Government of Karnataka

SUVARNA AROGYA SURAKSHA TRUST
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Proceedings of the 40th Empanelment and Disciplinary Committee
meeting of Suvarna Arogya Suraksha Trust held on 17th May 2017 in the
Conference Hall, Suvarna Arogya Suraksha Trust, Bangalore

Members Present

1. Dr. Sudarshan H. Secretary, Karuna Trust, Chairman
   Bangalore
2. Dr. Ratan U. Kelkar, Executive Director (I/c), SAST Co-Chairman
3. Dr. Devadasan, IPH, Bangalore Member
4. Dr. Sudha Chandrashekar, Director, Medical Member Secretary
   Management, SAST

Members Absent

1. Dr. Sadhana, Executive Director, KSHSRC, Bangalore.
2. Director, SIHFW, Bangalore.
3. Director, VIMS,
4. Dr. Ashok Shenoy, Kidwai, Bangalore.
5. Deputy Director (Medical), DoHFW.
6. Dr. Srinath, Sri Shankara Cancer Hospital, Bangalore.

Others present

1. Director (Finance), SAST.
2. Director (Operations), SAST.
3. Chief Vigilance Officer, SAST.
4. Dr. M. Vishwaradhy, Consultant, SAST.
5. Dr. D.K. Math, Co-ordinator (Empanelment), SAST.
6. Dr. Dhananjaya, Deputy Director, SAST.
7. Dr. Regina Josep, Regional Consultant, Bangalore.
8. Dr. Prasad, Regional Consultant, Mysore.
9. Dr. Rohit, Project Manager, JSS.
10. Sri. Ananda, Co-ordinator, Grievance Cell, SAST.
11. Kum. Akhila, Co-ordinator, NABH, SAST.
12. Dr. Dewakar, Mortality Audit Cell, SAST.
13. Kum. Ruchika, SAST.
15. Dr. Venkatesh, New India Assurance, Bangalore.
16. Dr. Sunil, New India Assurance, Bangalore.

The Director, Medical Management, Suvarna Arogya Suraksha Trust welcomed the Chairman, Co-Chairman and all Members to the 40th Empanelment and Disciplinary Committee meeting.
Sub No. 40.1

Confirmation of the Proceedings of 39th EDC meeting held on 01.02.2017.

The proceedings of the 39th Empanelment Disciplinary Committee meeting was confirmed.

Sub No. 40.2

Review of action taken on the proceedings of the 39th meeting held on 01.02.2017.

The Committee reviewed the actions taken report of the previous meeting and noted the same.

Sub No. 40.3

Empanelment of hospitals under Suvarna Arogya Suraksha Trust schemes.

Director (Medical Management) gave the details of hospitals empanelled under Suvarna Arogya Suraksha Trust schemes.

Committee noted the same.

Sub No. 40.4

Status of renewal of Network Hospitals.

Director (Medical Management) briefed that out of 185 hospitals 168 hospitals have submitted combined MoU and remaining 17 hospitals yet to submit MoU. Reminders have been sent and informed RCs to follow-up.

Committee noted the renewal status of network hospitals.

Sub No. 40.5

Status of Super Specialists/Specialists under Suvarna Arogya Suraksha Trust schemes.

Director (Medical Management) explained that few Doctors have been downgraded from the empanelment list as they were not doing any cases for past six months. Active doctor list given during MoU renewal has been considered and other doctors have been downgraded. She brought to the Committee’s notice the status of present empanelled Doctors under SAST schemes.

Committee noted the status empanelled Doctors.

Sub No. 40.6

SAST visit to Sridevi hospital, Tumkur.

Director (Medical Management) explained that Sridevi Hospital, Tumkur has kept around 71 RSBY cards with themselves as they could not discharge the patients due to technical error from more than one year. This is not acceptable which has denied the medical care for those 71 patients this year. Now the hospital
is complaining about non-payment of Rs. 48.00 lakhs with respect to the claims of 2015-16 from NIA. As per the decision of 38th EDC Trust has deducted Rs. 14,20,000/- applied for insurance company and TPA in the payable premium amount. The issue was discussed in the DGRC meeting in which insurance company was directed to solve the issue immediately. The same was also brought to the notice of Commissioner Health & family welfare. Further, JD (Medical), Directorate of Health and Family Welfare had received a letter from DHO, Tumkur stating that due to wrong handling TMS software of RSBY by hospital staff the claims have not hit either the TPA/ Insurance company server.

She informed the Committee that the Hospital authorities have stated that there was no support extended to them by the TPA or the Insurance Company in solving the technical issue, Even though the issue was brought to their notice and requested to reconsider the decision of penalty on the Hospital. SAST has instructed Insurance Company to discontinue the TPA services of GHPL for current year. New TPA has been appointed.

**Decision:**

**After obtaining the explanations from Sridevi Hospital, Tumkur and also from the Insurance Company, Committee felt that holding of 71 cards is not acceptable by denying the medical care of 71 patients. Hence, decided to uphold the decision of imposing penalty of Rs. 7,10,000/- to Sridevi Hospital, Tumkur.**

**Sub No. 40.7**

**Report on analysis of cancelled preauths.**

Director (Medical Management) explained that based on the Guidelines issued to hospitals, analysis of cancellations Preauths and after contacting beneficiaries penalties are being imposed both to hospitals and in some cases to Arogyamitraras. She explained about the reasons for imposing penalty and about every month details to hospitals regarding the penalty for wrong cancellations. She asked that since majority cases of cancellations are under Oncology speciality, the TAT time for such cases especially for Kidwai can be increased.

Executive Director enquired if there was any specific pattern found during the analysis of cancellation of cases. He further instructed to conduct an in-depth study to find if any such pattern exists.

**Decision:**

**After detailed discussions, Committee instructed**

a) to do an in-depth study for cancellation of Preauths. Committee instructed to issue a Circular instructing Arogyamitraras to upload the valid contact number of the beneficiaries.

b) To request IIIPH Dr. Devadasan to conduct specific analysis of cancelled Preauths for the month April and May, 2017.

**Sub No. 40.8**

**Vigilance Cell status.**

Chief Vigilance Officer, SAST informed that as per Anti-Corruption Act 1988, Suvarna Arogya Suraksha Trust had set-up Vigilance Cell vide order dated
7.9.2016 and also explained the duties and responsibilities of Vigilance officers. He informed about the visit/surprise visit and plan to visit hospitals. He informed about the collection of co-payments by the hospitals.

He also explained that with the visit of hospitals, the Vigilance Cell has succeeded in refunding the amount to beneficiaries.

He requested the Committee for effective functioning of Vigilance Cell to provide additional facilities of manpower and conveyance support.

Director (MM) informed that actions are being taken as necessary and MoU of such hospitals is kept pending.

**Decision:**

*After detailed discussions, Committee felt to have a specific roles and responsibilities for the Vigilance Cell in terms of medical and non-medical process deviations. Grievances of beneficiaries to be handled by Grievance Cell.*

**Sub No. 40.9**

**Irregularities in working of KIMS Hospital, Hubli.**

Director (Medical Management) explained that during surprise visit to KIMS Hospital, Hubli it is noticed that the hospital is collecting money from beneficiaries and the treating Doctor (empanelled under SAST) is insisting to buy medicines from outside. Letter was sent to Principal Secretary to Govt, Medical Education for appropriate action against the Doctor. Original bills have been sent back to hospital for refund. She requested the Committee to de-empanel the treating Doctor for MoU deviation in providing cashless treatment, since alternate doctor is available.

**Decision:**

*Committee after noting the deviations of Kims, Hubli agreed to de-empanel treating doctor.*

**Sub No. 40.10**

**Status of suspension of Hospitals under Suvarna Arogya Suraksha Trust Schemes.**

Executive Director, Suvarna Arogya Suraksha Trust explained about the status of suspended hospitals for stopping of their services. Further he informed that out of 27 hospitals 9 hospital’s suspension is revoked. Waiting for directions from the Govt for further action.

**Decision:**

*Committee noted the same.*

**Sub No. 40.11**

**Status of Quality facilitation Cell.**

Director (Medical Management) explained about the current status of NABH Accredited Hospitals and actions initiated for the remaining hospitals. As per the
directions of Executive Director a brief presentation regarding NABH and NQAS standards were made. Director (Medical Management) had requested the Committee whether to continue 2% dis-incentivisation after June-2017 or to increase to 4% NABH Consultant/NQA representatives from NHM presented briefly on the NQA process.

**Decision:**

Committee after obtaining the standards of NABH/NQAS, decided that

a) Government Hospitals (District Hospitals) can either go for NABH Entry Level or NQAS. NABH entry level compulsory for private hospitals.

b) continue 2% dis-incentivisation after June-2017.

**Sub No. 40.12**

Duplication analysis with other scheme data.

Director (Medical Management) explained that due to duplication of claims from network hospitals in different schemes, SAST took initiative and had written a letter to Yashasvini Cooperative Farmers health care Trust to provide the claim data for the year 2015-16. Yashasvini Trust has shared the data to SAST only with respect to our tertiary care Hospitals. Based on the analysis done with support from data analytics specialist Marie Hillard rom University of Chicago, around 110 cases of suspected duplication were noticed. In reply to Show Cause Notice, some of the hospitals have agreed the duplication done for different reasons and accordingly imposed penalty. The potential duplicate cases data were also shared to Yashasvini Trust. The medical case sheet details were requested. Show Cause Notice were sent to 26 hospitals and details are being received and reviewed. Since there are no unique identification, it needs detailed analysis Dr. Devadasan, IIPH volunteered to perform the analysis

**Decision:**

Committee after obtaining the process of analysis agreed to review Yashasvini database for further analysis and requested IIPH, Dr. Devadasan to conduct the analysis and report in next EDC.

**Sub No. 40.13**

**Request to involve DHO in Hospitals Inspections.**

Director (Medical Management) has explained that due to increase in number of schemes and proposed implementation of Yashasvini scheme, more number of hospitals need to be inspected/empanelled. It is proposed to make District Health Officer who will be visiting the Hospitals regularly in district as one of the member in SAST hospital inspection team in concerned districts. The opinion of DHO would not be binding on the decision of EDC to empanel new hospitals EDC members are authorised to inspect.

**Decision:**

Committee after obtaining opinion with others suggested to share format for inspection and send to DHOs for inspection of hospitals. SAST RCs of concerned districts to accompany the DHO.
Sub No. 40.14

Status of RBSK.

Director (Medical Management) explained that initially under RBSK treatment was provided only to tertiary care. Now additionally from 1st April, 2017 345 secondary care procedures earlier implemented by Yashaswini has been transferred to SAST were also added which are restricted only to Government Hospitals and SAST tertiary care empanelled hospitals. Certain procedures like Thalasemia, Sickle Cell anaemia and Sick new born syndrome procedures were also added.

Decision:

Committee noted the same.

Sub No. 40.15

Status of MORTALITY AUDIT CELL REPORT.

Director (Medical Management) explained that the Cell has reviewed 81.7% out of cases reported from hospitals. Dr. Dewakar explained about the preventable deaths, observations from VIDAL speciality wise deaths etc., to the Committee. It was noticed that paediatrics deaths under Cardiology were more. Detailed analysis has also been done by RGHUS MPH students which was also shared.

Decision:

Committee noted the status of Mortality Audit Cell and instructed to continue analysis. Further instructed to issue Show Cause Notice for hospitals where preventable deaths are noticed.

Sub No. 40.16

Year wise No. of Beneficiaries Treated under various schemes of SAST.

Director (Medical Management) brought to the Committee’s notice about the number of beneficiaries who are availing treatment under different schemes.

Decision:

Committee noted the number of beneficiaries treated under different schemes.

Sub No. 40.17


Director (Medical Management) briefed about sources of receiving grievances and amount refunded to the beneficiaries. Further Show Cause Notice were also issued to the hospitals for their irregularities. She informed that Grievance Cell has received complaints from centralised public grievance redressal monitoring system portal against which response letters were sent to the Ministry. Along with Chief Vigilance Officer, Co-ordinator is visiting hospitals to help beneficiaries.

Decision:

Committee noted the status of Grievance Cell and instructed to ensure that the amount collected shall be refunded to the beneficiaries. Written complaint should be handed over the Vigilance Cell.
Sub No. 40.18

MSHS Scheme review.

Director (Medical Management) briefed that 57371 cases have been registered and an amount Rs. 15.10 crores is approved. She also explained about the claim analysis, age-wise analysis.

Decision:

Committee noted the status of MSHS.

Sub No. 40.19

Ramnagara and Mandya RSBY Implementation.

Director (Medical Management) explained that New India Assurance Company is handling Mandya and Ramnagara districts by appointing Health India TPA Pvt Ltd. SAST has taken many initiatives to improve RSBY scheme by monitoring mechanism of insurance companies and also re-distributed 36 cards. With all the initiatives complaints have been received from beneficiaries for co-payments and hospitals were penalised with twice the amount collected. SAST also inspected hospitals against complaints received from Insurance Company/TPA and beneficiaries. Insurance Company was instructed to take necessary action against the staff recruited by TPA. Insurance Company was penalised 5% for not fulfilling the commitments as per the agreement. She explained about the observations of Mandya hospitals which was also shared with Insurance Company and asked to re-verify all the NWHs as per the criteria of RSBY guidelines.

Decision:

Committee discussed the issue and decided to:

a) penalise the hospital.
b) refund the amount to patient.
c) Instructed IEC Consultant to prepare IEC material to bring awareness for not making co-payment to hospitals under RSBY.
d) To ensure better monitoring of hospitals by TPA/Insurance companies.

Sub No. 40.20

Imposition of Penalty to NWHs in cases for which receipts are not produced for various reasons.

Chief Vigilance Officer explained that some hospitals are collecting money from the beneficiaries or insisting them to purchase medicine from outside and in some cases hospitals they are not issuing receipts and as a result of which some of the beneficiaries are unable to produce receipts for verifications. As per the previous EDC meeting decisions, the penalty for non-submission of receipts is not clearly mentioned and he requested the Committee whether penalties for non-submission of receipts has to be considered or not.

Decision:

After detailed discussions, Committee decided to revise the Circular issued on 31.08.2015 for cases where bills are produced by patients.

a) Before discharge if the hospital is refunding – no penalty.
b) Immediately after discharge of the patient – issue Show Cause Notice – penalty 3 times – one part shall be refunded to beneficiary.
c) 2nd violation – penalty 5 times the amount collected - one part shall be refunded to beneficiary.
d) 3rd violation – 6 times the amount collected.
e) 4th violation – de-empanelment of hospitals.

Others:

IIC team from Chicago presented their review of empanelment of hospitals under RSBY and shared the prioritise list and specialists distribution which can be considered for further NHPS hospital empanelment.

The also shared the work flow developed for Call Centre IVRS expecting higher call load with convergence of various schemes.

It was discussed outsourcing the Call Centre activities to 104 agency who are expanding their services in Bangalore positioned at C.V. Ramannagar Hospital.

Meeting concluded with vote of thanks by the Member Secretary.

Sd/-
(Dr. Rathan U. Kelkar)
Co-Chairman
Empanelment and Disciplinary Committee
Suvarna Arogya Suraksha Trust
Bangalore

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

Dated: 01.06.2017

(Proceedings approved
by the Chairman through mail)

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