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

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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 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. NWH is a health care provider duly recognized and authorized by appropriate authorities to impart heath 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.

Definitions

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.

1.1 Network Hospital (NWH): Private hospitals empanelled under COVID 19 Management with Suvarna Arogya Suraksha Trust.
1.2 **Health Services** shall mean all services necessary or required to be rendered by the NwH for COVID-19 management and treatment.

1.3 **Beneficiaries** – Infected with COVID 19 and referred by the Public Health Authority.

1.4 **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.

1.5 **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.

1.6 **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.

1.7 **Days** shall be interpreted as calendar days unless otherwise specified.

1.8 **Hospitalization** shall mean any Medical Treatment, which requires the Beneficiary to stay at the premises of an NwH for 24 hours.

1.9 **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.

1.10 **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.

1.11 **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 general ward.

1.12 **KPME Act** Karnataka Private Medical Establishment Act 2017 and 2018 Rules therein.

1.13 **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.
1.14 MoHFW shall mean the Ministry of Health and Family Welfare, Government of India.

1.15 State Health Agency (SHA) refers to the 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.

1.16 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.

1.17 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 under AB-ArK Scheme.

1.18 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.

1.19 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.

1.20 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.

1.21 Communication All official correspondence by the NWH shall be through the SAMCO E-mail ID.

1.22 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.

1.23 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.

1.24 District Co-ordinators District level officer/Doctor appointed by SAST to coordinate with hospitals, AMs, beneficiaries and SAST.

1.25 IEC Information, Education & Communication.
benefit package rate means the rate fixed as per government order for different procedure codes.

package inclusion Consultation, diagnostics, hospital charges including ward charges, ICU, medicines, specialist services, medical services, procedure, complication if any, and food.

SRF Number The 13 digit number generated from the ICMR during the time of sample collection and reporting time.

Bu/P ID A 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.

Empanelment Process of empanelling new hospital and specialists through the online system as per the defined selection criteria with SAST.

de-empanelment Any major deficiency and repeated deviation in service or non-compliance of the provisions of ToR would lead to termination of ToR and de-empanelment of hospitals, in addition to action under relevant provisions of the law.

EDC State Empanelment and Disciplinary Committee

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 -UDAI).

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.

Grievance Cell Functioning in Ayushman Bharat-Arogya Karnataka to address any complaint from scheme beneficiaries or from network hospitals regarding treatment under the scheme.

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.

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.

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.
1.39 **Referral** mechanism and form used to refer patient from Public Health Authority of COVID-19.

1.40 **Jyothi Sanjeevini Scheme** Scheme is for the State Government employees and their dependents identified by HRMS data base of the Department of Personal and Administrative Reforms of Government of Karnataka (DPAR) and acquisition can be done at all the PH and Network Hospitals under SHA without referral with no financial cap.

Entitlement of wards for patients under JSS:

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Basic pay</th>
<th>Category of wards/class or accommodation to which entitled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Upto Rs. 16000/- per month</td>
<td>General ward</td>
</tr>
<tr>
<td>2</td>
<td>Rs. 16001/- to 43,200/-</td>
<td>Semi Private ward</td>
</tr>
<tr>
<td>3</td>
<td>Rs. 43,201 and above</td>
<td>Private ward</td>
</tr>
</tbody>
</table>

1.41 **HRMS** Government employees and their families are identified by the HRMS data maintained by the Department of E-Governance and online.

1.42 **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 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 conduct 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. The NwH undertakes 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. The NWH declares that
it 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.

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 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 SHA 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 SHA and if it is not covered under the policy will not be paid by SHA.

v. The empanelled hospital has to provide space for Arogyamitra in the green zone for documentation and facilitating the beneficiaries.
2.3 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 referrals 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 to deny admission to the beneficiary referred to it by the Public Health Authority.

iii. The Network Hospitals are required to verify the genuineness of referral issued by Public Health Authority before submitting to SAST.

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 all registered Private Health Care providers under KPME Act are involved in the COVID-19 management and to regulate the package rates to be charged for the Government referred patients as per 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 a prominent place at the reception as in Annexure ‘B’.

2.6 Circulars / Notifications

i. All circulars / notifications issued by the Government and SHA 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 Arogya Mitra to distribute brochures/pamphlets/booklets/flyers/circulars etc relating to COVID 19 either published by the Government or the SHA for information of the public and patients.

iv. All directions of the Trust Board, Executive Committee and EDC 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 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

4.1 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.

4.2 NwH shall extend admission facilities to the beneficiaries round the clock.

4.3 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.

4.4 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.

4.5 NwH shall provide quality medicines and disposables while treating the beneficiaries.

4.6 NwH shall assist and cooperate with the medical auditing team from the trust, as and when required.
4.7 Hospital Mortality Audit cell will review each case of death of beneficiary and submit their audit report along with claims submission.

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 trust through Arogyamitras. The NwH shall give the services of

(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 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.

xi. He/She shall coordinate with trust doctors as need arises.

xii. Pre-authorizations/claims kept pending from trust shall be verified on a regular basis and necessary corrections to be done by SAMCO.

xiii. 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.

xiv. 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.

xv. 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.

xvi. Signature of AM is required on all relevant Preauth and claim documents. If AM (Arogya Mithra) is not there, hospital SAMCO should sign.

xvii. 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.

xviii. He/She shall ensure that same case is not applied for under more than one scheme.

xix. He/She shall regularly check emails from the trust and follow all circulars and directives.

xx. He/She shall ensure completed claims in all respects with relevant documents as prescribed in Article 16.4, 16.5 and Annexure D are submitted to SAST within time.

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, 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
1. 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.

2. 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.

3. Upload the preauthorization mandatorily with SRF ID immediately as soon as the patient gets registered.

4. To give information about procedures for government bed allocation in case patient arrives to hospital without B U Number.

5. Facilitate patient for government bed allocation if they require by calling 108/BBMP.

6. Inform private patient about government fixed ceiling rates if government bed is allocated and patient does not want government bed and to record reasons;
   i) He may want to continue as private patient even if the government bed is available
   ii) Patient may want to go to another hospital
   iii) Patient does not want the ward bed, wants higher category bed single room or double room
   iv) Patient does not want government support or want to pay on his own
   v) Patient has insurance or corporate tie up

7. Help patient to shift to government bed as and when bed allotted by BBMP/Public Health Authority in districts.

8. Enter details of private patients admitted for COVID 19 treatment in the hospital i.e.,
   (i) Name of patient
   (ii) Address of patient
   (iii) Mobile Number
   (iv) SRF ID
   (v) Hospital Name
   (vi) Bed Number

9. 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.
10. 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.

11. AM should verify while submission of claims by the Claims Executive of the Hospital for inclusion of SRF and BU Numbers

12. 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

13. Death and discharge are to be notified to SAST

14. Unblocking of the bed in case of death and discharge is to be upgraded in the FMS of the SAST.

15. 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.

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. 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.

viii. Submit Preauth and Claims with complete forms and clinical documents as listed out in the check list in this ToR.

ix. 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. Shall not send for preauthorization approval in duplicate.

v. Shall not update operation notes and discharge summary for those cases in which treatment has not been done.

vi. Shall not apply for multiple procedures for the same beneficiaries without clinical justification.

vii. Shall not submit pre-authorization approval repeatedly for the same beneficiaries.

viii. Shall not send beneficiaries or beneficiaries’ relative to trust office for approval and enhancement as preauthorization has to be obtained only from the hospital.

ix. Shall not mention wrong telephone numbers of treating doctors and beneficiaries on the preauthorization as this may cause delay in issue of pre authorization.

x. 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.

ii. 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 SHA online so as to enable the SHA to decide the merit of the case.

9.1 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.

i. 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.

9.2 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.

**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 SHA 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 first appealed to the Additional Chief Secretary, Health & Family Welfare, who is the appellant authority herein and if the Network hospital is not satisfied, he can approach the District/High court whichever applicable and subject to the jurisdiction of courts in Bangalore only.

i. The provisions of this Agreement shall be governed by and construed in accordance with Indian law.

ii. Any amendments in the clauses of the TOR can be effected as an addendum, after the written approval from both the parties.

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

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

15.1 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.

15.2 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.

15.3 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.

15.4 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.

15.5 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.

15.6 NwH shall keep all the COVID 19 beneficiaries admitted till the beneficiary is fit for discharge.
15.7 Signature or the LTI of the beneficiaries / beneficiary will be obtained on final hospital bills and the discharge form.

15.8 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.

15.9 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.

15.10 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.

15.11 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. Annexure – A.

16.2 For State Government employees under the Jyothi Sanjeevini Scheme same benefit packages will apply. In addition they are eligible for special wards/private wards as per their eligibility as defined in definitions at 1.39 herein. The special ward/private will be entitled to additional charges.

Executive Director,
Suvarna Arogya Suraksha Trust.
Bangalore.
NOTIFICATION

Whereas the State Government recognizes that the State is threatened with the spread of COVID-19 epidemic, already declared as a pandemic by the World Health Organization. A large number of persons affected by COVID-19 are in the need of treatment, which at present is being mainly provided by Public Health institutions (PHIs) and it has become imperative to involve private hospitals, nursing homes etc., (herein after referred as Private Healthcare Providers (PHPs)) registered under KPME Act, in the treatment of such patients.

Whereas the National Health Authority in its Office Memorandum No. S-12015/20/2020-NHA(HN&QA), dated 04.04.2020 has directed to utilize codes available in the Ayushman Bharat-Arogya Karnataka (Ab-Ark) scheme for payments and has allowed the State to decide the cost of additional requirements like PPEs and other consumables that would add to the package rates.

Whereas a Committee headed by Executive Director, Suvarna Arogya Suraksha Trust (SAST) was constituted by the Government vide G.O. No. Aakuka 197 (a) Aamuka 2020, dated 4.6.2020 with the mandate of submitting a proposal for fixing the package rates for the treatment of COVID-19 patients for General ward, HDU, ICU without ventilator and ICU with ventilator.

Whereas the Committee held many rounds of consultations with the Associations of private hospitals, chains of hospitals and other private hospitals and has submitted its report. The report of the Committee was placed before the Task Force Committee in their meeting held on 18.6.2020. The Task Force Committee after going through the package rates recommended obtaining Government approval for the rates suggested by the Committee. The Government has accepted the package rates suggested by the Committee.

Now, therefore, in exercise of the powers conferred under the Disaster Management Act, 2005, the undersigned in his capacity of Chairman of the State Executive Committee, under the Powers vested under Section 24(f) and Section 24(l) of the Disaster Management Act, 2005, issues the following orders to share the number of beds in private hospitals between Government referred and Private patients and to regulate the package rates to be charged by the PHPs for the treatment of Government referred COVID-19 patients and the Package rate ceiling for treating Private COVID-19 patients:

(1) 50% of the beds in Private hospitals having facilities to treat COVID-19 patients shall be reserved for the treatment of patients referred by the public health authorities. This will
include the HDU and ICU beds both with and without ventilator. The hospitals may utilize
the remaining 50% of COVID beds for admitting COVID-19 patients privately.

(2) The following package rates inclusive of PPEs and other consumables shall apply for the
treatment of COVID patients:

(a) Package rates for COVID-19 patients referred by the Public Health Authorities shall
be as follows:

(1) General ward – Rs.5,200/-
(2) HDU – Rs.7,000/-
(3) Isolation ICU without ventilator – Rs.8,500/-
(4) Isolation ICU with ventilator – Rs.10,000/-

(b) Package rate ceilings for private COVID-19 patients directly admitted by PHPs
making cash payment (non-insurance) shall be as follows:

(1) General ward – Rs.10,000/-
(2) HDU – Rs.12,000/-
(3) Isolation ICU without ventilator – Rs.15,000/-
(4) Isolation ICU with ventilator – Rs.25,000/-

(3) The terms and conditions connected to the treatment of COVID-19 patients in the
private hospitals shall be as follows:

(i) These rates will not be applicable for the patients subscribing to insurance packages
as well as for the agreements / MOUs entered into between the hospitals and the
private entities.

(ii) While calculating 50% of the beds to be utilized by the Government patients, the
number will be counted irrespective of the fact that the beds are located in general
wards, sharing wards or in private wards.

(iii) The package rate ceilings for private patients are for General Wards / Multi Sharing
Wards. An additional 10% may be charged for Twin Sharing Wards & 25% more
for Single Rooms. There will be no ceiling for Suites.

(iv) Requisitioning of hospitals for sending government patients will be done by
Commissioner, BBMP in respect of BBMP area Bangalore Urban and Bangalore
Rural Districts and Deputy Commissioners in respect of other districts.

(v) In respect of unforeseen complications / surgeries / other co-morbid conditions /
pregnancy etc., of the COVID-19 patients additional packages under AB-ArK
packages will apply.

(vi) The Clinical Treatment and Discharge protocols issued by the State Government
from time to time shall be strictly followed.
(vii) All the hospitals shall get empanelled through the online portal of the Suvarna Arogya Suraksha Trust with desktop review of statutory documents by the SAST on a fast forward basis.

(viii) Referral of a COVID-19 patient by a Public Health Authority will be treated as Auto Authorization by SAST.

(ix) All COVID-19 patients including those belonging to BPL and APL categories, migrant labourers and interstate returnees not possessing PDS card shall be considered as eligible in view of the unprecedented pandemic situation.

(x) There should be no compromise on the quality of medical services rendered to the patients referred by the Public Health Authorities and those admitted privately.

(xi) The Suvama Arogya Suraksha Trust will be the Nodal Agency for the settlement of claims.

(4) Non-compliance to this Order will attract punishment under the relevant Sections of the Disaster Management Act, 2005 and the Indian Penal Code.

(5) This order will be in operation until further orders.

(T.M. V. BHASKAR)
Chief Secretary to Government & Chairman, State Executive Committee, SDMA

To: The Compiler, Karnataka Gazette, Bangalore for publication in the Special Gazette immediately.

Copy for information, compliance and circulation to all the concerned:
1. The Commissioner, BBMP / Special Commissioner, BBMP.
2. Additional Chief Secretary to Govt., HFW Dept.
3. All the Regional Commissioner in the State of Karnataka.
4. The Commissioner / Director, Department of Health and Family Welfare, Bangalore.
5. Executive Director, Suvarna Arogya Suraksha Trust.
6. All the Deputy Commissioners in the State of Karnataka.
7. Mission Director, NHM Bangalore.
8. The Director, Medical Education, Bangalore.
9. All Divisional / Join Directors, Health and Family Welfare Department.
10. Chief Health Officer, BBMP.
11. The President, Indian Medical Association, Karnataka for information and circulation to all the members.
12. All the District Health Officers / District Surgeons / Administrative Medical Officers and Taluk Medical Officers and Medical Superintendents of all General Hospitals in Karnataka.
13. All Private Medical Establishments in the State.
Annexure ‘B’

DISPLAY OF BED STATUS AT SAST FMS PORTAL AND RECEPTION

The network hospital shall display the status of total number of beds available in the hospital, total number of beds allocated under Government Quota and Private Quota with number of beneficiaries occupied in the SAST FMS portal and on a “white board with black letters”. The network hospital shall update the portal and the board from time to time in the following format placed in a prominent place preferably at the Reception of the hospital.

Name of the Hospital : 
Total beds as per KPME : 
Total reserved for COVID 19 : 

<table>
<thead>
<tr>
<th>Bed details</th>
<th>Government</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General ward</td>
<td>HDU</td>
</tr>
<tr>
<td>Reserved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nodal Officer Name : 
Mobile no : 

Page 1 of 15
Annexure ‘C’

UNDEARTAKING TO SHARE CORE BANKING NUMBER - IFSC CODE

We____________________________________________________________ (hospital)

hereby declare that we have core banking facility with the_____________Bank, A/C No.:
______________________________having Branch at _______________________ and the
IFSC no. is _______________________ (Mention your core banking Number).

Authorized Signatory

N.B. : PHOTO COPY OF PAN CARD AND CANCELLATION CHEQUE SHOULD
BE ATTACHED TO MOU WITH DETAILS

  o  Account holder name
  o  TDS exemption certificates issued by IT Dept.
  o  Valid NABH certificate
Annexure ‘D’

GENERAL GUIDELINES
BENEFIT PACKAGE UNDER COVID 19

COVID 19 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),
- HDU ward/ICU/ventilator Charges,
- PPE and Consumables used while treatment
- Medicines required in the period of hospital stay.

List of documents for claims

- SRF ID, BU ID/P ID
- Follow up notes/Day to day case sheet (In case of death details of terminal event)
- Appropriate Radiological examination – X-ray/CT/MRI(wherever applicable)
- ECG, ECHO (wherever applicable)
- LAB investigation reports as per guidelines for COVID 19 positive cases
- Discharge summary
- Claims format
- Nursing chart
- Bill

Note: SRF ID, BU ID/P ID to be noted on all case sheets, lab reports, discharge summary, nursing chart and all other relevant claim documents.
### PENALTY FOR CO-Payment

<table>
<thead>
<tr>
<th>SL. NO.</th>
<th>CASE</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Before discharge of the beneficiary the hospital has to refund the collected amount</td>
<td>No penalty</td>
</tr>
<tr>
<td>2</td>
<td>Refund the collected amount after discharge and before submitting the claims</td>
<td>Issue show cause notice to the hospital and instruct the SAMCO to rectify</td>
</tr>
<tr>
<td>3</td>
<td>(1st Violation) Refunding the collected amount after receipt of complaint by AM/ beneficiary/representative</td>
<td>Penalty of 2 times of the amount collected, 1 part to be refunded to the beneficiary</td>
</tr>
<tr>
<td>4</td>
<td>(2nd Violation) Refunding the collected amount after receipt of complaint by AM/ beneficiary/representative</td>
<td>Penalty of 3 times of the amount collected, 1 part to be refunded to the beneficiary</td>
</tr>
<tr>
<td>5</td>
<td>(3rd Violation) Refunding the collected amount after receipt of complaint by AM/ beneficiary/representative</td>
<td>Penalty of 4 times the amount collected, 1 part to be refunded to the beneficiary</td>
</tr>
<tr>
<td>6</td>
<td>(4th Violation) Refunding the collected amount after receipt of complaint by AM/ beneficiary/representative</td>
<td>Penalty of 5 times the amount collected.</td>
</tr>
<tr>
<td>7</td>
<td>Habitual violation</td>
<td>Rejection of claims and recommendation to take suitable action under KPME Act</td>
</tr>
<tr>
<td>8</td>
<td>Denial of treatment</td>
<td>In case of denial of treatment recommendation will be made to withdraw/cancel KPME licence and complaints will be lodged in appropriate forums including criminal and/or civil courts.</td>
</tr>
</tbody>
</table>
Penalty for Offences.

<table>
<thead>
<tr>
<th>PENALTY FOR OFFENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
</tr>
</tbody>
</table>

All these penalties are recommendatory and the EDC may inflict larger or smaller penalties depending on the severity/regularity/scale/intentionality on a case to case basis with reasons mentioned clearly in a speaking order. The penalties by the hospital will be paid to the SHA in all the cases.

EDC may also take recourse to legal action both civil and criminal in nature with the appropriate authority if the situation so warrants.
### Terms of Reference for Private Hospital Empanelled for Management and Treatment of COVID-19

#### Annexure ‘F’

**COVID 19 PREADVORISATION-REQUEST FOR GOVERNMENT ALLOTTED PATIENTS**

**FOR CASHLESS HOSPITALISATION**

**Date of Request:**

<table>
<thead>
<tr>
<th>Hospital name and city:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>District:</td>
<td>Date of referral:</td>
</tr>
<tr>
<td>Aadhar no:</td>
<td>Date of reporting to NWH:</td>
</tr>
<tr>
<td>BPL no:</td>
<td>APL no:</td>
</tr>
<tr>
<td>other id:</td>
<td></td>
</tr>
</tbody>
</table>

**Government allotted patient details to be filled by the Arogyamitra at the NwH**

<table>
<thead>
<tr>
<th>SRF no:</th>
<th>Bu/Br/P number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First name:</th>
<th>Middle name:</th>
<th>Last name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (M/F):</td>
<td>Age:</td>
<td>Marital Status:</td>
</tr>
<tr>
<td>Address:</td>
<td>Village:</td>
<td>Taluk:</td>
</tr>
<tr>
<td>Pin code:</td>
<td>Contact no:</td>
<td></td>
</tr>
</tbody>
</table>

Whether patient is covered under any other govt. schemes? If yes furnish the name of the scheme and ID card No. without fail: _____________________________

**To be filled by SAMCO**

<table>
<thead>
<tr>
<th>Treating doctor name:</th>
<th>Doctor registration No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor qualification:</td>
<td>Specialty:</td>
</tr>
</tbody>
</table>

**Past history of the patient:**

**Present complaints:**

**Comorbid conditions:**

**Final diagnosis:**

**Disease main category:**

**Disease sub Category:**

**Plan of treatment:**

**High risk consent remarks:**

**Complications description:**

**Counselling doctor remarks:**

**DOA:**

**Probable DOD:**

**Details of Diagnostics Protocol Followed:**

**Total Amount collected for investigation:**

**Special investigation (with reports):**

**Routine investigation (with reports):**

**Clinical Data**

<table>
<thead>
<tr>
<th>Pulse</th>
<th>Temperature</th>
<th>CVS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>Respiratory</td>
<td>CNS</td>
</tr>
</tbody>
</table>

**Estimated days of hospitalization**

<table>
<thead>
<tr>
<th>Expected no. of days hospital Stay :</th>
<th>Room type: general</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration in ICU:</td>
<td>Duration in HDU:</td>
</tr>
<tr>
<td>Duration in room:</td>
<td></td>
</tr>
</tbody>
</table>

**Estimated cost of the Procedure:**

<table>
<thead>
<tr>
<th>AM name and signature</th>
<th>Treating doctor Signature hospital Seal:</th>
<th>SAMCO name and Signature:</th>
<th>Patient /Family Head Signature / LTI</th>
</tr>
</thead>
</table>
## Annexure ‘G’

### AYUSHMAN BHARAT-AROGYA KARNATAKA

#### PROCEDURE CLAIM FORM AND FEEDBACK FORM

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>…………………………………………………………………………………………………</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name:</td>
<td>……………………………………………………………………………………………</td>
</tr>
<tr>
<td>IP Registration No.:</td>
<td>…………………………………………………………………………………………</td>
</tr>
<tr>
<td>DOA:</td>
<td>………………………… DOS:…………………….. DOD:…………………………</td>
</tr>
<tr>
<td>Preauth Issue Date:</td>
<td>……………………… Preauth No: …………………………</td>
</tr>
<tr>
<td>Preauth Amount:</td>
<td>………………………… Claimed Amount: …………………………</td>
</tr>
<tr>
<td>Bill No:</td>
<td>………………………… Bill Date: ………………………… Bill Amount: ……………</td>
</tr>
</tbody>
</table>

### TREATMENT DETAILS

<table>
<thead>
<tr>
<th>Procedure Code Approved:</th>
<th>……………………… Procedure Code Done: ………………………</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the procedure:</td>
<td>…………………………………………………………………………………</td>
</tr>
<tr>
<td>Treating Doctor Name and phone No:</td>
<td>………………………………………………………………………</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td>…………………………………………………………………………………</td>
</tr>
</tbody>
</table>

### FEEDBACK AND REFUND

Shri/smt/Kum……………………………………………………………………From: ………………………
Taluk……………………………………………………………………………………DistRICT………………………having BPL Card
No.: ………………………………………………………………………………………having treated under Suvarna Arogya Suraksha Trust
Scheme was discharged on ………………………

1. Amount collected for Pre-operative Investigation Rs………………
2. Amount Refunded at the time of discharge Rs………………
3. Travelling Allowance: Rs………………………………………………………
4. Free food given: YES / NO
5. Feedback from the patient: …………………………………………………………………………………

Signature of the Patient with Phone No. | Signature of the SAMCO with Phone No. | Signature of the AM with Phone No.
Annexure ‘H’

Government of Karnataka

SUVARNA AROGYA SURAKSHA TRUST
(Department of Health & Family Welfare)

Death Summary (A brief note)

Hospital Name : 

Patient ID : 

Scheme : AYUSHMAN BHARAT-AROGYA KARNATAKA

Patient Characteristics :

Name : Age : Sex :

Source of Admission : Emergency or Elective

Length of Admission in days: Date of Admission: / / Date of Death: / / 

Clinical Diagnosis (es) on Admission :

Clinical diagnosis(es) on Death :

Progress of the patient during hospitalisation :

Abnormal Investigations :

Haematology

Biochemistry

Radiology

Microbiology

Others
What was the treatment provided?

Were there any clinical errors, omissions, process problems that hindered the process of giving good quality care?

Were there identifiable clinical risks/incidents?

Were there any of the clinical risks/incidents due to:

<table>
<thead>
<tr>
<th>Error Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay in diagnosis</td>
<td></td>
</tr>
<tr>
<td>Delay in treatment</td>
<td></td>
</tr>
<tr>
<td>Medical clinical errors</td>
<td></td>
</tr>
<tr>
<td>Nursing clinical errors</td>
<td></td>
</tr>
<tr>
<td>Medication errors</td>
<td></td>
</tr>
<tr>
<td>Process errors</td>
<td></td>
</tr>
</tbody>
</table>

Please give further details below:

Were all standard protocols followed?

What according to the treating doctor is the cause of death and contributing factors?

Any other remarks : 

* This form to be filled and sent at the time of beneficiaries death (within 48 hrs) intimation to Ayushman Bharat-Arogya Karnataka
Annexure I

MORTALITY AUDIT REPORT

Mortality Audit Committee

The committee comprises of individuals from the hospital that represent the key departments – including management, treating doctors and support departments.

Aims and guidelines for conducting mortality audits

Effectively run clinical audit and peer review processes, incorporating analysis of mortality and morbidity (M&M), contribute to improved patient safety. These guidelines aim to provide practical advice to hospitals on establishing and running M&M/clinical review meetings.

<table>
<thead>
<tr>
<th>The aim is to ascertain the proportion of patients who died because of 'problems in care', defined as patient harm resulting from healthcare processes including acts of omission (inactions), such as failure to diagnose and treat, or from acts of commission (affirmative actions) such as incorrect treatment or management. <strong>The focus should be on the systems and processes of care and not on individual performance.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations arising from individual cases should focus on measures that can prevent similar outcomes or adverse incidents, or that will improve the processes of care provided to hospital patients. These recommendations should not blame individuals but aim at improving the systems.</td>
</tr>
</tbody>
</table>

Areas to be identified for each case

<table>
<thead>
<tr>
<th>An area of CONCERN is where the clinician believes that areas of care SHOULD have been better.</th>
</tr>
</thead>
<tbody>
<tr>
<td>An ADVERSE EVENT is an unintended injury caused by medical management rather than by disease process, which is sufficiently serious to lead to prolonged hospitalization or to temporary or permanent impairment or disability of the patient at the time of discharge, or which contributes to or causes death</td>
</tr>
</tbody>
</table>

***
Annexure J

DEATH AUDIT REPORT

Section A: General Information:

<table>
<thead>
<tr>
<th>Patient details</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Sex</td>
<td>Pre-auth No.</td>
<td></td>
</tr>
<tr>
<td>DOA</td>
<td>Date of Surgery</td>
<td>DOD</td>
<td></td>
</tr>
</tbody>
</table>

Diagnosis

<table>
<thead>
<tr>
<th>Treatment given</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery / Procedure / Radiotherapy / Chemotherapy / Others (specify)</td>
<td></td>
</tr>
</tbody>
</table>

hospital name

<table>
<thead>
<tr>
<th>Name of Treating Doctor</th>
</tr>
</thead>
</table>

Section B: Case summary :

Please provide a summary of the Case in the form of narrative – including complaints at the time of admission, chronology of events up to death of the patient


Section C: Case Assessment

<table>
<thead>
<tr>
<th>Were there any areas of CONCERN or ADVERSE EVENTS in the management of this patient?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A. Was surgery performed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Were there any Areas of Concern, or Adverse Events in any of the following areas if an operation/procedure was performed or treatment provided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion points</td>
<td>Yes/No</td>
<td>N/A</td>
</tr>
<tr>
<td>Pre anesthetic checkup/fitness for surgery/treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice of operation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timing of operation (too late, too soon, wrong time of day)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intra-operative process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems in functioning of OT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade/experience of surgeon deciding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade/experience of surgeon operating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-operative period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Was this patient treated in a critical care unit (ICU or HDU) during this admission?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d. If no, should this patient have been provided critical care in ICU/HDU?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Opinion of the Audit committee regarding overall risk of death

- Minimal ☐
- Mild ☐
- Moderate ☐
- Severe ☐
Terms of Reference for Private Hospital Empanelled for Management and Treatment of COVID-19

If there any areas of CONCERN or ADVERSE EVENTS in the management of this patient:

1. Describe the significant event/s during the course of treatment in the hospital:

Note any areas of:

<table>
<thead>
<tr>
<th>Concern</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th></th>
</tr>
</thead>
</table>

Note if these areas caused any of the following:

<table>
<thead>
<tr>
<th>Made no difference to outcome</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>May have contributed to death</td>
<td></td>
</tr>
<tr>
<td>Caused death of patient who would otherwise be expected to survive</td>
<td></td>
</tr>
</tbody>
</table>

Was the death preventable?

<table>
<thead>
<tr>
<th>Definitely</th>
<th>Probably</th>
<th>Probably not</th>
<th>Definitely not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section D. Investigations done and their reports

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Investigation</th>
<th>Report</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section D: Record of cause of death

Hospital mortality audit committee review findings:

<table>
<thead>
<tr>
<th>Primary cause of death</th>
<th>ICD code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary cause of death</th>
<th>ICD Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antecedent cause of death</th>
<th>ICD code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FINAL RECOMMENDATIONS (if any) OF THE MORTALITY AUDIT COMMITTEE

1

2

3

Attestation by the Mortality Audit Committee members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|      |             |           |
|      |             |           |

|      |             |           |
|      |             |           |

Date:
Hospital Name & Address:___________________________________________________________

______________________________________________________________________________

Signed and delivered by within named:

Through Sri/ Smt. __________________________ Sign __________________________

In presence of Sri/ Smt. ______________________ Sign __________________________

AYUSHMAN BHARAT-AROGYA KARNATAKA:

Executive Director Signature __________________________

Seal

Director (MM) Signature __________________________

Seal

Date :

Place :