the Chief Minister is dispatched directly to the communication address of the beneficiary on the same day of discharge of the patient enquiring about his current status of health after the treatment. The letter provides details of the claim such as package availed, surgery/therapy done, package cost paid to the hospital and enquires about the satisfaction level of the beneficiary regarding the services rendered. A self addressed postage prepaid inland letter is attached to get specific feedback from beneficiary about the quality of services, behavior of Aarogyamithra and hospital staff and his opinion about the scheme. This feedback letter is made available to the claim processing team online real time basis. Thus claim processing is done on the basis of outcome and by knowing the patient satisfaction level.

**Vigilance Department**

An in-house vigilance wing headed by Vigilance Officer continuously monitors the services by surprise inspections, interaction with beneficiaries and acting on specific complaints. The wing also works in close liaison with EDC.
AUDIT REPORT

We have examined the balance sheet of Aarogyasri Health Care Trust, as at 31st March 2011 and the Income and Expenditure account for the period for the period ended on that date, which are in agreement with the books of accounts maintained by the said Institution.

We have obtained all the information and explanations, which to the best of our knowledge and belief were necessary for the purpose of the audit. In our opinion, proper books of accounts have been kept by the society so far as appears from our examination of the books.

Subject to annexure enclosed to the report, in our opinion and to the best of our information, and according to information given to us, the said accounts read along with accounting policies & notes to accounts forming part of the accounts, give a true and fair view.

i) in the case of Balance sheet, of the state of affairs of the above named society as at 31st March, 2011, and

ii) in the case of the Income and Expenditure account, of the excess of income over expenditure for the period ended with 31st March 2011.

The Prescribed particulars are annexed here to.

For SAGAR & ASSOCIATES
CHARTERED ACCOUNTANTS

Sd
PARTNER

Place : Hyderabad

Date : 16.03.2012
### BALANCE SHEET AS AT 31st MARCH 2011

(Rupees in Crores)

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</tr>
<tr>
<td>b. Scheme advances</td>
<td>F</td>
<td>235.12</td>
<td>218.86</td>
</tr>
</tbody>
</table>
### Balance Sheet

<table>
<thead>
<tr>
<th>Description</th>
<th>G</th>
<th>H</th>
<th>Total Rs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deposits</td>
<td>0.0007</td>
<td>0.0007</td>
<td>510.89</td>
</tr>
<tr>
<td>Less: Current Liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Current Assets</td>
<td></td>
<td></td>
<td>508.90</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>513.56</td>
</tr>
</tbody>
</table>

### Note on Accounts

The schedules and notes referred to above form an integral part of the Balance Sheet.

As per our report of even date

For and on behalf of the Trust Board

for Sagar & Associates
Chartered Accountants

Sd
(V. Vidyasagar Babu) Siraj-ur-Rahman Nagulapalli Srikanth, I.A.S.,
Membership No: 027357 Executive Officer Chief Executive Officer
Partner Place: Hyderabad Date: 16.03.2012
## AAROGYASRI HEALTH CARE TRUST
(A Govt. of AP Trust)

**INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDING 31.03.2011**
(Rupees in Crores)

<table>
<thead>
<tr>
<th>PARTICULARS</th>
<th>SCHEDULE</th>
<th>Current Year</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Other income</td>
<td>I</td>
<td>0.02</td>
<td>0.01</td>
</tr>
<tr>
<td>b. Transfer from Capital Fund</td>
<td></td>
<td>3.86</td>
<td>1.95</td>
</tr>
<tr>
<td>Total Rs. (A)</td>
<td></td>
<td>3.88</td>
<td>1.20</td>
</tr>
<tr>
<td><strong>EXPENDITURE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent</td>
<td></td>
<td>-</td>
<td>0.01</td>
</tr>
<tr>
<td>Depreciation</td>
<td>D</td>
<td>3.86</td>
<td>1.19</td>
</tr>
<tr>
<td>Total Rs. (B)</td>
<td></td>
<td>3.86</td>
<td>0.06</td>
</tr>
<tr>
<td>Excess of Income over Expenditure (A-B)</td>
<td>J</td>
<td>0.02</td>
<td>0.03</td>
</tr>
</tbody>
</table>

**Notes on Accounts**

The schedules and notes referred to above form an integral part of the Income and Expenditure Account.

As per our report of even date

for Sagar & Associates
Chartered Accountants

(Sd) (Sd) (Sd)
Partner Siraj-Ur-Rahman Nagulapalli Srikanth, I.A.S.,
(V. Vidyasagar Babu) Executive officer Chief Executive Officer

Place: Hyderabad
## AAROGYASRI HEALTH CARE TRUST
(A Govt. of AP Trust)

### RECEIPTS & PAYMENTS ACCOUNT FOR THE YEAR FROM 01.04.2010 TO 31.03.2011

<table>
<thead>
<tr>
<th>RECEIPTS</th>
<th>AMOUNT</th>
<th>PAYMENTS</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opening balance</strong></td>
<td></td>
<td>Fixed Assets</td>
<td>4.50</td>
</tr>
<tr>
<td><strong>Cash &amp; bank balances</strong></td>
<td>381.00</td>
<td>Aarogyasri Scheme expenses</td>
<td>1,110.89</td>
</tr>
<tr>
<td>Cash on hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Balances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advances</td>
<td></td>
<td>Aarogyasri Scheme advances</td>
<td>235.12</td>
</tr>
<tr>
<td><strong>Grants Received</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- From GOAP</td>
<td>879.59</td>
<td>SERP Repayment of Reimbursable loan</td>
<td>10.00</td>
</tr>
<tr>
<td>- From CMRF</td>
<td>348.25</td>
<td>Payment of statutory dues(previous year)</td>
<td>0.18</td>
</tr>
<tr>
<td>Interest on fixed deposit</td>
<td>6.47</td>
<td>Refund of revolving fund</td>
<td>4.19</td>
</tr>
<tr>
<td>received made out of Grants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revolving fund</td>
<td>23.35</td>
<td><strong>Cash &amp; bank balances</strong></td>
<td></td>
</tr>
<tr>
<td>Other Receipt</td>
<td>0.02</td>
<td>Cash on hand</td>
<td>0.00</td>
</tr>
<tr>
<td>Other recoveries payable</td>
<td>1.97</td>
<td>Bank Balances</td>
<td>275.77</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1,640.65</td>
<td><strong>TOTAL</strong></td>
<td>1,640.65</td>
</tr>
</tbody>
</table>
As per our report of even date

For Sagar & Associates
Chartered Accountants

For and on behalf of the Trust Board

(Sd)  (Sd)  (Sd)
(V.Vidyasagar Babu)  Siraj-Ur-Rahman  Nagulapalli Srikanth, I.A.S.,
Membership No: 027357  Executive officer  Chief Executive Officer
Partner
Place: Hyderabad
Date: 16.03.2012
### AAROGYASRI HEALTH CARE TRUST
(A Govt. of AP Trust)

**SCHEDULES FORMING PART OF BALANCE SHEET**

<table>
<thead>
<tr>
<th>PARTICULARS</th>
<th>Current Year 2010 - 11</th>
<th>Previous Year 2009 - 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCHEDULE &quot;A&quot;</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restricted Fund</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Aarogyasri fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- Opening balance</td>
<td>348.81</td>
<td>190.14</td>
</tr>
<tr>
<td>Less Interest (opening Balance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Grants Received during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. from GoAP</td>
<td>879.59</td>
<td>817.57</td>
</tr>
<tr>
<td>ii. CMRF</td>
<td>348.25</td>
<td>1,227.84</td>
</tr>
<tr>
<td>b. Less: Transferred to Capital Fund</td>
<td>4.50</td>
<td>2.10</td>
</tr>
<tr>
<td>c. Less: Aarogryasri Scheme Expenses</td>
<td>1,110.88</td>
<td>952.59</td>
</tr>
<tr>
<td>d. Less: Refund to Govt</td>
<td>-</td>
<td>9.33</td>
</tr>
<tr>
<td>II. Interest Cumulative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening Balance</td>
<td>7.28</td>
<td>3.87</td>
</tr>
<tr>
<td>Interest on Govt. Grant</td>
<td>5.47</td>
<td>3.34</td>
</tr>
<tr>
<td>Interest on revolving fund</td>
<td>1.00</td>
<td>6.47</td>
</tr>
</tbody>
</table>

ANNUAL REPORT 2010-11  Page 52
### Total (B)

<table>
<thead>
<tr>
<th></th>
<th>13.75</th>
<th>7.28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Total (A+B)</td>
<td>475.02</td>
<td>356.10</td>
</tr>
</tbody>
</table>

### Capital Fund

<table>
<thead>
<tr>
<th></th>
<th>3.70</th>
<th>2.48</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Opening Balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Grant received from GOAP</td>
<td>-</td>
<td>1.08</td>
</tr>
<tr>
<td>b. Transferable from Aarogyasri Fund</td>
<td>4.50</td>
<td>2.10</td>
</tr>
<tr>
<td>c. Less: Depreciation for the Year</td>
<td>3.86</td>
<td>4.35</td>
</tr>
</tbody>
</table>

### SCHEDULE "B"

#### II General fund

<table>
<thead>
<tr>
<th></th>
<th>0.16</th>
<th>0.13</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Opening balance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess of Income over Expenditure (A-B)</td>
<td>0.02</td>
<td>0.03</td>
<td>0.16</td>
</tr>
<tr>
<td></td>
<td>0.18</td>
<td>0.16</td>
<td></td>
</tr>
</tbody>
</table>

### SCHEDULE "C"

#### Revolving fund

<table>
<thead>
<tr>
<th></th>
<th>14.84</th>
<th>3.13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Trust</td>
<td>9.69</td>
<td>4.33</td>
</tr>
<tr>
<td>b. Star Health &amp; Allied Insurance Com.Ltd.</td>
<td>13.66</td>
<td>7.13</td>
</tr>
<tr>
<td>c. Chief Minister Relief Fund</td>
<td>-</td>
<td>0.26</td>
</tr>
<tr>
<td></td>
<td>38.19</td>
<td></td>
</tr>
</tbody>
</table>

Less:

<table>
<thead>
<tr>
<th></th>
<th>0.24</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refund to Govt.ENT Hospital(Koti)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Refunded to APHMIDC | 3.95 | -  
| | 4.19 |  
| | 34.01 | 14.84 |

**SCHEDULE "E"**
Cash & Bank Balance

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cash in hand</td>
<td>0.0022</td>
<td>0.0007</td>
</tr>
<tr>
<td>b. Balance with Current Account with SBH</td>
<td>1.87</td>
<td>10.37</td>
</tr>
<tr>
<td>c. Short Term Deposit with SBH</td>
<td>273.91</td>
<td>151.76</td>
</tr>
</tbody>
</table>

| Total | 275.77 | 162.13 |

**SCHEDULE "F"**
LOANS & ADVANCES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Advance to District Collectors</td>
<td>8.91</td>
<td>8.66</td>
</tr>
<tr>
<td>(Conducting Aarogyasri Awareness Programme)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Advance to District Collectors</td>
<td>2.73</td>
<td>1.40</td>
</tr>
<tr>
<td>(Administrative expenses )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Star Health &amp; Allied Insurance Co.Ltd (Balance amount)</td>
<td>223.48</td>
<td>208.80</td>
</tr>
</tbody>
</table>

| Total | 235.12 | 218.86 |

**SCHEDULE "G"**
DEPOSITS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Telephone Deposit</td>
<td>0.0007</td>
<td>0.0007</td>
</tr>
</tbody>
</table>

| Total | 0.0007 | 0.0007 |
### SCHEDULE "H"

**CURRENT LIABILITIES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Current Year</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnest Money Deposits</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Star Health and Allied Insurance Com.Ltd</td>
<td>0.02</td>
<td>0.02</td>
</tr>
<tr>
<td>GPF-CGIS-APGLI Payable</td>
<td>0.01</td>
<td>0.00</td>
</tr>
<tr>
<td>House Rent Payable</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Professional Tax Payable</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>TDS on Networking Hospitals Payable</td>
<td>1.76</td>
<td>0.05</td>
</tr>
<tr>
<td>TDS Payable</td>
<td>-</td>
<td>0.01</td>
</tr>
<tr>
<td>TDS Payable (Others)</td>
<td>-</td>
<td>0.00</td>
</tr>
<tr>
<td>Claims Rejections</td>
<td>0.20</td>
<td>0.12</td>
</tr>
</tbody>
</table>

**Total**                                           | **1.99**     | **0.20**      |

### SCHEDULES FORMING PART OF INCOME & EXPENDITURE ACCOUNT

**PARTICULARS**

<table>
<thead>
<tr>
<th>Description</th>
<th>Current Year</th>
<th>Previous year 2008 - 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCHEDULE &quot;I&quot;</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Receipts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Misc.Incomes</td>
<td>0.011</td>
<td>0.023</td>
</tr>
<tr>
<td>Sale of Aarogyasri Manuals</td>
<td>0.0085</td>
<td>0.0079</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0.0196</strong></td>
<td><strong>0.0310</strong></td>
</tr>
</tbody>
</table>
SCHEDULE “J”:
NOTES AND SIGNIFICANT ACCOUNTING POLICIES FORMING PART OF ACCOUNTS:

A. ACCOUNTING POLICIES

1. Overview

The Government of Andhra Pradesh (GoAP) contemplated to introduce the Community Health Insurance Scheme to provide financial risk protection and improve health status of poor households in the state. Government vide GO Ms. No.227 dated 9th June 2006 launched Health Insurance scheme by Name “AAROGYASRI” to provide health coverage to the families living below poverty line (BPL) for treatment of 938 procedures including major ailments such as Cancer, Kidney Failure, Heart and Neuro Surgical Diseases, Trauma, Cochlear and Burns etc.

The GoAP vide GO Ms. No.227 dated 9th June 2006 also directed to create a Trust for effective delivery system and implementation of scheme as per the direction and policy of the Government. Accordingly, the Aarogyasri Health Care Trust was created on 24-08-2007 by the GoAP.

2. Basis of Accounting

The accompanying financial statements are prepared under the historical cost convention in accordance with Indian Generally accepted Accounting Principles. All income, Grants and expenditure having a material bearing on the Financial Statements are recognized on Cash basis.
3. **Restricted Fund - Grants**

The Grants provided by the donor with the intent to utilize for the specific scheme are not available for utilization for any other scheme and which are refundable to the donor to the extent of fund not utilized and which are not voluntary contribution have been considered as “RESTRICTED FUND”.

4. **Capital Fund**

The value of fixed assets funded by way of grant is matched by a corresponding grant reserve known as Capital Fund, which was written down at the same rate as the assets, so that the Fixed Assets are represented by corresponding value.

5. **Revolving Fund:**

As per resolution No.119/2008 dated 31.10.2008 Trust should deduct 20% of the claims payable to Government Hospitals. Trust has maintained separate fund account known as “Revolving Fund” for provide advance assistance to Government Hospitals for purchase of equipment required for the treatment of patients under Aarogyasri I & II amounting to ₹34,00,67,729/- up to 31.03.2011. The amount is kept deposit with SBH under the head Revolving fund account.

6. **Fixed Assets**

Fixed assets are stated at cost of acquisition inclusive of duties, taxes, incidental expenses and other attributed cost.
7. **Depreciation**

Depreciation has been provided as per the rate prescribed under Income Tax Act 1961.

8. **Revenue Recognition**

As the Society is a non-profit organization established for implementing Aarogyasri programmes, there is no revenue generated in the course of carrying on its activities except by way of other miscellaneous income like sale of tender forms, rent etc.

a. **Grants**

The Trust follows AS-12 for the Grants received from the Governments/other Agencies. Grants are recognized in the books on actual receipt. Based on the nature of the Grants and condition attached thereto, Grants are accounted as Revenue Grants or Specific Grants.

Grant in nature of Voluntary Contribution is recognized as revenue. In case of Aarogyasri Grants received from the GoAP and which are specific in nature have been shown as Liability in the Balance Sheet under “Restricted Fund.”

b. **Other Income**

i. Other income is accounted on actual receipt basis.

9. **Unspent Restricted Grants**

Aarogyasri Scheme is implemented in Phases as per the direction of the Government and Grant is also received for each phase separately. Each phase is for a period of 12 months. The phase may commence in any month of the financial year.
and accordingly grant is released by the Government. Grant received for the phases commenced during the middle of the financial year may be unspent at the end of Financial Year.

Grants which are not utilized as at the end of Financial Year are shown as liability as “unutilized Grants” under respective head as per the nature of Scheme.

The unspent grants, if any, will be utilized

1. Towards clearing the outstanding claims of the respective Financial year which are received in the succeeding year and
2. Towards the claims payment during the succeeding year as the scheme is on-going and claims payments will be on day – to – day basis.

10. **Aarogyasri Scheme Expenditure**
   
a. **Expenditure towards Beneficiary Health care Insurance**
   
As per the Government Policy, during the financial year Health Care Insurance schemes have been implemented through Insurance Agencies. As such Government has provided Grants to Trust for payment to Insurance Agencies. As per the terms of agreement with Insurance Agency, to the extent of amount incurred by Insurance Agency towards Health Care of BPL Families have been shown as Expenditure and same is reduced from the Restricted Fund.

b. **Other Direct Scheme Expenditure**

All the payments that are directly related to scheme are shown as Expenditure and same are reduced from the Restricted Fund.
Advances to

a. **Balance with Health Insurance Agency**
   The Scheme unspent balance at the yearend with the insurance agency is shown under Loans & Advances.

b. **Others**
   The unspent advance given towards scheme and other administrative expenses is shown under Loans & Advances.

11. **Income Tax**
   Provisions for income tax have not been provided since there is no surplus to the trust for the financial year ending 31.03.2011.

**B. NOTES TO ACCOUNTS**

**Restricted Fund**

GoAP in the annual budget make allocation of fund towards implementation of Health Care Insurance Scheme “**AAROGYASRI**”. The budget allocation is made as per the Government policy to cover number of people under BPL in the state and considering available unspent fund with trust. The Fund provided by the government is for the specific purpose only and it is used for the same purpose only. The unspent fund at the end of the financial year has to be surrendered to the government or to take approval from the government to consider for spending during the next financial year.
1. **Specific Grants Received from GOAP during the year**

(Rupees in crores)

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Date</th>
<th>Go’s. Ref</th>
<th>Scheme Implementation period</th>
<th>Nature of Grant</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I 3(^{rd}) Renewal &amp; Phase III 2(^{nd}) Renewal</td>
<td>29.04.2010</td>
<td>G.O.Rt.No.59/9</td>
<td>Phase – I 3(^{rd}) 05.04.2010 to 04.04.2011</td>
<td>Insurance Premium</td>
<td>146.77</td>
</tr>
<tr>
<td>Phase II 2(^{nd}) renewal &amp; Follow-up medicines, Health camp &amp; Cochlear implantation</td>
<td>18.06.2010</td>
<td>G.O.Rt.No.81/3</td>
<td>Phase – III 2(^{nd}) renewal 15.04.2010 to 14.04.2011</td>
<td>Insurance Premium &amp; other schemes</td>
<td>104.35</td>
</tr>
<tr>
<td>Phase IV &amp; V 2(^{nd}) Renewal</td>
<td>19.08.2010</td>
<td>G.O.Rt.No.11/07</td>
<td>Phase – I 3(^{rd}) 05.04.2010 to 04.04.2011</td>
<td>Insurance Premium</td>
<td>144.85</td>
</tr>
<tr>
<td>Follow-up medicines, Health camp &amp; Cochlear implantation</td>
<td>05.10.2010</td>
<td>G.O.Rt.No.13 27</td>
<td>.</td>
<td>11.00</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------------</td>
<td>----------------</td>
<td>----</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>Additional Cards</td>
<td>20.10.2010</td>
<td>G.O.Rt.No.14 32</td>
<td>Insurance Premium</td>
<td>37.81</td>
<td></td>
</tr>
<tr>
<td>Phase IV &amp; V 2(^{nd}) Renewal</td>
<td>24.02.2011</td>
<td>G.O.Rt.No.42 6</td>
<td>17.07.2010 to 16.07.2011</td>
<td>Insurance Premium</td>
<td>144.85</td>
</tr>
</tbody>
</table>
1. **Specific Grants Received from CMRF during the year**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Date</th>
<th>G.O’Ref</th>
<th>Nature of Grant</th>
<th>Amount (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMRF</td>
<td>01.06.2010</td>
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<td>Aarogyasri –II Scheme</td>
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**Gross Total** 348.25
• Note: Details of phase wise Districts.
  o Phase – I & Renewal : Districts covered Mahabubnagar, Anantapur & Srikakulam
  o Phase – II & Renewal : Districts covered Ranagareddy, Chittoor, Nalgonda, East Godavari & West Godavari.
  o Phase – V & Renewal : Districts covered Nizamabad, Warangal, Khammam, Guntur & Krishna.

As per our report of even date for and on behalf of the Board

for Sagar & Associates
Chartered Accountants

Sd (Sd) (Sd)
(V.Vidyasagar Babu) Siraj Ur- Rahman Nagulapalli Srikant
(Partner) Executive Officer Chief Executive Officer

Place : Hyderabad.
Date: 16.03.2012
DATA VISUALISATION

1. Grants From Government

Chart 1: Grants received from Government

2. Grants Utilisation

Chart 2: Utilisation of fund by the Trust
3. Coverage of BPL Families under Insurance during the Year

![Coverage of BPL Families Chart](chart3)

Chart 3: Coverage of BPL Families under Insurance Scheme

4. Aarogyasri –I Insurance Mode Phase wise procedures count under Insurance mode: preauth approved, surgeries done & claims paid to Government hospitals

![Government Hospital performance Chart](chart4)
Chart 4: Therapies done by Government Hospitals

Chart 5: Therapies covered done by Corporate Hospitals

5. Aarogyasri –II procedures count under Trust mode: preauth approved, surgeries done & claims paid to corporate and Government hospitals
6. Follow up Therapies.

Chart 6: Therapies covered under Government & Private Hospitals

Chart 7: Follow up Therapies covered under Government & Private Hospitals

7. Cochlear implantation Therapies.
Chart 8: Cochlear Surgery Performance

8. Scheme expenditure

Chart 9: Scheme expenditure Performance

**Insurance Mode Cost vs Benefit**

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**Trust Mode Cost vs Benefit**

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Chart 10: Insurance cost Vs. Benefit Performance
Chart 9: Insurance mode cost & Benefit Analysis

Chart 10: Trust cost Vs. Benefit Performance
# APPENDEX

## LIST OF EMPANELLED NETWORK HOSPITALS AS ON 31-3-2011

<table>
<thead>
<tr>
<th>S.No</th>
<th>Hospital Code</th>
<th>Hospital Name</th>
<th>Hospital Type</th>
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### LIST OF EMPANELLED NETWORK HOSPITALS AS ON 31-3-2009

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