



Government of Karnataka



SUVARNA AROGYA SURAKSHA TRUST

(Department of Health & Family Welfare)

**Terms of Reference for Private Hospital Empanelled for
Management and Treatment of COVID-19**

May- 2021

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AYUSHMAN BHARAT-AROGYA KARNATAKA



Introduction

COVID-19 is declared a pandemic by WHO. The Government of Karnataka has proactively initiated various measures to combat the on-going COVID-19 pandemic. The private hospitals, nursing homes and other licensed health facilities have been permitted for treatment and management of COVID 19 patients, to ensure that all who fall prey to the virus get the necessary treatment and nobody is deprived of institutional treatment.

Government Notification No. HFW 228 ACS 2020 dated 23/6/2020, RD TNR 2020 dated: 06.04.2021 and HFW 138 ACS 2021 dated: 06.05.2021 permitted private hospitals to manage and treat COVID patients. As per the Notification SAST is the Nodal Agency. Therefore in compliance to the notification, private hospitals registered under KPME ACT are empanelled in SAST for enabling patients referred by the Public Health Authority to private hospitals and empower SAST to manage, monitor and make payments for the treatment of the patients referred to the private hospitals. Therefore the relationship between SAST and the Private empanelled hospitals shall be guided by this Terms of Reference and its Annexures A to J.

About SAST

Suvarna Arogya Suraksha Trust is an autonomous Trust under the Department of Health and Family welfare, established as a special purpose vehicle to implement government health schemes in an efficient and effective manner in 2009.

Suvarna Arogya Suraksha Trust is authorized to implement health schemes following various modalities including Public Private Partnership model (PPP) with empanelled public and private hospitals.

- i. Suvarna Arogya Suraksha Trust (SAST) is the State Health Agency that has been set-up/identified by the State Government for implementation of Ayushman Bharat – Arogya Karnataka (AB-ArK) in the State of Karnataka and also for COVID 19 management, Jyothi Sanjeevini Scheme and Organ Transplant Scheme.
- ii. Network Hospital (NwH) is a health care provider duly recognized and authorized by appropriate authorities to impart health care services to the public at large and is empanelled with SAST.
- iii. NwH have been identified to join COVID 19 management network, as having requisite facilities to extend medical facilities and treatment to COVID 19 infected beneficiaries as covered under COVID 19 management protocols on terms and conditions herein.
- iv. Apart from the network hospitals empanelled under AB-ArK, other non-empanelled hospitals are also empanelled for the limited purpose of COVID 19 management.
- v. NwH can be either Public Health Institutions or Private Health Institutions.

Definitions

- 1.1 **Scheme Patient:** A patient who is infected with COVID 19 identified by the SRF number and Bu/P number identified and allotted by the Public Health Authority is to be admitted for management of COVID 19 treatment in any Government or private network hospital. More commonly usage is Government allocated patient.



- 1.2 **Private Patient:** Is a patient who is Covid positive or has Covid like syndrome and chooses to get treatment directly from hospitals and does not seek to become beneficiary under the scheme.
- 1.3 **Network Hospital (NWH):** Private hospitals and Public Health Institutes empanelled under AB-ArK and COVID 19 Management with Suvarna Arogya Suraksha Trust.
- 1.4 **Health Services** shall mean all services necessary or required to be rendered by the NwH for COVID-19 management and treatment.
- 1.5 **Beneficiaries – Persons** Infected with COVID 19 or have Covid like syndrome and are referred by the Public Health Authority.
- 1.6 **Appellate Authority** shall mean designated authority herein having powers to accept and adjudicate on appeals by the aggrieved party against the decisions of any Grievance Redressal Committee/Empanelment and Disciplinary Committee (EDC) already existing in SAST.
- 1.7 **Claims means** Claims shall mean the cost or part cost of the procedure notified in the packages, as approved by the preauthorization processing doctor that is received by SAST after completion of treatment and discharge or death of the beneficiary and within the time notified for such procedures from a NwH online.
- 1.8 **Claim Payment** shall mean the payment of eligible Claims made to the Empanelled NwH for having provided health services under the scheme to a Beneficiary as defined in the GO.
- 1.9 **Days** shall be interpreted as calendar days unless otherwise specified.
- 1.10 **Hospitalization** shall mean any Medical Treatment, which requires the Beneficiary to stay at the premises of an NwH for 24 hours or more.
- 1.11 **Routine Ward** shall mean an identified section, ward or wing of Network Hospitals, which is under the supervision of dedicated Medical Practitioners and is equipped for intermittent oxygen supply and nebulization and treatment of patients who are in mild to moderate condition.
- 1.12 **HDU shall mean** a step-down between intensive care and ward-based care more detailed observations or intervention including support for a single failing organ system with facility of high pressure oxygen administration facility.
- 1.13 **ICU or Intensive Care Unit** shall mean an identified section, ward or wing of Network Hospitals, which is under the constant supervision of dedicated Medical Practitioners and is specially equipped for the continuous monitoring and treatment of patients who are in critical condition, require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the routine ward with NIV facility.
- 1.14 **ICU with ventilator Unit** shall mean an identified section, ward or wing of Network Hospitals, which is under the constant supervision of dedicated Medical Practitioners and is specially equipped for the continuous monitoring and treatment of patients who



are in critical condition, require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the routine ward and where intubated patients are managed intensively.

- 1.15 **KPME Act** Karnataka Private Medical Establishment Act 2017 and 2018 Rules therein.
- 1.16 **Medical Treatment** shall mean any medical treatment of COVID 19 and associated illness, disease or injury, including diagnosis and treatment of symptoms thereof, relief of suffering and prolongation of life, provided by a Medical Practitioner. The treatment protocol for the COVID 19 patients will be as per the recommendation of the Expert Committee group constituted by Government of Karnataka and revised from time to time.
- 1.17 **MoHFW** shall mean the Ministry of Health and Family Welfare, Government of India.
- 1.18 **State Health Agency (SHA)** refers to Suvarna Arogya Suraksha Trust (SAST) set up by the Department of Health and Family Welfare, Government of Karnataka for the purpose of coordinating and implementing the Ayushman Bharat –Arogya Karnataka and COVID 19 management scheme in the State.
- 1.19 **Package Rate** shall mean the fixed maximum charges for a Medical Treatment or Surgical Procedure or any Follow-up Care that will be paid by the SHA, which shall be determined in accordance with the rates provided in the notification no. HFW 228 ACS 2020 dated: 23.06.2020 and HFW 138 ACS 2021 dated: 06.05.2021.
- 1.20 **Scheme** shall mean the “Ayushman Bharat –Arogya Karnataka” and “COVID 19 Management” managed and administered by Suvarna Arogya Suraksha Trust (SAST), Department of Health and Family Welfare, Government of Karnataka, AB-ArK Scheme and notification no. HFW 228 ACS 2020 dated: 23.06.2020, RD TNR 2020 dated: 06.04.2021 and HFW 138 ACS 2021 dated: 06.05.2021.
- 1.21 **Turn-around Time** shall mean the time taken by the SHA in processing a Preauth/Claim received from an NwH and the time taken to process such preauth and claims by the SHA including the time required for getting the information and final decision of approval or denial of the Preauth/Claim.
- The acceptable turn-around time for preauth and enhancement is between 24 to 72 hours and claims process is between 15 to 21 days.
- 1.22 **Arogya Mitra (AMs)** First contact person for all the schemes of Suvarna Arogya Suraksha Trust, positioned in empanelled hospitals to assist beneficiaries to access the scheme and generally be the ears and eyes of SAST.
- 1.23 **SAMCO-Suvarna Arogya Medical Co-ordinator** Doctor from the network hospital with at least MBBS qualification, to coordinate with the trust. SAMCO may be assisted by one or more Executives who are experienced in scheme administration.
- 1.24 **Communication** All official correspondence by the NwH shall be through the SAMCO E-mail ID.



- 1.25 **Regional Consultant** A doctor appointed by SAST at the regional level to monitor the activities of the Network hospital, District Co-ordinators and Arogya Mitras, in his/her jurisdiction on behalf of SAST
- 1.26 **Assistant Regional Consultant** A Doctor appointed by SAST to look after a cluster of districts and monitor & review the District Coordinators under his/her jurisdiction in addition to other tasks.
- 1.27 **District Co-ordinators** District level officer/Doctor appointed by SAST to co-ordinate with hospitals, AMs, beneficiaries and SAST.
- 1.28 **IEC** Information, Education & Communication. Posters, fliers, brochures, information booklets, audio and video information material etc.
- 1.29 **Benefit package rate** means the rate fixed as per Government order for different procedure codes.
- 1.30 **Package inclusion** Consultation, diagnostics, hospital charges including ward charges, ICU, medicines, PPE kits, consumables, specialist services, medical services, procedure, complication if any, and food.
- 1.31 **SRF Number** The 13 digit number generated from the ICMR during the time of sample collection and reporting time.
- 1.32 **Bu/P IDA** number generated by BBMP for a patient whose COVID 19 report is positive as per the ICMR communicated 13 digit SRF number on which allotment of beds in the private empanelled hospitals and P number will be generated by Public Health Authority of the respective District.
- 1.33 **Empanelment** Process of empanelling new hospital and specialists through the online system as per the defined selection criteria with SAST.
- 1.34 **De-empanelment** Any major deficiency and repeated deviation in service or non-compliance of the provisions of ToR would lead to de-empanelment of hospitals, in addition to action under relevant provisions of the law.
- 1.35 **EDC** State Empanelment and Disciplinary Committee
- 1.36 **AADHAAR Card** Aadhaar is a 12-digit unique identification number issued by the Indian government to every individual resident of India (Unique Identification Authority of India -UIDAI).
- 1.37 **Biometric device:** A device compatible with UIDAI for capturing the aadhar details of the patient at the time of admission and discharge.
- 1.38 **Ration Card** A ration card is a document issued under an order or authority of the State Government, under the Public Distribution System, for the purchase of essential commodities from fair price shops.



- 1.39 **Grievance Cell** Functioning in Ayushman Bharat-Arogya Karnataka to address any complaint from scheme beneficiaries or from network hospitals regarding treatment under the scheme.
- 1.40 **Call Centre** Helpline to provide information regarding schemes, Arogyamitras' contact details, benefits, hospital details and treatment, and collect beneficiary feedback. No. 1800-425-8330, 1800-425-2646.
- 1.41 **Hospital Mortality Audit cell** Cell created at the network hospital to evaluate the cause of death of any scheme beneficiary and address specific issues to reduce avoidable deaths and improve quality of patient care.
- 1.42 **Infection control Committee** The hospital should constitute an Infection Control Committee with micro biologist as the head of the committee and the physician and Surgeon with para medical and staff nurse as members. Periodically they should conduct the Infection Control Committee meeting and the proceedings to be recorded and kept for an inspection.
- 1.43 **Referral** mechanism and form used to refer patient from Public Health Authority of COVID-19.
- 1.45 **HRMS** Government employees and their families are identified by the HRMS data maintained by the Department of E-Governance and online.
- 1.46 **KGID** Karnataka Government Insurance number of the employees tagged with HRMS to identify the Government employee.

Article 1: Term

The TOR shall be valid till COVID-19 is declared eradicated by the Government or Government declares it is no longer a Pandemic, or till such time as Government declares hospitals do not come under Disaster Management Act (DMA).

Article 2: General Provisions

2.1: General Undertaking

- i. Service Provider shall ensure that it has all the required facilities and specialists to treat COVID 19. However since the empanelled hospitals are registered under KPME Act, it is presumed the hospitals have the necessary requisites to undertake treatment following all necessary standard protocols and are equipped to impart standard quality health care.
- ii. It is presumed that NwH has obtained all the registrations/ licenses/ approvals required by law in order to provide health services that they have the skills, knowledge and experience required to provide the services as required for treating COVID 19.
- iii. It is presumed that the NwH undertake to uphold all requirement of law in so far as these apply to him and in accordance to the provisions of the law and the regulations



enacted from time to time, by the local bodies or by the central or the state govt. It is also presumed that the NWH has never committed a criminal offence, which prevents it from practicing medicine and no criminal charge has been established against it by a court of competent jurisdiction.

- iv. The hospital empanelled under COVID 19 management should render the services in a decent professional manner accepting only the patients referred from the Public Health Authority and not giving room for illegal and unauthorized admissions.

2.2 Scope of services

- i. The NwH shall provide the services to beneficiaries in a precise, reliable and professional manner conforming to the existing best practices and standards prevalent. It shall also follow the Government Orders, Standard Operating Procedures issued by GoI and State Government regarding COVID treatment and management from time to time. It shall also follow the orders, circulars and directions issued by SAST from time to time on the same.
- ii. The NwH will extend priority admission facilities to the beneficiaries of the scheme.
- iii. The NwH shall provide treatment/interventions to beneficiary according to best medical practices existing and as per specified packages as per the rates mentioned in Benefit package list. The treatment/interventions to beneficiaries shall be provided in a complete cashless manner. Cashless means that for the required treatment/interventions as per package rates and no payment whatsoever shall be collected from the beneficiary undergoing treatment/intervention or any of its family members.

2.3 Agreement on Packages

- i. The charges payable to NwH for medical/ day care/surgical procedures/ interventions under the Benefit package will be no more than the package rate as fixed in notification no. HFW 228 ACS 2020 dated: 23.06.2020.
- ii. The NwH shall also endeavor to comply with the requirements of SHA to facilitate better services to beneficiaries e.g. providing for standardized billing, ICD coding or implementation of Standard Clinical and Treatment Protocols and any other provisions mandatory by statutory requirement. Both parties agree to review the same.
- iii. The NwH agrees to have bills audited on a case to case basis as and when necessary through SAST audit team. This will be done on a pre-agreed date and time.



- iv. The NwH will convey to its medical consultants to keep the beneficiary only for the required number of days of treatment and carry only the required investigation & treatment for the ailment for which he is admitted. Any other incidental investigation required by the patient on their own request needs to be approved separately by SAST and if it is not covered under the policy will not be paid by SAST.
- v. The NwH should keep patients in the appropriate category of treatment area based on the triaging. Upgrading and downgrading should be as per the clinical protocol issued by the expert committee. The discharge criteria of the expert committee should be followed for the all the patients admitted under the scheme. Any fraudulent claim submitted by the hospital will be viewed seriously and is liable for legal action under relevant section of the IPC and other legal provisions as applicable.
- vi. The NwH hospital has to provide space for Arogyamitra in the green zone for documentation and facilitating the beneficiaries.
- vii. The NwH shall share details of patients that are allotted by the BBMP/DHO or any other designated functionary for bed blocking and bed allotment and the patients admitted in the hospital with the Arogya Mitra as soon as the admission takes place. Similarly details of discharge shall also be informed to the AM as soon as the discharge or transfer takes place.

2.3.1 Reference of patient by a Public Health Authority

- i. For all COVID 19 patients of Bangalore Urban the Bu number will be provided by the BBMP and the allotment of beds will be done through the CHBMS portal of BBMP with Bu number, which will be treated as referral and in case of other districts the referral is to be done by the Public Health Authority under the Deputy Commissioner of the respective district. Inter district referral are to be authorized by the respective Public Authorities of the district and in case of Bangalore after getting the Bu number allotment through CHBMS portal of BBMP.
- ii. The NwH shall not deny admission to the beneficiary referred to it by the Public Health Authority.
- iii. The Network Hospitals are required to verify the genuinity of referral issued by Public Health Authority before submitting to SAST.

2.3.2 Bio-authentication of beneficiary

A 12 digit unique identification number issued by UIDAI shall be captured during the admission and discharge of patients. The hospital has to mandatorily capture the biometric of the patient for submission of the claims. Hospital can procure the RD service enabled bio-metric device as per the specification mentioned by UIDAI.



2.4 Bed strength

i. Mandatory Allocating percentage of beds in network hospitals for Ayushman Bharat Arogya Karnataka scheme

NwH agrees to provide at least 50% of their bed capacity available for occupation for COVID 19 treatment. As per the Notification no.HFW 228 ACS 2020 dated: 23.06.2020, RD TNR 2020 dated: 06.04.2021, RD 158 TNR 2020 dated: 24.04.2021 and HFW 138 ACS 2021 dated: 06.05.2021. All registered Private Health Care providers under KPME Act are involved in the COVID 19 management and shall provide services according to the package rates to be charged for the Government referred patients as regulated and notified under the Disaster Management Act 2005 by the Chairman of State Executive Committee, NDMA under the power vested in section 24(f) and section 24(1).

ii. Online updation of Bed Occupancy

NwH agrees to update the bed occupancy under both Government quota and Private quota on a daily basis in the SAST FMS portal and display it in a prominent place at the reception as in **Annexure 'B'**.

2.5 Circulars / Notifications

- i. All circulars / notifications issued by the Government and SAST related to COVID-19 management and treatment shall be deemed as part and parcel of this ToR and NwH agrees to follow all the guidelines in rendering the services to COVID 19 beneficiaries. The NwH also agrees to follow and adhere to the guidelines issued by the Government/Trust from time to time.
- ii. The NwH shall display all information related to COVID like posters etc in a prominent place for information of public and patients.
- iii. NwH shall facilitate ArogyaMitra to distribute brochures/pamphlets/ booklets/ flyers/circulars etc. and display on its premises posters, banners, standees etc. relating to COVID 19 either published by the Government or SAST for information of the public and patients.
- iv. All directions of the Trust Board, Executive Committee and Empanelment and Disciplinary Committee (EDC) of SAST relating to COVID-19 shall be complied to in full.

Article 3: Package Rates

3.1 Package rates for COVID 19 treatment are as notified in Notification No. HFW 228 ACS 2020 dated 23/6/2020 and HFW 138 ACS 2021 dated: 06.05.2021, or as modified by Government from time to time.



3.2 The package rate for COVID 19 include the following

- i. Registration Charges
- ii. Bed charges (General Ward in case of surgical),
- iii. Nursing and Boarding charges,
- iv. Surgeons, Anesthetists, Medical Practitioner, Consultants fees etc.
- v. Anesthesia, Blood Transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances etc,
- vi. Medicines and Drugs,
- vii. Pathology and radiology tests: radiology to include but not be limited to X-ray, MRI, CT Scan, etc. (as applicable)
- viii. PPE charges, Masks, Sanitizers including all consumables for the treatment,
- ix. Food to patient.

Article 4: Quality of Services

- i. NwH shall treat COVID 19 beneficiaries in a courteous manner and according to prevailing standards of health care, including special care to certain categories of patients such as senior citizens, citizen with special needs etc.
- ii. NwH shall extend admission facilities to the beneficiaries round the clock.
- iii. NwH shall have themselves covered by proper indemnity policy including errors, omission and professional indemnity insurance and agrees to keep such policies in force during entire tenure of the agreement.
- iv. NwH shall ensure that the best and complete diagnostic, therapeutic and follow-up services based on standard protocols and medical practices/recommendations are extended to the beneficiary. It is also mandatory for the NwH to assess the appropriate need and subject the beneficiary for treatment/procedure.
- v. NwH shall provide quality medicines and disposables while treating the beneficiaries.
- vi. NwH shall assist and cooperate with the medical auditing team from the trust, as and when required.
- vii. NwH shall maintain the diagnostic and treatment area in hygienic condition and periodic sanitization of the treatment facility as per the recommendations of the quality control.
- viii. Hospital Mortality Audit cell will review each case of death of beneficiary and submit their audit report along with claims submission.
- ix. As soon as the patient arrives with a referral, NwH shall ensure he gets admitted against the category of bed allotted. In any advertant case if the bed is not available due to reasons such as, double blocking then NwH shall ensure patient is maintained in a crash room maintained for the purpose till transfer.

Article 5: Services of Suvarna Arogya Medical Coordinator (SAMCO)

- 5.1 NwH shall have a Medical Officer/Medical Officers, designated as Suvarna Arogya Medical Co-ordinator(s), for the Scheme to coordinate with the trust and the



Arogyamitras. The NwH shall also ensure that the login provided to SAMCOs are not abused and for all the actions using the login the SAMCO will be responsible.

(i) Dr.....as SAMCO-1.

Telephone:_____ Mobile_____

Email_____.

(ii) Mr/Ms.....as SAMCO – 2.

Telephone:_____ Mobile:_____

Email_____.

The NwH should promptly inform the trust about changes, if any, in the SAMCO designated during the tenure of the agreement.

The Doctor declared as SAMCO alone is authorized to sign the documents on behalf of the hospital under SAMCO signature.

5.2 The following are the responsibilities of SAMCO (Suvarna Arogya Medical Co-ordinator)

- i. He/She shall guide the beneficiaries COVID 19 relating to the treatment.
- ii. He/She shall ensure that all required evaluations including diagnostic tests are done for all beneficiaries and the details of the same along with reports are captured in the trust portal.
- iii. He/She shall upload the IP status of the beneficiaries.
- iv. He/She shall sign the investigation request.
- v. He/She shall cross check whether diagnosis is covered under the Scheme. If doubtful about the plan of management, then should coordinate with treating specialist along with Package list as specified in respective schemes.
- vi. He/She should facilitate the admission process of beneficiaries without any delay.
- vii. After admission, he shall collect all the necessary investigation reports before sending for approval.
- viii. He/She shall upload the admission notes and preoperative clinical notes of the beneficiaries.
- ix. He/She shall ensure that preauthorization request is sent only for beneficiaries who are admitted or for patients permitted for treatment.
- x. He/she shall do the necessary registration of patients and fill up the preauthorization in Annexure – F (AMs portion), in case AM is absent for any reason or has not be deployed to the NwH.
- xi. He/She shall ensure before sending preauthorization that all essential and mandatory documents like beneficiary identity card, beneficiaries photo and also necessary



reports as per the standard protocol, like CT Films, X-Ray films, etc., are uploaded in the system.

- xii. He/She shall coordinate with trust doctors as need arises.
- xiii. Pre-authorizations/claims kept pending from trust shall be verified on a regular basis and necessary corrections to be done by SAMCO.
- xiv. He/She shall furnish daily clinical notes (Pre and Post procedures) relating to the COVID 19 beneficiary and his treatment. The clinical notes shall have the SRF ID/BU/P No. of the patient.
- xv. He/She shall update discharge details and hand over signed copy of the Summary along with follow-up advice in pre-printed stationary. He shall also upload refund vouchers of pre-operative investigation duly signed by beneficiaries and Arogyamithras as per scheme provision for refund.
- xvi. He/She shall ensure to update the details of on-bed status of beneficiaries as well as private patients from time to time on the display board placed at the reception desk and in the FMS system. .
- xvii. Signature of AM is required on all relevant documents. If AM (Arogya Mithra) is not there, hospital SAMCO should sign.
- xviii. Novel Corona Therapy drugs will be stored in the hospital jointly by Arogyamitra and SAMCO. The inventory and issue should be regularly updated. These drugs are supplied through SAST should be free of cost.
- xix. He/She shall ensure that same case is not applied for under more than one scheme.
- xx. He/She shall regularly check emails from the trust and follow all circulars and directives.
- xxi. He/She shall ensure completed claims in all respects with relevant documents as prescribed **Annexure D** are submitted to SAST within time.

Discharge protocol and death notification:

- i. All discharges of COVID 19 patients admitted through the reference of Public Health authority may be discharged by the SAMCO in case the AM is not available in the hospital at the time of discharge after biometric authentication.
- ii. The discharge should be notified in the SAST portal without any time lag from the time of discharge and no alternate admission should be done from the private quota to their beds.
- iii. Death notification should be done in the SAST portal as soon as the body shifted from the treatment area and the bed is sanitized. Should not wait for shifting the body from the mortuary for notification of vacant bed.

5.3 All clinical documents to be signed by the treating doctor. In case of any other doctor signing on behalf of the treating doctor the onus shall lie with the treating doctor. The clinical documents should have SRF ID/BU No/P No. written on them for identification purpose.

Article 6: Documentation and MIS

- i. NwH shall ensure that documentation of COVID 19 beneficiaries is done using standard formats supplied/available online such as registration, preauth forms, referral card, investigation slip, discharge summary. SRF ID, PPN no. BU No or P ID etc.
- ii. The Trust or its authorised representative reserves the right to visit the empanelled hospital and check his medical data with or without intimation, as and when required.



NwH shall allow the officials from the trust to inspect the hospitals without obstruction and co-ordinate with them during surprise and regular inspections.

- iii. NwH shall not give any document to facilitate the COVID 19 beneficiaries to obtain any other reimbursement.
- iv. NwH shall not claim any other relief for the procedures covered under the Scheme from patients or their family. Any deviation in this regard shall attract disciplinary action and liable for penalty as described in **Annexure E**.

Article 7: Arogyamitra roles and responsibilities

- i. Arogyamitras (AMs) should attend hospital promptly from 9.00 am and remain there till 5.30 pm. Night duty Arogyamitras should take over from day duty Arogyamitras at 7.00 pm and hand over charge at 9.00 am in the morning.
- ii. AMs should register the patient as soon as he appears in the hospital with B U Number or the Reference Number/ letter from the Public Health Authority in the districts.
- iii. Upload the preauthorization mandatorily with SRF ID and bio-authentication of the beneficiary and aadhar number immediately as soon as the patient gets the allocation.
- iv. To give information about procedures for government bed allocation in case patient arrives to hospital without B U Number.
- v. Facilitate patient for government bed allocation if they require by calling 108/BBMP.
- vi. Inform patients allocated by BBMP/District authority regarding the free treatment and other facilities provided by government such as free medication etc.
- vii. Inform private patient about government fixed ceiling rates if government bed is allocated and patient does not want government bed and to record reasons ;
 - He may want to continue as private patient even if the government bed is available
 - Patient may want to go to another hospital
 - Patient does not want the ward bed, wants higher category bed single room or double room
 - Patient does not want government support or want to pay on his own
 - Patient has insurance or corporate tie up
- viii. Help patient to shift to government bed as and when bed allotted by BBMP/Public Health Authority in districts.
- ix. Enter details of private patients admitted for COVID 19 treatment in the hospital with the help of the hospital i.e.,
 - Name of patient
 - Address of patient
 - Mobile Number
 - SRF ID



- Hospital Name
 - Bed Number
- x. Since it is a pandemic, there will be no holidays on Saturday, Sunday and other General holidays'. However relief will be given to those Arogyamitras that cannot come on duty by those waiting for postings on those AMs in hospitals where beds are not yet allotted. These AMs deployed on 2nd and 4th Saturdays and Sundays and General holidays will be compensated on other week days by the Regional Consultants and Assistant Regional Consultants, in districts by the District Coordinators.
- xi. Assist patients coming to hospital for SARI treatment by 108 Ambulance and raise preauthorization for SARI under code No 4A.M1.00067E, F and G.
- xii. Any novel therapy drug issued to hospitals AMs shall ensure the usage of drug for the government allotted beds and proper documentation of the same in the case sheet of the patient
- xiii. Death and discharge are to be notified to SAST
- xiv. Unblocking of the bed in case of death and discharge is to be upgraded in the FMS of the SAST.
- xv. Arogyamitras should mandatorily follow the process in FMS and TMS software;

Article 8: Network Hospitals-Do's & Don'ts

8.1 Do's

- i. Register and admit COVID 19 patients immediately once identified and referred and render treatment without delay or denial. All COVID 19 patients approaching the hospitals with BU number/District Code and Bed blocking through CHBMS/Walk-in have to undergo Biometric Authentication during Admission and Discharge.

Provide space in the reception for Arogyamitra along with system, network connectivity, printer, scanner etc.
- ii. Provide a dedicated Suvarna Arogya Medical Co-ordinator (SAMCO) to co-ordinate and perform an effective role. Use SAMCO e-mail ONLY, for all official communication with Suvarna Arogya Suraksha trust.
- iii. Provide nutritious good food according to dietary requirement to the patients.
- iv. Submit the claim within 14 days of discharge.
- v. Attend the periodical training workshops / programmes /video conference organized by trust.
- vi. Send proper pre-authorization and resubmit early objected pre-authorizations/enhancement after thorough scrutiny with the required documents / reports to avoid delay in clearance of preauthorization.



- vii. All discharges of COVID 19 patients admitted through the reference of Public Health authority may be discharged by the SAMCO in case the AM is not available in the hospital at the time of discharge after biometric authentication.
- viii. The discharge should be notified in the SAST portal without any time lag from the time of discharge and no alternate admission should be done from the private quota to their beds.
- ix. Death notification should be done in the SAST portal as soon as the body shifted from the treatment area and the bed is sanitized. Should not wait for shifting the body from the mortuary for notification of vacant bed.
- x. Update the details of bed status including government quota beds and private quota beds, occupancy status in the SAST FMS portal and display on the white board at the reception as in **Annexure B** from time to time and on the display board placed at Arogyamitra kiosk / reception desk.
- xi. Submit Preauth and Claims with complete forms and clinical documents as listed out in the check list in this ToR.
- xii. In case of objections as raised attend them promptly at one time.

8.2 Don'ts

- i. Shall not Collect money from COVID 19 beneficiaries or their family members towards cost of treatment.
- ii. Shall not refuse treatment of patients referred by Public Health Authority as per notification HFW 228 ACS 2020 dated 23.06.2020
- iii. Shall not take possession of any original document from the beneficiaries at any point of time.
- iv. The hospital empanelled under COVID 19 management should render the services in a decent professional manner accepting only the patients referred from the Public Health Authority and not giving room for illegal and unauthorized admissions.
- v. Shall not send for preauthorization approval in duplicate.
- vi. Shall not update operation notes and discharge summary for those cases in which treatment has not been done.
- vii. Shall not apply for multiple procedures for the same beneficiaries without clinical justification.
- viii. Shall not submit pre-authorization approval repeatedly for the same beneficiaries.
- ix. Shall not send beneficiaries or beneficiaries' relative to trust office for approval and enhancement as preauthorization has to be obtained only from the hospital.
- x. Shall not mention wrong telephone numbers of treating doctors and beneficiaries on the preauthorization as this may cause delay in issue of pre authorization.
- xi. Shall not send Arogya Mitra to Red Zone for collecting documents or any other task.



Article 9: E-Pre-authorization and Enhancement

- i. All procedures of COVID 19 that are earmarked for pre-authorisation shall be subject to mandatory pre-authorisation.

No NWH shall, under any circumstances whatsoever, undertake any such earmarked procedure without pre-authorisation/enhancement to provide a minimum set of documents for pre-authorisation/enhancement to SAST online so as to enable the SAST to decide the merit of the case.

- ii. All COVID 19 patients approaching the hospitals with BU number/District Code and Bed blocking through CHBMS/Walkin have to undergo Biometric Authentication during Admission and Discharge.

9.1 Inter category treatment transfer protocol:

In the event of deterioration condition of the patients if it requires upgradation of the facility and if the facility is available in the same hospital, the patients should be provided in the upgraded facility and if facility is not available in the hospital help of the CHBMS facility to be taken to locate the appropriate bed availability for treatment of the patients and after ensuring the availability the patient needs to be shifted. The hospital receiving the such patients should raise the preauth with the new bed allotment from the CHBMS system. The transferring hospital and receiving hospital should coordinate in the interest of the patient safety and all the required assistance needs to be given. Failure in this process will be considered as the laps in the system of patient care. If transferring, the hospital should provide all the treatment details electronically followed by hard copies in the near future discharge.

9.2 Enhancement for routine ward and HDU

Enhancement should be uploaded on the 9th day with SPO2 chart for last 8 days, CBC report, clinical conditions, X-ray report. Based on these findings enhancement will be validated.

- i. Clinically normal, with haematological investigation within normal limits, SPO2, consistently within normal range in the last 5 days with no radiological abnormality of chest x-ray.
- ii. Any deviation of the above enhancement can be given for next 5 days and subsequent enhancement for every 5 days to a maximum of 5 spells of enhancement based on the clinical findings..

9.3 Enhancement for ICU with Ventilator and without ventilator

- i. Enhancement should be uploaded on the 9th day with SPO2 chart for last 8 days, CBC report, clinical conditions, X-ray/CT MRI report, high end investigation report, treatment chart and follow up chart. Based on these findings enhancement will be validated.
- ii. Any deviation of the above enhancement can be given for next 5 days and subsequent enhancement for every 5 days to a maximum of 5 spells of enhancement based on the clinical findings and investigation reports



Article 10: Payment Terms and Conditions

- i. All NWHs shall be obliged to submit their claims from 24 hours of discharge to 14 days in the format prescribed.
- ii. Normally the SAST shall make all efforts for settling all claims within 3 weeks after receiving all the required information/ documents.
- iii. Trust agrees to process approval for all eligible bills, subject to submission of all supporting documents like Follow up notes, appropriate radiological examination: X-ray, ECG/ECHO/CT/MRI, temperature chart, Lab investigation report and additional investigations D-dimer, CRP, PTT/INR, claim form, nursing chart, bill if any including post-operative investigations and reports as required online. Photocopies of daily progress report and ICU charts should be uploaded with the claims. The time period of processing of bill at SAST will be 3 weeks. The payment will be transferred to hospitals as and when it is processed through RTGS or NEFT.
- iv. The NwH agrees to submit bank details such as account no. with IFSC code, PAN, account holder name, timely TDS exemption certificate issued by IT dept. etc. to the trust to facilitate electronic fund transfer for settling the claims.
- v. Payment will be made by SAST according to the treatment given as evidenced in the documents submitted by the hospitals subject to a maximum cap as notified in Notification No. HFW 228 ACS 2020 dated 23/6/2020 or any G O issued from time to time on the package rates for COVID 19.

Article 11 :Confidentiality and indemnity

This Article shall survive the termination/expiry of this ToR.

11.1 Each party shall maintain confidentiality relating to all matters and issues dealt with by the parties in the course of the business contemplated by and relating to this agreement. The hospital shall not disclose to any third party, and shall use its best efforts to ensure that its, health staff, employees, keep secret all information disclosed, including without limitation, document marked confidential, medical reports, personal information relating to beneficiary, and other unpublished information except as maybe authorized in writing by SAST. SAST shall not disclose to any third party and shall use its best efforts to ensure that its directors, officers, employees, sub-contractors and affiliates keep secret all information relating to the hospital including without limitation to the hospital's proprietary information, process flows, and other required details.

11.2 In Particular the hospital agrees to

- i. Maintain confidentiality and endeavour to maintain confidentiality of any persons directly employed or associated with health services under this agreement of all information received by the hospital or such other medical practitioner or such other person by virtue of this agreement or otherwise, including SAST's proprietary information, confidential information relating to beneficiary, medicals test reports whether created/ handled/ delivered by the hospital. Any personal



- information relating to beneficiary received by the hospital shall be used only for the purpose of inclusion/preparation/finalization of medical reports/ test reports for transmission to SAST only and shall not give or make available such information/ any documents to any third party whatsoever.
- ii. Keep confidential and endeavour to maintain confidentiality of any information relating to the beneficiary, and shall not use the said confidential information for research, creating comparative database, statistical analysis, or any other studies without appropriate previous authorization from SAST and through SAST from the Beneficiary.
- 11.3** SAST will not interfere in the treatment and medical care provided to its beneficiaries. SAST will not be in any way be held responsible for the outcome of treatment or quality of care provided by the NwH.
- i. SAST shall not be liable or responsible for any acts, omission or commission of the Doctors and other medical staff of the hospital and the hospital shall obtain professional indemnity policy on its own cost for this purpose. The hospital agrees that it shall be responsible in any manner whatsoever for the claims, arising from any deficiency in the services or any failure to provide identified service.
- 11.4** The hospital will indemnify, defend and hold harmless SAST against any claims, demands, proceedings, actions, damages, costs, and expenses which the company may incur as a consequence of the negligence of the former in fulfilling obligations under this agreement or as a result of the breach of the terms of this agreement by the hospital or any of its employees or doctors or medical staff.

Article 12: Jurisdiction/Law and Arbitration

- 12.1** Any dispute arising of this MOU will be governed by the provisions of the National Disaster Management Act and Rules. The provisions of this Agreement shall be governed by and construed in accordance with Indian law.

Article 13: Grievance Redressal

Any grievances from the network hospitals shall be examined by the Grievance Committee and the Empanelment and Disciplinary Committee of SAST.

Article 14: Cashless Services under package for Ayushman Bharat-Arogya Karnataka scheme

- i. NwH shall provide treatment to the beneficiary right from his/her reporting to discharge as per the package Annexure Government Order Notification no. HFW 228 ACS 2020, dated 23.06.2020 and HFW 138 ACS 2021 dated: 06.05.2021.
- ii. The package includes consultation, medicine, diagnostics, food, hospital charges and post procedure complications etc. In other words the package should cover the entire cost of treatment of beneficiaries from the date of reporting till the date of discharge



from the hospital including the management of any complications, making the transaction truly cashless to the beneficiaries.

- iii. The package rates includes registration charges, ward charges for the duration of the stay, Surgery/procedure charges, investigation charges (if it is part of the treatment), Postoperative Ward/ICU/ventilator Charges, Consumables used while treatment like PPE and medicines required in the period of hospital stay.

Article 15: Billing Procedure/Checklist for the NwH at the time of beneficiaries' discharge

- i. It is admitted and agreed that the NwH is aware that this has arisen for the purpose of implementation of COVID 19 treatment in all districts/talukas of Karnataka. Accordingly, the NwH under any circumstances shall not charge or seek any payment from the beneficiaries.
- ii. In the event that hospitals are found to have collected money from the beneficiaries or their family members then they may be penalized as defined in Annexure A to this document.
- iii. In the event that the hospital gets penalized as described in Annexure E then the penalty will be deducted from the next payment to the hospital and rest of the amount will be settled to the hospital.
- iv. The NwH will submit scanned copies of the following: original discharge summary, original investigation reports, all original prescriptions, procedure CDs, MRI films, X-rays, post-operative slides with biopsy report, case sheet with operation notes, breakup of the bills (Room Rent, Investigations, procedure charges & pharmacy receipt) AM(Arogya Mithra) chart etc. These documents are required for settlement of claims, while submitting the bill. The copies of the discharge summary signed by the beneficiary to be uploaded in the trust Portal. A summary of the bills raised also to be uploaded.
- v. NwH should issue a test requisition slip to the beneficiaries, which will enable the beneficiaries to approach the concerned diagnostic/test centres within the hospital or otherwise, and do the tests without any cash transaction. The details of the tests done and their results will be uploaded in the portal by the SAMCO of the NwH.
- vi. NwH shall keep all the COVID 19 beneficiaries admitted till the beneficiary is fit for discharge. He can also arrange for step up or step down facilities based on his clinical judgement and prevailing sop as prescribed from government from time to time. For step up the requirements and transfer protocols as available in SAST protocol can be adhered to.
- vii. Signature or the LTI of the beneficiaries / beneficiary will be obtained on final hospital bills and the discharge form.
- viii. The hospital shall provide blood/plasma for Novel Corona Therapy from its own blood bank subject to availability within the package. In case of non-availability, the hospital shall make efforts to procure from other blood banks, Red Cross,

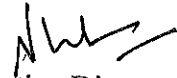


voluntary organizations etc. Under any circumstances the “beneficiaries shall not be charged for procurement of COVID 19 Convalescent Plasma (CCP) for the Government patients allotted under the quota and as per the SOP issued from time to time.

- ix. In case of death of the COVID 19 eligible beneficiaries in the empanelled hospital during the course of treatment, the concerned hospital should inform the surveillance team for arrangements for ambulance to shift the dead body from the hospital as per the SOP.
- x. Hospital death of beneficiaries to be intimated immediately through mail sastmortalitycell@gmail.com to the trust with reasons. Death summary of the deceased should be sent within 24 hours to the trust office in the prescribed format.
- xi. The hospital mortality audit committee report should be enclosed along with the claims in the formats provided by SAST within 60 days of death of patient

Article 16: Benefit packages

- 16.1 For COVID 19 treatment facilities available only in general ward. The approved benefit packages and procedures list and follow-up packages of COVID 19 management rates applicable as per Notification no. HFW 228 ACS 2020 dated: 23.06.2020 and HFW 138 ACS 2021 dated: 06.05.2021. **Annexure –A.**
- 16.2 For State Government employees under the Jyothi Sanjeevini Scheme same benefit packages will apply.


Executive Director,
Suvarna Arogya Suraksha Trust.
Bangalore.

