Government of Karnataka



SUVARNA AROGYA SURAKSHA TRUST





Proceedings of the 42nd Empanelment and Disciplinary Committee meeting of Suvarna Arogya Suraksha Trust held on 3nd January 2018 in the Conference Hall, Suvarna Arogya Suraksha Trust, Bangalore

Members Present

2. 3. 4. 5. 6.	Dr. Sudarshan H. Secretary, Karuna Trust, Bangalore Smt. N.T. Abroo, Executive Director, SAST. Dr. Ashok Shenoy, Kidwai, Bangalore. Dr. Devadasan, IPH, Bangalore Director, VIMS represented by Dr. Venugopal, Nodal Officer Dr. Sudha Chandrashekar, Director, Medical Management, SAST	Chairman Co-Chairman Member Member Member Member- Secretary
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Members Absent

- 1. Executive Director, KSHSRC, Bangalore.
- 2. Director, SIHFW, Bangalore
- 3. Deputy Director (Medical), DoHFW.
- 4. Dr. Srinath, Sri Shankara Cancer Hospital, Bangalore.

Others present

- 1. Director (Operations), SAST.
- 2. Director (Finance), SAST.
- 3. Regional Consultant, SAST, Bangalore.
- 4. Regional Consultant, SAST, Mysore.
- 5. Deputy Director, RSBY, SAST.
- 6. Co-ordinator, Grievance Cell, SAST.
- 7. Co-ordinator, Mortality Audit Cell, SAST.
- 8. RSBY NWH Co-ordinator, SAST.
- 9. RSBY Grievance Co-ordinator, SAST.
- 10.Smt. Bhoomika Sharma, NIA.
- 11.Dr. Venkatesh, NIA.
- 12. Sri. Vijay M. Vernekar, IFFCO Tokio.
- 13.Dr. Shalabh Singhal, IFFCO Tokio.
- 14.Dr. Alok Katkol, IFFCO Tokio.
- 15. Sri. Mahadev, Paramount TPA.
- 16.Sr. S. Mohan, FGI,
- 17. Sri. D.N. Kamat, K.S. Hegde Hospital, Mangalore.
- 18. Sri. Jaison Joseph, Consultant, RSBY, GIZ.

The Director, Medical Management, Suvarna Arogya Suraksha Trust welcomed the Chairman and all Members to the 42nd Empanelment and Disciplinary Committee meeting.

Sub No. 42.1

Confirmation of the Proceedings of 41st EDC meeting held on 22.08.2017.

The proceedings of the 41st Empanelment Disciplinary Committee meeting was confirmed.

Sub No. 42.2

Review of action taken on the proceedings of the 41st meeting held on 22.08.2017.

The Committee reviewed the action taken report on the previous meeting and noted the same.

Sub No. 42,3

Empanelment of hospitals under Suvarna Arogya Suraksha Trust schemes.

Committee noted the status of empanelment of hospitals under Suvarna Arogya Suraksha Trust schemes.

Sub No. 42.4

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

Committee noted the status of Super Specialists/Specialists and Chairman suggested to submit separate list of Government and Private Doctors for the next meeting.

Sub No. 42.5

Grievance Cell/Call Centre/Vigilance Cell Quarterly Report August 2017 to November 2017.

Director (Medical Management) briefed the receipts of grievances through Call Centre and the actions taken against those grievances. She also explained follow-up done on the complaints referred by SAST Doctors and on the report of Chief Vigilance Cell.

While briefing on the individual hospitals she brought to the Committee's notice that Bhanavi Hospital is not providing proper infrastructure at hospital, KMC Hospital, Mangalore is collecting money from beneficiaries and BGS Global Hospital is also collecting money from beneficiaries.

Decision:

On reviewing the individual hospitals deviations, Committee suggested to,

a) release pending payments and block Bhanavi Hospital, Mysore.

b) write D.O. Letter from Executive Director to KMC Hospital, Mangalore.

c) impose penalty on BGS Global Hospital, Bangalore and

de-empanel if the same is repeated.

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Quality facilitation Cell updates.

Director (Medical Management) explained the status of NABH accredited hospital. She requested the Committee for guidance on quality standards to be followed for the up-coming UHC.

a) NABH entry level under UHC for tertiary hospitals.

b) Continuation of Incentivisation and disincentivisation for accreditation to hospitals

c) Relaxation of disincentivisation for Govt Hospitals.

Decision:

Sub No. 42.6

After detailed discussions, the Committee decided to constitute a separate Sub-Committee for finalising the quality standards for secondary and tertiary care empanelment criteria under UHC.

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Sub No. 42.7

Issues from SAST Regional Consultants.

Director (Medical Management) briefed about the harassment of Arogyamitra by the SAMCO of Mangala Hospital for requesting transportation charges to beneficiaries and for a KIOSK. Later this was agreed by the SAMCO. She requested the Committee for actions against the hospital.

Decision:

After discussing, Committee decided to take action as per MoU of the hospital for not providing KIOSK and seeking a letter of apology to the Arogyamitra by the SAMCO of the hospital.

G.C.

Sub No. 42.8

Exemption of penalty clause for late submission of claims from network Hospitals.

Director (Medical Management) briefed that as per MoU network hospitals are being penalised for late submission of claims. Due to workload KIDWAI Hospital was exempted from penalty clause. Presently SJICR, Rajiv Gandhi and Sanjay Gandhi hospitals are requesting for penalty exemption.

Further she mentioned that another hospital M.S. Ramaiah Hospital, Bangalore is also requesting for penalty waive off due to some internal management issues claims amounting to Rs. 1.55 crore were not submitted on time and delay is more than 90 days. As per MoU the penalty will be 50% which will be huge financial loss to the hospital.

Further Director (MM) explained that some NWHs are not attending the claims objections like Scar photo, photo of patient with RT machine, photo of dead body and there are approximately 1500 claims which are pending more than 90 days and as per existing procedure penalty of 50% out of package rate is applicable.

She requested the Committee that if the documents confirm that the procedure is done satisfactorily such claims may be processed by imposing another 5% extra penalty to the hospitals.

Decision:

After detailed discussions, observing the work load of SJICR, Rajiv Gandhi and Sanjay Gandhi Hospitals and the request by M.S. Ramaiah Hospital Committee decided to

- a) exempt SJICR, Sanjay Gandhi, Rajiv Gandhi Hospitals from penalty clause on a condition that the above 3 hospitals shall submit claims in time and to appoint one Accountant/Claims Executive for SAST Schemes exclusively in the hospitals.
- b) 20% penalty for M.S. Ramaiah Hospital with immediate renewal of empanelment.
- c) Committee agreed to process the claims which are having critical documents confirming the procedure done giving relaxation to desirable document. To prepare list of such documents (critical and desirable) and process the respective code.

Sub No. 42.9

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Empanelment fees under UHC.

Director (Medical Management) explained the present hospital empanelment fee structure to the Committee and requested the Committee's decision on the proposed fee structure and empanelment relaxation for Govt Hospitals under UHC Scheme.

Executive Director, SAST informed the Committee that she would write a D.O. letter to the Commissioner, H&FW regarding the mandatory documents to be submitted by Govt Hospitals and ensure compliance.

Decision:

After discussions Committee decided to discuss the above issues in the Sub-Committee.

Sub 42.10

Report on analysis of cancelled Preauths-SAST Tertiary schemes (April 2017-August 2017).

Director (Medical Management) explained about cancellation of preauths by hospitals and the reasons for cancellation. Dr. Devadasan, Member, EDC presented a brief analysis and emphasised that cancellation of cases need to be reviewed thoroughly. Executive Director also shared that she is also reviewing this issue and it is more complicated than it seems.

Decision:

Committee noted the same.

Sub 42.11

Penalty to Doctors for wrong processing of Preauths and Claims.

Director (Medical Management) explained that penalties are being imposed to processing doctors for improvement of quality based on audit report, technical errors and financial errors.

DOCTOR	TOTAL NUMBER OF CASES PROCESSED	ERRORS	PERCENTAGE
Dr. N.G. Narayana	163	1	0.61%
Dr. Anwith H S	733	2	0.27%
Dr.Aravind Kumar	1763	3	0.17%
Dr. Archana K R	2538	29	1.14%
Dr. Arshad Ali T	1771	9	0.51%
Dr. ArshiAyaz	1936	2	0.10%
Dr. Asha C S	1152	2	0.17%
Dr. Bharath HS	2522	8 -	0.32%
Dr. Bindu P	1647	7	0.43%
Dr. Brunda Shree	1936	45	2.32%
Dr. Chakrapani Spoorthy Rekha	3460	2	0.06%
Dr. Chandanakrishna	3148	1	0.03%
Dr. Chandrashekar	3462	1	0.03%
Dr. Deepak	711	10	1.41%
Dr. Deepashree	3421	18	0.53%
Dr. Dewakar.N.R	476	2	0.42%
Dr. Geetha	1155	1.	0.09%
Dr. G.H Rao	1448	8	0.55%
Dr. Gouthem	904	7	0.77%
Dr. Govindraj	2469	24	0.97%
Dr. Hamid Ali	2137	12	0.56%
Dr. Indira Asangi	2648	12	0.45%
Dr. Jagdeesh.H	1825	16	0.88%
Dr. Janarthana	1919	2	0.10%

DOCTOR	TOTAL NUMBER OF CASES PROCESSED	ERRORS	PERCENTAGE
Dr. Jayaprakash	2744	15	0.55%
Dr. Kafeel	3600 /	6.	0.17%
Dr. Karthikeyan	1910		0,37%
Dr. Kalaiselvi	2095	13	0.62%
Dr. Kavitha	1652	1	0.06%
Dr. K. B.Rajeev	3295	j.	0.03%
Dr. Kiran T	2539	5	0.20%
Dr. Kishore.K.R	2487	6	0.24%
Dr. Shiv Kumar	3169	1	0.03%
Dr. Lepaksha	re alised to the second artificial designs are not to the second and the second artificial artifici	8	1.03%
Dr. Madhavi. S.Hullur	870	4	0.46%
Dr.D.K. Math	1413	3	0.21%
Dr. Nashanth.Jajee	2249		0.04%
Dr. Padmaja.Shetty	3596	14	0.39%
Dr. PaladaguVenkatRao	6885	3	0.04%
Dr.Parvathy. Iyer	1128	9	0.80%
Dr.Punitha.	2635	9	0.34%
Dr.Rajendra	3101	12	0.39%
Dr.Ranganath	1021	1.	0.10%
Dr. Raveendramohan A.L	1500	1.	0.07%
Dr.Sandeep.Korey	388	13	3.35%
Dr.Sangeetha.	435	I	0.23%
Dr. Savithapatil	1620	16	0.99%
Dr.SayedaZeba	1111	4	0.36%
Dr.Seema	2311	2	0.09%
Dr.Shailendra	1648	4	0.24%
Dr.Shanthi	963	3	0.31%
Dr.Shanthkumar	688	2	0.29%

DOCTOR	TOTAL NUMBER OF CASES PROCESSED	ERRORS	PERCENTAGE
Dr.Shivalli	4700	5	0.11%
Dr.Shivashankar	2596	6	0.23%
Dr.Shruthi.M.N	1290	12	0.93%
Dr.Shruthi.S.B	4574	1	0.02%
Dr.Siddagangaiah	3750	8	0.21%
Dr.Somashekar	3371	22	0.65%
Dr.Sudarshan.R.K	2392	6	0.25%
Dr.Sunilchandra	1293	2	0.15%
Dr.Syedasara	1787	2	0.11%
Dr.SyedTareeb	2422		0.04%
Dr.T.Vijaya	763	**************************************	0.92%
Dr.Uma S.K	2439	2	0.08%
Dr.Veena p	99	15	15.15%
Dr.Veeranna	1405	14	1.00%
Dr.Vidyasuresh	1868	6	0.32%
Dr.Vinitha	3348	2	0.06%
Dr.Vishwaradhya	6593	1.	0.02%
Dr.Yadhuraj	5812	40	0.69%
Dr. H.S.Prasad	912	3	0.33%
TOTAL	154586	544	0.35%

Decision:

After discussions the Committee ratified the actions on penalising the processing doctors.

Sub 42.12

1. Status of RSBY Scheme

- The total empanelled hospital under this scheme was 1171 (both pvt 511 & govt 660).
- For the year 2017-18 up to 31.11.2017 total of 53350 beneficiaries (as per SNA server) had utilized the scheme and claim amount of Rs.30 crore is intimated under the RSBY scheme.

Premium paid 2017-18

SAST had paid 100% State share of the premium to the Insurance Companies for 2017-18. The details are as below

TABLE-I

IC	Total enrolled	Premium rate	Total payable premium	Paid (40%)
NIA	3530857	173 (-60)	398986841	159594736
FGI	1071835	163(-60)	110399005	39741277
IFFCO	1606381	219(-60)	255414579	102165832
Total	6209073		764800425	301501845

However, the GOI is analysing the post enrolment data and final enrolment number may be decided based on the GOI report.

The point was ratified in the EDC. EDC commented that the performance of the scheme is very poor in terms of utilization and coverage. ICs are not initiating any steps to increase the awareness among beneficiaries and thus improving the utilization under the scheme.

Decision:

ICs to organize health camps apart from that organized by SAST.

1. Claim performance for year 2016-17

The ICs were asked to share claims data of 2016-17 (paid details along with UTR). The IC's have shared the data and SAST had made performance analysis as below

TABLE-II

Si. No	IC	District	Total No. of Enrolment	Total amount of Premium paid	Total No. of claims paid	Total amount of Claims paid	Claim Ratio G/E*1 00	% of premium to be reimb ursed/deduc ted (70%-II)	Premium amount to be reimbursed/d educted (I*E/100)
A	B	C	D	E	F'	G	H	I	J
Ţ	MJOSNICIO VIRTURALIS VICTORIS (COLOR COLOR	Bangalore Rural	163999	18531887	1548	9153840	49.40	20,60	3818480.9
2		Bangalore Urban	262219	29630747	1653	9698694	32.73	37.27	11042828.9
3	NIA	Chamrajnag ar	88474	9997562	1711	10304235	103.07	-33.07	0
4		Chikkaballa pur	192707	21775891	703	4281657	19.66	50.34	10961466.7
5		Chikkamaga lur	114290	12914770	1237	6334372	49.05	20.95	2705967
6		Chitradurga	222211	25109843	4611	21136610.1	84.18	-14.18	Company of the Compan

SI.	IC	District	Total No. of Enrolment	Total amount of Premium paid	Total No. of claims paid	Total amount of Claims paid	Claim Ratio G/E*1	% of premium to be reimb ursed/deduc ted (70%-H)	Premium amount to be reimbursed/d educted (I*E/100)
A	В	С	D	E	F	G	K	I	J
77		Dakshina Kannada	129922	14681186	1713	7599539	51.76	18.24	2677291.2
8		Davanagere	305314	34500482	2771	15940786.5	46.20	23.80	8209600,9
9		Hassan	240466	27172658	3785	21821570	80.31	-10.31	0
10		Kodagu	59187	6688131	187	1198432	17.92	52.08	3483259.7
11		Kolar	198568	22438184	2042	11720932	52.24	17.76	3985796.8
12		Mandya	253002	28589226	6916	44320687	155.03	-85.03	0
13		Mysore	379524	42886212	4748	32478235	75.73	-5.73	0
14		Ramanagara	131585	14869105	4974	23363105	157.13	-87.13	······································
15	-	Shimoga	192361	21736793	1802	12197522	56.11	13.89	3018233.1
16		Tumkur	493834	55803242	3140	18066999	32.38	37.62	20995270.4
17		Udupi	103194	11660922	666	3769534	32.33	37.67	4393111.4
	Total	PM WWW. State Control of the S	3530857	398986841	44207	253386700	63.51	6.49	75291307
18		Bellary	211869	21822507	1016	5997079	27.48	42.52	9278675.9
19		Bidar	174418	17965054	953	5453138	30.35	39,65	7122399.8
20		Gulbarga	231736	23868808	1094	6954537	29.14	40.86	9753628.6
21	FGI	Koppal	177356	18267668	1466	9334070	51.10	18.90	3453297,6
22		Reichur	152767	15735001	835	5305747	33,72	36.28	5708753.7
23		Yadgir	123689	12739967	716	4876012	38.27	31.73	4041964,9
	Total	SPACE CONTRACTOR CONTR	1071835	110399005	6080	37920583	34.35	35.65	39358720.5
24	ITGI	Bagalkote	236429	37592211	3621	24318630	64.69	5.31	1995917,7
25		Belagaum	376644	59886396	3126	21294498	35,56	34.44	20625979,2
26	ork yearst trastational telephone was an incidence.	Bijapura.	270467	43004253	4512	29834165	69.37	0,63	268812.1
27	*************************************	Dharwad	180514	28701726	2809	15064351	52.49	17.51	5026857.2
28	***************************************	Gadag	140660	22364940	2976	15781456	70.56	-0.56	Q
29	·	Haveri	225138	35796942	4498	30487298	85.17	-15,17	0
30	143.4 (m. m.,	Uttara Kannata	176529	28068111	2878	16397266	58,42	11.58	3250411.7
***************************************	Total		1606381	255414579	24420	153177664	59.97	10.03	31167977.9

SI. No	IC	District	Total No. of Enrolment	Total amount of Premium paid	Total No. of claims paid	Total amount of Claims paid	Claim Ratio G/E*1 00	% of premium to be reimbursof/deducted (70%-H)	Premium amount to be reimbursed/d educted (I*E/100)
A	В	C	D	m	F	G	H	I	J
	Grand Total		6209073	764800425	74707	444484947	58.12	11.88	145818005.4

The Insurance Companies have to reimburse Amount of Rs. 14.58 Crore pertaining to year 2016-17 as per the analysis mentioned above.

Note: The claims considered are those that are submitted by the Insurance Companies as paid. However, SAST is in the process of analysing the authenticity of the claims and also analysing the rejected claims etc. Hence, the above figures given are tentative only and will be finalised after reconciliation with the Insurance Companies.

Decision:

To analyse performance ratio after obtaining final UTR details and to Die MM/DDesBY define reimbursement amount and performance.

2. KS Hegde Hospital Pending Claims:

Imran Ali Khan, Coordinator- Beneficiary Communications & Grievances RSBY-MoH&FW, Government of India, New Delhi had sent a mail (dated:14.12.2017) to SAST regarding "LONG STANDING PENDING CLAIMS UNDER RSBY SCHEME". In this regard it was already discussed in DGRC meeting but action was not taken from ICs. KS Hegde Hospital provided consolidated pending payment as below:

SI. No.	ТРА	CLAIMS SUBMITTED FOR THE PERIOD	NO. OF CLAIMS PENDING	AMOUNT PENDING FOR PAYMENT (in Rs.)
1	ICICI LOMBARD	01.04,2015 TO 31.03,2016	96	708450.00
2	New India Assurance Company Limited (HEALTH INDIA TPA PVT. LTD.)	01.04.2016 TO 31.03.2017	262	1641990.00
3	New India Assurance Company Limited (HEALTH INDIA TPA PVT. LTD.)	01.04.2017 TO 31.10.2017	390	2318345.00

NOTE: Similar complaint was received from TSS Shripad hospital, Uttara Kannada against ICICI Lombard. The decision (10.05.2017 RSBY Review Meeting) was taken

to pay TSS Shripad directly by SAST from the premium payable to Insurance Company(Rs.1,69,875/-). Many a time Insurance Company was directed to clear the pendency however, ICICI Lombard denied to pay claims.

Total amount of Rs.96 lakh is pending with SAST. Hence, the pending of ICICI claims of hospital may be directly paid after verification. Clearing the pending claims will encourage hospitals to treat beneficiaries under the scheme.

With respect to NIA, Show cause notice was sent twice regarding non-payment of claims and also issues was discussed on 28.12.2017 and directed to clear pendency in 2 days.

Decision:

1. The committee directed NIA to settle the pending claim amount of Hospital by 05.01.2018 & the hospital to follow up with the I/C for the settlement. If it fails to do so the amount will be deducted from the premium to be paid to the I/C which in turn will be settled to the hospital. ICICI claims can be deducted from pending premium with SAST and pay to the hospital.

2. Suggested KS Hegde Hospital to file case in Consumer Court.

3. Un-distributed RSBY Smart Cards.

SAST has got in its possession around 204 (86+118) smart cards which are not handed over to the beneficiaries during enrolment process. The Tumkur DHO has sent these cards, which were handed over to him by Asha worker/Arogyamitra. (copy of letter enclosed). Tumkur District is handled by The New India Assurance Company Ltd. The district was managed by GHPL TPA until 31.03.2017 and as per the direction of SAST removed GHPL. Now the district is managed by Medicare TPA. Whereas the insurance companies and TPAs had already given a declaration to SAST stating that all printed RSBY smart cards are distributed to the beneficiaries. This is a serious lapse on both TPA/NIA who have not ensured the smart card distribution and this lapse of theirs has caused loss of access to health care to these beneficiaries for all these years.

Hence, the penalty to be imposed on Insurance Company is proposed as below.

The policy period started in 2015 January onwards. The beneficiaries last benefit until December 2017.

The amount covered/sum insured is Rs.30000/- per year. So, for 3 year 3*30000=Rs.90000/- sum insured is loss.

Therefore, No. of cards *sum insured will be 204*Rs.90000/-=Rs.1,83,60,000/-.

Proposed penalty to be imposed is Rs.1,83,60,000/-

Decision:

- Impose penalties on NIA Insurance Company Rs.1,83,60,000/- and an appreciation letter to District Co-ordinator and Arogyamitra.
- SAST to write to the Insurance ombudsman about non-performance of NIA.

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4. Review on Performance of Insurance companies for the year 2017-18

As per the supplementary agreement signed by the Insurance Companies, there are certain parameters which the companies have to satisfy their performance. SAST also cautioned all insurance companies to improve the performance on these parameters and increases the utilization under RSBY Scheme. In spite of that there is no visible on the performance or improvement the insurance companies, especially on the below mentioned points.

- a. Increasing claim rate and timely settling of claims as per RSBY guidelines.
- b. Adhering to the monitoring and 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 as indicated in Table-III below:

TABLE-III

SL NO	SLA	Description	NIA	Iffco -Tokyo	FGI
1	Settlement of claims with in 30days	,	The state of the s		
	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 50% of claims are paid after 30days	more than 20% of claims are paid after 30days
	performance of insurance Company		15	15	10
2	At least 2 hospitals to be empanelled in each block			**************************************	The contract of the contract o
	points criteria	Every block where less than 1 hospital have been empanelled- 5points,1-2 hospitals =3points	Satisfied by Insurance Company	Satisfied by Insurance Company	Satisfied by Insurance Company
90,000 & make dana at	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	Satisfied	Satisfied	Satisfied
3	There should be at least 5 Hospitals in the district Head quarter	every district head quarter where less than 3 hospitals have been empaniled-5 points,3-5 hospitals =3points	Satisfied	Satisfied	Satisfied

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
	Other Issues Related to enrolment; Preparation of brochures and distribution to the beneficiaries	if brochure not shared with the SNA till the start of the Enrolment= 6 points, If brochure 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-5points	5	Satisfied	5
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 15 days 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 Poir	its obtained	25	20	20

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, it is proposed to permit SAST to penalize the Insurance Companies with 5% of their total premium based on their performance as given below;

S1.	Insurance Co	Premium	Penalty %	Penalty
No.		amount (in		amount
		crore)		(in core)
1	New India Assurance Company Ltd.,	39.89	5%	1.994
2	IFFCO-TOKIO	25.54	5%	1.277
3	FGI	11,03	5%	0.5519
		76.48	5%	3.824

Hence it is proposed to impose the penalty of Rs. 3.824 crore for year 2017-18. The penalty could be deducted from the pending central share premium payable to the Insurance companies.

Decision:

6) Shri B M Patil Medical College and Hospital, Vijaypura- The Hospital was issued show cause notice by the TPA paramount regarding charging money over and above RSBY claim, from the beneficiary Ms Kavita Belagal, URN No 29021109614051980. The patient was admitted on 24.09.17 for LSCS and discharged on 02.10.17. The hospital has collected additional amount Rs 15490 from the beneficiary towards the same which is in violation of RSBY guidelines.

In response to the show cause the hospital has submitted patient's declaration of having received the money back where it is mentioned that Rs 6900 is returned back to the patient and the rest of the amount Rs 8590 was deducted towards the payment of the private ward charges which the patient had opted.

Hence as per the Empanelment and Disciplinary Committee (EDC) decision, the hospital was directed (dated 18 dec) to remit the penalty amount of Rs 46470 (15490+15490+15490) to SAST.

Decision:

The issue was ratified by the EDC if the hospital fails to remit penalty the same may be deducted from premium payable to the Insurance Company $d_{DDD} \otimes d_{DDD} \otimes$

7) Lion's Eye Hospital, Koppal- The patient named Mariyappa kandgal, URN No-2907080401400041, was admitted on 29.06.17 and surgery was done on 29.06.17. However the card was blocked on 05.08.17 and request to overwrite the code was sought on 06.10.17. The card should be blocked before the surgery and the claim request should be sent within 24 hrs of discharge.

In another case of Sana Hanumnath, URN No 29070607114004563, the RSBY card

was blocked on 13.07.17. However, the treatment was not provided to the patient,

In both the cases the hospital has admitted of wrong blocking of the card whereas the treatment was not provided citing that the patient did not turn up for the surgery and have apologised for the wrong blocking of the case.

Further, in the enquiry report of the RC Gulbarga, SAST, it was mentioned that there is gross negligence in record maintenance at the hospital. The hospital was warned strictly to comply with the guidelines and upgrade the record maintenance system at the hospital to avoid any such irregularities in future.

Decision:

The issue was noted by the EDC & The hospital shall be warned strictly to comply with the guidelines and upgrade the record maintenance system at the hospital to avoid any such irregularities in future.

8) Akshay Maternity Hospital, Koppal- TPA, MD India had issued show cause notice to the hospital dated 24th November 2017 regarding co-payment from patient Ms Shabana Begum, URN No. 29070800314011734. She was admitted for LSCS with Tubectomy on 05.11.17 and discharged on 12.11.17. In the written complaint, the beneficiary has alleged that total of Rs 7987 (2000+2000+3987) for anaesthesia, discharge and medicines, respectively, was collected from the beneficiary. Supporting bill for medicines was also submitted.

In response to the show cause notice the hospital has accepted demanding extra money, over and above RSBY Claim, citing use of higher antibiotics and consumables. Also, the hospital mentioned that the patient opted for the private ward whereas, in the written complaint the beneficiary has stated that since there was no beds in general ward available, they were made to shift to private ward, which is in serious violation of RSBY guidelines

A detailed enquiry report by RC, SAST, Gulbarga dated December 6, also confirms alleged demand of the extra money by the hospital. Hence as per the Empanelment and Disciplinary Committee (EDC) decision, the hospital was directed (dated 18 dec) to remit the penalty amount of **Rs 23961** (7987+7987+7987) to SAST.

Decision:

The committee noted the deviation of the hospital and if the hospital fails to remit the penalty the same may be deducted from premium payable to Insurance Company.

- 9. Sewa Nursing Home, Mandya- TPA has issued show cause notice to the hospital dated 28th June for wrong blocking of package with higher rate than the treatment provided for. The details of such two cases are as below:-
- Nagamma, URN 29221203714018904
 DOA- 16.06.17, DOD- 21.06.17, C/o pain abdomen/ovarian cyst
 Jayalaxmi, URN- 29221106214003220
- DOA- 17.06.17, DOD- 21.06.17, C/o pain abdomen/ovarian cyst

Instead of blocking package 'Ovarian Cystectomy' which costs Rs 8000, the hospital has blocked 'Adhenolysis ovarian cystectomy, which costs Rs 15000. In response to the notice the hospital has replied (dated 28.06.17) that adhesiolysis was performed as the ovarian cysts were adherent to the pelvic wall. Such adhesion is not picked up by routine USG and CT/MRI is not done for all patients at the hospital. The OT notes and discharge summary of the related cases, as presented by the hospital, does not indicate adhesiolysis was performed.

The case was further referred to RC Bangalore for opinion (Report received dated 254th November via Email). RC Bangalore further suggested that only ovarian cystectomy shall be approved. TPA was directed (26.12.17) to issue warning notice to the hospital against the wrong blocking of the case.

Decision:

The action taken was ratified by the EDC.

10) K S Hegde Deralkatte, Dakshin Kannada- TPA had issued show cause notice to the hospital, dated 3 Nov, 2017 regarding collecting amount Rs 1.04.000 from the patient Anwar Ansal Khaleel, URN 29131210814006928. The patient was admitted on 15.10.17 and DOD on 23.10.17. RSBY package was blocked for Rs 10,500. Patient was admitted in the ICU from 15th to 22nd and died on 23rd due to multi organ failure. In response the hospital (23.11.17) has admitted charging the patient citing the reason that the amount available under RSBY was insufficient as the case had complications and that the treatment was provided as per the protocol. The bill of the expenditure incurred by the beneficiary is with SAST and amounts to Rs 85953.

Decision:

To issue warning letter to the hospital and based on the reply to the warning letter, if found unsatisfactory, penalty (Rs 257859/- triple the amount charged from the beneficiary) shall be imposed. if the hospital fails to remit the penalty the same may be deducted from premium, payable to Insurance Company.

11) Sindhu Urology- A beneficiary complaint was forwarded by DC SAST (dated 16.06.17) regarding denial of services despite producing card and charging Rs 39960/-(19530+1800+16830+1800). The TPA had issued show cause notice dated 21st june. In response the hospital admitted charging the patient citing reasons that 1. Procedure was not available 2. Procedure cost exceeded 3. Lack of clarity.

The response was unsatisfactory as TPA had clarified (dated 26.12.17) against each of their presentations. The bills of Rs 36360 (for Rs 19530+16830) are with SAST. The hospital has not denied the allegation of charging Rs 3600(Rs 1800+Rs 1800) in their clarification presented, instead have tried to justify the act of charging additional which violates the RSBY guidelines. Hence the penalty amount is calculated on Rs 39960 (Rs 3600+ Rs 36360) are available.

Decision:

To impose penalty of Rs 119880 | Triple the amount as per the EDC Decision) for violating the RSBY guidelines, if the hospital fails to remit the penalty the same may be deducted from premium payable to the Insurance Company.

12) Dr. Hattarki Hospital, Bijapur- As per the report of Insurance company, IFFCO, (email dated 20th September), based on the complaint of alleged pre-natal fetal sex determination while serving beneficiaries of RSBY and violation of PNDT act, a team headed by Maharashtra police had done surprise check on 7th July 2017. The incident was published in Prajawani, a Kannada newspaper as well. After the incident the owner of the hospital was absconding and was later arrested. The computer and other accessories have been taken into police custody. Inspection report of RC, SAST (email dated 9th Nov) too confirmed the alleged violation. The report also confirms that the hospital is closed now. SAST has directed insurance company to submit the MHC card back to SAST.

Decision:

The action taken was ratified in the EDC.

- 13) R D Soni Hospital R D Soni hospital, Bagalkot, Hospital ID 29002070, was empaneled in 24.06.2015. However, it was confirmed by Insurance company that the hospital was deempaneled during the time of previous SNA (before 01.04.2016). The MHC card was returned to SAST and was surrendered to Gol. However, the hospital has requested SNA to re-empanel vide letter dated 13.10.17. A detailed inspection of the hospital by RC Belgaum SAST was undertaken. The report submitted has following pertinent points:-
 - 1. There are 3 doctors working in the hospital. These doctors already work in Government facilities and provide consultancy at Soni hospital as per the following scheduled hours:
 - 1. Dr Nagarai Kuri- 1.30 PM to 2.30 PM and 5.30 to 9 PM
 - 2. Dr Pramod Bise- 1.30 PM to 2.30 PM and 5.30 to 9 PM
 - 3. Dr M L Chikkaradi- 1.30 PM to 2.30 PM and 5.30 to 9 PM
 - 2. In the absence of these consultants at the Soni hospital, 3 BAMS doctors are available to attend to the needful.

Decision:

Re-empanelment request of R D Soni hospital rejected.

DD ESBY DIT MM.

Sub 42.13

Status of Mortality Audit Cell.

Director (Medical Management) briefed about Mortality Audit Cell activities.

Decision:

Committee noted the status of Mortality Audit Cell.

Sub 42.14

Duplication of claims analysis.

Discussion on the subject was deferred due to paucity of time.

Sub 42.15

Empanelment of Paediatric Oncologist in KLE Hospital.

Director (Medical Management) brought to the Committee's notice that due to large number of patients of paediatric oncology in KLE Hospital they are requesting to empanel Dr. Abhilasha Samprakash who is having a fellowship in Paediatric Oncology and is not attested in KMC.

Decision:

Committee considering the qualification of the doctor agreed to empanel Dr. Abhilasha Samprakash in KLE Hospital on the condition that he should have 2 years experience.

Emp Co-ost

Sub 42.16

Status of Yeshaswini Scheme.

Director (Medical Management) explained empanelment details (rural and urban), speciality wise preauths and district-wise performance under Yeshaswini Scheme.

Decision:

Committee noted the status of Yeshaswini Scheme.

Meeting concluded with vote of thanks by the Member Secretary.

Sd/-

(N.T. Abroo)

Executive Director and 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: 27.01.2018

(Proceedings approved by the Chairman through mail)

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