



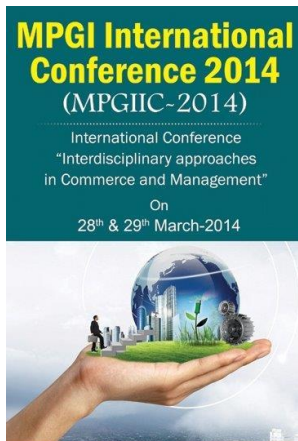
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Rajeev Gandhi Jeevandayee Aarogya Yojana –Anoverview of Health Insurance Scheme of Govt. of Maharashtra.

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ABSTRACT

The Government of Maharashtra has launched the schemes Rajeev Gandhi Jeevandayee Aarogya Yojana on 2nd July 2012 to improve access of Below Poverty Line (BPL) and Above Poverty Line (APL) families.

This paper will attempt to elaborate that, what is the scheme? And what facilities are getting by the beneficiaries of the scheme?

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Introduction

The Govt. has implemented Jeevandayee Arogya Yojana in the Maharashtra State from 11th October, 1997 to provide financial help to financially weaker sections of the Society and the people below poverty line, for providing Super Specialty Services to such people for treatment of serious diseases of heart, kidney, brain, cancer and Spinal cord. These patients can avail medical services for these ailments in recognized Govt. and Private Hospitals. In this program, financial help up to Rs.1,50,000/- are provided to the beneficiary for getting services availed in the recognized hospitals. Coverage of Diseases of Jeevandayee Arogya Yojana has been increased by the Maharashtra Government and launched Rajeev Gandhi Jeevandayee Arogya Yojana in Phases Manner in overall Maharashtra.

Rajeev Gandhi Jeevandayee Arogya Yojana (RGJAY) is implemented throughout the state of Maharashtra in phased manner for a period of 3 years. The insurance

policy/coverage under the RGJAY for the eligible beneficiary families of 1st Phase in 8 Districts: Gadchiroli, Amravati, Nanded, Sholapur, Dhule, Raigad, Mumbai and Mumbai Suburbs.

Objective of RGJAY:

Objective of scheme is to improve access of Below Poverty Line (BPL) and Above Poverty Line (APL) families (excluding White Card Holders as defined by Civil Supplies Department) to quality medical care for identified speciality services requiring hospitalization for surgeries and therapies or consultations through an identified Network of health care providers

Benefits:

Schemes providing 972 surgeries/therapies/procedures along with 121 follow up packages and out of 972 procedures, 131 Procedures are reserved for only Government Hospital in following 30 identified specialized categories

Sr.No	30 Identified Specialized Categories	Sr.No	30 Identified Specialized Categories
1	GENERAL SURGERY	16	POLY TRAUMA
2	ENT SURGERY	17	PROSTHESES
3	OPHTHALMOLOGY SURGERY	18	CRITICAL CARE
4	GYNAECOLOGY AND OBSTETRICS SURGERY	19	GENERAL MEDICINE
5	ORTHOPEDIC SURGERY AND PROCEDURES	20	INFECTIOUS DISEASES
6	SURGICAL GASTRO ENTEROLOGY	21	PEDIATRICS MEDICAL MANAGEMENT
7	CARDIAC AND CARDIOTHORACIC SURGERY	22	CARDIOLOGY
8	PEDIATRIC SURGERY	23	NEPHROLOGY
9	GENITOURINARY SYSTEM	24	NEUROLOGY
10	NEUROSURGERY	25	PULMONOLOGY
11	SURGICAL ONCOLOGY	26	DERMATOLOGY
12	MEDICAL ONCOLOGY	27	RHEUMATOLOGY
13	RADIATION ONCOLOGY	28	ENDOCRINOLOGY
14	PLASTIC SURGERY	29	GASTROENTEROLOGY
15	BURNS	30	INTERVENTIONAL RADIOLOGY

Pre Existing Diseases:

All Diseases under the proposed scheme shall be covered from day one. A person suffering from disease prior to the inception of the policy shall also be covered under approved procedures for that disease

Beneficiary Families:

Holding Yellow ration card, Antyodaya Anna Yojana card (AAY), Annapurna card and Orange ration card from eight districts viz. Gadchiroli, Amravati, Nanded, Sholapur, Dhule, Raigad, Mumbai city and Suburban Mumbai. The families with white ration card holding would not be covered under the scheme. The beneficiary families would be identified through the "Rajiv Gandhi Jeevandayee Health Card" issued by the Government of Maharashtra or based on the Yellow and Orange ration

card and B1 Verification Form issued by Civil Supplies Department.

Sum insured on floater basis & period of insurance:

The Scheme shall provide coverage for meeting all expenses relating to hospitalization of beneficiary up to Rs.1,50,000/- per family per year in any of the Empanelled Hospital subject to Package Rates on cashless basis through Health cards or valid Orange/Yellow Ration Card. The benefit shall be available to each and every member of the family on floater basis i.e. the total annual coverage of Rs. 1,50,000/- can be availed by one individual or collectively by all members of the family. In case of renal transplant surgery, the immunosuppressive therapy is required for a period of 1 year. So the upper ceiling for Renal Transplant would be Rs. 2,50,000 per

operation as an exceptional package exclusively for this procedure. The cases are likely to be very few and well controlled by Human Organ Transplant Act 1994. The claims related to this have to be settled by Insurer. The insurance coverage under the scheme for the beneficiary families shall be in force for an initial period of one year from the date of commencement of the policy

Run off Period:

A “ Run Off period ” of one month will be allowed after the expiry of the policy period i.e. till one month after the date of policy period for 8 districts Phase-I. This means that pre-authorizations can be done till the end of policy period and surgeries for such pre-authorizations can be done up to one month after the expiry of policy period and such claim will be honoured by the Insurance Company

Package:

The insurer should ensure that the Network hospitals follow the packages worked out by Rajiv Gandhi Jeevodayee Society. The package rates will include bed charges in General ward, Nursing and boarding charges, Surgeons, Anaesthetists, Medical Practitioner, Consultants fees, Anaesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, food to inpatient, one time transport cost by State Transport or second class rail fare (from Hospital to residence of patient only) etc. In other words the package should cover the entire cost of treatment of patient from date of reporting to his discharge from hospital including complications if any, making the transaction truly cashless to the patient. In instance of death, the carriage of dead body from network hospital to the village/township would also be part of package. The planned procedures like hernia, vaginal or abdominal hysterectomy, appendicectomy, cholecystectomy, Discectomy, etc. would preferably be performed in empaneled public hospitals, subject to service availability therein. The rates for each procedure are indicative and represent upper ceiling and the Insurer may negotiate with the given empaneled hospitals to bring them down amicably without compromising quality.

Cashless Transaction:

It is envisaged that for each hospitalization the transaction shall be cashless for covered procedures. Enrolled beneficiary will go to hospital and come out without making payment to the hospital subject to procedure covered under the scheme. When the beneficiary visits the selected network hospital and

services of selected network hospital should be made available (Subject to availability of beds). In instance of non- availability of beds at network hospital, the facility of cross referral to nearest another Network hospital is to be made available and Arogyamitra will also provide the beneficiary with the list of nearby network hospitals.

Online Claim Settlement:

The Insurance Company shall settle the claims of the hospitals online within 7 working days of receipt of the Originals bills, Diagnostics reports, Case sheet, Satisfaction letter from patient, Discharge Summary duly signed by the doctor, acknowledgement of payments of transportation cost and other relevant documents to Insurer for settlement of the claim. The online progress of claim settlement will be scrutinized and reviewed by Rajiv Gandhi Jeevodayee Arogya Yojana Society.

Health Camps:

Health Camps are to be conducted in Taluka Head Quarters, Major Gram Panchayat and Municipalities. Minimum of one camp per week per empanelled hospital has to be held in the eight districts in the policy year. The insurer shall ensure that at least one free medical camp is conducted by each network hospital per week at the place suggested by Rajiv Gandhi Jeevodayee Arogya Yojana Society. The Rajiv Gandhi Jeevodayee Medical Camp Coordinator MCCOs of the hospital shall coordinate the entire activity. Network hospital shall carry necessary screening equipment along with specialists (as suggested by the Rajiv Gandhi Jeevodayee Arogya Yojana Society) and other Para-medical staff. The Insurer shall put in the minimum requirements as regards the health camp in the MOU with the hospitals. The empanelled hospital shall work in close liaison with district coordinator of the Insurance Company, Civil Surgeon/District Health Officer in consultation with District Collector. Hospital shall follow the Camp policy of Rajiv Gandhi Jeevodayee Arogya Yojana Society.

Conclusion:

This article attempts to identify various aspects of Rajeev Gandhi jeevodayee Arogya Yojana of State Govt. of Maharashtra. This Scheme is useful for those people are unable to get quality treatment due to financial problems, it will help them to keep their life healthy.

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