Government of Karnataka

SVARNA AROGYA SURAKSHA TRUST

[Department of Health & Family Welfare]

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Proceedings of the 36th Empanelment and Disciplinary Committee
meeting of Suvarna Arogya Suraksha Trust held on 5th July, 2016 in the
Conference Hall, Suvarna Arogya Suraksha Trust, Bangalore

Members Present

1. Dr. Sudarshan H. Secretary, Karuna Trust, Chair
   Bangalore
2. Dr. P. Boregowda, Executive Director, SAST Co-Chairman
3. Dr. Ashok Shenoy, Kidwai, Bangalore Member
4. Dr. Aruna, Director, SIHFW, Bangalore Member
5. Director, VIMS, Bellary represented by SAMCOCO Member
6. Dr. Vishwaradhyya, Director, Medical Secretary
   Management, SAST

Members Absent

1. Dr. Sadhana, Executive Director, KSHSRC, Bangalore.
2. Dr. Devadasan, IPI, Bangalore Depute Director (Medical), DoHFW.
3. Dr. Srinath, Sri Shankara Cancer Hospital, Bangalore.

Others present

2. Dr. Sudha Chandrashekar, PM (JSS), SAST, Bangalore.
3. Dr. Aninditha, PM (RAB), SAST, Bangalore.
4. Dr. D.K. Math, Co-ordinator (STPs), SAST, Bangalore.
5. Dr. H.S. Prasad, Regional Consultant, Mysore.
6. Dr. V.D. Dhang, Regional Consultant, Belgaum.
7. Dr. Regina Joshp, Regional Consultant, Bangalore.
8. Dr. Ranganath, Consultant, SAST, Bangalore.
9. Sri. Sananda Kumar, Consultant, SAST, Bangalore.
10. Sri. Suresh Wesley, M&E Consultant, SAST, Bangalore.
15. Dr. Venkatesh K.T. New India Assurance.

The Director (Medical Management), Suvarna Arogya Suraksha Trust
welcomed the Chairman, Co-Chairman, all Members and other invitees to the 36th
Empanelment and Disciplinary Committee meeting.
Sub No. 36.1

Confirmation of the Proceedings of 35th EDC meeting held on 4.4.2016.

The proceedings of the 35th Empanelment Disciplinary Committee meeting was confirmed.

Sub No. 36.2

Review of action taken on the proceedings of the 35th meeting held on 4.4.2016.

The action taken on the Proceedings of the previous meeting were noted by the Committee.

Sub No. 36.3

Empanelment of new hospitals.

The Committee ratified the actions in empaneling new hospitals and also noted the total number of hospitals under each scheme.

No. 36.4

Renewed / not renewed Hospitals under SAST Schemes April 2016 to June 2016.

The committee noted the status of hospitals who have submitted the combined MoU and suggested to insist from the remaining hospitals.

Sub No. 36.5

Super Specialists/Specialists were empanelled as treating Doctors under SAST schemes.

The committee ratified the actions in empanelling Super Specialists/Specialists.

Sub No. 36.6

Approval of additional specialities to Network Hospitals under SAST Schemes.

The committee ratified the actions in approving additional specialities to hospitals.
Involvement of VIMS Specialty Hospitals, Bangalore in serious criminal offence—making false serious allegations against officials of the Trust.

Deputy Director (RBSK) has explained to the Committee that VIMS Specialty Hospital, Bangalore was empanelled for Cardiac, Neuro, Polytrauma, Neonatal and Burns on 15.03.2010 and was renewed from time to time and it is valid up to 14.03.2016. Due to low performance (except Cardiology) this hospital was renewed only for Cardiology specialty.

He explained that the National Health Mission has entrusted implementation of Rashtriya Bala Swasthya Karyakram (RBSK) for tertiary treatment to Suvarna Arogya Suraksha Trust w.e.f. 01.11.2014. At that time according to NHM already screened 10,000 children required Cardiac treatment and 800 children required Neuro treatment. It was decided to undertake fresh screening and provide treatment to these children in a mission mode with the camp approach. Accordingly 40 empanelled RBSK hospitals were invited for the meeting of which 29 hospitals attended. In the meeting it was decided to distribute various tasks to various agencies and camp schedule was prepared and communicated to the hospitals. The VIMS Specialty Hospital was allotted with 3 camps namely Hirekerur, Shiggaon and Byadagi taluks. However, the hospital did not attend the camp on the scheduled date i.e on 29.08.2015. Hence, the Trust had to make alternative arrangements at the last movement. Further the hospital conducted camp for RBSK beneficiaries in Raibag Taluk of Belgaum District on 31.12.2015 without the knowledge and approval of the Trust and picked up 12 patients contrary to Article 18.1 of MoU. Of which submitted pre-auth proposals in respect of 10 patients. The Trust without knowing that these patients were picked up in an unauthorized camp accorded approval for 7 patients and when came to know about the same denied pre-auth proposals in respect of 3 beneficiaries. Out of 3 denied pre-auth proposals 2 beneficiaries approached KLEs Dr. Prabhakar Kore Hospital and Medical Research Centre, Belgaum for treatment. The hospital conducted ECHO and told the beneficiaries that there is no need for treatment as their reports are normal. Whereas, according to echo report uploaded by the VIMS Specialty hospital along with preauth proposal they are suffering from congenital Heart disease.

He briefed that when the matter was brought to the notice of the Chairman EDC immediately. Realizing the seriousness of the case he suspended the empanelment of the hospital pending enquiry on 03.02.2016. Accordingly, an Enquiry Committee was constituted and the Committee met once and decided to refer he denied (only two) patients to Sri Jayadeva Institute of Cardiovascular Sciences & Research, Bangalore for 3rd opinion. The report of SJICR reads that these patients not required treatment as their echo reports are normal.

He brought to the Committee’s notice that the Managing Director of the hospital has filed WP No. 20921/2016 under article 226 and 227 of the Constitution of India before the Hon’ble High Court of Karnataka on 26.04.2016 making the Secretary to Govt. HFW, SAST and Dr. P. Boregowda, ED, SAST as respondents and has obtained stay. He said that Sri. Sampath Anand Shetty has been appointed as advocate for R2 and R3. The advocate has appeared before the Hon’ble Court and filed application for vacation of the stay order and has also filed statements of objections.
Decision:

After detailed discussions, Committee ratified the actions taken in suspending the VIMS Speciality Hospital, Bangalore and also ratified in appointing Sri. Sampath Anand Shetty as advocate to appear before the Hon’ble High court on behalf of R2 and R3 and to get the stay vacated.

Sub No. 36.8

Updates from Quality Facilitation Cell on 1st July 2016

The Committee was briefed the status of NABH Accreditation of the empanelled network hospitals by the Consultant, Quality Facilitation Cell.

Decision:

The Committee noted the status of NABH Accreditation.

Sub No. 36.9

Status of RSBY Scheme

Project Manager (RSBY) explained that from 01.04.2016 Government of Karnataka entrusted implementation of Rashtriya Swasthya Bima Yojana (RSBY) to the Health & Family Welfare Department from Labour & Employment Department and entrusted SAST to implement the same. She explained that RSBY is a Health insurance scheme launched in 2008 by GOI to provide secondary healthcare services ranging to 1516 procedures for BPL workers as defined by the Planning Commission and families in the unorganized sector.

She also brought to the Committee’s notice that under this scheme annual insurance cover is for a maximum amount of Rs.30,000 for a family of five, including the worker, spouse, children and dependent parents (if included in the BPL family list) and the Union government will meet 75 percent of the premium, and also the cost of a Smart Card for each family, estimated at Rs.60 per card. Further the beneficiaries have to pay an annual registration charge of Rs.30 per family (which is part of the insurance premium to be paid to the insurance provider), and the State Government is to pay the rest of the premium, together with the administrative cost. The scheme shall provide coverage for meeting expenses of hospitalization for medical and/or surgical procedures of beneficiary members up to Rs.30,000 per family per year subject to limits, in any of the network hospitals. The benefit on family will be on floater basis, i.e., the total reimbursement of Rs.30,000 can be availed of individually or collectively by members of the family per year. Pre-existing conditions/diseases to be covered, subject to minimal exclusions. Coverage of health services relating to surgical nature can also be provided on a day care basis.

It was also brought to the Committee’s notice that The cards issued of RSBY for the year 2016-17 has been extended to 2016-17 (6549509 families) and for year 2016-17 the left over enrolment of Weavers category has been started enrolling as per GOI order. Earlier the total empanelled hospital under this scheme was 811 (both pvt & govt) and has now come down to 676 hospital of which Govt-217, Pvt-459 as we had strictly informed that SAST would monitor closely for cashless treatment. Efforts are being made to the share of Government Hospital utilization by activation of empanelled Government hospitals and also new hospital
(government) are being empanel up to CHC & PHC 24x7 level. Decision was also taken not to empanel Private Hospital unless necessary. For the year 2016-17 up to 31.05.2016 totally 7862 beneficiaries has utilized the scheme for Rs.5,21,18,245/- under the RSBY scheme.

**Decision:**

*The Committee noted the salient features of Rashtriya Swasthyo Bima Yojane. Chairman suggested to Jatha for awareness of this scheme.*

**Sub No. 36.10**

**Deviation committed by hospitals under RSBY scheme.**

I) Project Manager (RSBY) explained that Sri Sai Viharika Nursing Home, Mulbagal has showed disproportionate cases compared to their bed capacity. Further it was found that many cases were admitted without investigations support for the package blocked and converting patients from OPD to IPD. Against this immediately this hospitals was suspended pending independent enquiry and withhold the payment due to this hospital and sought decision on this hospital.

**Decision:**

*The Committee after verifying the deviations of Sai Viharika Nursing Home;*

a) ratified the action in suspending the hospital and
b) to recover the amount to SAST.
c) *i.e., to submit the detailed investigation report on or before 15th July 2016.*

II) Project Manager explained that Manasa Hospital, Devanahalli, Bangalore is in the habit of collecting money, not giving travelling allowance and not returned RSBY Card from the beneficiaries instead of providing cashless treatment in all they have violated the conditions of MoU. Accordingly a Show Cause Notice was also issued For which Dr.Dhananjay informed that the hospital has accepted that they have collected Rs. 2,08,000/- from 10 cases and has sought that he was not guided by any one properly and requests to continue empanelment, assuring cashless treatment.

**Decision:**

*The Committee after verifying the violations of MoU and the submission made by Manasa Hospital, Devanahalli, Bangalore decided to impose penalty of Rs. 4,16,000/- to Manasa Hospital and Rs. 1,50,000/- which is still due to be paid to Manasa Hospital by TPA which should be credited to Suvarna Arogya Suraksha Trust.*

III) Project Manager, RSBY explained that Cauvery Hospital, Mandya is not providing cashless treatment and collecting money (Rs. 20,000/-) from beneficiary and also utilising the money from the Card. Noticing this hospital was instructed to reimburse the money and not to repeat the same. They have also forged the document and also collecting money for medicine. She sought a decision for imposing penalty and also for general decision on forging the documents.

**Decision:**

*After discussions Committee suggested TPA to further investigate on this hospital and to impose penalty of Rs. 40,000/- to SAST.*
Sub No. 36.11

Un-distributed RSBY Smart Cards.

Project Manager, RSBY explained the process of issue of RSBY smart cards and said that SAST has got in its possession around 1500+ smart cards which are not hand over to the beneficiaries during enrolment process. Meanwhile TPA/Insurance Companies have not ensured on the smart card distribution and sought guidelines for this.

Decision:

After discussions Chairman suggested

a) to take up a survey in at lest 2 villages in each of the taluks to know the status, final penalty amount can be decided based on the outcome of the study.

b) Pending decision on that, deduct the premium amount payable for these cards.

Sub No. 36.12

Empanelment status of Government hospitals under RSBY Scheme.

Project Manager, RSBY explained that presently 677 Hospitals are empanelled under RSBY scheme this year in which 461 are private Hospitals and 216 are Govt. Hospitals. 275 private hospitals and 13 Govt hospitals are active. She informed that SAST will continue its efforts to empanel the balance Government Hospitals compulsorily with all taluka hospitals & CHCs, optionally with PHCs.

Decision:

Committee noted the empanelment of hospitals. Chairman congratulated for SAST efforts in empaneling Govt hospitals.

Sub No. 36.13

Status of MSHS Scheme

Additional Project Manager (MSHS) brought to the Committee’s notice that 674 Hospitals which are empanelled under the scheme in which 276 are private hospitals and 398 are government hospitals. Due to non-fulfilment of empanelment criteria and at present enough number of network hospitals it is proposed to and allow normal registration i.e., registration only after inspection/verification. The Chairman suggested that verification should be done fast.

Decision:

Committee noted the status of MSHS scheme and decided to register hospitals after inspection and confirmation of the facilities including the qualified manpower.
Sub No. 36.14

Duplication of claims under MSHS and RSBY Schemes.

Project Manager RSBY explained that in our routine analysis of MSHS and RSBY schemes Diyaa hospital had high number of cases, which we matched to rule out duplicates. The Executive Director during his review meeting in Belgaum had warned the hospitals of MSHS and RSBY apprehending that there is likely to be duplication of claims. On the surprise visit of Regional Consultant, Belgaum division the onus of Diyaa Hospital, Chikodi had readily accepted that they had claimed money from both the schemes in 10 cases and they volunteered to refund the money under one scheme. For the Show Cause Notice issued the hospital authorities have denied the fact that on the other hand they had said that they had claimed money under RSBY for the treatment given beyond 48 hours. When this fact was examined further that the data base of both the schemes it is found that the hospitals had claimed on the same day under both the schemes which is totally mis-leading and trying to hush up the issue instead of accepting the fault. This is highly un-pardon and Executive Director suggested a severe penalty to be imposed to this hospital.

Decision:

After discussions Committee decided to de-empanel the hospital by taking cognizance of dual stand of the hospital.

Sub No. 36.15


Consultant, Grievance Cell has explained that the Cell has received 110 cases. In 11 cases the hospitals has re-imbursed the amount t beneficiaries.

He brought to the Committee’s notice that conducting of training activities to Call Centre Executives.

Decision:

After discussions Committee noted the status of Grievance Cell.

Sub No. 36.16

Status Rajiv Arogya Bhagya status Report as on June 2016.

Project Manager (RAB) explained that at present 182 Hospitals are empanelled under Rajiv Arogya Bhagya Scheme. That includes 33 Out of State Network Hospitals. 3636 preauthorization have been approved in the period of 20th January 2015 to 20th June 2016. The approximate amount sanctioned for these cases is Rs. 1506 lakhs. On review of hospital performance around 37 hospitals performance is very low.

Decision:

After discussions Committee noted the status Rajiv Arogya Bhagya Scheme.
Penalty for late submission of claims by Ashraya Hospital, Chikmagalur.

Director (Medical Management) explained that Ashraya Hospital, Chikmagalur has not submitted claims of 36 patients in time. For this Rs. 94,898/- has been deducted from their claims. The Medical Director in his letter dated 5.7.2016 has agreed that they have submitted claims late due to learning the formalities and rules of SAST and requested to waive off penalty.

Decision:

After discussions Committee decided not to consider the request of the hospital and cannot waive off at this point of time.

Relaxation of empanelment criteria for District Hospitals and General Hospitals to empanel under SAST Schemes for Polytrauma and Burns.

Executive Director has informed that Executive Committee has approved to consider MSHS scheme beneficiary under other SAST schemes (VAS, RAB, JSS) if relevant codes are available beyond 48 hours. Some level-II hospitals under MSHS have not yet empanelled under Vajpayee Arogya Shree as they were not able to fulfill the criteria of a Neuro Surgeon for Polytrauma and Plastic Surgeon for Burns. There are certain procedures under Polytrauma which do not require the services of Neurologist and also Plastic Surgeons for Burns.

Decision:

After discussions Committee approved to relax the empanelment criteria of having Neuro Surgeon for Polytrauma and Plastic Surgeon for Burns to District Hospitals and General Hospitals to empanel under SAST Schemes for Polytrauma and Burns.

Irregularities in working of Nanjangud Clinic and Hospital under RSBY Scheme.

SAST Regional Consultant, Mysore has brought to the Committee’s notice that Nanjangud Clinic and Hospital is situated is providing secondary level care and got a general surgeon and a Gynaecologist involved in the administration of the hospital with some specialists enrolled as visiting consultants. Basic infrastructure is very inadequate. He said that the hospital has not declared the scope of services rendered by it, not maintaining separate wards for male and female patients, not having a post-operative ward, not mentioned the reasons for admission in the case profile with supporting reports. He informed to define minimum requirements of empanelment under RSBY Scheme.

Decision:

After discussions Committee noted the observations made by Regional Consultant, Mysore.
Executive Director informed the Committee that all cancer hospitals have been registered under Cancer Registry and are submitting the details of cancer patients.

Meeting concluded with vote of thanks by the Member Secretary.

Sd/-
(Dr. P. Boregowda)
Co-Chairman
Empanelment and Disciplinary Committee
Suvarna Arogya Suraksha Trust
Bangalore

(Dr. H. Sudarshan)
Chairman
Empanelment and Disciplinary Committee
Suvarna Arogya Suraksha Trust
Bangalore

Dated: 12.07.2016

(Proceedings approved by the Chairman through mail)

[Signature]
Director, Medical Management and
Member Secretary, EDC
Suvarna Arogya Suraksha Trust
Bangalore