

SUVARNA AROGYA SURAKSHA TRUST

(Department of Health & Family Welfare)

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Proceedings of the 39th Empanelment and Disciplinary Committee meeting of Suvarna Arogya Suraksha Trust held on 1st February 2017 in the Conference Hall, Suvarna Arogya Suraksha Trust, Bangalore

Members Present

- | | |
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| 1 Dr. Sudarshan H. Secretary, Karuna Trust, Bangalore | Chairman |
| 2 Dr. Ratan U. Kelkar, Executive Director (I/c), SAST | Co-Chairman |
| 3 Dr. Sadhana, Executive Director, KSHSRC, Bangalore. | Member |
| 4 Director, VIMS, Bellary represented by Dr. Rajesh, Asst. Prof & Nodal Officer, SAST | Member |
| 5 Dr. Ashok Shenoy, Kidwai, Bangalore | Member |
| 6 Dr. Devadasan, IPH, Bangalore | Member |
| 7 Dr. Sudha Chandrashekar, Director, Medical Management, SAST | Member Secretary |

Members Absent

1. Dr. Aruna, Director, SIHFW, Bangalore
2. Deputy Director (Medical), DoHFW.
3. Dr. Srinath, Sri Shankara Cancer Hospital, Bangalore.

Others present

1. Dr. M. Vishwaradhya, Consultant, SAST.
2. Dr. Aninditha, PM (RAB), SAST.
3. Dr. D.K. Math, Co-ordinator (Empanelment), SAST.
4. Dr. Dhananjaya, Deputy Director, SAST.
5. Dr. Regina Joseph, Regional Consultant, Bangalore.
6. Dr. Prasad, Regional Consultant, Mysore.
7. Dr. Ranganath, Consultant, SAST.
8. Dr. T.M. Shankar, Deputy Director (Preauth), SAST.
9. Dr. D.M. Koradhanyamath, Co-ordinator (Empanelment), SAST.
10. Sri. Sananda Kumar, Consultant, SAST.
11. Sri. Ananda, Co-ordinator, Grievance Cell, SAST.
12. Kum. Akhila, Co-ordinator, NABH, SAST.
13. Dr. Diwakar, Mortality Audit Cell, SAST.

The Director, Medical Management, Suvarna Arogya Suraksha Trust welcomed the Chairman, Co-Chairman and all Members to the 39th Empanelment and Disciplinary Committee meeting.

Sub No. 39.1

Confirmation of the Proceedings of 38th EDC meeting held on 30.12.2016.

The proceedings of the 38th Empanelment Disciplinary Committee meeting was confirmed.

Sub No. 39.2

Review of action taken on the proceedings of the 38th meeting held on 30.12.2016.

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

Sub No. 39.3

Empanelment of new hospitals.

Committee noted status of hospitals empanelled under different schemes and suggested to add RSBY hospitals.

Sub No. 39.4

Status of empanellment of Network Hospitals.

Committee noted the list of hospitals who have not submitted the MoU and suggested to send reminder again and Regional Consultants to follow-up and ensure compliance by the hospital.

Sub No. 39.5

Suspension of 26 hospitals for not accepting SAST beneficiaries.

Director (Medical Management), SAST briefed that Federation of Healthcare Association of Karnataka had put forth some demands and intimated if these are not fulfilled they are going to stop the services for SAST patients. A meeting was convened under the Chairmanship of Health Minister where they agreed to continue with the schemes but later they stopped the services. Instructions were sent to all the Medical Colleges not to deny beneficiaries, instructed all RC's to keep a watch on the situation and take appropriate action as necessary and update Executive Director, Suvarna Arogya Suraksha Trust on a daily basis. Instructions for handling beneficiaries in hospitals participating in strike has been issued to all of Arogyamitras, District Co-ordinators and Regional Consultants were asked to monitor the situation.

Belgaum and Gulbarga division – All hospitals are treating the beneficiaries. In Bangalore and Mysore division alternate arrangements were made to refer the patients from the striking hospitals to limit inconvenience to beneficiaries. Based on the confirmation by RCs, 26 hospitals were suspended. Some of the hospitals have submitted conditional reply and some un-conditional, those who have submitted un-conditional reply are revoked from suspension.

Decision:

After detailed discussions and obtaining the details, Committee ratified the actions in suspending hospitals and suggested to wait for the reply from the remaining hospitals.

Sub No. 39.6

Empanelment of Sri Jayadeva Institute of Cardiovascular Sciences and Research, Kalaburgi Branch.

Director (Medical Management) briefed that Director, SJICR, Bangalore has requested for renewal of SJICR, Kalaburgi Branch is pending for NABH Accreditation whereas this branch is functioning successfully since 11 months, providing quality cardiac care to all the cardiac patients of that region. They have treated 17000 outpatients, 2000 inpatients, 1630 Cathlab Procedures and Angiograms, 4296 Echocardiograms and 2 Open Heart Surgeries till date. Since SJICR is already NABH accredited and requested Trust to consider and approve the empanelment of SJICR, Kalaburgi Branch as the SJICR, Mysore branch has been considered on the same grounds.

Decision:

After detailed discussions, considering the treatments given in SJICR, Kalaburga Branch, Committee approved to renew the Kalaburgi branch subject to condition that SJICR, Kalaburgi branch shall obtain the NABH Accreditation within 6 months.

Sub No. 39.7

Patient treated by non-empanelled Doctor in Dr. Bidari's Ashwini Hospital, Bijapur.

Director (Medical Management) explained that a baby was treated by a non-empanelled Doctor in Dr. Bidari's Ashwini Hospital, Bijapur. When contacted Patient's mother and they said they have spent Rs. 30,000/- and hence the Preauth was denied. Further she said that the hospital has re-submitted Preauth on 18.1.2017 with rectification letter from patient and Treating Doctor. Preauth approved on 20.1.2017. Patient's mother in her letter said that Rs. 30,000/- spent before coming to this hospital and treating Doctor Dr. Vijay Patil wrote that whenever he is out-of-station during emergency Dr. Surendra Agarwal who is not empanelled was asked to do the procedure and look after the patients.

Decision:

After detailed discussions, since the hospital has violated MoU, Committee approved to impose penalty of Rs. 50000/- for the hospital. The hospital can also be advised to empanel additionally Dr. Surendra Agarwal if he is eligible

Sub No. 39.8

Status of Rashtriya Swasthya Bima Yojana.

Director (Medical Management) briefed that the performance of RSBY scheme is very low and Insurance Companies have been cautioned many times and explained about the claim ratio based on the premium of each insurance company. The issue was discussed by the Committee and decided to pay 50% of central share amount and balance payable after final claim ratio assessment as the present performance is only 30%

Decision:

After detailed discussions, to deduct the difference premium amount from the pending central share premium based on the final performance.

Director (Medical Management) briefed that SAST has cleared 70% of last year's premium by obtaining the required documents, till today Insurance Companies have not cleared last year's pending payments to hospitals. ICICI has pending of Rs. 96 lakhs to Network Hospitals for the year 2015-16. Many hospitals are denying patients now stating their pending payments of last year. Insurance Companies have not paid money to hospitals since September 2016. Due to this many grievances from hospitals are received by SAST. She requested the Committee for the action against ICICI.

Decision:

After detailed discussions, Committee decided to deduct the amount from the 30% payable to ICICI to ensure the same can then be transferred to concerned hospitals.

Director (Medical Management) briefed that Vijaya Netralaya has submitted a reply for a Show Cause Notice for collecting co-payment from the patient issued by FHPL which is not satisfactory and as per the previous EDC decision, penalty was imposed to the hospital. She requested the Committee for ratification for the

Decision:

After detailed discussions, Committee ratified the action against Vijaya Netralaya.

Director (Medical Management) explained that SAST has successfully empaneled most of the Govt. hospitals under RSBY scheme. She sought permission to open up empanelment of private hospitals to have enough number of hospitals under our network to treat secondary care patients for upcoming NHPS scheme also.

Decision:

After detailed discussions, Committee decided to go ahead with publishing notification for empanelling private hospitals under RSBY.

Director (Medical Management) briefed that as per the supplementary agreement signed by the insurance companies there are certain parameters which the companies has to satisfy their performance. SAST also cautioned all insurance companies to improve the performance on above mentioned parameters and

increase the utilization under RSBY Scheme. In spite of that no improvement is showed by the insurance companies especially in the below mentioned points.

- a. Increasing claim rate.
- b. Adhering stringent monitoring & Supervision guidelines laydown by the SAST.
- c. Reporting back to SAST on issues raised.
- d. Ensuring quality care services by maintenance of good kiosk mechanism.

As per the supplementary agreement guidelines for monitoring the parameters the scores received by the Insurance Companies is

Sl. No.	SLA	Description	NIA	Iffco -Tokyo	FGI
1	Settlement of claims within 30 days				
	points criteria	(If 10% of claims remains unpaid at the end of 30days-5points, 10-25%=10points, 25-40%=15 points	more than 80% of claims are paid after 30days	more than 80% of claims are paid after 30days	more than 80% of claims are paid after 30days
	performance of insurance Company		15	15	15
2	At least 2 hospitals to be empanelled in each block				
	points criteria	Every block where less than 1 hospital have been empanelled-5points, 1-2 hospitals = 3 points	Satisfied by Insurance Company	Satisfied by Insurance Company	Satisfied by Insurance Company
	There Should be at least one hospital for every 8000 families enrolled in the scheme	at least 1 hospital empanelled in each district on every 8000-9000 population - 1point, 9000-10000=3 points, above 10000=5 points	1	5	6
3	There should be at least 5 Hospitals in the district Head quarter	every district head quarter where less than 3 hospitals have been empanelled-5 points, 3-5 hospitals =3points	40	13	6

Sl. No.	SLA	Description	NIA	Iffco -Tokyo	FGI
4	The Following specialities shall be available through empaneled hospitals in each district a. General Medicine b. general surgery c. OBS & Gynaecology D. Paediatrics E. Ophthalmology F. ENT G. Orthopaedics	If 5 specialities available in each District till the start of the policy=3 points. 3-4 specialities=5points	Satisfied by Insurance Company	Satisfied by Insurance Company	Satisfied by Insurance Company
5	Other Issues Related to enrolment: Preparation of brochures and distribution to the beneficiaries	if broacher not shared with the SNA till the start of the Enrolment= 6 points, If broacher not shared to SNA at all -10 points	Not Applicable	Not Applicable	Not Applicable
6	Setting up of District Kiosk by Insurance Company : Set up and operationalize RSBY Kiosks according to the guidelines	If not set up 7 days prior to the commencement of enrolment- 3points., If not setup till one month from the commencement of enrollment-5 points	40	10	10
7	Manpower requirements: Human resources as per the guidelines of the scheme	If not appointed till the start of policy-3 days. If not appointed till 15days policy- 5 points	Satisfied by Insurance Company	Satisfied by Insurance Company	Satisfied by Insurance Company
8	Organizing of all workshops as report from insurance companies as per the Guidelines	At least 7 days before start of policy =3 points, If not conducted =5 points	Satisfied by Insurance Company	Satisfied by Insurance Company	Satisfied by Insurance Company
9	District Office in all districts being served	If not set up within month from signing of the contract-5points	5	5	5
Total Points obtained			101	48	42

Performance Severity:

1. 5-7 Points: 1% of total premium for the concerned insurance Company.
2. 8-13 Points: 3% total premium for the concerned insurance Company.

3. 14-21 Points: 5% of the Total annual premium amount for the concerned insurance company and cancellation of renewal and insurance company debarred for one year.
4. More than 21 Points: 5% of the Total annual premium and insurance Company debarred from bidding for three years.
5. False Intimations on any parameter: Investigation to be called against the insurance Company.

Based on the above, she requested the Committee to permit SAST to penalise the Insurance Companies with 5% of their total premium based on their performance as given below.

Sl. No.	Insurance Company	Premium Amount (in Crore)	Penalty %	Penalty amount (in Crore)
1	New India Assurance company	40.77	5%	2.0385
2	Iffco	25.58	5%	1.279
3	Future general insurance company	11.27	5%	0.5635
Total		77.62		3.881

Decision:

After detailed discussions, Committee approved to impose 5% penalty as mentioned above to the Insurance Company.

Further Committee also instructed the Iffco Tokiyo, Insurance Company to obey 38th EDC decision of revoking suspension with respect to Vitobha Netralaya, Hubli and SAST also to review the functioning of the hospital by conducting medical audit.

Sub No. 39.9

Cancellation of Preauthorisation.

Director (Medical Management)brought to the Committee's notice that as per the guidelines issued for cancellation of preauths, 51 cases have been analysed and an amount of Rs. 54,300/- penalty to be imposed for hospitals for violating the cancellation of Preauths guidelines.

Decision:

After discussions, Committee noted the same and approved imposition of the penalty.

Sub No. 39.10

Status of Grievance Cell.

Director (Medical Management) briefed that out of all cases, 69 cases are related to VAS Scheme and 8 are related to JSS and 2 are related to RAB cases and RSBY 10 cases. Most of the cases were addressed directly with the support of

Arogya Mithras, District managers and Regional Consultant. The Grievance Cell has reimbursed Rs. 163195 /- in 11 cases to the beneficiaries.

Decision:

Committee after obtaining the details of Grievance Cell noted the same.

Sub No. 39.11

Regarding NABH Accreditation.

Director (Medical Management) briefed about the status of NABH Accreditation of the empanelled hospitals.

Issue-1: As per circular HFW/SAST/103/2013-14 dated 14.11.2016, the hospitals which had not achieved the accreditation by 30-11-16 have to face dis-incentivization from 1-12-16. This is of the amount of 2% from the claims of patients admitted from 1st Dec onwards. According to this, there are 134 hospitals on which dis-incentivization have started from 1st Dec 2016. Govt hospitals are requesting exemption from dis-incentivization.

Decision:

Committee after obtaining the details noted and approved to dis-incentivise for both private and Govt hospitals.

Issue-2: Director (Medical Management) explained that some new hospitals (7) were provisionally empanelled with SAST in 2016, without achieving NABH accreditation on a condition that they will achieve the same within 3 months. These hospitals were in the process of NABH accreditation during the time of empanelment. As their NABH preparations were progressing evidently, the hospital requests were processed and provisional empanelment given.

Out of the above listed hospitals, LYDM Sparsh Hospital, Gadag, K.H.Patil Hospital, Gadag and Tumkur Speciality Hospital, Tumkur are exempted from the dis-incentivization as they are very close to the certification process and delay is from NABH itself.

Ashoka Hospital, Hubli and MAX Hospital, Shimoga hospitals have asked for provisional empanelment, stating that they will achieve required NABH accreditation Entry Level with 3 months. At present 33 hospitals have applied online request for empanelment, they have kept pending for NABH accreditation. She requested whether the request of 2 hospitals can be considered.

Decision:

After detailed discussions, Committee decided to

A) For 6 hospitals empanelled in 2016 without NABH certificate:

Sl. No.	Hospital	Empanelment Date	NABH Status as on 06.02.17
1	LYDM Sparsh, Gadag	16.06.2016	NABH Entry level certified
2	Tumkur Speciality Hospital, Tumkur	26.10.2016	NABH Entry level certified

The above two hospitals empanellment is continued by insisting the hospitals for submission of Certificate immediately.

B) Hospitals that have not achieved NABH yet:

Not received NABH certificate			
Sl. No.	Hospital	Empanelment Date	NABH Status
1	K.H. Patil, Gadag	05.05.2016	Assessment re-scheduled for February
2	NDRK Hospital, Hassan	24.06.2016	Registered online
3	East Point Hospital, Bangalore	17.09.2016	Registered online
4	Chris Hospital, Bangalore	18.03.2016	<ul style="list-style-type: none">Registered online and Uploaded documentsHospital taken over by new management; MoU renewal due in March 2017

Hospitals to be sent notices asking explanation why they have not achieved NABH in the given 6 months period after empanelment. These hospitals may be suspended till they submit their certificate by SAST if deemed necessary.

C) For hospitals submitting application for new empanelment:

- In 4 major districts Bangalore, Mysore, Belgaum and Mangalore - hospitals should not be considered without NABH certificate (As there are already many empanelled hospitals in these districts).
- To new applicants in other districts:

Hospitals to be informed that they will have to complete the following regarding NABH Accreditation, before getting empanelment with SAST:-

1. Should have registered on NABH website and get user id.
2. Should have prepared and uploaded all SOPs for Entry Level
3. Should have made all 7 mandatory committees - and committees met at least once.
4. Should have done self assessment - at least once.
5. Training of staff should have been started.

- To add NABH clause in the empanelment criteria and new hospital inspection checklist.

Issue-3: Director (Medical Management) explained that out of 184 hospitals, there are 22 Government Hospitals empanelled as network hospitals for Tertiary care for SAST schemes. Of them, only 2 have NABH certification.

- a. Jayadeva Hospital - Full NABH Accreditation
- b. SDS TRC Rajiv Gandhi Hospital, Bangalore - Completed Entry Level process - certificate awaited.

Some hospitals like PMSSY, Victoria hospital, Institute of Nephro Urology, Indira Gandhi Hospital and Sanjay Gandhi trauma care, Bangalore, are in the process of preparation for NABH Accreditation. Considering that all these hospitals have been put under dis-incentivization, there is a loss of at least 2% of claims as penalty, for treatment done under SAST schemes.

Government hospitals under the schemes should be promoted towards achieving NABH accreditation through different mechanisms, including through Medical Education Department.

Decision:

After detailed discussions, Committee instructed to

- **SAST to write to MD, Medical Education**
- **SAST to write to Vice Chancellor of Rajiv Gandhi University**

Issue-4: Director (Medical Management) explained in issue 3, 20 Government hospitals empanelled for SAST schemes are under dis-incentivization since 1st Dec 2016. SAST is providing support to these hospitals for NABH preparation as required. These hospitals may require some additional support in terms of time required to achieve NABH since all of them are large hospitals or medical colleges with high patient turnover and lack of dedicated staff for NABH preparation only.

Decision

After discussions, Committee decided to continue 2% disincentivization for all hospitals till 30th June, 2017 instead of increasing to 4% in April 2017 (as per Circular no. HFW/SAST/103/2013-14 dated 14.11.2016).

Meeting concluded with vote of thanks by the Member Secretary.

Sd/-

(Dr.Rathan U. Kelkar)

Co-Chairman

Empanelment and Disciplinary Committee
Suvarna Arogya Suraksha Trust
Bangalore

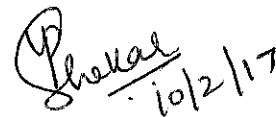
(Dr.H.Sudarshan)

Chairman

Empanelment and Disciplinary Committee
Suvarna Arogya Suraksha Trust
Bangalore

Dated: 10.02.2017

(Proceedings approved
by the Chairman through mail)


10/2/17

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