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GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department – Karunya Arogya Suraksha Padhathi (KASP) and Karunya Benevolent Fund (KBF)- Operational Guidelines- Sanctioned - Orders issued

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HEALTH & FAMILY WELFARE (M)DEPARTMENT

G.O(Ms.)No.122/2019/H&FWD

Dated, Thiruvananthapuram,06.08.2019

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Read: 1. Meeting chaired by Hon'ble Minister of Finance, Govt of Kerala on the 29.07.2019.
2. GO (MS) No.07/12/TD Dated 30-01-2012.
3. GO (MS) No.26/12/TD Dated 21-02-2012.
4. G.O (MS) No.31/2019/TD Dated 21-06-2019
5. GO (Rt) No.1688/2019 Dated:09/07/2019

ORDER

The Government has launched Karunya Arogya Suraksha Padhathi (KASP) from 1st of April, 2019. The Karunya Benevolent Fund (KBF) scheme operated by Taxes Department was continued up to 30th June, 2019. From 1st July, 2019 the KBF has been stopped. The patients eligible under KBF scheme requested the Government to extend the benefits they were already getting. The hospitals treating the KBF beneficiaries have also sought clarifications on a few operational issues.

2. In the meeting chaired by the Finance Minister read as first paper above government have examined the matter in detail and this order is issued in consultation with Taxes department and superseding the Government orders read as second and third reference above of Taxes department and all earlier orders issued by the the Department of Health and Family Welfare on the subject matter as per reference five.

- I. All the RSBY card holders whether they have taken KASP cards or not will be provided cashless treatment in all empanelled hospitals under the KASP insurance scheme.
- II. The KBF beneficiaries who have submitted applications for assistance under KBF scheme up to 30th June, 2019 shall be dealt as follows:
 - a. The erstwhile KBF scheme guidelines shall be applicable to these beneficiaries till 31st March 2020. The Department of Lotteries shall peruse the applications and allow/disallow the benefits as per relevant provisions.

- b. The eligible KBF beneficiaries shall be entitled to the listed procedures of KBF at KBF rates and KBF ceiling limits. The treatment shall be available at the Government hospital/ empaneled/accredited hospitals of KBF.
- c. The claims raised by these hospitals shall be settled by the Administrator of KBF from the Department of Lotteries as per existing KBF norms.
- d. The Department of Taxes shall ensure an audit of the settled claims and a detailed report submitted to Government.
- e. If any of the KBF approved beneficiary has KASP card, the hospital has to utilise that KASP card and claim that amount from Insurance Company. Only the balance amount shall be accounted from KBF.

III. The KBF beneficiaries who submit applications from 1st July 2019 shall be dealt as follows:

- a. All citizens of Kerala irrespective of APL /BPL category whose annual income is below Rs. 3,00,000/- with a valid Ration Card would continue to get the benefits of the 1978 KASP packages from the empanelled KASP hospitals at KASP rates with a ceiling limit of Rs 2 lakhs (for kidney diseases Rs 3 lakhs) till 31st March 2020.
- b. Due comparison was done by the State Health Agency of the KASP and KBF schemes. There are 319 packages in KBF for 8 specialities whereas KASP has 1978 packages for 24 specialities. The rates of 250 packages are better in KASP compared to KBF and hence beneficial to the hospitals. There are more number of packages under KASP, it is beneficial to the beneficiaries.
- c. Only 8 packages of KBF are not covered in KASP (Except the Blood disorders, which is addressed separately). Out of these 8 packages, 5 are very rare cases and 1 is a cosmetic surgery. The remaining 2 are addressed along with the blood disorders subsequently in this order.
- d. All KASP packages are inclusive of the diagnostics and all the relevant investigations for the treatment of that ailment.
- e. SHA (CHIAK) is entrusted to implement KBF for the year 2019-20 and the District Project Managers of CHIAK are entrusted for verification and approval of pre-authorisations and claims for the eligible beneficiaries.

A) How to Apply:

- i. The application shall be submitted by the beneficiaries in the prescribed form **(A)** attached to this guideline.
- ii. The application for emergency care shall be submitted by the beneficiaries in the prescribed form **(B)**. The priority shall be given for disposing emergency applications. The applications along with a self-declaration form that the particular Ration card has not crossed the eligible ceiling limit of KBF and original Ration Card shall be submitted to the respective hospitals where the procedure is intended. The hospitals shall verify the application with the Ration Card and scan the Ration Card, along with the submitted application form and

forward the same by E-mail to the respective CHIAK DPMs in the district for approval and preauthorisation. Hospital has to register the application based on the Ration card Number in the revamped CHIS PLUS portal and submit to the CHIAK DPM.

B) Process of Verification:

- i. The CHIAK DPM has to counter check in the KASP Portal whether the applicant is included under KASP scheme. If the patient is eligible under KASP, then further processing shall be continued under KASP. If it is a KBF beneficiary, the DPM shall examine the eligible balance under KBF in KBF portal and fix the ceiling of KBF benefit for that Ration card in the CHIS PLUS portal and authorise only for the balance amount and as per KASP rates. If the patient is ineligible, the application has to be rejected.
- ii. The CHIAK DPM after verification shall send the approved pre-authorisation in the form (C) back to the hospital.
- iii. Based on the approval the hospital can proceed with the planned procedure.

C) Claim Management:

- i. Once the procedure is performed and the patient is discharged, the respective hospitals will maintain the accounts properly and raise the claim through the CHIS PLUS portal once it is operational.
- ii. The reimbursement shall be as per package rate for KASP and based on document verification and ceiling limits of KBF
- iii. The Finance department will make available the funds for reimbursement to the SHA under the KBF head, through Health department.

D) Monitoring:

The original case sheets of the patients along with all supporting documents shall be maintained by all empanelled hospitals for audit purposes.

IV. Empanelment of KBF accredited Hospitals and dialysis centres under KASP

- a. The State Health Agency shall take steps to empanel the KBF accredited hospitals and dialysis centres under the KASP scheme to facilitate the treatment of patients.
- b. These hospitals shall be eligible for treating patients as per KASP packages and at KASP rates once empanelled.

V. The packages that existed in KBF and not in KASP shall be dealt as follows (also read ref III C&D of this order)

- a. Haemophilia, sickle cell anaemia, Thalassemia, Provision of immune-suppressants for Kidney transplant patients and Injection Erythropoietin for chronic renal disease are not covered in KASP.
- b. All eligible existing patients and applications received up to 30th June 2019 under these 5 packages shall continue to be treated as per KBF norms till 31st March 2020 at accredited KBF hospitals.
- c. All eligible patients submitted KBF application from 1st July 2019 shall be provided these packages in Government hospitals empaneled in KASP till 31st March 2020. As there are no KASP rates for these packages, the amount will be reimbursed by the Finance department.
- d. The department of Health shall ensure appropriate treatment protocols are established at the earliest for these 5 packages.

