SUPPLEMENTARY

**Rajeev Aarogyasri**: Rajeev Aarogyasri is a state funded health insurance scheme for below the poverty line citizens in Andhra Pradesh, India. The scheme was introduced after a pilot study period and then was slowly implemented in a phased manner, with additional regions of the state covered in each phase. The state government finances 100% of the premiums for state residents who fall below the poverty level. Catastrophic (inpatient) care is provided primarily by private providers (the network does include some public facilities, but the majority of the network providers remain private facilities), and administrative services are provided by a private insurer. Aarogyasri beneficiaries have access to facilities they would not otherwise be able to utilize due to the financial barriers to access. In fact, one third of the hospital’s volumes are comprised of below poverty line Aarogyasri members. So, even though network eligibility requirements are somewhat stringent, the benefits of being a network provider are many. Additional patient volumes (and thus revenues) alone are an attractive enough proposition for both public and private hospitals to improve their operating procedures to align with the eligibility requirements for Aarogyasri.

**The objective of the scheme** is “social protection, addressing healthcare problems that cause indebtedness and often bring people into devastating financial and physical distress.” Indebtedness due to hospital expenditures is one of the main reasons for people falling into poverty in the state.

**Health camps** – All empanelled hospitals are required to conduct free health camps in rural areas to screen patients, identify undetected illness, and refer patients to network hospitals as needed.
Community representation – Aarogya Mithras are patient advocates employed by Aarogyasri to oversee each in network hospital and serve as representatives of the insured to help them navigate the system of care, receive quality care, prevent fraud, and conduct reviews and evaluations of service provision.

White Cards – “White Cards”, or ration cards, were an existing targeting mechanism utilized by the state to identify the poorest. Since the poorest already carried these cards, there was a mechanism already in place that would help Aarogyasri identify eligible families.

The use of technology – The technology utilized by Aarogyasri facilitates end-to-end cashless claims processing, from pre-authorization to provider payment; the technology also facilitates a robust monitoring mechanism.

A collaborative private sector – The private sector in Andhra Pradesh agreed to low reimbursement rates for services provided and agreed to conduct compulsory health camps where thousands of rural people would be screened every day.

- The scheme currently covers 85% of below the poverty line households in the state—this totals 65 million people.
- The scheme started with 330 procedures covered and has been gradually extended to 942 procedures.
- The majority of beneficiaries utilizing the scheme are illiterate and have a rural address.
Cardiac, cancer, and neurological interventions make up 65% of all treatments administered by the scheme.

Anecdotal evidence suggests that the scheme has had an impact on reducing the financial barriers to accessing care and utilization of services has increased.

Funding
Aarogyasri is funded by general tax revenue generated by the state of Andhra Pradesh. The state subsidizes the full cost of the insurance premium for each beneficiary. The state chose to fully cover this cost as the administrative costs of collecting the premium would outweigh the total cost of the premium itself. In addition, the state wanted to ensure that the benefits of the scheme reached the poorest, who might otherwise be deterred from enrolling even if the premium to be paid out of pocket was nominal.

Population coverage, Enrolment and Coverage

All below the poverty line residents of the state of Andhra Pradesh are technically entitled to Aarogyasri benefits. The scheme has been implemented in all districts in the state. The state already had a mechanism for defining, identifying, and enrolling below the poverty line families. Each eligible family is issued a “White Card” (a ration card) to identify them as below the poverty line. Aarogyasri uses the “White Card” as a targeting mechanism for its scheme.

Families in the state who already have “White Cards” are provided with Rajiv Aarogyasri Bhima Health Cards. Everyone in a household can be included in the Rajiv Aarogyasri Health Card. This means the head of the family, spouse,
dependent children, and dependent parents. The Health Card captures the family’s data and pictures of each family member. It is presented by beneficiaries when they arrive at a health facility to identify them. The card is also used to store patient visit records and transmit utilization information.

Once enrolled, beneficiaries are guided through the process of seeking care. In order to ensure that beneficiaries know what benefits they are entitled to, and are able to navigate the system of care, Aarogyasri has developed a team of 4,000 Aarogya Mithras. Aarogya Mithras are health workers representing the community of the insured. **One Aarogya Mithra sits in each primary health center across the state. These health centers are most often the first points of contact for most families seeking care.** In addition, district hospitals and network hospitals also have help desks manned by Aarogya Mithras to facilitate smooth service delivery for Aarogyasri beneficiaries. Aarogya Mithras help to guide beneficiaries through the network of care and inform them about their insurance benefits.

In addition to contacts with Aarogya Mithras, beneficiaries can visit health screening camps that are set up by network providers in rural areas. Under the scheme, all network hospitals are required to undertake a specified number of village health camps in order to maintain their network status. Beneficiaries and potential beneficiaries attend the health camps to be screened for diseases and are provided with preventive care. Those that can be treated at the camp are treated; those that require further treatment are referred to network hospitals where their ailment will be treated free of cost under their Aarogyasri benefits. As of November 2009, there have been more than 15,000 camps and nearly 2.5 million people have been screened

**website:** [www.aarogyasri.org/](http://www.aarogyasri.org/)