



Government of Karnataka



SUVARNA AROGYA SURAKSHA TRUST

(Department of Health & Family Welfare)

Bangalore Metropolitan Transport Corporation, TTMC "A" Block,
4th Floor, Shanthinagar, K.H. Road, Bangalore-560 027,

Phone: 080-22536200, Fax: 080-22536221 E-mail: directorsast@gmail.com

HFW/SAST/MM-05/2016-17


Date: 05.05.2018

CIRCULAR

Sub: Arogya Karnataka package rates for Government Hospitals-reg.

The Benefit Package for Government Hospitals under Arogya Karnataka as per G.O No. AKK 91 CGE 2017 (Part-1) dated 01.03.2018 is attached herewith for your reference. This is applicable from 04.05.2018.

The Government Order and benefit package are uploaded in SAST Website.


Director (MM) 5/5/18
SAST, Bangalore

To,

1. The SAMCOs, All Government Hospitals.

Copy To,

1. The Director (Operations), SAST, Bangalore
2. The Director (Finance), SAST, Bangalore
3. The Regional Consultants (All division), SAST, Bangalore
4. The Project Mangers, SAST, Bangalore
5. All Doctors/Consultants/Deputy Directors, SAST
6. All District Co-ordinators, SAST, Bangalore
7. PA to Executive Director, SAST, Bangalore (for information)
8. Office/Spare copies

Government of Karnataka



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(Department of Health & Family Welfare)

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Phone: 080-22536200, Fax: 080-22536221 E-mail: directorsast@gmail.com



No. HFW/SAST/ MM-05/2016-17


Date: 25.05.2018


CIRCULAR

Sub:- Empanelment of hospitals under Arogya Karnataka -reg.

Following are some of the clarifications to empanel hospitals under Arogya Karnataka and Jyothi Sanjeevini Schemes.

- Those hospitals who are empanelled with any of SAST schemes and Yeshaswini Trust are already in SAST portal need to update in the existing online empanelment form and need not fill application once again. Hospitals (RSBY and MSHS) that are not in SAST online portal have to submit fresh application.
- Government hospitals will be deemed empanelled – willingness is not necessary. Only they have to tick Arogya Karnataka and JSS scheme with doctors and facility details.
- Already empanelled hospitals will continue the specialities approved, further if required NWHs shall request for additional specialities and doctors empanelment as and when required.
- New hospitals willing for empanelment shall complete new application in detail.


Executive Director

 Suvarna Arogya Suraksha Trust
Bangalore

To,

All District Co-ordinators, SAST.

Copy to,

- The Director Finance/Operations/MM, SAST.
- All Project Managers/Consultants, SAST.
- Office/spare copies.



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Phone: 080-22536200, Fax: 080-22536221 E-mail: directorsast@gmail.com



No. HFW/SAST/ MM- 33/2017-18

Date: 31.05.2018

CIRCULAR

Sub:- Empanelment of private hospitals under Arogya Karnataka-reg.

Following are the instructions to hospitals to get empaneled under Arogya Karnataka Scheme.

a) Empanelment Fee(For both New and previously empaneled hospitals)


- Rs. 10,000/- for private hospitals providing complex secondary care only.
- Rs. 20,000/- for private hospitals providing tertiary care only.
- Rs. 10,000/- for private hospitals providing emergency care only.
- Rs. 20,000/- for private hospitals providing combination complex secondary, tertiary and emergency care.

The above fees shall be valid for 3 years.

b) Documents for empanelment:

- Willingness letter for empanelment under Arogya Karnataka should be submitted by hospital to SAST.
- Online Application for empanelment under Arogya Karnataka to be submitted in the SAST Portal - www.sast.gov.in
- Hospitals not possessing statutory regulations like KPME, AERB, Pollution Control, NABH and Fire Safety advisory hospital to submit the acknowledgement of application submitted to the concerned authority within 3 months.
- Valid/renewed statutory regulatory certificates valid/renewed (KPME, AERB, Pollution Control Certificates) to be submitted to SAST within 6 months.
- Hospital to submit Fire Safety Advisory and NABH Entry Level Accreditation Certificate within 1 year. Until such time the hospitals will be provisionally empanelled under SAST.

- During the provisional empanelment period hospitals shall accept the patients for treatment and submit preauth and claims through online SAST portal.
- Hospitals already empanelled under Vajpayee Arogyasri/ Yeshaswini/Rashtriya Swasthya Bima Yojana/Mukhyamantrigala Santwana-Harish Schemes shall express their willingness to get empanelled under Arogya Karnataka within 2 months.
- For new hospital empanelment request, hospitals have to submit all necessary documents/acknowledgements if they have applied for the licences/documents for AERB/NBH/Pollution Control Board/Fire Safety Advisory upfront. Empanelment of new hospitals is a continuous process through out the year.


Executive Director
Suvarna Arogya Suraksha Trust
Bangalore

To,
All Network Hospitals, SAST.

Copy to,

1. The Director Finance/Operations/MM, SAST.
2. All Project Managers/Consultants, SAST.
3. All District Co-ordinators, SAST.
4. Office/spare copies.



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HFWSAST/MM-05/2016-17

Date: 05.07.2018

CIRCULAR

It is observed that some of the claims were denied without giving an opportunity to Network Hospitals by raising objections.

Hence all the validators are instructed to raise an objection which hospitals will understand and attend to objections properly. In spite of raising objection with guidance for corrective measure, if network hospital fail to attend then only the claims has to be denied.

Arogyamitra's have been withdrawn from private network hospitals and relocated to government hospitals from 22.06.2018. Hence objection for preauth and claims submitted post this date should not be raised for AM photo, signature on documents. SAMCO/treating doctor photo with patient and signature on document can be considered.

(Handwritten Signature)
5/7/18

Director (MM)
SAST, Bangalore

To,

1. All Doctors, Work from Home and Office, SAST, Bangalore



Government of Karnataka

SUVARNA AROGYA SURAKSHA TRUST

(Department of Health & Family Welfare)

Bangalore Metropolitan Transport Corporation, TTMC "A" Block,
4th Floor, Shanthinagar, K.H. Road, Bangalore-560 027,

Phone: 080-22536200, Fax: 080-22536221 E-mail: directorsast@gmail.com



No. : HFW/SAST/MM-05/2018-19

Date : 07.07.2018

Circular

It has come to our notice that doctors are approving partial amount for recurrence of cancer cases. All doctors are hereby informed that, in the Oncology speciality for preauth/claims request for the recurrence without metastasis full amount can be given as per the benefit package rate for definitive/Adjuvant treatment.

[Handwritten Signature]
7/7/18
Director(MM)
SAST, Bangalore

To,

1. All Doctors, Work from Home and Office, SAST, Bangalore

Copy to:

1. Director (Finance), SAST, Bangalore
2. Director (Operations), SAST, Bangalore
3. PA to Executive Director, SAST, Bangalore



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No.HFW/SAST/MM-05/2016-17

Date : 27-09-2018

CIRCULAR

Sub: Follow-up of referral guidelines by PHIs

Ref: 1. HFWD/PS/38/2018-19, dated: 21.06.2018

2. Proceedings of Arogya Karnataka orientation for Nodal
Officers held on 19.9.2018

A quality check of a sample of referral letters issued by Nodal Officers of different districts hospital was reviewed by SAST and the following lacunae are noted:

- Majority of the letters did not mention the names of the referring and nodal doctors.
- "Specialty referred to" section was not entered.
- Hospital seal missing.
- Referral reason, recommended treatment is not mentioned.
- Chief Complaint/ signs/ symptoms/key investigation findings not entered.
- Prescribed format of referral letter not followed.
- Illegible entries made.
- Private hospital name mentioned in referral column.

As per Arogya Karnataka referral guidelines :

- In case of a patient requiring complex secondary treatment, as assessed by the specialist doctor at the Taluka PHI and the required treatment not being available in that PHI, the specialist doctor should confirm that the same is available in the district PHI.
- In case the required treatment is available in the district PHI, as declared by the district PHI on SAST portal, the patient should be referred to the district PHI. The entry in the referral form in the box related to "Referred Hospital" should be "District Hospital with <name of the district and location>"
- In case the required treatment is not available in the district PHI, as declared by the district PHI on SAST portal, the patient should be referred to an empaneled private hospital without specifying any particular hospital.
- The entry in the referral form in the box related to "Referred Hospital" should be "Empaneled Private Hospital"
- **Referral by District PHIs other than those in Bengaluru:** In case of a patient requiring complex secondary or tertiary treatment, as - assessed by the specialist

doctor at a district PHI, other than Bengaluru, and the required treatment not being available in that PHI, the patient should be referred to an empaneled private hospital without specifying any particular hospital. The entry in the referral form in the box related to "Referred Hospital" should be "Empaneled Private Hospital".

- **Referral by Major PHIs in Bengaluru:** In case of a patient requiring complex secondary or tertiary treatment, as assessed by the specialist doctor at any of the major PHIs in Bengaluru and the required treatment not being available in that PHI, the patient should be given the option of seeking treatment either in any higher-level PHI in Bengaluru or in an empaneled private hospital without specifying any particular hospital. The entry in the referral form in the box related to "Referred Hospital" should be "Government Hospital or Empaneled Private Hospital".
- In case the nodal officers may not be on duty the doctor on duty signing the form should write their name and KMC registration number in the referral form.

Hence the referral letters of Arogya Karnataka are to be duly and legibly filled by Nodal officers as per the referral guidelines of Arogya Karnataka (copy enclosed) to ensure pre-authorization can be given on time. Action against erring medical officers of PHIs will be recommended.


Executive Director

Suvarna Arogya Suraksha Trust
Bangalore

To:

Nodal Officer of all the Hospitals.

Copy for information to:

1. The Commissioner, HFW Services
2. The MD, NHM Karnataka
3. The Director, HFW
4. The Directors, SAST
5. The State and District Nodal Officers, HFW
6. The Validators and Officers, SAST
7. Regional consultants and District Coordinators, SAST



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No. HFW/SAST/ MM-05/2016-17

Date: 27.09.2018

CIRCULAR

Sub:- Acceptance of emergency patients under Arogya Karnataka - reg.

Ref:- 1) Govt Order No. HFW 91 CGE 2017, dt. 1.3.2018.

2) Govt Order No. HFW 91 CGE 2017, dt. 1.6.2018.

3) Circular No. HFWD/PS/38/2018-19, dt. 21.6.2018.

Suvarna Arogya Suraksha Trust is receiving complaints from patients that some of the private empanelled hospitals are not accepting emergency patients when they approach them for treatment.

As per Government Orders and Circular referred above, all emergency treatments listed in Annexure 4 of the Government Order referred at (1) above can be availed by an eligible patient in the Public Health Institutes or in any empanelled private hospitals without any referral on production of PDS card and Aadhaar card.

Therefore, all empanelled private hospitals are hereby informed to accept the eligible emergency patients (BPL Card holders) without any referral and treat the patient as per listed emergency codes in Annexre-4 and submit preauth within 24 hours and obtain approval.

The emergency service is currently not opened for general patients as per Govt Order referred at (2) above .


Executive Director

Suvarna Arogya Suraksha Trust
Bangalore

To,

All Private Network Hospitals, SAST.

Copy to,

1. The Director Finance/Operations/MM, SAST.
2. All Regional Consultants/District Co-ordinators, SAST.
3. Office/spare copies.



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No. HFW/SAST/MM-05/2016-17

Date: 28.09.2018

Circular

Sub: Guidelines for submission of claims for certain procedures mentioned below.

Sl.No	Subject	Claim to be submitted by Network Hospital
1	Recommendation of amount for surgeries for ovary and thyroid where Post op HPE report does not confirm malignancy. Code : 3A.488, 3A.489 and 3A.535	In case of post op HPE does not confirm malignancy, submit the bill for 70% of preauth approved amount.
2	Major surgery under procedure in G.I tract deferred because of inoperable status.	If major surgery deferred in G.I tract procedures and abdomen closed by deferring major surgery claim to be submitted under code 4A.61. (Rs.20,000/- for private hospital and Rs.15,000/- for Government hospital)
3	Recommendation of amount for various surgical procedure in G.I tract where major surgery deferred and palliative feeding Jejunostomy done.	If major surgery deferred in G.I tract procedures and palliative feeding Jejunostomy done deferring major surgery claim to be submitted under code 3A.419. (Rs.20,000/- for private hospital and Rs.15,000/- for Government hospital)

[Signature]

Director, Medical Management
Suvarna Arogya Suraksha Trust
Bangalore.

To,

The SAMCO's of all Network Hospitals.

Copy To,

1. The Director (Operations), SAST.
2. The Director (Finance), SAST.
3. The PA to Executive Director, SAST.
4. Office Conv



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Phone: 080-22536200, Fax: 080-22536221 E-mail: directorsast@gmail.com



No. HFW/SAST/MM-05/2016-17

Date: 28.09.2018

Circular

Sub: Major surgery under procedure in G.I tract deferred because of inoperable status.

Preamble

It is observed that validators of claim section recommending full preauth approved amount or Rs.10,000/- under various codes of G.I tract where major surgery is deferred as growth is inoperable and abdomen closed.

Under the above preamble observation all the validators are hereby instructed to go through OT notes of G.I tract procedures carefully and if major surgery is deferred and abdomen closed, validators are hereby instructed to recommend Rs.20,000/- under code 4A.61 – exploratory laparotomy for private hospital and Rs.15,000/- for Government hospital.

Director, Medical Management
Suvarna Arogya Suraksha Trust
Bangalore

To,

All Doctors, SAST.

Copy To,

1. The Director (Operations), SAST.
2. The Director (Finance), SAST.
3. The Project Manager IT, SAST.
4. The PA to Executive Director, SAST.
5. Office Copy



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No. HFW/SAST/MM-05/2016-17

Date: 28.09.2018

Circular

Sub: Recommendation of amount for various surgical procedure in G.I tract
Where major surgery deferred and palliative feeding Jejunostomy done.

Preamble

It is observed that validators of claim section recommending full preauth amount under various codes of G.I tract where major surgery deferred and palliative feeding Jejunostomy done.

Under the above preamble observation all the validators are hereby instructed to go through OT notes of G.I tract carefully and if major surgery is deferred and palliative feeding Jejunostomy done to recommend Rs.20,000/- under code 3A.419 for private hospital and Rs.15,000/- for Government hospital.

Director, Medical Management
Suvarna Arogya Suraksha Trust
Bangalore.

To,

All Doctors, SAST.

Copy To,

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5. Office Copy

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No. HFW/SAST/MM-05/2016-17

Date: 01.10.2018

Circular

Sub: Recommendation of amount for surgeries for ovary and thyroid where
Post op HPE report does not confirm malignancy.

Ref: OM No.HFW/SAST/24/2013-14, dt.01.01.2014

Preamble

It is observed that validators of claim section are following different validation remarks for the procedures of surgery of ovary and thyroid (code No 3A.488 and 3A.489 of ovary and code No 3A.535) either by recommending full preauth approved amount or recommending for wait for denial when post op HPE report does not confirm malignancy.

Under the above preamble observation, all the validators are hereby instructed to recommend 70% of preauth approved amount when post op HPE report does not confirm malignancy under 3A.488, 3A.489 and 3A.535.

[Handwritten Signature]
11/10/18

Director, Medical Management
Suvarna Arogya Suraksha Trust
Bangalore.

To,

All Doctors, SAST.

Copy To,

1. The Director (Operations), SAST.
2. The Director (Finance), SAST.
3. The Project Manager IT, SAST.
4. The PA to Executive Director, SAST.
5. Office Copy

Government of Karnataka



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್

(ಆರೋಗ್ಯ ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ)



ಬೆಂಗಳೂರು ಮಹಾನಗರ ನಾರಿಗೆ ಸಂಸ್ಥೆ, ಟಿ ಟಿ ಎಂ ಸಿ 'ಎ ಬ್ಲಾಕ್', 4ನೇ ಮಹಡಿ,

ಕೆ. ಹೆಚ್. ರಸ್ತೆ, ಶಾಂತಿನಗರ, ಬೆಂಗಳೂರು- 560 027

ದೂರವಾಣಿ: 080-22536202 E-mail: directorsast@gmail.com

ಸಂಖ್ಯೆ: HFW/SAST/MM-05/2016-17

ದಿ: 11/10/2018

ಸುತ್ತೋಲೆ

- ವಿಷಯ : ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳು ರೆಫರಲ್ ಮಾರ್ಗಸೂಚಿಯನ್ನು ಅನುಸರಿಸುವ ಕುರಿತು ಉಲ್ಲೇಖ:
- 1) ಆರೋಗ್ಯ ಕರ್ನಾಟಕ - ರೆಫರಲ್ಗೆ ಸಂಬಂಧಿಸಿದ ಸೂಚನೆಗಳ ಸುತ್ತೋಲೆ ಸಂಖ್ಯೆ HFW/PS/38/2018-19, ದಿ. 21/06/2018
 - 2) ನೋಡಲ್ ಆಫೀಸರ್‌ಗಳಿಗೆ ನೀಡಲಾದ ಆರೋಗ್ಯ ಕರ್ನಾಟಕದ ಮಾಹಿತಿ ಸಭೆಯ ನಡವಳಿಯ ದಿ. 19/09/2018
 - 3) ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್ ಸುತ್ತೋಲೆ ಸಂಖ್ಯೆ : HFW/SAST/MM-05/2016-17, ದಿ. 27/09/2018

ಮೇಲಿನ ಉಲ್ಲೇಖ (3)ರಲ್ಲಿನ ವಿಷಯ 'ಫಾಲೋ ಅಪ್ ಫಾರ್ ರೆಫರಲ್ ಗೈಡ್‌ಲೈನ್ಸ್‌ಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳು ಸುವರ್ಣ ಆರೋಗ್ಯ ಟ್ರಸ್ಟ್‌ಗೆ ಪ್ರೀಆರ್ಡ್/ಕ್ಲೈಮ್‌ಗಳನ್ನು ಸಲ್ಲಿಸುವಾಗ ಸರ್ಕಾರಿ ಆಸ್ಪತ್ರೆಗಳವರು ನೀಡಿರುವ ನಿರ್ದಿಷ್ಟ ಆಸ್ಪತ್ರೆಗಳ ಹೆಸರನ್ನು ಸೂಚಿಸಿರುವ ರೆಫರಲ್ ಪತ್ರಗಳನ್ನು ಅಪ್‌ಲೋಡ್ ಮಾಡುತ್ತಿರುವುದು ಗಮನಕ್ಕೆ ಬಂದಿರುತ್ತದೆ.

ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯ ಅಧಿಕೃತ ಅಧಿಕಾರಿಗಳು ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ರೆಫರಲ್ ಮಾರ್ಗಸೂಚಿಗಳನ್ವಯ ರೆಫರಲ್ ಪತ್ರದಲ್ಲಿ 'ನೊಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆ' ಎಂದು ನಮೂದಿಸಿ ನಿಗದಿತ ಸಮಯದೊಳಗೆ ರೆಫರಲ್ ಪತ್ರವನ್ನು ನೀಡಲು ಸಂಬಂಧಪಟ್ಟ ಅಧಿಕಾರಿಗಳಿಗೆ ನಿರ್ದೇಶನ ನೀಡಲು ಸೂಚಿಸಿದೆ.

ಪ್ರೀಆರ್ಡ್ ಸಲ್ಲಿಸುವಾಗ ಯಾವುದೇ ರೀತಿಯ ವ್ಯತ್ಯಾಸಗಳು ಕಂಡುಬಂದಲ್ಲಿ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಿಂದ ಬಂದ ಪ್ರೀಆರ್ಡ್/ಕ್ಲೈಮ್‌ಗಳನ್ನು ನಿರಾಕರಿಸಲಾಗುವುದು ಹಾಗೂ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳ ಅಧಿಕೃತ ಅಧಿಕಾರಿಗಳ ವಿರುದ್ಧ ಕ್ರಮ ಕೈಗೊಳ್ಳಲು ಶಿಫಾರಸ್ಸು ಮಾಡಲಾಗುವುದು.

ಕಾರ್ಯಕಾರಿ ನಿರ್ದೇಶಕರು

ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್
ಬೆಂಗಳೂರು

ಇವರಿಗೆ :

- 1) SAMCO ಗಳು, ಎಲ್ಲಾ ನೊಂದಾಯಿತ ಸರ್ಕಾರಿ ಮತ್ತು ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳು
- 2) ಎಲ್ಲಾ ಜಿಲ್ಲೆಗಳು ಆರೋಗ್ಯಾಧಿಕಾರಿಗಳು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು,
- 3) ಎಲ್ಲಾ ಜಿಲ್ಲೆಗಳ ಜಿಲ್ಲಾ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು,

ಪ್ರತಿಯನ್ನು :

- 1) ಸರ್ಕಾರದ ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿಗಳು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ವಿಕಾಸಸೌಧ, ಬೆಂಗಳೂರು.
- 2) ಆಯುಕ್ತರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು, ಆನಂದರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರು
- 2) ಅಭಿಯಾನ ನಿರ್ದೇಶಕರು, ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ಅಭಿಯಾನ, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು, ಆನಂದರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರು
- 3) ನಿರ್ದೇಶಕರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು, ಆನಂದರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರು
- 4) ನಿರ್ದೇಶಕರು, ಕಾರ್ಯಾಚರಣೆ, ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್, ಬೆಂಗಳೂರು
- 5) ನಿರ್ದೇಶಕರು, ಹಣಕಾಸು, ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್, ಬೆಂಗಳೂರು
- 6) ನಿರ್ದೇಶಕರು, ವೈದ್ಯಕೀಯ, ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್, ಬೆಂಗಳೂರು
- 7) ಉಪನಿರ್ದೇಶಕರು, ಪ್ರೀ-ಆರ್ಡ್ ಮತ್ತು ಕ್ಲೈಮ್ಸ್, ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್, ಬೆಂಗಳೂರು
- 8) ಸಂಯೋಜಕರು, ನೋಂದಾವಣೆ, ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್, ಬೆಂಗಳೂರು
- 9) ಎಲ್ಲಾ ಪ್ರಾದೇಶಿಕ ಸಲಹೆಗಾರರು, ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್, ಬೆಂಗಳೂರು.
- 10) ಕಚೇರಿ ಪ್ರತಿ

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್

(ಆರೋಗ್ಯ ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ)

ಬೆಂಗಳೂರು ಮಹಾನಗರ ಸಾರಿಗೆ ಸಂಸ್ಥೆ ಟಿ. ಟಿ. ಎಂ. ಸಿ. 'ಎ ಬ್ಲಾಕ್', 4ನೇ ಮಹಡಿ,

ಕೆ. ಹೆಚ್. ರಸ್ತೆ, ಶಾಂತಿನಗರ, ಬೆಂಗಳೂರು - 560027 ದೂರವಾಣಿ: 080-22536202, ಫ್ಯಾಕ್ಸ್: E-mail:

directorsast@gmail.com



ಸಂ: ಆಕುಕ/ಎಸ್.ಎ.ಎಸ್.ಟಿ/ಎಂಎಂ-05/2016-17

ದಿನಾಂಕ: 22.12.2018

ಸುತ್ತೋಲೆ

ವಿಷಯ:- ಸಾಮಾನ್ಯ ದ್ವಿತೀಯ ಹಂತ (ಅನುಬಂಧ-2A) ದಡಿಯಲ್ಲಿ ಚಿಕಿತ್ಸೆ ನೀಡಿರುವ ವಿವರಗಳನ್ನು ಟ್ರಸ್ಟ್‌ಗೆ ಸಲ್ಲಿಸುವ ಬಗ್ಗೆ.

ರಾಜ್ಯದಲ್ಲಿ ಆಯುಷ್ಮಾನ್ ಭಾರತ್ ಯೋಜನೆಯನ್ನು ಭರವಸೆ ಮಾದರಿಯಲ್ಲಿ ಅನುಷ್ಠಾನಗೊಳಿಸಲು ಕೇಂದ್ರ ಸರ್ಕಾರದೊಂದಿಗೆ ದಿನಾಂಕ: 30.10.2018 ರಂದು ಒಡಂಬಡಿಕೆ ಮಾಡಿಕೊಂಡಿದ್ದು, ಯೋಜನೆಯನ್ನು ಜಾರಿಗೊಳಿಸಿ, ಸರ್ಕಾರದ ಆದೇಶ ಸಂ: ಆಕುಕ/69/ಸಿಜಿಇ/2018, ದಿನಾಂಕ: 15.11.2018ರಂತೆ ಅನುಷ್ಠಾನಗೊಳಿಸಲಾಗುತ್ತಿದೆ. ಈ ಯೋಜನೆಯಡಿ ಸಾಮಾನ್ಯ ದ್ವಿತೀಯ ಹಂತದ 291 ಚಿಕಿತ್ಸಾ ವಿಧಾನಗಳನ್ನು (ಅನುಬಂಧ-2A) ರಾಜ್ಯದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಿಗೆ ಮಾತ್ರ ನಿರ್ಬಂಧಿಸಲಾಗಿರುತ್ತದೆ.

ಮುಂದುವರೆದು, ಸರ್ಕಾರದ ಸುತ್ತೋಲೆ ಸಂ:ಆಕುಕ/138/ಸಿಜಿಇ/2018, ದಿನಾಂಕ:18.12.2018 ದಿನಾಂಕ: 20.12.2018ರ ನಿಬಂಧನೆಗಳಿಗೊಳಪಟ್ಟಂತೆ ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್‌ನ ತಂತ್ರಾಂಶದಲ್ಲಿ ಸ್ವಯಂ ಚಾಲಿತ ಪೂರ್ವಾನುಮತಿ (Pre-auth auto approval) ಪಡೆದು ಚಿಕಿತ್ಸಾ ವಿಧಾನವನ್ನು ಕೈಗೊಳ್ಳಬೇಕಾಗಿದೆ. ಸ್ವಯಂಚಾಲಿತ ಪೂರ್ವಾನುಮತಿಯನ್ನು ಪಡೆದು, ಫಲಾನುಭವಿಗೆ ನೀಡಿದ ಸ್ವಯಂಚಾಲಿತ ಪೂರ್ವಾನುಮತಿ ಗಣಕೀಕೃತ ಸಂಖ್ಯೆಯನ್ನು ನಮೂದಿಸಿ ಫಲಾನುಭವಿಯು ಚಿಕಿತ್ಸಾ ನಂತರ ಆಸ್ಪತ್ರೆಯಿಂದ ಬಿಡುಗಡೆಗೊಂಡ 48 ಗಂಟೆಯೊಳಗೆ ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್‌ನ Claims Portal ನಲ್ಲಿ ವಿವರಗಳನ್ನು ನಮೂದಿಸಿ ಮರುಪಾವತಿಗಾಗಿ ಬೇಡಿಕೆ ಸಲ್ಲಿಸಬೇಕಾಗಿರುತ್ತದೆ.

ಆದಕಾರಣ, ಸಂಬಂಧಪಟ್ಟ ಎಲ್ಲಾ ಜಿಲ್ಲಾ, ತಾಲ್ಲೂಕು ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಮತ್ತು ಸುಮುದಾಯ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳಲ್ಲಿ ಅನುಬಂಧ-2A ಅಡಿ ಚಿಕಿತ್ಸೆ ನೀಡಿದ ಫಲಾನುಭವಿಗಳ ಸಂಪೂರ್ಣ ವಿವರಗಳನ್ನು ಅಡಕದಲ್ಲಿರುವ ನಮೂನೆಯಲ್ಲಿ ವರದಿ ಮಾಡಲು ದಿನಾಂಕ: 16.11.2018 ರಂದು ಇ-ಮೇಲ್ ಮೂಲಕ ಸೂಚಿಸಲಾಗಿತ್ತು. ಲಗತ್ತಿಸಿರುವ Excel Sheet ನಲ್ಲಿ ಎಲ್ಲಾ field ಗಳನ್ನು ತುಂಬಿಸಿ ದಾಖಲಾತಿಗಳನ್ನು scan ಮಾಡಿ Claims Portal ನಲ್ಲಿ upload ಮಾಡುವುದು. ಅದೇ ದಾಖಲಾತಿಗಳನ್ನು ದೃಢೀಕರಿಸಿ ಮುಚ್ಚಳಿಕೆ ಪತ್ರದೊಂದಿಗೆ claims AB-ArK ಎಂದು ನಮೂದಿಸಿ SAST ಗೆ 31ನೇ ಡಿಸೆಂಬರ್ 2018 ರೊಳಗೆ ಮರುಪಾವತಿಗೆ ಸಲ್ಲಿಸಲು ತಿಳಿಸಿದೆ.

ಕಾರ್ಯಕಾರಿ ನಿರ್ದೇಶಕರು,
ಎಸ್.ಎ.ಎಸ್.ಟಿ, ಬೆಂಗಳೂರು.

ಗೆ,

1. ಎಲ್ಲಾ ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣಾಧಿಕಾರಿಗಳು.
2. ಎಲ್ಲಾ ಜಿಲ್ಲಾ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸಕರು.
3. ಎಲ್ಲಾ ಅಡಳಿತ ವೈದ್ಯಾಧಿಕಾರಿಗಳು, ಸಮುದಾಯ ಆರೋಗ್ಯ ಕೇಂದ್ರ / ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ.

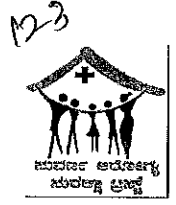
...2)

ಪ್ರತಿಯನ್ನು ಮಾಹಿತಿಗಾಗಿ,

1. ಸರ್ಕಾರದ ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿಗಳು, ಆಕುಕ ಇಲಾಖೆ ಇವರ ಆಪ್ತ ಸಹಾಯಕರು.
2. ಆಯುಕ್ತರು, ಆಕುಕ ಸೇವೆಗಳು ಇವರ ಆಪ್ತ ಸಹಾಯಕರು.
3. ನಿರ್ದೇಶಕರು, ಆಕುಕ ಸೇವೆಗಳು, ಆನಂದರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರು.



Government of Karnataka



SUVARNA AROGYA SURAKSHA TRUST

(Department of Health & Family Welfare)

Bangalore Metropolitan Transport Corporation, TTMC "A" Block,

4th Floor, Shanthinagar, K.H. Road, Bangalore-560 027

Phone: 080-22536200, Fax: 080-22536221 E-mail: directorsast@gmail.com

No. HFW/SAST/MM-05/2016-17

Date: 03.01.2019

Office Memorandum

Sub: Checklist for Preauth and Claim under AB-ArK-reg.

Ref: Govt Order No. HFW 69 CGE 2018, dated 15.11.2018.

As per Government Order referred above, Ayushman Bhart - Arogya Karnataka is being implemented throughout the State. It is hereby informed that before approving Preauth and Claim kindly make sure that the documents are attached as per the checklist enclosed herewith.


Executive Director

Suvarna Arogya Suraksha Trust
Bangalore

To,

- 1) The Director (Operations), SAST.
- 2) The Director (Finance), SAST.
- 3) The Director (Medical Management), SAST.
- 4) All Regional Consultants and District Co-ordinators, SAST.
- 5) All Doctors (Office/Home), SAST.
- 6) All District Co-ordinators, SAST.
- 7) Office/spare copies.

122

Check list for verification of Preauthorization

Sl. no	Government Hospital		Private Hospital	
	Eligible Beneficiaries A	General Beneficiaries B	Eligible Beneficiaries C	General Beneficiaries D
1	ARKID card	ARKID card	ARKID card	ARKID card
2	BPL card with Aadhar Card. The original document to be verified scanned and uploaded by Arogya Mitra/SAMCO/Treating Doctor.	APL with Aadhar Card. The original document to be verified scanned and uploaded by ArogyaMitra/SAMCO/Treating Doctor.	<ul style="list-style-type: none"> BPL card with Aadhar Card. The original document to be scanned, verified and uploaded by SAMCO/Treating Doctor. Referral letter from District/Taluka hospitals Referral letter should be signed by the Designated Nodal officer of the hospital/District Surgeon in prescribed format(Mandatory document) 	<ul style="list-style-type: none"> APL with Aadhar Card. The original document to be scanned verified and uploaded by SAMCO/Treating Doctor. Referral letter from District/Taluka hospitals Referral letter should be signed by the Designated Nodal officer of the hospital/District Surgeon in prescribed format (Mandatory document)
3	Birth certificate /Thayi card with Parents BPL card and Aadhar card in case of Children (Hospital or Revenue department)	Birth certificate /Thayi card with Parents APL card and Aadhar card in case of children (Hospital or Revenue department)	Birth certificate /Thayi card with Parents BPL card and Aadhar card in case of children (Hospital or Revenue department)	Birth certificate /Thayi card with Parents APL card and Aadhar card in case of children (Hospital or Revenue department)
4	Photo of patient with Arogya Mitra/SAMCO/Treating Doctor	Photo of patient with Arogya Mitra/SAMCO/Treating Doctor	Photo of patient with Arogya Mitra/SAMCO/Treating Doctor	Photo of patient with Arogya Mitra/SAMCO/Treating Doctor
5	Age of the patient as per Aadhar card/ ARKID card/ PDA to be calculated nearest to the birthday.	Age of the patient as per Aadhar card/ ARKID card/ PDA to be calculated nearest to the birthday.	Age of the patient as per Aadhar card/ ARKID card/ PDA to be calculated nearest to the birthday.	Age of the patient as per Aadhar card/ ARKID card/ PDA to be calculated nearest to the birthday.
6	Manual Preauth request form: <ul style="list-style-type: none"> Final Diagnosis Procedure code number Package cost Diagnostic test done in-house Diagnostic test done 	Manual Preauth request form: <ul style="list-style-type: none"> Final Diagnosis Procedure code number Package cost Diagnostic test done in-house Diagnostic test done 	Manual Preauth request form: <ul style="list-style-type: none"> Final Diagnosis Procedure code number Package cost Diagnostic test done in-house Diagnostic test done 	Manual Preauth request form: <ul style="list-style-type: none"> Final Diagnosis Procedure code number Package cost Diagnostic test done in-house Diagnostic test done

	<p>elsewhere</p> <ul style="list-style-type: none"> • Amount collected for investigation • A mandatory signature of Arogyamitra, Treating Doctor, SAMCO and Patient. In case if the patient is a minor then the parent/guardian signature to be obtained. 	<p>elsewhere</p> <ul style="list-style-type: none"> • Amount collected for investigation • A mandatory signature of Arogyamitra, Treating Doctor, SAMCO and Patient. In case if the patient is a minor then the parent/guardian signature to be obtained. 	<p>elsewhere</p> <ul style="list-style-type: none"> • Amount collected for investigation • A mandatory signature of Arogyamitra, Treating Doctor, SAMCO and Patient. In case if the patient is a minor then the parent/guardian signature to be obtained. 	<p>elsewhere</p> <ul style="list-style-type: none"> • Amount collected for investigation • A mandatory signature of Arogyamitra, Treating Doctor, SAMCO and Patient. In case if the patient is a minor then the parent/guardian signature to be obtained.
7	Pre-op investigation reports as per requested procedure code.	Pre-op investigation reports as per requested procedure code.	Pre-op investigation reports as per requested procedure code.	Pre-op investigation reports as per requested procedure code.
8	<p>For oncology procedures</p> <ul style="list-style-type: none"> • Tumour board letter signed by surgical, medical and radiation oncologist with seal • Treatment schedule with name of the drugs and number of cycles in-case of chemotherapy as per the codes • In Chemotherapy-Adjuvant, neo-adjuvant/palliative should be mentioned • Treatment schedule and type of RT(IMRT,3DCRT,S RT, Cobalt) to be mentioned. In case of Radiotherapy (definitive or Palliative should be mentioned) • Type of surgical procedure to be mentioned as per the code in Surgical oncology. 	<p>For oncology procedures</p> <ul style="list-style-type: none"> • Tumour board letter signed by surgical, medical and radiation oncologist with seal • Treatment schedule with name of the drugs and number of cycles in-case of chemotherapy as per the codes • In Chemotherapy-Adjuvant, neo-adjuvant/palliative should be mentioned • Treatment schedule and type of RT(IMRT,3DCRT,S RT, Cobalt) to be mentioned. In case of Radiotherapy (definitive or Palliative should be mentioned) • Type of surgical procedure to be mentioned as per the code in Surgical oncology. 	<p>For oncology procedures</p> <ul style="list-style-type: none"> • Tumour board letter signed by surgical, medical and radiation oncologist with seal • Treatment schedule with name of the drugs and number of cycles in-case of chemotherapy as per the codes • In Chemotherapy-Adjuvant, neo-adjuvant/palliative should be mentioned • Treatment schedule and type of RT(IMRT,3DCRT,S RT, Cobalt) to be mentioned. In case of Radiotherapy (definitive or Palliative should be mentioned) • Type of surgical procedure to be mentioned as per the code in Surgical oncology. 	<p>For oncology procedures</p> <ul style="list-style-type: none"> • Tumour board letter signed by surgical, medical and radiation oncologist with seal • Treatment schedule with name of the drugs and number of cycles in-case of chemotherapy as per the codes • In Chemotherapy-Adjuvant, neo-adjuvant/palliative should be mentioned • Treatment schedule and type of RT(IMRT,3DCRT,S RT, Cobalt) to be mentioned. In case of Radiotherapy (definitive or Palliative should be mentioned) • Type of surgical procedure to be mentioned as per the code in Surgical oncology.

NOTE:

1. **Jyothi Sanjeevini Scheme:** apart from the check list mentioned above sl.no. 1 and 2 the following additional documents to be verified:
 - JSS preauth form
 - HRMS data verification required if patient is other than policy holder
 - Type of Ward
 - Self-Declaration form
2. **Emergency packages(Category 4A) :**
 - Referral letter not required
 - Preauth to be submitted and necessary procedure to be initiated within 24 hours of admission.
 - Operation note and reports to be enclosed at the time of Preauth submission.
 - Angio-video to be uploaded in FTP server
3. **Emergency approval for procedures which are not there in annexure 4A:**
 - In event of emergency which are not there in annexure 4A, Contact SAST emergency number (7259008888) and note the emergency approval number.
 - Emergency approval number should be mentioned in Preauth (Online and manual)
 - Operation note and reports to be enclosed at the time of Preauth
4. **Previous surgery details should be mentioned at the time preauth submission**

Check list for verification and validation of Claims

119

1. Preauthorization Letter or preauth number in case of auto preauth

2. Procedure Proforma

3. Patient Photo :

- Photo submitted at the time of claim should match the photo of preauth.
- Photo with AM/SAMCO
- Post-op scar photo wherever necessary and not to insist for scar photo concerned with private parts in male, female and children.
- Photo with RT machine wherever necessary
- Photos before treatment in case of Burns
- Photo of dead body in case of Death.

4. Procedure Claim Form and Feedback Format:

- **NWH and patient details:** Care to be taken that the information furnished always must match with the information provided in other documents of claim. Especially in case of DoA, DoS, DoD, BPL card no. , pre-auth issued date, number and amount. Also care to be taken to enter correct bill no., Date & amount as in the bill enclosed.
- It is mandatory that procedure claim form should have name and signature of SAMCO, Patient/attendants, Arogyamitra of NWH and treating doctor with affixed seal.

5. Documents pertaining to Surgery/Procedure:

- **Discharge summary:** To be in hospital letter head, typed/ legible hand-written with treating doctor signature
- **OT Notes:** To be in hospital letter head having patients age, name and IP number, typed/legible hand written with signature of treating doctor.
- **Post-operative investigation reports:** Only required reports pertaining to the particular treatment code as mentioned in benefit packages to be enclosed with signature of concerned specialist.
- In respect of reports like X-ray, ECG, CT, MRI films, stills of angio, Echo and Peripheral Vascular Disease, Name and Age of the Patient and date of investigation done to be legible. A note to be mentioned in the place of diagnostic test if it is done other than treating institution.
- Image of the Stickers, carton containers with patient name, age and IP number details to be enclosed wherever applicable.
- Proforma for Chemotherapy cases (CT) and RT wherever required.
- **Case sheets:** Relevant case sheets supporting the procedure done to be updated. For CT, BT and RT with name and dosage of drug, no. of cycles in CT and no. of fractions in RT and RT treatment chart with initial of Nurse/RT technician after completion of RT the Radiologist signature to be

affixed with seal. In case of death of a patient the details mentioning the terminal events leading to death are to be mentioned.

- **Bill:** The Final bill and break up bill with authorized signatory of the hospital to be enclosed.
- **Death:** Bill pertaining to Transportation of dead body to be enclosed and death audit report .

6. Criteria for claims amount deduction for eligible patients:

Sl. No.	Subject	Penalty amount
1	Travel amount not provided (in case of tertiary and emergency)	Rs.500/-
2	Food not provided(in case of tertiary and emergency)	Rs.200/- per day
Ambulance charges		
3	(a) Admitted to Network Hospital necessary investigations done preauth submission generated patient expired before procedure	<ul style="list-style-type: none"> • Upto 100 Kms Rs.1000/- • 101 to 250 Kms Rs.2000/- • Above 250 Kms Rs.3500/-
	(b) The death of patient after surgery/procedure	Distance between network hospital to a patient residence in kms Eg: 500 (km) X 10 (Rs. Per km) X2 = 10000/-
4	Discharge Medicine if not provided	Rs.1000/-
5	Investigation charges amount collected if not refunded	Same amount as collected can be deducted.

Note:

- In case of Radiotherapy and Chemotherapy by day care the question of food provided does not arise.

7. Beneficiary declaration Chart

8. Arogyamitra Chart

9. Patient's bank details (Account number, IFSC code and Branch) and mobile number

NOTE:

1. Referral letter must be enclosed in Private hospital preauth.
2. Emergency approval information to be furnished in brief at the time of submission of claim (emergency no. and date, code no. & amount). If approval is not sought within 24 hours, and procedure not done within 24 hours preauth to be denied.
3. In case of JSS claim self-declaration for to be enclosed.

40 S

195



Government of Karnataka
SUVARNA AROGYA SURAKSHA TRUST

(Department of Health & Family Welfare)

BMTC, TTMC "A" Block, 4th Floor, shanthinagar, K H Road, Bangalore-560 027,
Phone: 080-22536200, Fax: 080-22536221, E-mail: directorast@gmail.com



No.HFW/SAST/FIN/147/2018-19

Date: 24/01/2019

Circular

Sub-Ayushman Bharat- Arogya Karnataka scheme – Incentive to final NABH accredited hospitals.

Ref: Ayushman Bharat- Arogya Karnataka scheme G.O.HFW/69/ CGE /2018 dated:15.11.2018

In the referred Government order, the hospital with entry level NABH accreditation will be given 2% incentive on the package rates and hospitals with full NABH accreditation will be given 5 % incentive on the package rates, subject to procedure and costing guidelines. The date of preauthorisation submission will be considered for calculation of incentives. Accordingly hospitals have to submit their NABH certificate to avail the incentive of the package rates. This will be applicable for Ayushman Bharat- Arogya Karnataka and JSS schemes claims for which preauthorisation approvals are accorded from 30.10.2018 onwards.


Executive Director

Suvarna Arogya Suraksha Trust
Bangalore

To,

- 1) The Director (Finance), SAST, Bangalore.
- 2) The Director (Operations), SAST, Bangalore.
- 3) The Director (M&M), SAST, Bangalore.
- 4) To All SAMCO, All Empanelled hospitals.
- 5) Project Managers, SAST.
- 6) Empanelment coordinator, SAST
- 7) Deputy Directors, Preauth & Claims, SAST
- 8) Regional consultants, SAST.
- 9) District Coordinators, SAST.
- 10) Office copy/spare copies.



Government of Karnataka

128



SUVARNA AROGYA SURAKSHA TRUST

(Department of Health & Family Welfare)

Bangalore Metropolitan Transport Corporation, TTMC "A" Block,
4th Floor, Shanthinagar, K.H. Road, Bangalore-560 027,

Phone: 080-22536200, Fax: 080-22536221 E-mail: directorsast@gmail.com

No. HFW/SAST/MM-05/2018-19

Date: 20.03.2019

CIRCULAR

In continuation to the Benefit Package of Ayushman Bharat-Arogya Karnataka vide Govt Order dated 15.11.2018, following are some of the guidelines to be followed:

Emergency procedures:

All emergency 169 procedures listed in Annexure - 4, treatment can be initiated after which preauthorization is to be submitted, within 24 hours of admission with an evidence of initiation of treatment.

Emergency Telephonic approval:

For any emergency other than the procedures mentioned in Annexure - 4 and also patients waiting for preauth Emergency Telephonic approval shall be obtained. In such cases the preauth should be sent within 24 hours of obtaining emergency number.

Breakup bills:

Public Health Institutes are informed to submit break-up bills if available as per the prescribed packages (eg., implants, drugs, medical devices etc.,)

Diagnostic Centres


Network hospitals who do not have the capacity of conducting diagnostic procedures as prescribed in the packages can tie-up with other Diagnostic Centres with an MoU for conducting the cashless to the beneficiaries. Copy of the MoU with the Diagnostic Centres shall be uploaded along with the other documents required for empanelment.

Preauth and Claims:

- In the preauthorization Original Ration card is not mandatory. Aadhar number or ration card number is sufficient. In case of patients from other States, aadhar is to be verified. If the patient produces AB-ArK card there is no need of any other document.
- In case patients details found in father's/husband's preauthorization can be accepted.

- c. If a patient requires more than one procedure code, provision has been made to submit.
- d. No need to upload already submitted documents in case of auto-preauth. Repetition is not necessary. In claims submit only discharge summary, OT notes, treatment details and treatment advise on discharge.
- e. While submission of claims one pre-operative and one post-operative photo with SAMCO/Arogyamitra/Ward nurse is sufficient. Photo is exempted for private parts.
- f. Arogyamitras are instructed to fill SC/ST field in online preauth/claim form compulsorily.

The above changes shall come with immediate effect.


Executive Director
Suvarna Arogya Suraksha Trust
Bangalore

To,

- 1) All Public Health Institutes.
- 2) All Preauth and Claim Doctors.
- 3) All Preauth and Claim Executives.

Copy to:

- 1) The Director (Operations), SAST.
- 2) The Director (Finance), SAST.



Government of Karnataka
SUVARNA AROGYA SURAKSHA TRUST

(Department of Health & Family Welfare)
Bangalore Metropolitan Transport Corporation, TTMC "A" Block,
4th Floor, Shanthinagar, K.H. Road, Bangalore-560 027
Phone: 080-22536200, Fax: 080-22536221 E-mail:
directorsast@gmail.com



No. HFW/SAST/MM-09/2018-19

Date: 07.03.2019

Office Memorandum

Sub: Mandatory documents for Simple secondary care procedures (2A).

The number of claims received is in ascending trend and all the claim documents as per guidelines are not uploaded by hospitals.

Hence it is felt need to minimise the claim documents for 2A category to clear pending claim. It is recommended to limit few claim documents for process.

- Patient photo with Arogya mitra/any staff of the hospital.
- Copy of BPL card & Aadhar card.
- Discharge summary with Doctor's Signature (Covering Date of admission, Date of surgery, Date of discharge).
- Final bill with signature of doctor with seal of hospitals.


Executive Director

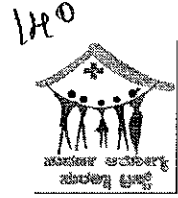
Suvarna Arogya Suraksha Trust
Bangalore

To,

- 1) The Director (Finance), SAST, Bangalore.
- 2) The Director (Operations), SAST, Bangalore.
- 3) The Director (M&M), SAST, Bangalore.
- 4) All Validators, SAST
- 5) Project Managers, SAST.
- 6) Empanelment coordinator, SAST
- 7) Deputy Directors, Preauth & Claims, SAST
- 8) Office copy/spare copies.



Government of Karnataka



SUVARNA AROGYA SURAKSHA TRUST

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No. HFW/SAST/MM-05/2018-19

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Breakup bills:

Network Hospitals are instructed to submit break-up bills (eg., implants, drugs, medical devices etc.,) as per the prescribed packages.

Diagnostic Centres

Network hospitals who do not have the capacity of conducting diagnostic procedures as prescribed in the packages can tie-up with other Diagnostic Centres with an MoU for conducting the cashless to the beneficiaries. Copy of the MoU with the Diagnostic Centres shall be uploaded along with the other documents required for empanelment.

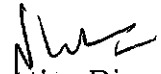
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...2)

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- d. Arogyamitras are instructed to fill SC/ST field in online preauth/claim form compulsorily.

The above changes shall come with immediate effect.


Executive Director
Suvarna Arogya Suraksha Trust
Bangalore

To,

- 1) All Private Network Hospitals,
- 2) All Preauth and Claim Doctors.
- 3) All Preauth and Claim Executives.

Copy to:

- 1) The Director (Operations), SAST.
- 2) The Director (Finance), SAST.