Proceedings of the Tenth Trust Board Meeting under the chairmanship of the Principal Secretary, H&FW Dept. held at the Conference Hall of Suvarna Arogya Suraksha Trust, Bangalore on 23/9/2016.

Members Present:
1. The Principal Secretary to Government, Department of Health & Family Welfare, Vikasa Soudha, Bangalore. - Chairperson
2. Representative from Labour Department, Vikasa Soudha, Bangalore. -- Trustee
3. The Director, Health & Family Welfare Services, Ananda Rao Circle, Bangalore. - Trustee
4. Representative from Medical Education Dept.– Trustee
5. Representative from KIDWAI Memorial Institute of Oncology, Bangalore.
6. Dr. H. Sudarshan, Karuna Trust & Trustee, Suvarna Arogya Suraksha Trust -- Trustee
7. Dr. Devisheetty, Narayana Hrudayalaya Multispeciality Hospital
8. Representative from Sri. Jayadeva Institute of Cardiology, Bangalore.
9. The Executive Director, SAST - Secretary of the Trust

Members absent with permission:
1. The Commissioner, H&FWS, Bangalore – Trustee
2. The Mission Director, NHM & Project Administrator, KHSDRP, Bangalore. – Trustee

The Executive Director welcomed the Chairman and the members of the Trust for the Meeting.

10.1 Confirmation of the Proceedings of the Ninth Trust Board Meeting held on 8/2/2016.

The Proceedings of the Eighth Trust Board Meeting held on 8/2/2016 was confirmed.

10.2 Action taken report of the proceedings of Seventh Trust Board Meeting held on 5/8/2014

**Action taken report from 9th Trust Board Meeting**

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Decision Point</th>
<th>Action Taken</th>
<th>Remarks of the Board</th>
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<tbody>
<tr>
<td>9.5</td>
<td>Audit and Accounts of the Trust Board decided to continue with the system as in the Trust Deed and the chairman directed to make a proposal to the Government.</td>
<td>The proposal has been sent to Government. But State Accounts Department has taken up the Audit Process.</td>
<td>Compliance noted and closed</td>
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<td>9.6</td>
<td>Audit Report – Statutory Audit Report of SAST for the Year 2014-15</td>
<td>Board approved and adopted the accounts audited by the statutory auditors for the year 2014-15</td>
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<td></td>
<td>Compliance noted and closed</td>
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<tr>
<td>9.7</td>
<td>Appropriation of funds reimbursed through KHSDRP- World Bank’s Health Financing Program to Vajpayee Arogyasree Scheme. The Board decided to nullify the negative balance and to incorporate the same in the Books of Accounts. a) approval from an Expert Committee. b) to create Help Line Cell in SAST to address the grievances of Jyothi Sanjeevini Scheme beneficiaries.</td>
<td>Same has been incorporated in the books of accounts.</td>
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<td></td>
<td>Compliance noted and closed</td>
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<td>9.8</td>
<td>Amendment to the Trust Deed. Chairman decided to constitute a Sub Committee under the chairmanship of the Commissioner, H&amp;FW and submit the findings of the Committee for amendments to the Trust Deed. The Chairman can co-opt any other two Board members along with Executive Director as Member Secretary.</td>
<td>The Sub Committee under the chairmanship of the Commissioner, H&amp;FW is constituted.</td>
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<td></td>
<td>Board noted</td>
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<td>9.9</td>
<td>Mukyamantrigala Santwaana Yojana. Chairman suggested to implement the Scheme with the empanelment of Government Hospitals on pilot basis. After formal launch, it can be implemented in full phase.</td>
<td>The Scheme was launched on 8th March 2016 Number of Government hospitals are increased to 484 amounting 62% of the total registered hospitals.</td>
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<td></td>
<td>Board noted</td>
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<td>9.10</td>
<td>Implementation of Rashtriya Swasthya Bhima Yojana.</td>
<td>The developments taken place with regard to RSBY Scheme is placed at Subject No 10.11</td>
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<td></td>
<td>Board noted</td>
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<tr>
<td>9.11</td>
<td>Performance of Implementation Support Agency (ISA). Board decided to terminate the services of the agency and issue 30 days notice as per clause no. 2.8.1 of the agreement.</td>
<td>The services of Implementation Support Agency has been terminated.</td>
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<td></td>
<td>Board noted</td>
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| 9.12 | Destruction of Claim Files.  
Board directed to digitalize all the files and should not be destroyed for 3 years except files related to medical legal cases, RTI and sub-judice cases. | Tender was floated on 29/6/2016 to destroy the claim files.  
As per the instructions from the Hon’ble Minister, H&FW office vide Para No. 5 of File No. HFW/SAST/ 90/2013-14 dated 20/7/2016, the tender is withdrawn. | Board noted |
| 9.13 | Ratification of appointments & Continuation of Contractual Consultants/Officers, SAST | The Board ratified the appointment and continuation of Consultants/Officers. | Board noted |
| 9.14 | Incentives to acquire for NABH Accreditation.  
The Chairman suggested to provide incentives for different levels is as follows;  
1. Entry level – 2%  
2. Progressive level – 3%  
3. Full Accreditation – 4% | OM issued reg. incentive to NABH Accredited hospitals. | Board noted |
| 9.15 | Request from Sri Jayadeva Institute of cardiovascular sciences and research for variable investigation charges for Coronary Angiogram and peripheral angiogram procedures in special ward under Jyothi Sanjeevini Scheme | Board decided not to change the rates of investigation at this point of time. | Board noted |
| 9.16 | Costing study | The Board noted the non-cooperation of Naravana Hrudayala Bangalore, HCG Bangalore and BGS Global Bangalore and decided to ignore in future the request for revision of packages. | Board noted |
| 9.17 | Annual Performance based revision of SAST staff salary  
The Board agreed to the proposal of constituting a Performance Appraisal Committee under the chairmanship of Executive Director.  
The modalities of working of the Performance Appraisal Committee | Performance Appraisal Committee is constituted and functioning.  
The modalities of working of performance appraisal committee was worked out and the same was approved in the 21st EC Meeting. | Board noted |
| 9.18 | Re-empanelment of Omega Hospital. Trust Board decided:  
   i) To impose a penalty of Rs. 7.00 lakhs  
   ii) To restore the empanelment of the hospital  
   iii) To keep a watch over the activities of the hospital. | Penalty collected from claims due to the Hospital and re-empanelled the hospital. | Board noted |

| 9.19 | Inclusion of Cochlear implant Surgery to procedure of Rashtriya Bala Swasthya Karyakram (RBSK) | The developments taken place is placed at Subject 10.20 | Board noted |

### 10.3 Confirmation of the proceedings of 21st EC Meeting.

The Proceedings of 21st Executive Committee held on 30/4/2016 was confirmed.

### 10.4 Additional Grants for Vajpayee Arogya Shree Scheme

The Executive Director briefed to the Board that the beneficiaries of Vajpayee Arogya Shree Scheme has gone up from 4095 in the year 2010-11 to 42589 to the year 2015-16. During the year 2015-16 govt. provided budget of Rs. 140.00 crores. The actual expenditure was Rs. 237.07 crores. The excess expenditure has been spent out of the amount received from the World Bank and other income of the Trust.

He also informed that a proposal was submitted to the Government for budgetary allocation of Rs. 250.00 Crores for VAS scheme for the year 2016-17, the Budget allocated was Rs. 140.00 Crores only. Hence there is a need of getting a minimum of Rs. 110.00 Crores as additional budgetary support. The funds received during the 1st and 2nd quarter of the year 2016-17 is only Rs. 71.00 Crores against which an amount of Rs. 102.00 has been spent by utilizing the opening balance Claims with Rs. 76.62 Crores is pending for payment as on 22nd Sep 2016.

In this regard a D.O. letter has already been submitted to the Govt. on 11.07.2016 requesting to release additional grant of Rs. 110.00 crores. The proposal is still pending with Finance Department.
Decision:

The Board noted the same. The Chairman informed that she will get the additional budget is released at the earliest.

[Action: Director, Finance]

10.5 Capacity Building Measures

The Executive Director briefed in detail the training programmes, Workshops conducted by the Trust related to on-going activity towards effective and efficient implementation of the SAST Schemes and NABH etc, to all field functionaries schemes, Network Hospitals and officials of SAST. He also informed the list of officers who attended various Seminars and workshops.

Decision:

The Board noted the same.

10.6 Critical Vacancies, Operational issues:

The Executive Director briefed in detail the Board about the critical vacancies i.e, post of Director Finance, Director, Medical Management and other posts. He also said that initially VAS scheme was implemented at Gulbarga Division and extended to entire state in the year 2012. Beneficiaries of the scheme have also gone up from 4095 in the year 2010-11 to 42589 in the year 2015-16.

Added to it, Government entrusted to implement the schemes i.e, RAB, JSS, RBSK, MSHS, RSBY, ISY, Senior Citizen Scheme under RSEY and Scheme for Journalist. to the Trust.

The performance of the ISA being not satisfactory and their contract has been terminated, SAST has also taken up the responsibility of ISA since March 2016.

He also informed to Board that the major concern of the Trust is that key posts such as Director Medical Management and Director Finance are vacant. Action has been initiated to fill the post of Director, Medical Management by publishing EOI in the newspaper. In response to that applications were received. However only one applicant being eligible, EOI was published once again. The last date for submission of application is on 30/9/2016. For the post of Director, Finance letter has been sent to Government on 3/8/2016 to depute an experienced officer of the grade of Joint Controller.
The Executive Director informed the Board that the non-existence of second line has affected the implementation of all the schemes. As the present Executive Director’s term is coming to an end on 24th instant, it will be still very difficult to supervise the existing scheme and to launch the new schemes in the pipeline. Hence there is a need to fill up the critical positions immediately and in the absence of ISA there is a need to revamp the whole structure of the staff of the SAST. There is also need to offer good remuneration to the employees and create promotional opportunity to them to arrest attrition rates.

Decision:

After detailed discussion, Board;

(i) decided to fill up the post of Director, Medical Management immediately.
(ii) also decided to fill up the post of Director, Finance by inviting fresh EOI, with candidate having Chartered Accountant qualification and having 10 years of experience of managing the accounts of Corporate/Trust/Society.
(iii) Approved to offer attractive remuneration and to restructure the staffing pattern.

[Action: Deputy Director, Operations]

10.7 Ratification of appointments & Continuation of Contractual Consultants/Officers, SAST

The Executive Director brought to the notice of the Board that following consultants/officers are appointed and continuation of contractual consultants for a period of one year based on their performance is placed before the Board for ratification;

(a) (i) The following are the Consultants appointed on contract basis initially for a period of one year:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Designation</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. Dhananjaya</td>
<td>Deputy Director/ Addl. Project Manager</td>
<td>02-05-2016 to 01-5-2017</td>
</tr>
<tr>
<td>2</td>
<td>Sri Sananda Kumar</td>
<td>Deputy Director</td>
<td>20-05-2016 to 19-05-2017</td>
</tr>
<tr>
<td>3</td>
<td>Ms. Ruchika Panigrahi</td>
<td>Co-ordinator (NwH)</td>
<td>24-05-2016 to 23-05-2017</td>
</tr>
<tr>
<td>4</td>
<td>Ms. Akhila</td>
<td>Co-ordinator (QA)</td>
<td>22-06-2016 to 21-06-2017</td>
</tr>
<tr>
<td>5</td>
<td>Dr. Dewakar</td>
<td>Doctor (Death Audit Cell)</td>
<td>22-06-2016 to 21-06-2017</td>
</tr>
<tr>
<td>6</td>
<td>Sri Sharath</td>
<td>Project Manager (IT)</td>
<td>1-08-2016 to 31-07-2017</td>
</tr>
</tbody>
</table>
(ii) **Driver**: As per the request of Health Minister, this Office has provided one Driver to Health Minister’s Office w.e.f. 19-6-2016.

(b) **Continuation of Contractual Consultants of SAST**:  
The following are the Consultants whose Contractual period is extended:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Designation</th>
<th>Period</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. Aninditha Bhowmik</td>
<td>Deputy Director/Project Manager (RAB)</td>
<td>01-06-2015 to 31-05-2017</td>
</tr>
<tr>
<td>2</td>
<td>Dr. Anand</td>
<td>Co-ordinator (Grievance Cell)</td>
<td>01-06-2015 to 31-05-2017</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Koradhanyamath</td>
<td>Co-ordinator (STP)</td>
<td>11-06-2016 to 10-6-2017</td>
</tr>
<tr>
<td>4</td>
<td>Dr. V.D. Dhang</td>
<td>Regional Consultant (Gulbarga)</td>
<td>27-06-2016 to 26-06-2017</td>
</tr>
<tr>
<td>5</td>
<td>Dr. Rohit Metrani</td>
<td>Project Manager (MSHS)</td>
<td>01-07-2016 to 30-06-2017</td>
</tr>
<tr>
<td>6</td>
<td>Smt. Kaveriamma</td>
<td>Claims Manager</td>
<td>01-07-2016 to 30-06-2017</td>
</tr>
<tr>
<td>7</td>
<td>Sri Mehmood</td>
<td>Claims Manager</td>
<td>14-07-2016 to 13-07-2017</td>
</tr>
<tr>
<td>8</td>
<td>Dr. Vishwardhya</td>
<td>Consultant</td>
<td>19-08-2016 to 18-08-2016</td>
</tr>
<tr>
<td>8</td>
<td>Sri Chandrashekar</td>
<td>Claims Manager</td>
<td>24-08-2016 to 23-08-2017</td>
</tr>
<tr>
<td>9</td>
<td>Dr. Ranganath</td>
<td>Co-ordinator (Pre-auth &amp; Claims)*</td>
<td>1-09-2016 to 31-08-2017</td>
</tr>
<tr>
<td>10</td>
<td>Dr. Alibaba Doddamani</td>
<td>Regional Consultant (Gulbarga Division)</td>
<td>08-09-2016 to 7-09-2017</td>
</tr>
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</table>

**Note**: Dr. Ranganath was appointed as Doctor for processing pre-auth & claims. The Performance Appraisal Committee recommended to re-designate the post as Co-ordinator (Pre-auth & Claims).

**Decision**:  
The Board ratified the appointment and continuation of Consultants/Officers.

10.8 **To accord permission to Kumari. Malashree R to work as Claims Manager from outside Head office, Bangalore**

It was brought to the notice of the Board that, Kumari Malashree, Claims Manager has been working in the Trust as Claims Manager for 2 years. She is MBA Finance and her marriage is fixed in October 2016 and she is going to settle in Mysore after marriage. She has submitted application with a request to permit her to work from office of the RC Mysore.
So far none is permitted to work from outside the office except doctors

However, in claims department large no of claims proposals are pending and in the section 4 posts are vacant. The officials recruited leave in the middle for various reasons. In case her request is not considered it will add further to pendency of claims proposals. Hence, the Trust Board was requested to consider her application favourably.

Decision:

The Board decided as a special case to permit Kumari. Malashree R to work from the office of RC Mysore subject to condition that her performance is closely monitored by the Asst Director (Finance) on daily basis.

[Action: Deputy Director, Operations]

10.9 Empanelment and Disciplinary Committee (EDC) to function for all the schemes implemented under SAST

The Executive Director explained that EDC of SAST was formed for the purpose of addressing empanelment and disciplinary issues of the network hospitals empanelled under VAS Scheme. SAST is implementing several other schemes such as RAB, JSS, RBSK, RSBY, MSHS covering 1000+ hospitals in addition to those 185 hospitals under tertiary care schemes. The EDC has already started reviewing the issues among the hospitals and beneficiaries in terms of empanelment, deviations to guidelines, duplication of claims etc. It is felt necessary to bring formally all hospitals empanelled under different schemes under the ambit of the EDC and make it explicit in the Official Memorandum.

Decision:

The Board approved the existing EDC to address for empanelment and disciplinary issues of network hospitals under all SAST schemes.

[Action: Director, MM]

10.10 Decision regarding dis-incentivization for non achievement of NABH Accreditation:

The Executive Director explained that Entry Level NABH was made mandatory for all the empanelled hospitals as per the decision taken in the Trust Board held in November 2014. Deadline for getting NABH accreditation is November 2016. 88 of the 186 Network Hospitals have so far achieved or are in the process of NABH accreditation.
A decision was taken in the 34th empanelment committee to dis-incentivize the hospitals which fail to achieve NABH entry level by November 2016. The dis-incentivization guidelines are; (i) 2% of the package amount will be deducted between 1st December 2016 to 31st March 2017, (ii) 4% of the package amount will be deducted between 1st April 2017 to 30th June 2017 and (iii) further decision about the hospital will be taken on 1st July 2017.

He also informed that this decision was informed to network hospitals on 22nd April 2016. Hence, he sought the approval of the Trust.

Decision:

The Board approved to dis-incentivise the hospitals which fail to achieve NABH Entry level by November 2016 as mentioned below;

(i) 2% of the package amount will be deducted between 1st December 2016 to 31st March 2017,
(ii) 4% of the package amount will be deducted between 1st April 2017 to 30th June 2017 and
(iii) further decision will be taken on 1st July 2017.

[Action: Director, MM]

10.11 Moving towards Universal Health coverage through assurance mode in Karnataka

The Executive Director explained to the Board that the GOI has envisaged the launch of National Health Protection Scheme (NHPS) from next year. NHPS provides the coverage upto Rs.1,00,000/family for BPL and unorganised workers families for secondary care with a Centre share (60%) and State share 40%. NHPS aims to “Ensure healthy lives and promoting well-being for all at all ages”. He also informed that SAST has also contributed significantly for the design of NHPS,

The Chairman asked Dr. Devishetty to give his opinion for moving towards UHC through assurance mode in Karnataka.

Dr. Devishetty informed that with the limited funding both at national and state level UHC would not be possible, hence sufficient amount should be allocated by the government to ensure that the schemes are sustainable. He also mentioned that there should be some contribution from the beneficiary atleast about Rs. 200/- per beneficiary instead of making the scheme completely free. He also said that 60% of the beneficiaries getting treated under copayment in Yashwaswini health scheme, the hospitals are happy.
Dr. Devishetty opined that insurance companies work for profit and they try to reduce claim size and increase their profit margin. Karnataka (SAST) having rich experience in implementing schemes on Assurance Mode and the proposal UHC should also be implemented on Assurance Mode.

Karnataka Knowledge Commission is also working on costing study, the report which will be finalized by this month. The costing study supported by the World Bank initiated by SAST is also completed; both the reports will be reviewed and it will be considered for next package revision.

Executive Director told that Government of India, under NHPS also conducting consultations with experts to revise the packages which can be considered as a base. He brought to the notice of the Board that GOI has written to all State Governments to follow Trust Model of Karnataka while implementing RSBY. State Government like Rajasthan, Himachal Pradesh, Nagaland, Chattisgarh, Orissa and Delhi have been requesting SAST to assist them to move towards Assurance Mode. In view of this he suggested to implement UHC/NHPS on Assurance Mode only.

Chairman briefed about the draft proposal and it was discussed whether to collect contribution from the beneficiary, nominal amount of Rs. 25/- can be collected from the beneficiaries, specific groups like SC/ST, BPL groups can be exempted.

Decision

After detailed discussion, the Board decided to revise the proposal of UHC/NHPS based on actual SECC data base and to implement on Assurance Mode.

[Action: Director, MM]

10.12 Rashtriya Swasthya Bima Yojana (RSBY)

The Executive Director explained that the Government of India entrusted implementation of Rashtriya Swasthya Bima Yojana (RSBY) to HFW. SAST requested GOI to implement in Assurance mode, since GOI has planned restructuring of RSBY for the Year 2017 they instructed SAST to implement in Insurance mode for this year only. He briefed to the Board about the updates related to empanelment of both government and private hospitals, no. of beneficiaries treated, release of premium etc. He gave detailed presentation of the scheme; premium analysis, performance of premium V/s utilization, analysis of Govt. Hospitals performance V/s target, performance analysis to the Board.

He also brought to the notice of the Board that GOI has approved to implement the RSBY Scheme in Assurance Mode from next year.
Decision:

After detailed discussion, the Board suggested to implement the scheme as per the approval of the GOI.

[Action: Project Manager, RSBY]

10.13 Mukyamantri Santwana Harish Scheme

The Executive Director explained that MSHS scheme was launched by the Karnataka government with an objective to give immediate and instant medical treatment/relief for the victims of the Road Accidents, details of Empanelment of Hospitals, progress of the Scheme to the Board. He also accorded approval from the Board to: (a) permit the public hospitals to submit backlog cases with in next 30 days, (a) make it mandatory for SAST empaneled hospitals under polytrauma to participate in MSHS Scheme for continuation of their empanelment status and (c) request Government to direct Government Hospitals to take active participation under MSHS

Decision:

After detailed discussion, the Board decided to;

(i) permit the public hospitals to submit backlog cases within next 30 days.
(ii) Requested Director, HFWS to ensure that all government hospitals both under RSBY and MSHS to actively participate. The chairman suggested to fix targets and review periodically and report to the Government.
(iii) To peruse hospitals empanelled under Polytrauma to participate under MSHS also.

[Action: Project Manager, MSHS]

Jeeva Rakshak Award:

The Executive Director brought to the notice of the Board that Government of Karnataka decided to give Jeeva Rakshak Award in order to increase the participation of public in providing immediate assistance, to help the needy during accidents & with an intention to respect the people who helped the accident victims with good humanitarian mind vide G O No HFW/81/CGE/2016, Bangalore dated 18/7/2016. Jeeva Rakshak Award will be issued twice in a year (August 15th & January 26th).

Decision:

The Board noted the same.
10.14 World Bank Refinancing to SAST through KHSDRP credit - Fulfilment of Tranche Milestones & Reimbursement Status

The Executive Director explained the Board that under the Health Financing component of the IDA credit to KHSDRP, a portion of the credit was earmarked to SAST for reimbursement against fulfillment of various phase wise Tranche milestones set by the World Bank. He also explained to the Board about the achievement of milestones submitted to the World Bank through KHSDRP and reimbursement received from KHSDRP for Tranche Milestones Complied

Decision:

The Board noted the action taken and suggested to submit the balance milestone reports at the earliest.

[Action: M&E Consultant]

10.15 Costing study

The Executive Director brought to the notice of the Board that the costing study was initiated by SAST in the background of NWHs complaining regarding the package pricing and requesting for upward revision. The World Bank had supported this activity through milestone IV to determine the appropriateness of package rates by doing a costing study in 12 hospitals and 25 procedures, shortlisted for the study. The contract was awarded to M/s. Jitender Navneet and Co. The agency collected complete data from 7 hospitals, hospitals shared partial data, 3 hospitals (KMC Manipal, HCG and BGS Global, Bangalore) did not share the data. This activity is a part of milestone IV of World Bank Pay for results initiative funds routed through KHSDRP. Hence, the study has been completed with data from these hospitals. The agency will be submitting the final report by the end of September, which will enable SAST to claim the World Bank amount for milestone IV.

Decision:

The Board noted the developments.

10.16 Monitoring & Verification Agency for SAST Schemes

The Executive Director explained that under Health Financing Component of IDA Credit, World Bank had fixed 11 Tranche Milestones, fulfillment of which, designated credit amount would be reimbursed to SAST. Of these, Tranche 5 & 8 stipulates procurement, placement & submission of regular analytical reports by an Independent M & V Firm.
Process initiated to procure M&V Firm & Placed under Tranche 5. Accordingly, action was initiated to procure M&V Firm i.e., M/s ECORYS, New Delhi in June 2014. Report was submitted to World Bank and this Tranche amount was approved and reimbursed.

Under Tranche 8, Milestone (Monitoring and verification agency is submitting regular reports) could not be complied as; (i) M/s ECORYS did not make any headway. Their tools and methodology did not fulfill the objectives of the assignment and even the World Bank officials, who had series of meetings with ECORYS, expressed their displeasure about the Firm’s capability. Hence, KHSDRP terminated the contract in April 2015 and (ii) KHSDRP awarded the contract to M/s IIMHR, Bangalore in June 2015. Even IIMHR failed to understand and fulfill the assignment requirement and their contract was also terminated in February 2016.

During the World Bank Mission visit to SAST office on 21st April 2016, the Team Leader Mr. George Coraza and Mr. Somil Nagpal prevailed on the importance of M & V analytical reports to World Bank.

The Executive Director brought to the notice of the Board that the contract was signed with M/s VIDAL Health TPA, Bangalore on 20th June 2016 as per the decision of 21st E C Meeting of the Trust for procurement of M & V Firm after following due process. The M&V Agency did not submit the tools. Regarding Methodology & Tools discussed with the Agency suggested for Modifications & Refinement and have agreed to complete the assignment.

**Decision:**

The Board noted the action and informed SAST to monitor their progress.

10.17 Revision of Budget Allocation under SCP / TSP for FY 2016-17

The Executive Director explained that the target allocation under SCP / TSP is disproportionately higher of total VAS budget and not in accordance to the percentage of SC / ST population. The budget allocated for the year 2015-16 for SCP/TSP could not be utilized.

This was brought to the notice of the EC Meetings held on 30/7/2015 and 30/4/2016, and as per the decision of the meeting letter was submitted to Government for revision in the allocation. The approved plan for 2016-17 under SCP and TSP received on 3rd September 2016, the original budget allocation of Rs. 35.80 crores and Rs. 17.90 crores has been retained.
He also informed that this high allocation cannot be utilized, even with special efforts due to the amount being much higher than the designated population as well as very low incidence rate of tertiary diseases. Due to disproportionate allocation, the percentage utilization indicates as 57% whereas, it will actually be 84% if allocation is as per population.

Decision:

After detailed discussion and in view of the special “Arogya Jagruthi Abhiyana” followed by health camps being conducted, the Board suggested to utilize the allocated budget.  

[Action: Director, Finance]

10.18 Arogya Jaagruti Abhiyana - in predominant SC / ST villages / Habitations & Special Health Camps

The Executive Director explained to Board that special awareness for SC/ ST communities about the health schemes implemented by SAST as per the decision of the Government. The programme is planned to be conducted in 7202 villages of the state in phased manner where the population of SC/ ST communities is 40%. The Department of Information & Public Relation was entrusted to carry out the Kala Jatha programs in all the identified 7202 villages. In 1st Phase the Arogya Jagruthi Abhiyana programme was conducted in 2564 villages from 2nd August 2016 till 24th September 2016. The 2nd Phase is planned to cover remaining 4638 villages.

Decision:
The Board noted the action.

10.19 Karnataka Cancer Hospital update

It was brought to the notice of the Trust Board that, The Karnataka Cancer Hospital Bangalore was involved in serious criminal offence like creating false documents, providing treatment to the scheme beneficiaries even after death for about 2 months and submitting false claim proposals to SAST for settlement, etc.

The EDC in their meeting held on 14.10.2015 have decided to de-empanel the hospital and to forfeit Rs. 30.95 lakhs payable to the hospital. Accordingly, the hospital has been de-empanelled and the amount payable is forfeited.

As per the decision of the Trust Board / Executive Committee, the criminal complaint was filed on 22.07.2015 before Nanjini Police station and same is registered under crime no. 131/2015 which is still under investigation. Expert Enquiry Committee
was constituted. The Committee completed enquiry and submitted report which has been handed over to Police Authorities. The Police Officer wanted to know about the Civil Action taken against the hospital authorities. Accordingly, information has been provided. To speed up the investigation process Trust paid professional service charges of private forensic lab to issue opinion about examination of documents and signature of the culprits. The report from the lab has been collected. However, investigation officer has not yet filed charge sheet before the Jurisdictional court.

The Trust filed complaint against 5 doctors of the hospitals before KMC on 04.01.2016. Trust has submitted remarks on the objections filed by doctors to the Council. However, the KMC has not yet started hearing.

Govt. was requested on 02.11.2015 to take action against the hospital under KPME Act. Information regarding NWHs which have taken action to notify package rates has been submitted to the Govt.

**Decision:** It was decided to request the Govt. to

1. Request higher authorities of the Police Department to issue directions to investigation officer to file charge sheet before the court early.
2. To request the Chairman of the KMC to start hearing of the complaints filed
3. To take action by Directorate of H&FW as per KPME Act

*Action: Deputy Director, Operations*

### 10.20 Pipeline Schemes

The Executive Director explained the pipeline schemes such as Cochlear implant Scheme, Journalist Scheme, Senior Citizen RSBY Scheme and Indira Suraksha Yojana and its preparedness and also informed to the Board that for all the schemes Government Orders are issued and are ready to roll out.

**Decision:**

The Board noted the same and suggested to submit the file to roll out schemes to the Government.

*Action: Director, MM*

### 10-21 Request from Forest Department to include animal attack victims under MSHS

The Executive Director explained that Additional Chief secretary to GOVT. Forest, Ecology and Environment Karnataka has written a letter to include the animal attack
victims under MSHS and also requested to extend the scope of Mukhyamantri Santwana Harish Scheme to animal attack victims also. As per the GO MSHS covers only Road traffic accident victims, budget allocated to MSHS scheme is only Rs. 10 crores. In view of this, it will be difficult to extend the scope of MSHS to animal attack victims without additional budgetary support from Forest Department.

Decision:

After detail discussion, the Board suggested to submit a proposal to Government.

[Action: Deputy Director, MSHS]

10.22  Amalgamation of Implementing Support Agency (ISA) with SAST

The Executive Director informed the Board that the services of ISA was terminated as per MoJ for non-functionality as per the decision of 9th Trust Board Meeting held on 08-02-2016. The entire function of ISA is being shouldered by SAST itself by absorbing their staff. He also informed that the efficiency has improved substantially by approving 85% of the Pre-auths within 6 hours of the submission and SAST has been able to save to the extent of Rs. 20 lakhs per month.

Decision:

The Board appreciated the efforts made by SAST and congratulated the staff.

10.23  To permit to accept bills and certified statements of expenditure submitted by the DHOs for the expenditure incurred for providing basic amenities in special SC/ST camps without insisting for counter signature of CEOs of ZPs

The ED brought to the notice of the Trust that, as per the decision of the Govt. to create special awareness for SC/ST communities about the health schemes implemented by Suvarna Arogya Suraksha Trust with joint venture with Information department 7202 villages of the state where the population of SC/ST communities is 40% are selected. In the programme street plays, music programmes, Kalajatha, publicity works, etc. are conducted.

As per the instructions of the Govt., an amount of Rs. 50,000/- per taluk was released to Chief Executive officers of Zilla Panchayats to meet the expenditure towards seating arrangement, shamiya, supply of drinking water and food etc., to the beneficiaries gathered in the health camps.
The amount released to CEO, ZP is further released to DHOs of the Districts. The officers are required to submit bill, Utilisation Certificates duly countersigned by Chief Executive Officer, Zilla Panchayat within one month along with expenditure statements. DHOs have started submitting Utilisation Certificates without obtaining counter signature from CEO, ZP.

In the past Trust released funds to DCs to conduct Megha Health check-up camps and for providing training to Asha workers, etc. The Trust had to struggle very hard to obtain Utilisation Certificates counter signed by DCs.

In view of the above, Trust Board was requested to exempt DHOs from obtaining counter signature of CEO, ZP for the Utilisation Certificates.

Decision:

The Board decided to accept UC signed by DHOs along with statement of expenditure certified by a Chartered Accountant.

[Action: Director, Finance]

Additional Subjects

10.24 Utilization of Interest amount earned from Deposits for claim settlement

Suvarna Arogya Suraksha Trust under the Department of Health and Family Welfare Department has been implementing various schemes viz., Vajpayee Arogya Shree, Rajeev Arogya Bhagya, Mukyamantrigala Santwana – Harish Scheme, Indira Suraksha Scheme, Rashriya Swasthya Bima Yojane and Rashriya Bala Swasthya Karyakaram etc.

The Govt. sanctions grants for various schemes. In the sanction orders it is mentioned that interest accrued on the grants should be paid back to the Govt.

Due to the shortfall of funds received from the Government, the interest accrued are utilized for settlement of claims. The Board was requested to accord approval for utilisation of the interest accrued on the funds received from the Govt. for settlement of claims of NWHs

Decision:

After discussion, the Board approved and decided to;

(i) ratify the utilization of interest accrued to settle the claims.
(ii) to permit the Trust to utilise the interest amount accrued on the Government funds deposited for the bonafide purpose of SAST
(iii) to maintain an account in this regard.

[Action: Director, Finance]

The 10th Board Meeting being the parting meeting for Dr. P Boregowda as the Executive Director of SAST, the board commended the exemplary work put in by him in the last four years. Under his leadership the trust has grown from a single scheme Vajpayee Arogya Shree (VAS) for BPL families, to implementation of six schemes providing quality health care with equity, which is responsive to the needs of the beneficiaries across all cross sections, BPL- Families, APL- Families and Government employees covered under the schemes. Dr Devishetty placed on record the synergy created by Dr Boregowda between all the stake holders, the Trust, Network Hospitals, implementation Support Agency (ISA) and the beneficiaries in providing quality medical care services with transparency, accountability and community participation.

The Meeting concluded with Vote of Thanks.

Sd/-

(Dr. Shalini Rajneesh)
Principal Secretary to Govt. Health & Family Welfare Dept. & Chairman,
Suvarna Arogya Suraksha Trust.

“COPY”

Executive Director
Suvarna Arogya Suraksha Trust
Bangalore

Date: 24/10/2016

1. The Principal Secretary to Government, Department of Health & Family Welfare, Vikasa Soudha, Bangalore.
2. The Principal Secretary to Government, Finance Department, Vidhana Soudha, Bangalore.
3. The Secretary to Government, Medical Education Department, Room No. 341, III Floor, Vidhana Soudha, Bangalore.
4. The Secretary to Government, Co-operation Department, M.S. Building, Bangalore
5. The Secretary to Government, Labour Department, Room No. 414, 4th Floor, Vikasa Soudha, Bangalore.
6. The Commissioner, Labour Department.
8. The Mission Director/Project Administrator, NRHM/KHSDRP, Ananda Rao Circle, Bangalore.
10. The Director, Medical Education Department, Ananda Rao Circle, Bangalore.
11. The Director, Kidwai Institute of Oncology, Bangalore.
12. Dr. Devi Shetty, Narayana Health Centre, Bangalore.
13. Dr. C.N. Manjunath, Director, Jayadeva Institute of Cardiology, Bangalore.
14. Dr. B N Gangadhar, Director, NIMHANS, Bangalore.
15. Dr. H. Sudarshan, Karuna Trust, # 686, 16th Main, 39th Cross, 4th Block, Jayanagar, Bangalore – 560 041.