



Government of Karnataka

SUVARNA AROGYA SURAKSHA TRUST

(Department of Health & Family Welfare)

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Proceedings of the 6th Empanelment and Disciplinary Committee meeting of Suvarna Arogya Suraksha Trust held on 28th January 2021 at 7th Floor, Suvarna Arogya Suraksha Trust, Arogya Soudha, Magadi Road, Bangalore.

Members Present

1	Executive Director, SAST	Chairperson
2	Dr. H. Sudarshan, Karuna Trust	Member
3	Director, HFW services	Member
4	Deputy Secretary, Law department	Member
5	Director, Kidwai Memorial Institute of Oncology	Member
6	Director/Representative, SJICR represented by Dr. A.M. Jagadesh	Member
7	Director/Representative, NIMHANS, Bangalore	Member
8	Dr. Ramya M., M.S. Ramaiah Hospital	Member
9	Dr. Shirley George, St. Johns Medical College	Member
10	Director (Medical Management), SAST	Member- Secretary

Members Absent

1. Dr. Mohammed Taha Mateen, Bangalore
2. Deputy Secretary-2, HFW Department
3. Director, Medical Education Department
4. Deputed Officer, Vigilance Department
5. Dr. Vijaya Kumar, Bhagawan Mahaveer Jain Hospital.
6. Dr. Basavaraj Sharanappa Kyathar, Koppal.

Others present

1. Director (Operations), SAST, Bangalore
2. Assistant Director (Finance) SAST, Bangalore.
3. Co-ordinator (Empanelment), SAST, Bangalore.
4. Co-ordinator (Grievances Cell) SAST, Bangalore.
5. Project manager (IT) SAST, Bangalore.
6. Project manager (AB-Ark) SAST, Bangalore.

The Executive Director, Suvarna Arogya Suraksha Trust (SAST) and Chairperson, Empanelment and Disciplinary Committee (EDC) welcomed all the Members. She briefed the status of Ayushman Bharat-Arogya Karnataka Scheme and COVID-19. Director Medical Management took the committee through the agenda.

Sub No. 6.1:

Confirmation of the Proceedings of 5th EDC meeting held on 24.06.2020

The proceedings of the 5th Empanelment Disciplinary Committee meeting were confirmed.

Sub No. 6.2

Review of action taken on the proceedings of the 5th meeting held on 24.06.2020.

5.6(a): St John's hospital, Bangalore is not considering the patients under AB-ArK scheme and treating them as private cases and not submitted the Preauths from January 2020. So far the hospital has not signed the recent MOU.

Decision: In view of the on-going covid-19 situation and the necessity of having hospital with advanced care in the list of empanelment. Committee has advised to take action of giving some more time for the hospital to submit the MOU.

ATR: Letter sent to hospital.

5.6(b): A.J hospital, Mangalore cases of Mr. Bharath and Mr.Viswanath for denial of treatment under AB-ArK scheme and complaints were lodged under PMJAY portal.

Committee decided to levy penalty on A.J Hospital and to refund the amount to concerned patients.

ATR: Penalty imposed to the Hospital

Other Action taken report of the previous meeting proceedings were accepted by the Committee

Sub No. 6.3

Status of empanelment under Ayushman Bharat-Arogya Karnataka.

Under Ayushman Bharat – Arogya Karnataka Scheme total 3400 (Govt-425, PHCs-2437 and Private-538 (**provisionally emp-27**) hospitals have been empanelled.

From last EDC to till now 49 new private hospitals have been empanelled.

Sl. No.	Sub No.	Committee decision
1	1) Status of signing of MoU for the implementation of schemes: There are 538 private hospitals (provisionally emp- 27) are empaneled under the scheme, out of which 336 hospitals are signed MoU with SAST. Remaining 175 hospitals are pending.	Noted
2	2) Following 22 new hospitals inspected and recommended for empanelment.	Noted & accepted

Sl. No.	Sub No.	Committee decision
3	3)Following hospitals are withdrawn the Empanelment	Noted
4	4)Following hospital requested for additional specialty:	Noted & accepted
5	<p>Sub No. 6.4: Delay in submission of MOU:</p> <p>Integration of the AB-Ark scheme and implementation started from 15th December 2018. All the hospitals empanelled under ARK (Arogya Karnataka) were provisionally extended under AB-Ark. There was a time gap in finalizing the draft MOU hospitals were informed to sign an MOU with SAST. Several reminders were sent to the hospitals to submit MOUs. As on date 336 numbers of hospitals is submitted MOU and 175 number of yet to submit.</p> <p>It is proposed to keep the hospitals which are not active with the reminder for submitting the MOU. 69 Number of active hospitals are to be issued a notice for submitting the MOU with in a stipulated time failing which a De-empanelment process has to be initiated</p>	Regional Consultants and District Coordinators have to inform 69 active hospitals to submit the MOU
6	<p>Sub No. 6.4.1: Declaration of MOU dates by hospitals: Since there was a transition from ARK to AB-Ark during the month of October 2018 there was delay in finalizing the MOU. Hospitals are submitting the MOU on different dates. Though they are provisionally empanelled from October 2018 legal advisor SAST has opined that all the hospitals empanelled provisionally from 2018 have to declare that the scope of the MOU will be from October 2018 and will last for 3years though it is submitted late.</p>	Committee accepted and informed to take second opinion from Law Department
7	<p>Sub No. 6.5: Cross specialty:</p> <p>Government of India in designing the procedure list has chosen primary specialty as the criteria for the allocation of procedure codes. There are 25 specialities enlisted in the package list. Some of the procedures enlisted under the primary specialities are also performed by the other specialities conventionally and also technically. Hence, these procedure codes are to be allowed for the secondary specialities so that the facility</p>	Committee accepted

Sl. No.	Sub No.	Committee decision
	<p>can be extended to a larger population. There will be no increase in the number of packages but the same will be made available in other speciality in the cross specialty.</p>	
8	<p>SubNo.6.6:Modification of empanelment specialists and Fellowship of Neonatology and Surgical Oncology:</p> <p>Empanelment of the specialists is also considered while empaneling the hospital speciality wise as the same person, same specialists has to perform the procedure for which preauth is raised to maintain the quality of treatment and also the safety of the patient while undergoing the procedure. Some of the hospitals are requesting for empanelling an alternate specialist due to limited availability of the primary specialists.</p> <ol style="list-style-type: none"> 1. Dr. Sangameshwar Hospital, Kalaburagi is requesting for permission to consider fellowship for empanelment of qualification neonatology for the clinical for neonatology packages. 2. Dr.Gopinath KS, General Surgeon , RL Jalappa Hospital and Research, Kolar requesting for permission to consider clinical for Surgical oncology packages <p>In the 5th EDC meeting there is a decision to permit such specialists in backward districts since, some of the government medical colleges are facing difficulty in recruiting medical oncologists and are managing with Radiation oncologists to sign for the tumour board form.</p>	<p>Committee Decision:</p> <ol style="list-style-type: none"> 1. The Medical college hospitals will be better equipped and also the team approach of treatment will be there in Medical Colleges. Hence paediatricians processing post graduate course in paediatrics with advance training in Neonatology can be considered for the Empanelment. 2. Senior surgeon instrumental in starting MCH courses to be considered for Empanelment on surgical oncology. The decision should not be taken as presidency for future request in surgical oncology.
9	<p>Sub No. 6.7: Extension of empanelment of hospitals provisionally Empanelled for COVID only:</p> <p>In view of the steep rise in the number of COVID-19 infected in the month of June and July 2020 the chairmen of SDMA had issued a notification for fast forward empanelment on Desktop review. Further Doctors from BBMP and SAST have</p>	<p>COVID hospitals can be continued till next 6 months</p>

Sl. No.	Sub No.	Committee decision
	<p>visited these hospitals for an onsite inspection of the facility of the hospitals and have recommended to the BBMP about the follow up action to be taken. The hospitals were initially empanelled and user id and password was given to the hospitals. The bed allotment system was maintained by the BBMP. The hospitals are not being allotted the patients in view of declining numbers. The hospitals did not come forward to sign the MOU; Alternately a TOR has been issued from SAST. The empanelment period was not mentioned in the SDMA notification is not withdrawn.</p> <p>Proposal submitted to continue the empanelment till the SDMA notification is withdrawn as the hospitals are not willing to get empanelment with AB-Ark.</p>	
10	<p>Sub No. 6.8: Payment of short falls:</p> <p>Claims submitted by the hospitals for short payment are of two categories.</p> <ol style="list-style-type: none"> 1. The claims submitted by the hospitals could be erroneous and could be the reason for short payment. There are 3 number of claims submitted with less amount calculation. 2. There could be error in validation by the validator there are 25 -number of claims from 14 number of hospitals for amount Rs. 10,50,000/-. Permission for payment of error in validation confirmed by the auditor and project manager for which hospitals are requested for payment. 	<p>Committee informed to re-verify the cases and penalty to be imposed to the validators and IT Department to initiate software modification to accommodate typo error at the time of validation</p>
11	<p>Sub No. 6.9: Innovation to improve the TAT time of PMJAY/AB-Ark Scheme:</p> <p>To improve the TAT time in preauth and claim and also to reduce the pendency in preauth and claims for seamless functioning and validation and effective delivery of scheme under AB-Ark.</p> <p>The remedial measures adopted are as follows;</p>	<p>For Information</p>

Sl. No.	Sub No.	Committee decision
	<ol style="list-style-type: none"> 1. District Coordinators are empowered to validate the preauth as per their respective district and clear the preauths beyond 6 hours. Any pendency beyond 12 hours to be escalated to Assistant Regional Consultant (ARC) to clear, beyond 18hours to be flag to Regional Consultant (RC). Any pendency greater than 24 hours to be reported to the head office. 2. Long pending claims beyond 14 days are to be validated by District Coordinator (2A & 2B only) if any NMI pending (Need more information) with the assistance of Arogya Mitra of the hospital, to collect relevant document and clear the cases. As well clear Info submission cases too. 3. 3A & 4A to be cleared by RC otherwise reported to head office which can be cleared by the senior validators at the head office. 	

Sub No. 6.10: COVID-19 Status:

Status	Government Hospitals			Private Hospitals			Total		
	Cases	Amount (in lakhs)	% of contrib	Cases	Amount (in lakhs)	% of contrib	Cases	Amount (in lakhs)	% of contributi
Claims Submitted	46,011	7,650.49	76%	70,603	35,235.84	95%	1,16,614	42,886.33	86%
Claims Unsubmitted	14,298	3,240.74	24%	3,916	2,779.23	5%	18,214	6,019.97	14%
Claims Paid	28,568	3,900.03	62%	48,454	20,957.24	69%	77,022	24,857.27	66%
Claims Payment Underprocess	2,521	374.47	5%	4,235	2,226.85	6%	6,756	2,601.32	6%
NMI @ Hospitals	3,951	779.68	9%	3,468	2,109.04	5%	7,419	2,888.72	6%
Under Process @ SAST	8,332	2,036.00	18%	12,473	8,972.20	18%	20,805	11,008.20	18%
Denied	2,639	560.31	6%	1,973	970.50	3%	4,612	1,530.81	4%
Total	46,011	7,650.49		70,603	35,235.84		1,16,614	42,886.33	

Sub No. 6.11: -Mortality Audit Cell Status: Data Analysis of death Cases (June-December 2020)

Specialty-wise deaths:

Number of Deaths among beneficiaries who had undergone Covid treatment - 4057 followed by General Medicine procedures- 872 deaths. The percentage of death was higher in beneficiaries who had burns (10.71%), cardiothoracic surgery (4.13%) followed by interventional neuroradiology (3.57%).

Gender-wise deaths:

Number of Deaths as well the percentage was higher among Males 4011 (1.94%) in comparison to females 1879 (0.87%)

Sector-wise deaths:

Percentage as well as number of deaths were higher in Private hospitals -4645 (3.53%) compared to government hospital 1245 (0.43%).

Division wise deaths (denotes domicile of beneficiary):

Bangalore division had more number of deaths 2881 (1.76%), followed by , Mysore 1644 (1.63%), Belgaum 658 (0.81%), Gulbarga 584 (0.80%) and Out of state 123 (2.34%).

Age-wise Deaths:

Age-wise analysis showed higher percentage of deaths in > 60 yrs (4.08%) patients and higher mortality numbers (2981).

Procedure-wise deaths:

Number of Deaths in beneficiaries who had undergone 3A.M1.00074 : COVID ICU with Ventilator was higher (Number of deaths: 1142 & percentage: 32.67%).

Percentage of deaths was high (43.11%) in beneficiaries who were treated for Severe sepsis/Septic shock - ICU with ventilator than patients treated for Respiratory failure due to any severe acute respiratory infection (SARI) - ICU with ventilator (39.39%) followed by Cerebrovascular accident - ICU with ventilator (36.96%).

Hospital-wise deaths:

RAJARAJESWARI MEDICAL COLLEGE AND HOSPITAL reported the highest number of deaths (289); however the percentage of beneficiary deaths was highest in Srinivas Institute of Medical Science and RC (13.22%) and R L Jalappa hospital and research centre (12.57%).

Decision: - 1) Committee suggested to separate Covid death cases from Non Covid death cases while calculating mortality audit.

2) The death audit report of preventable deaths are to be submitted to the speciality subcommittee for opinion about the preventable deaths and the observation are to be shared with the treating hospitals for a follow up action to be taken in the death cases.

Sub No. 6.11.2: Modification of software for Death Audit:

Death Audits are conducted by the validators of the speciality. After completion of death validation, the death has to be pulled in two buckets, non-preventable deaths which needs to be forwarded to the Accounts Department and should wait for payer's approval. The data of the 2nd bucket should be kept in the death audit committee to review the treatment process, cause of death and remedial measures which are required to be flagged to the hospitals. Such activity requires the modification of existing software for claims processing.

Decision: - Committee accepted for software modification for segregation of death cases as preventable or non-preventable.

Sub No. 6.12:

Vigilance and Grievance Cell Report from January 2020 to May 2020

Issues of denial of treatment:

1. St. John's Hospital Bangalore.
 - a. Shivagangamma
 - b. Indiramma
 - c. Manjushree
2. Victoria hospital Bangalore.
 - a. Mr. Anand.
3. Kanachur Hospital Mangalore
 - a. Abdul Khadar – Kasaragod
4. Kasturaba Manipal Hospital Mangalore
 - a. Narayan – Kasargod
5. Narayana Multispecialty hospital Mysore.
 - a. Smt. Cicilia Monsurate – Kushalnagar
6. Apollo BGS hospital Mysore.
 - a. Smt. Shivananjamma – Chanarayapatana

Decision: - A committee suggested that the complaints received either from NHA, the respective districts, the public or Beneficiary is to be sent to the District Leprosy Officer who is Nodal officer of NHA and conviner of District grievance redresser authority. The DLO needs to register a complaint as per the DGRC guidelines UGNO number. After complete analysis the complaint needs to be resolved within 30 days or ensuing DGRC committee meeting, the copy of the

forwarded complaint is to be shared with the DHO who is member secretary of DGRC and District co-ordinator who is member of DGRC.

Sub No. 6.12.1:

Issues pending with the court.

1. As per the 5th EDC decision, A J Hospital, Mangalore was imposed penalty for 2 cases Mr. Bharath and Mr. Vishwanath. Hospital has replied that Mr. Bharath treatment was given under Chief Minister Relief fund. The patient has received Rs.2.50 Lakhs from Chief Minister Relief fund and the patient has paid an amount of Rs.76,280/- to the hospital and the relevant document are submitted by the hospital. Hence the hospital has requested SAST to revoke the penalty imposed on them. With regard to Mr. Vishwanath's case the hospital has replied that the patient underwent spinal surgery and he has paid only for the consumables.

Decision: - To communicate to the DGRC for further processing.

2. Kasturaba Hospital, Udupi, denied the treatment to Mrs. Prema Manjunath Naik and collected the amount of Rs. 4 lakhs. Patient filed a case before the Honorable High Court of Dharwad Bench and order was issued to consider the claim of the petitioner and pass the appropriate order with the period of 3 months from the date of order. The SAST issued order to the hospital to refund the amount to the patient immediately. The hospitals have denied refund. The amount deducted from the total admissible claims of the hospital.

Decision: - To get the Opinion from Law Department.

3. Hospitals are denying some treatments even though they have facility to treat other specialty.

Decision: - Incidence of denials is to be brought to the notice of Executive Committee for decision.

4. Covid-19 Cases Issues.

Decision: - Irregularities of Covid-19 cases are to be brought under the DGRC in respective of districts and commissioner of BBMP.

A. Additional Subjects:

- 1) **Provision of radiation therapist as special invitee to review the documents submitted for empanelment under Radiation therapy:**

Though the district level inspection committee has accommodated a specialist of the required speciality to be inspected, Radiation Oncologists are not available during the time of facility inspection of hospitals requesting for radiation oncology. There are different categories of radiotherapy equipment with different procedure codes which has wide implication on the cost of treatment. Hence the inspection committee may

be requested to submit the photographs of the equipments available for radiotherapy along with the inspection report. One radiotherapy expert(s) can be named on the panel of empanelment in the SAST office to get the technical opinion about the equipment and the application of the procedure codes.

Decision: -For empanelment of Radiation therapy the photographs of equipment are to be sent to the specialists subcommittee regarding categorized Radio therapy Equipment.

2) Provision to treat camp doctors who got trained in Tubectomy and Laparoscopic procedure in Primary Health centres under AB-Ark scheme:

Some Primary Health Centres are conducting camps for tubectomy and laparoscopic procedures as per SOPs. Now they are requesting for empanelment of doctors who have got training certificate in tubectomy and laparoscopic for preauthorization under AB-Ark scheme. Proposed for considering the trained doctors in tubectomy with certificates counter signed by District Health Officer (DHO) or Reproductive and Child Health Officer (RCH) for empanelment.

Decision: - Tubectomy training certificate can be accepted with RCH signature and counter signed by District Health Officer of the concerned districts.

3) Relaxation of endorsement of Post-Graduation, Degree in KMC registration

Taluka General Hospital are requesting for empanelment of doctors working on compulsory rural service after post-graduation as specialist. As per the empanelment guidelines of SAST, the post-graduation degree has to be endorsed in KMC registration. As these doctors are working in compulsory rural service they are not issued PG degree certificate and hence endorsement cannot be obtained from KMC registration.

The list of doctors with their working place and speciality is to be shared with an instruction to relax the endorsement for empanelment as specialists.

Decision: -Provisional degree certificate issued to the specialists working on bond can be considered.

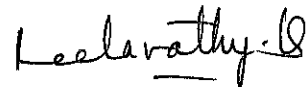
4) Radon Cancer Centre, Hubballi (Secondary hospital) is having medical and radiation facility for primary (Surgical oncology) they are having tie-up with Shakuntala Hospital, Hubballi. Submitted for committee decision for primary speciality empanelment in secondary hospital.

Decision: -Hospitals can be empanelled who are having MOU with RT and CT facility. A standalone RT and CT facility should not be considered for MOU with institutions having surgical oncology

- 5) Hubli Super Speciality Hospital, Hubli is having cardiothoracic facility for cardiology having tie-up with Sanjeevini hospital, Hubballi. Submitted for committee decision to empanel Hubli Super Speciality Hospital for cardiology speciality.

Decision: - Hospitals who do not have cardiology facility of infrastructure and HR should not be considered for MOU with other institutions.

Meeting concluded with vote of thanks by the Member Secretary.



(Leelavathy.K)

Executive Director and Chairperson
Empanelment and Disciplinary Committee
Suvarna Arogya Suraksha Trust, Bangalore

