Government of Karnataka

SUVARNA AROGYA SURAKSHA TRUST

(Department of Health & Family Welfare)

MEMORANDUM

OF

UNDERSTANDING

Between

Suvarna Arogya Suraksha Trust

And

Network Hospitals

COCHLEAR IMPLANT SCHEME

MEMORANDUM OF UNDERSTANDING
Cochlear Implant Scheme, Karnataka
Suvarna Arogya Suraksha Trust (SAST)

This Agreement made at Bangalore this _____ day of _____201 between Suvarna Arogya Suraksha Trust (SAST), a Trust incorporated under the Indian Trusts Act, 1882 and having its Registered Office at Bangalore Metropolitan Transport Corporation, TTMC "A" Block, 4th Floor, Shantinagar, KH Road, Bangalore - 560 027 hereinafter referred to as "TRUST", which expression shall unless it is unacceptable to the context or meaning thereof shall deem to mean and include its successors and assignees of the ONE PART.

AND

_____ and having its establishment at

_____ Hereinafter referred to as PROVIDER which expression shall unless it is unacceptable to the context or meaning thereof be deemed to mean and include its successors and assignees of the OTHER PART.

WHEREAS, Trust is an independent nodal agency established by the Government of Karnataka, providing health care to the identified beneficiaries, through Suvarna Arogya Suraksha (SAST) **throughout** the State for specified surgeries and rehabilitation therapies.

1.1 SAST is implementing Cochlear Implant Scheme for 8 months to 6 years children on a public private partnership model, empaneling both public and private hospitals forming a network of service providers.

_____ desires to join the said network of Providers and is willing to extend cashless basis, medical care to the beneficiaries of SAST.

Now this agreement witnessed as under:

Article 1: Definitions

1.2 'Trust': Suvarna Arogya Suraksha (SAST)

1.3 Beneficiary: This scheme is applicable for children with Bilateral Severe-to-profound sensori-neural hearing loss in the age range of 8 months to 6 years.

1.4 'Network Hospital (NWH)': Hospital empanelled under SAST Scheme.

1.5 Provider and surgical hospital: Hospital which takes preauthorization for the treatment and does the surgery (Cochlear implantation) and switch on by the audiologist post surgery.

1.6 Rehabilitation centre: Hospital which does rehabilitation (AV therapy and post switch on training)

1.7 Bipartite 'MOU': Memorandum of Understanding between the Trust & provider hospitals; between surgical hospital and rehabilitation centre and between hospital and diagnostic centre.

1.8 'Surgery/Surgeries': means cutting, abrading, suturing, laser, laparoscopic or otherwise physically changing body tissues and organs by qualified medical doctor who is authorized to do so.

1.9 '**Therapy/Therapies**': Specific way of medical treatment to the beneficiaries before/after surgery.

District cochlear committee Formed in all District Hospitals, having District surgeon/ Medical superintendent (Chairman), Paediatrician/Physician, RBSK officer, RCHO and District Disability Welfare Officer, The Committee conducts assessment and selection of patients of profound hearing loss, for Cochlear Implant Surgery.

State Cochlear Implant Committee: Formed under the chairmanship of MD NHM, to take decisions regarding the Cochlear Implant Scheme and guidance for the scheme.

1.10 '**Treatment':** Medical, surgical and rehabilitative management by qualified Doctor/s and specialists in the Network Hospital.

1.11 **'SAMCO' Suvarna Arogya Medical Co-ordinator:** Senior Doctor from ENT Department of the Network hospita**l** with at least MBBS, DLO qualification, to coordinate with the Trust.

1.12 '**Communication'**: All official correspondence between the SAST and the NWH shall be through the SAMCO E-mail ID issued by the Trust.

1.13 **'IEC':** Information, Education & Communication.

1.14 **'Benefit package rate'** means the rate fixed by SAST for the procedure codes.

Article 2: Effective Date:

This agreement will be in force for a period of one year from _____ or until otherwise terminated, as provided for in this MOU, and shall be renewed by mutual consent annually.

Article 3: General Provisions:

The entire process of cochlear implantation is in three phases –

I. Pre-implant investigations and counseling
II. Surgery (Cochlear implantation)
III. Follow up and Auditory verbal therapy – for a minimum of one year

To provide the three modalities of treatment, there are three types of hospital facilities required.

a. Assessment centre – Centres which can conduct the specific tests to diagnose patients requiring Cochlear Implantation.
b. Surgical centre –Hospitals to perform surgery
c. AV therapy centre - Centres which can provide complete rehabilitation and AV therapy

Children are screened by the District Cochlear Committee and given a hearing aid trial. Children diagnosed to have severe to profound hearing impairment, requiring

Cochlear Implantation, shall be sent to the network hospital along with all relevant investigations.

Note: No beneficiaries shall reach the Network Hospital directly

The treating hospital shall check the children and relevant documents and in the ENT department. The children shall be evaluated by the Cochlear Implant Board in the hospital, consisting of Cochlear Implant surgeon, Audiologist and Speech Therapist. Refer to guidelines pg4 **(Annexure- I)**

Treating hospital would have a tie up with assessment centres and AV therapy centres. One treating hospital can have tie up with more than one assessment centre and also more than one AV Therapy centre, so that the surgery could be done in that hospital and the follow up could be taken in the area where the beneficiary resides, since the follow up treatment would be for 1 year.

Hospitals will upload all MoUs on the SAST website at the time of empanellement.

3.1: General Undertaking:

Provider warrants that it has all the required facilities for performing the enlisted surgeries / procedures / therapies as specified in clause No. 4.

A. PROVIDER or HOSPITAL DOING COCHLEAR IMPLANT SURGERY

3.2: Minimum Bed Strength and Specialty-wise Bed Capacity:

Provider declares that the hospital has the required number of bed capacity - multispecialty 50 beds and for a single specialty a minimum of 10 beds for ENT/Pediatrics excluding ICU, Step-down ICU, Post-operative wards and will declare the specialty wise allocation of the beds in the proforma shown below and upload the same information on the Trust portal

Table – 1Bed strength and allotment available to SAST beneficiaries

Total Bed Strength			**Available to SAST**		**Total**
Sl. No.	**Specialty**	**No. of Beds**	**RBSK**	**Cochlear implant**	
1	Neonatal and Pediatric surgeries				

3.3: Allocating minimum percentage of beds in Network Hospitals for Cochlear Implant:

Provider agrees to provide at least bed capacity as necessary for occupation by Cochlear Implant Scheme beneficiaries.

3.4 Conduct of Out-patient Services:

3.4.1 Provider agrees to provide Out-patient (OP) facilities for Cochlear Implant Scheme beneficiaries, to be monitored by "SAMCO" of the hospital

3.4.2 Provider agrees to do general counseling and check all documents sent by District Level Committee for all OP beneficiaries to ascertain their eligibility under SAST schemes.

3.5 Declaration by the beneficiaries regarding eligibility under the Scheme: (Annexure-I)
Provider agrees to take a declaration from beneficiaries at the time of admission on the applicability or otherwise of Cochlear Implant Scheme.

3.6 The first point of contact for all the beneficiaries (out-patient and in-patients) coming under the Cochlear Implant Scheme will be the ENT department of the hospital.

3.7 Provider agrees to follow all the guidelines in rendering the services to Cochlear Implant Scheme beneficiaries annexed here to as part & parcel of this MOU. The Provider also agrees to follow and adhere to the guidelines issued by the Trust from time to time. **(Annexure – II)**

3.8 Provider agrees to follow and adhere to the ON-LINE workflow of the Cochlear Implant Scheme in providing services to its beneficiaries. **Refer Annexure- III Surgical hospital** do's and don'ts.

3.9 Circulars / Notifications: All circulars / notifications issued by the Trust at later date shall be deemed as part of this agreement.

Article 4: Compliance with Empanelment Criteria:

4.1 Provider hereby declares that the bed capacity of the hospital is _____, (10 for single specialty hospital) with adequate infrastructure and manpower as per criteria fixed for empanelment, and agrees to provide separate ENT Ward and basic amenities.

4.2 Provider hereby declares that the hospital has requisite infrastructure as per Cochlear Implant Scheme guidelines for which empanelment is done and agrees to provide quality diagnostic and treatment services as per the standard protocols.

4.3 Provider declares that hospital has a well-equipped ICU

4.4 Provider agrees not to refuse admission of Cochlear Implant Scheme beneficiaries in concerned specialty where it has consultants and equipment.

4.5 Declaration by the Provider about tied up diagnostic facilities: (Annexure-IV)

In case the Provider is having tie up with independent diagnostic center for advanced diagnostic facilities, the provider ensures cashless services at the diagnostic centre.

4.6 Declaration by the Provider about tied up Rehabilitation centre for AV therapy and training: (Annexure- Network Hospital Do's and Don'ts – V; Annexure – MOU –VI)

In case the Provider has tie up with independent Rehabilitation center for AV therapy and post switch on training, the Provider shall ensure complete follow up for **1 year** under the Cochlear Implant Scheme in the Rehabilitation centre with which it has tie-up and ensure cashless services at that centre.

Hospital shall ensure completion of 104 sessions of AV therapy and mapping (10) that is 2 sessions per week for 1 year. In case the child requires more than 104 sessions, the rehabilitation centre has to bear the additional cost. In case of requirement of more than 2 months of additional sessions, the issue can be placed before State Cochlear Board case to case basis. (Refer Scheme guidelines clause – 10)

Article 5: Requisites for Empanelment

A. SURGICAL HOSPITAL

5.1: Infrastructure and Manpower (General):

- Well-equipped OT
    - Laminar Airflow
    - Operating microscope with Video recording facility – Two numbers
    - Skeeter / angled hand piece and micro drill for Cochleostomy – Two numbers
    - Bien Air micro motor – Two numbers.
    - Two sets of micro ear surgery instruments.
    - Facial nerve monitor.
    - Tele-metric equipment, dummy implant etc., to be provided by the manufacturer at time of surgery.

- Casualty, 24 hours duty doctor, Appropriate nursing staff
- Trained paramedics
- Post-op ward with ventilator and other required facilities
- ICU of the concerned specialty.
- Round the clock lab and radiology support
- Specialists in support fields (Audiology, Paediatrics, Psychiatry).
- Facilities for ENT treatment and availability of specialist in the concerned field.
- And all facilities as per the criteria fixed for empanelment**.**

- **Allow one surgeon to get empanelled under 2 hospitals to have more participation.**

Article 6: Specialties for which Empanelment is done:

6.1: Specialty services available:

Table – 2
Details of specialists available by speciality

Sl. No.	Specialty Service	Available / Not Available	Specialist Name	Qualification
A.	**SURGICAL SPECIALTIES**			
1	**ENT**			
	Qualified ENT Surgeon for CI (25 surgeries done)			
	Well-equipped theatre			
	Post-op with ventilator support			
	Audiology support			
B.	**SUPPORTIVE MEDICAL SPECIALTIES**			
1	**General Medicine**			
	Qualified General Physician with post graduate degree in Intensive Care, or equal			
	AMC with ventilator support			
2	**Pediatrics**			
	Qualified pediatrician			
	NICU & PICU fully equipped			
	Round the clock Pediatric / Emergency service room with Pediatrician			
	Pediatric resuscitation facility			
3	**Psychiatry**			
	Qualified Psychiatrist			
	Psychiatry department			
	Support services of nursing care			

6.2: Specialty Services for which Provider is entitled to provide cashless services:

Provider shall perform the surgeries/medical services covered under the Cochlear Implant Scheme.

6.3 The SAST shall pre-authorize the Network Hospital on which the stipulated prescribed procedures under the Cochlear Implant Scheme could be performed within the stipulated period, fixed by it from time to time.

6.4 The Pre-authorization by SAST shall be done in accordance with the "Basic Package Rate" which alone will be the "base" for allowing admissibility of Cochlear Implant Scheme beneficiaries who are entitled to general ward only.

Article 7: Cashless Services under Package for Cochlear Implant Scheme:

7.1 Provider agrees to provide treatment to the beneficiary right from his/her reporting to discharge.

7.2 Provider agrees to provide treatment as per the packages worked out by the Trust. The package **includes consultation, medicine, diagnostics, OT, ICU, ward stay, implant, food, cost of transportation for surgery, hospital charges, post-operative complications if any, 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 and also post-operative hospitalization cost up to 5 days, and follow up period for 1 year duration, making the transaction truly cashless to the beneficiaries.** Under any circumstances, Provider shall not charge any money within the treatment period as covered under the package.

Provider shall conduct all required pre-operative diagnostic tests, immunization for Influenza and Pneumococcus and medical treatment free of cost for scheme beneficiaries.

Article 8: Package Rates:

8.1 The package rates are the maximum rate indicated for surgical procedure. However, the settlement of the claims shall be made on the basis of actual bills submitted by the Provider.

8.2 Provider agrees to the continuation of the agreed tariff for the period of this agreement.

8.3 Provider under any circumstances will not refuse to undertake procedure on the ground of insufficient package.

8.4 In all other disputes related to package rates and technical approvals of preauthorization, the matter will be referred to **Cochlear Implant Committee** and decision of the committee is binding on the provider.

8.5 Implant:

i. All implants shall be functional in nature.
ii. The procurement of cochlear implant will be done by Karnataka Drugs and Logistics and warehouse services (as per the specifications recommended by the State Cochlear Implant committee.) Implant will be indented from KDL as per the approved rate taken.
iii. Implant basic requirements. FDA - approved, Titanium implant. Company will provide 10 years warranty for inner and 5 year warranty for outer device as per the tender agreement

iv. In case of defective or non-performing implant, it should be replaced with new implant and company shall take care of re-implantation surgical cost and also the investigations and surgery if any.
Manufacturer shall give minimum of 3 years replacement Guarantee.

v. Manufacturer shall provide free replacement of mike, cable, head phones, battery etc., during this period apart from replacement guarantee.

Article 9: Cost of Evaluation of Beneficiaries:

The cost of evaluation tests conducted on the Cochlear Implant Scheme beneficiaries, who may or may not undergo Surgery or Therapies **shall be borne by the hospital -**
The package rate includes pre-operative investigations, repeat audiological investigations if any and any other medical treatment before surgery.

B. REHABILITATION CENTRE

Article 10: Requisites for Empanelment:

Infrastructure and Manpower

- Audiology and auditory-verbal therapy set-up – this could be part of the empanelled hospital or with a MoU of the well-established Audiology Unit.
- Should have sound treated two-room set-up with negligible electrical static activity with ambient noise levels below 25dBSPL for cochlear implant mapping and
- There should be two separate well ventilated 10'x10' room exclusively for auditory-verbal therapy along with teaching aids

ii. For Audiology

Specialists

a. Qualified audiologist with experience at least 2 years and 20 CI recipients. MASLP, MSc., (Audiology), MSc (Speech and Hearing (preferably Kannada speaking personnel)
b. Staff and programming systems for mapping and programming approved types of cochlear implants.

Specific Tests

- Diagnostic pure tone audiometer with free field – one set
- Early Speech perceptions tests, speech audiometry
- AEP with LLR and ABR.
- ABR with facility for clicks and tone bursts/ASSR.
- Impedance audiometer – one set
- Oto-Acoustic Emission instrument – one set
- Dedicated Computer system with internet facility (minimum 2mbps)
- Digital Camera, Printer, Scanner etc.

ii. For rehabilitation

Specialists

a. Qualified Audiologist, Speech language pathologist/ Educator with experience at least 10 recipients and training MSc (Speech and Hearing) MASLP/MSc (SLP)/B.Ed., Bed III. Training in AVT, BSc (Speech and Hearing), BSLPA, BASLP(preferably Kannada speaking personnel)
b. Psychologist - MPhil Psychology, MSc Psychology with RCI registration and can speak and understand Kannada
c. Occupational therapist/ Physiotherapist - Desirable M.O.T, M.P.T, B.O.T, B.P.T

Specific Tests

a. Tests for language assessment and associated problems. REELS, Gard Gilmam Gorman, BLST, STASK, MCHAT.
   DEALL evaluation and SECS
b. Non - verbal tests of intelligence, form perception
c. Tests for sensory integration

NOTE: The number of children accepted for AV therapy per day should be restricted to 4-5 per therapist.

Article 11: Package Rates:

11.1 The package rates are the maximum rate indicated for complete AV therapy and training. However, the settlement of the claims shall be made on the basis of actual bills submitted by the Provider. **(Refer to Guidelines for claim installments)**

11.2 Provider agrees to the continuation of the agreed tariff for the period of this agreement.

11.3 Provider under any circumstances will not refuse to undertake procedure on the ground of insufficient package.

11.4 In all other disputes related to package rates and technical approvals of preauthorization, the matter will be referred to **Cochlear Implant Committee** and decision of the committee is binding on the provider.

Article 12: Cost of Evaluation of Beneficiaries:

The cost of evaluation tests conducted on the Cochlear Implant Scheme beneficiaries, who may or may not undergo Surgery or Therapies **shall be borne by the hospital -**
The package rate includes pre-operative investigations, repeat audiological investigations if any and any other medical treatment before surgery.

Article 13: Quality of Services:

13.1 Provider agrees to provide free OPD consultation. However, there should not be any discrimination to Cochlear Implant Scheme beneficiaries vis-a-vis other paying beneficiaries in regard to quality of services.

13.2 Provider shall treat Cochlear Implant Scheme Beneficiaries in a courteous manner and according to good business practices.

13.3 Provider shall extend admission facilities to the Beneficiaries round the clock.

13.4 Provider 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.

13.5 Provider 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 Provider to assess the appropriate need and subject the beneficiary for treatment/procedure.

13.6 Provider agrees to provide quality medicines, standard implants as defined by the guidelines and disposables while treating the beneficiaries.

13.7 Provider agrees to assist and cooperate with the medical auditing team from the Trust as and when required.

13.8 Provider agrees to provide counter- signed documentary evidence of counseling of beneficiaries and guardians before surgery and clinical evidence for the implant surgery (documents, Xray and implant label) for record purposes.

13.9 The hospital's Morbidity (Hospital acquired infections, sentinel events) and Mortality cases will be subject to scrutiny by the Trust.

13.10 Provider agrees to apply for NABH entry level accreditation and fulfil the formalities within stipulated time. SAST shall reserve the right to decide the course if the hospital fails to achieve NABH by that time.

Article 14: Services of Suvarna Arogya Medical Coordinator (SAMCO):

14.1 Provider 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 Provider shall give the services of

(i) Dr…….as the SAMCO-1.
His/ her contact details are as follows:

Telephone:_____ Mobile_____ and

Email_____.

14.2 The Doctor declared as SAMCO alone is authorized to sign the documents on behalf of the hospital under SAMCO signature.14.3 The Provider should promptly (within 3 days) inform the Trust about changes, if any, in the SAMCO designated during the tenure of the agreement.

14.3 All clinical documents have to be signed by the treating doctors (Main surgeon and Assistant surgeon, in case there is an external surgeon). In case of any other doctor signing on behalf of the treating doctor the onus shall lie with the treating doctors.

Article 15: Mode of Communication:

The Provider agrees to use only Cochlear Implant Scheme Services provided on the Web Portal for any kind of official communications related to Cochlear Implant Scheme. The Email-Ids of SAMCOs provided by the Trust will be used as their communication method.

The treating hospital shall communicate with the rehabilitation hospital selected for each patient, and collect proof of AV therapy and mapping including weekly reports and monthly and quarterly updates, using monthly and quarterly report formats) . For evaluation and mapping, three minutes video should be recorded after switch on, and after every quarter completion and the same should be submitted online to SAST using fttp server ftp://117.239.237.227. The NWH shall sent all documents and vouchers to SAST for claims submission for AV therapy after first, third and last quarter.

Note: For claims of AV therapy, queries will be send by SAST processing doctors directly to Rehabilitation centers and the same should be addressed by them directly and timely.

Article 16: Documentation and MIS:

16.1 Provider shall ensure that documentation of Cochlear Implant Scheme beneficiaries is done using standard formats supplied/available online such as admission card, referral card, investigation slip, discharge summary etc.

16.2 Trust reserves the right to visit the Beneficiary and check his medical data with or without intimation, as and when required. Provider shall allow the officials from the Trust to inspect the hospitals without obstruction and co-ordinate with them during surprise and regular inspections.

16.3 Provider shall furnish periodical reports to Trust on the progress of the Scheme as per the formats prescribed for this purpose.

16.4 Provider shall not give any document to facilitate the Cochlear Implant Scheme beneficiaries to obtain any other relief like CMRF (Chief Minister Relief Fund, Medical reimbursement, other Insurance Companies etc,). Provider shall not claim any other relief for the procedures covered under the Scheme. Any deviation in this regard shall attract disciplinary action.

Article 17: Display of Boards & Banners:

17.1 Provider agrees to display their status of preferred Provider of SAST for Cochlear Implant Scheme at their reception/admission desks for all the schemes empanelled and toll free number of SAST – 1800-425-8330

17.2 Provider agrees to display other materials supplied by Trust for the ease of Beneficiaries.

Article 18: SAST Scheme Kiosk and Services:

18.1 Provider shall agree to use existing SAST Assistance Counter / Kiosk at the reception of the hospital - as per the new guidelines.

18.2 Provider shall provide the following infrastructure and network facility to the counter: P.C, Printer, Scanner, Digital camera, Webcam, Barcode reader, Mike, Speakers, Stationary etc. The system and other peripherals should be provided exclusively for the use of Arogyamitra who can use the resources at any point of time. **It should not be shared by other hospital executives.**

18.3 Provider shall update the details like date of surgery, discharge of the beneficiary, etc. in the Trust portal.

18.4 Provider shall upload daily and weekly session reports and monthly and quarterly progress reports for mapping and AV therapy sessions along with claims, clearly mentioning folder name as CIS scheme - with patient name and preauth number.

Article 19: Preference to Beneficiaries:

19.1 The provider agrees not to deny admission for the beneficiary for want of preauthorization.

19.2 The Provider agrees to provide a separate ward for Cochlear Implant Scheme Beneficiaries.

Article 20: Transport of Beneficiaries with one attendant:

Provider agrees to bear the cost of transport charges to the hospital and back after the surgery is conducted on the beneficiary for Cochlear Implant Scheme and obtain acknowledgement from the beneficiaries accordingly. The Provider shall reimburse the cost of transport as per actual fare of KSRTC ordinary class/Train sleeper class-II.
The hospital shall take acknowledgement for travel re-imbursement in SAST feedback form signed by the beneficiaries and the same should be submitted to the Trust Portal with claims for surgery.

Article 21: Free Food to beneficiaries and one attendant :

Provider agrees to provide free and good food to the beneficiaries as envisaged in the package rates either through in-house pantry or by making alternate arrangements like supplying from nearby canteen. The hospital agrees to provide free food to one attender of the beneficiaries belonging to SC/ST.

Article 21: Discharge and Follow-up:

21.1 Intimation of the impending discharges of the beneficiaries have to be informed to SAST Kiosk and Arogyamithra at least one day before the discharge of the beneficiaries.

21.2 The discharge has to be done in the presence of concerned SAMCO

21.3 At the time of discharge the transportation cost to and fro has to be reimbursed to the beneficiaries, if the Hospital has not provided the transportation till that time.

21.4 Discharge summary will be submitted by the hospital .It will consist of all the treatment details of the Beneficiaries at the Hospital. The follow-up regime for the beneficiaries including consultation and medication should be advised to eligible beneficiaries by the SAMCO. The schedule of rehabilitation therapy and contact details of the appropriate Rehabilitation centre will he handed to the beneficiaries at the time of discharge.

21.5 All the beneficiaries of Cochlear Implant Scheme must be provided with follow-up medicines after discharge by the provider as part of the package.

21.6 If the same Beneficiary is coming back to the Hospital, the follow-up details have to be uploaded in the trust portal.

21.7 Feedback form of the Beneficiaries has to be generated from the trust portal and the signed copy has to be uploaded.

21.8 The SAMCO should counsel the beneficiaries for all the precautions to be taken for the post-operative care.

21.9 The Hospital shall provide 10 days post discharge free medicines to the beneficiaries within the package. All beneficiaries will be advised by the provider to come back on 11^{th} day of discharge for first mandatory follow-up. The date of first follow-up will be generated by the Trust Portal along with the Discharge Summary.

21.10 Provider shall agree to provide free post-surgical physiotherapy services, wherever required during the tenure of the agreement for Cochlear Implant Scheme beneficiaries.

21.11 Provider shall agree to provide follow-up Rehabilitation therapy - for a period of ONE YEAR to the Cochlear Implant Scheme beneficiaries, as per scheme. guidelines. **(Refer to guidelines ANNEXURE- I).**

21.12 Provider shall agree to provide free post-surgical physiotherapy services, wherever required during the tenure of the agreement for Cochlear Implant Scheme beneficiaries.

21.13 Provider shall give travel, food and wage loss allowance to AV therapy centres, which shall be handed over to the patient/ guardian for each visit, throughout the one year rehabilitation period. (Refer to guidelines ANNEXURE- I).

Article 22: Billing Procedure/Checklist for the Provider at the time of Beneficiaries's Discharge :

22.1 It is admitted and agreed that the Provider is aware that this MOU has arisen for the purpose of implementation of the Cochlear Implant Scheme in Karnataka. Accordingly, the Provider under any circumstances shall not charge or seek any payment from the Beneficiaries but will look only for indemnity, and that too only to the limits/schedule of fees in respect of procedures referred to earlier and agreed to under this MOU.

22.2 Signature or the LTI (left thumb impression) of the beneficiaries / Beneficiary will be obtained on final hospital bills and the discharge form and TA (food and travel allowance) feedback form.

22.3 The Provider will submit scanned copies of the following: Original Discharge Summary, original investigation reports, all original prescriptions, Procedure CDs, , X-rays, , 3 Photographs of the beneficiaries taken preoperative bedside, immediate post-operative showing operation wound and at the time of discharge, Case Sheet with Operation Notes, carton/label of the implant, breakup of the bills (Room Rent, Investigations, procedure charges & pharmacy receipt), daily visit chart by AM, Referral letter, travel charges etc These documents are required for settlement of claims, while submitting the bill. The copies of the discharge summary signed by the Beneficiary will be uploaded in the Trust Portal. A summary of the bills raised will also be uploaded. **(Annexure - Claim form – IX; Annexure – Feedback form X)**

22.4 Provider should ensure that Drugs that are physically administered to the Beneficiaries. Provider should produce bills by quoting batch no. in the claims documents.

22.5 Provider agrees to issue a test requisition slip to the beneficiaries which will 1empower the beneficiaries to approach the concerned diagnostic/test centers 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 Provider.

22.6 Provider agrees to keep all the Cochlear Implant Scheme beneficiaries admitted till the beneficiary is fit for discharge in the respective specialty ward only.

22.7 Provider agrees to the package to be authorized even for those beneficiaries who were admitted as non- Cochlear Implant Scheme beneficiaries out of ignorance but subsequently identified as Cochlear Implant Scheme beneficiary during the course of stay in the hospital. In the meanwhile, any payment received from the beneficiaries shall be refunded immediately after getting preauthorization approval and before discharge of the beneficiaries from the hospital duly obtaining a receipt from the beneficiaries.

22.8 The acknowledgement letter for having received the ambulance services (in case of death of the beneficiary) duly signed by the care taker is to be enclosed along with the claim file submitted to Trust for the needful.

22.9 In-house death of the beneficiaries to be intimated immediately on phone to the trust and hospital should enclose a detailed Mortality Audit Committee report. (**Annexure XI.)**

22.10 The treating hospital will submit claim for pre-op evaluation surgery and initital mapping/switch on, as follows:-

Components	Amount payable	Payable at
Pre-op evaluation including vaccine for meningitis	10000	After discharge of patient
Cochlear Implant surgery including cost of implant	380000 (Three lakh eighty thousand only)	
Initial mapping/Switch on	5000	

22.11 The treating hospital shall collect reports of AV therapy including daily and weekly reports and monthly and quarterly updates for each patient from the rehabilitation hospital. The same shall be sent to SAST for claims submission for AV therapy after first, third and last quarter.

Note: For claims of AV therapy, queries will be send by SAST processing doctors directly to Rehabilitation centers and the same should be addressed by them directly and timely.

Components	Ist quarter	IInd quarter	IIIrd quarter	IVth quarter
AV therapy@ Rs 250 per session for 104 sessions (2/week) AND Mapping@ Rs 1000 per sitting for 10 sittings	5400	7200	9000	14400
Food, travel and wage loss	3900	5200	6500	10400

Article 23: Payment Terms and Conditions:

23.1 Trust agrees to pay all eligible bills within 30 working days of submitting claims documents subject to submission of all supporting documents including post-operative investigations and reports as required online. Photocopies of daily progress report and ICU charts should be upload with the claims.

23.2 The provider agrees to submit the core banking number IFSC code to the Trust to facilitate electronic fund transfer for settling the claims. **(Refer Annexure – XXII).**

23.3 The provider agrees that for all the Claims for which Preauthorization is obtained by the end of this agreement period, surgeries and AV therapy will be done within 30 days of expiry of this agreement and claim will be raised as per clause **22.3 above.**

Article 24: Limitations of Liability and Indemnity:

24.1 Provider will be responsible for all commissions and omissions in treating the beneficiaries referred under the Scheme and will also be responsible for all legal consequences that may arise. Trust will not be held responsible for the outcome of the treatment or quality of the care provided by the Provider and should any legal complications arise and is called upon to answer, the Provider will pay all legal expenses and consequent compensation, if any.

24.2 Provider admits and agrees that if any claim arises out of` alleged deficiency in service on their part or on the part of their men or agents, then it will be the duty of the Provider to answer such claim. In the unlikely event of Trust being proceeded against for such cause of action and any liability was imposed on them, only by virtue of its relationship with the Provider, the Provider will step in and meet such liability on their own.

24.3 Notwithstanding anything to the contrary in this Agreement, neither Party will be liable by reason of failure or delay in the performance of its duties and obligations under this Agreement if such failure or delay is caused by acts of god, Strikes, lock-outs, embargoes, war, riots, civil commotion, any orders of Governmental, Quasi-Governmental or local authorities, or any other similar cause beyond its control and without its fault or negligence.

Article 25: Confidentiality:

All stakeholders undertake to protect the secrecy of all the data of beneficiaries and trade or business secrets of, and will not share the same with any unauthorized person for any reason whatsoever within or without any consideration.

Article 26: Termination:

Any deficiency in service by the empanelled Network Hospital (Provider) or non-compliance of the provisions of MOU will be scrutinized by the Empanelment & Disciplinary Committee (EDC) constituted as per the Trust order No. HFW/SAST/05/2009-10 dated 18th Dec 2009 comprising of representatives from the

Trust and make deliberations to **suspend / de-list / stop payments** or any other appropriate action based on the nature of the complaint against the Provider. The Provider shall abide by the decisions made by the EDC and Trust in this regard.

Article 27: Jurisdiction:

27.1 Any dispute arising of this MOU will be subject to arbitration as per Arbitration Act and subject to the jurisdiction of Courts in the State of Karnataka only.

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

Article 28: Appeal Provision:

The provider if under any circumstances feels aggrieved by any actions/decisions of the representatives of the Trust can appeal to the Appeals committee of the Trust which will be constituted and intimated to the Hospital from time to time.

The first appellate authority shall be the EDC of the Trust, the final appellate authority shall be the Trust Board.

Article 29: Grievance Redressal:

Any grievances from the Network Hospitals shall be examined by the Grievance Committee constituted as a subcommittee by the Board of Trustees.

Article 30: Renewal of Empanelment of Network Hospital

The renewal of empanelment is subjected to :

1. Mutual consent of two parties

2. Treating at least minimum Cochlear Implant Scheme patients as decided by the Trust

3. Performance of the hospital with respect to volumes and quality of care (Hospital acquired Infections, Accreditation, Clinical indicators, Mortality Statistics) of Cochlear Implant Scheme beneficiaries to the satisfaction of the Trust.

4. Review of nature of complaints if any received regarding the services provided to beneficiaries by the hospital.

Article 31: Non-exclusivity:

Trust reserves the right to appoint other Provider/s for implementing the packages envisaged herein and Provider will have no objection for the same and vice-versa. In

witness thereof this agreement was executed by or on behalf of the parties the day and year first before written.

Signed and delivered by within named:

Date :

Provider: _____

Through Sri/ Smt._____ Sign _____

In presence of Sri/ Smt. _____Sign_____

SAST:

Through Sri/ Smt _____ Sign _____

In presence of Sri/ Smt _____Sign _____

Annexure – I

:: Cochlear Implant Project under RBSK - Guidelines:

OBJECTIVE:

The main objective of the Scheme is cochlear implantation to children and support for auditory rehabilitation to operated children through the empanelled government hospitals.

1) Eligibility of candidates

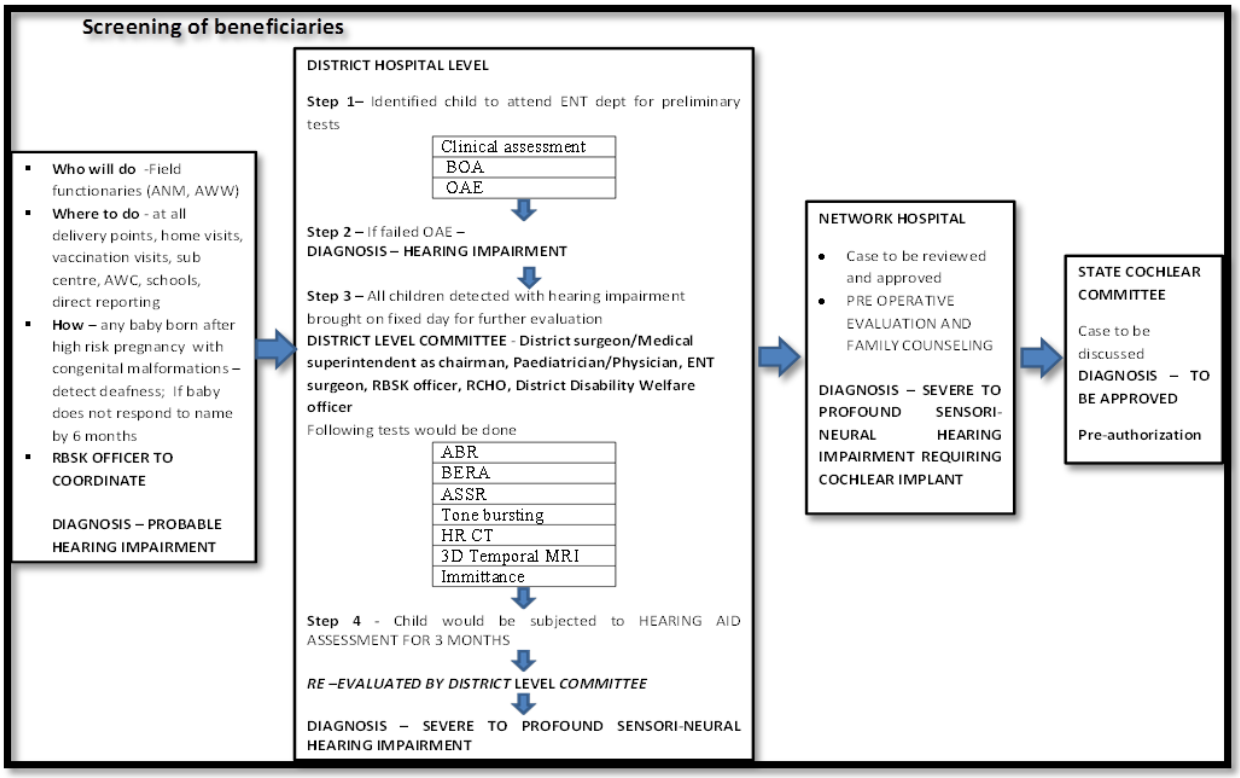
Should be referred through RBSK referral system which is in operation at the districts and taluks, verified & certified by District ENT Surgeon and approved by State Cochlear Committee. The eligibility of the RBSK scheme shall apply to this scheme as well (Under Rashtriya Bal Sawasthya Karyakram (RBSK) there are dedicated mobile health teams who screen 0-18 years children enrolled in Anganwadis, Government, Government aided and Government residential schools. These teams conduct initial screening of children in 8 mths-6 year age group. And any child identified with deafness/hearing impairment is referred to district hospital for further evaluation and management)

2) Medical criteria (to be followed for the project)

- This scheme is applicable for children between 8 months to 6 years with Severe to Profound Hearing loss
- Children with active middle – ear infection should be considered for cochlear implantation only after middle – ear pathology is resolved.
- Anatomical contra indication:
    a) Absent Cochlear/Cochlear Nerve.
    b) Complete Cochlear Ossification).
- Proof of having used conventional hearing aids for about 3-6 months and had little or no benefit from the same.
- No medical contraindication for surgery or implantation.

- Should be free from developmental delays (except delay due to hearing impairment).
- Child with minor oro facial defect and autism can be considered after evaluation and approval by core committee.
- No retro cochlear pathology.
- Vaccination against H-Influenza and Pneumococcus.
- Motivated parents to attend auditory verbal habilitation.
- Child should not suffer from Mental Retardation/ Development delay (except delay due to hearing impairment).
- Child shall be assessed by clinical psychologist in case of suspected abnormal psychological behavior.

Screening and Referral Mechanism of the Children:



Field level:

The field level functionaries(ASHA/AWW/ANM AND RBSK teams) will conduct the initial screening of children and any child with suspected hearing impairment will be referred for further evaluation to the district hospital.

District level:

Step 01 evaluation:

The district hospital ENT department will conduct the step-01 evaluation and confirm the diagnosis as hearing impairment.

Step 2 evaluation:

At the district hospital,a cochlear evaluation -committee under the chairmanship of district surgeon/medical superindentent will be formed whose members will be ENT surgeon,audiologist,pediatrician/physician,psychiatrist of the district hospital,RCHO and district disability welfare officer(in case any of the suggested committee members is not available in the District Hospital,the same can be included as a invitee in the committee).

Each child will be given a unique code by the committee in the following pattern,the code will be clearly mentioned on the annexure 2.

Ex: District-Taluka-Yr-001, MYS-NAN-16-001(Mysore district,nanjangud taluka)

Step 3 evaluation:

The district level cochlear evaluation committee will evaluate the children and get all the tests done as mentioned in the above step-2 of the chart, All the children confirmed as hearing impirment will be prescribed hearing aids for a minimum of 3 months.

The children who have undergone the hearing aid trial(for a minimum of 3 months) and in case the child has no benefit from the hearing aids,then she/he will be recommended for cochlear implantation surgery.

The child will be referred to the nearest surgical network hospital .

NOTE:

a) The District Cochlear Evaluation committee will meet on designated days every month.
b) At the district level committee,children should be evaluated and should be prescribed hearing aids .
c) The OPD tests that are not available in district hospital will be covered under RBSK empanlelled Hospitals.

d) Annexure 2 will be issued by the District Surgeon/RMO/MS of concerned district hospital.

e) Each child will be given a unique code by the committee in the following pattern,the code will be clearly mentioned on the annexure2.
Ex: District-Taluka-Yr-001, UDU-KUN-16-001

Network hospital:

a) The child who has been referred after evaluation by the district cochlear evaluation committee will be referred to - the network hospital empanelled under SAST for Cochlear Implant. The hospital will present the case before the cochlear board which will confirm the requirement of implant, review all the documents, conduct pre operative investigations, , and send the pre-authorisation request to State Cochlear Committee through the SAST online method

b) The OPD tests that are not available in network hospital will be covered under RBSK empanelled hospitals.

State Cochlear committee:

The preauthorisation requests received by SAST will be presented to the State Cochlear Committee will meet at prescribed intervals and review the submitted by the network hospital and provide approval if the case is appropriate.

3) <u>Pre implant evaluation(to be done under the project)</u>

a) Audio logical evaluation:

- An audiologist / speech language pathologist with minimum MASLP qualification should perform

1. Pure-tone audiometry (PTA)
2. Behavior Observation Audiometry
3. Impedance audiometry
4. Oto-acoustic Emission
5. ABR and / or ASSR /Tone burst ABR, LLR for ANSD
6. Aided Audiogram
7. Assessment of speech and language development.

b) Radio logical evaluation:

- HRCT temporal bone for bony cochlea and middle ear cleft.
- 3D MRI for membranous cochlea/ neural bundle and brain.

NOTE:

- The cost of the above mentioned pre-implantation evaluation tests will be covered by District hospitals/RBSK empanelled hospitals/AV centre.
- If in case certain OPD investigations are not available in the government network hospital, then the same may be performed at a nearby RBSK empanelled hospital.
- Annexure 2 will be issued by the District Surgeon/RMO/MS district hospital who referred the child.
- An updated list of tests available in the Government network hospital will be made available to all the district hospitals.

c) Pre-implant Family Counseling:

- The family should be informed about potential risks and benefits of cochlear implantation, risks of surgical procedures should be explained with a physical description.
- The family should be informed about the approximate duration of the treatment will be time for surgery plus the completion of 01 year Audio-Visual therapy.
- Family should be given realistic expectations regarding performance out come with implant.

4) <u>Declaration</u>

Parent declaration:

- Parents / legal guardian should give undertaking for undergoing post implant rehabilitation program as recommended by network Government hospitals for 12 months.

5) <u>Implant specification</u>

- The responsibility of procurement of the implant lies with the treating hospital and has to be done through the Karnataka State Drugs and Logistics Ware house Society (KSDLWS)

- The procurement of cochlear implant will be done by –Karnataka State Drugs and Logistics Ware house society (KSDLWS) (as per the specifications recommended by the core committee.)
- The NHM will initially provide hand holding for the treating hospital by placing bulk order for implants as per the fixed requirements, with (KSDLWS)
- The hospital will have to ensure the timeliness of procurement
- Implant basic requirements. FDA approved Titanium implant. Company should provide 10 years warranty for inner and 5-year warranty for outer device.
- In case of defective or non-performing implant, it should be replaced with new implant and company shall take care of re-implantation surgical cost and also the investigations and surgical if any.

6) <u>Quantum of assistance</u>

a) The ceiling rate will be Rs.5.10 lakhs for cochlear implant (with minimum 12 channels / 15 electrodes with behind the ear or body worn speech processor), cochlear implant surgery, initial mapping / switch on, AV therapy for one year, post switch on mapping and training of child and mother, food travel wage loss and 3% administrative cost.

- Only unilateral implantation will be allowed.
- The package amount is inclusive of pre-operative investigation, surgery, implant, post operative complications if any, switch on and rehabilitative Auditory Visual therapy and travel, food and loss of wages for the patient and guardian for the entire period of one year.
- The cost break up is depicted as follows:

Sl. No.	Procedure	Package amount (in Rs.)
1	**Pre-op evaluation (including vaccine for meningitis)**	**10000**
2	**Cochlear Implant surgery**	**Surgery (53000) + implant cost (3.8) lakhs**

3	**Initial mapping / Switch on**	**5000**
POST OPERATIVE FOLLOW UP AND REHABILITATION		
4	**Auditory Verbal Therapy**	**Rs 250/- per session = 26000 (2 per week for 1 year = 104 sessions) Note: Sessions may be combined depending on the age of the child to save travel time**
5	**Post Switch on mapping/initiating of AVT and training of Child and Mother – First, second, third and fourth instalments**	**Rs. 1000 per sitting x 10= 10000**
6	**Food and Travel , wage loss**	**26000**
	TOTAL PACKAGE AMOUNT	**510000 (Five Lakhs ten thousand only)**
7	**Administrative Cost**	**3% overhead cost**

7) Nodal Agency will be SAST

8) <u>Empanelment of hospitals.</u>

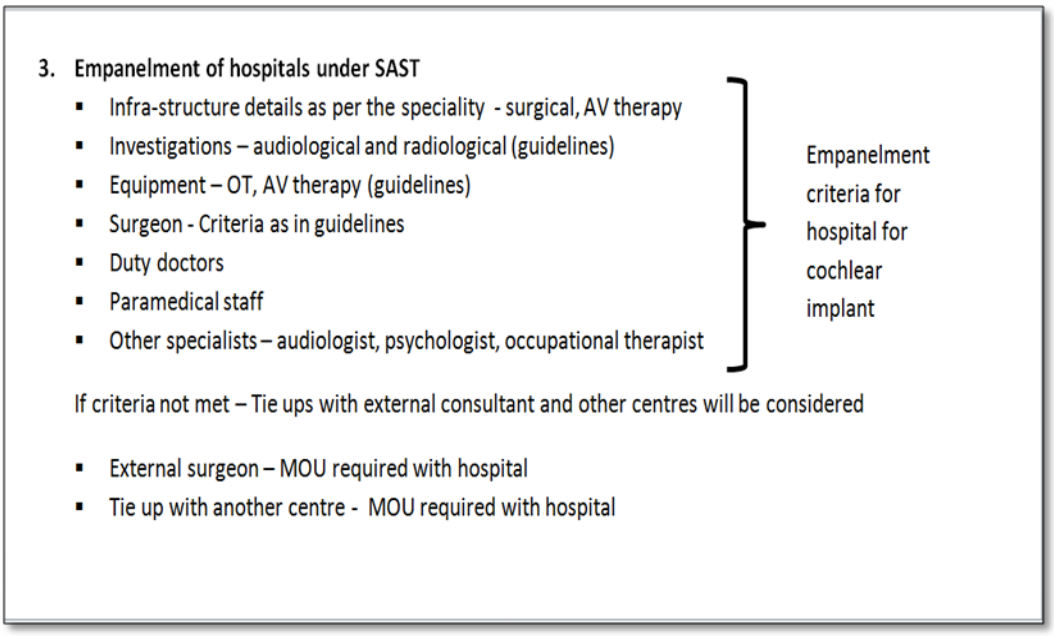
The entire process of cochlear implantation is in three phases –

1. Testing and Pre-operative counseling
2. Surgery
3. Follow up and Auditory verbal therapy – for a minimum of one year

To provide the three modalities of treatment, three types of hospital facilities are required:

1. Assessment centre – Centres which can conduct the specific tests
2. Surgical centre –Hospitals to perform surgery
3. AV therapy centre - Centres which can provide complete rehabilitation and AV therapy

EMPANELMENT CRITERIA UNDER SAST



- SAST will empanel Government hospitals and doctors considering their facility for cochlear implant surgery. The surgery will be taken up at Government hospitals where ENT departments are running successful cochlear implant program, the OT is equipped as per the requisites. The empaneled surgeon should have MS/DNB ENT and should have done a minimum of 50 Cochlear Implant Surgeries using cochlear implant approved by US-FDA, CE (European) or DCGI, which controls the quality regulation through organization for Central Drugs Standard Control Organization (CDSCO).

  Revised Experience Requirement: Since the surgeons with 50 Cochlear Implant experience are few, for initiation of the scheme across the state, the criteria has been relaxed to 25 surgeries or more done at well reputed centres (revised 21st Nov 2016).
- In cases where the State committee finds the infrastructure of the government hospitals suitable but surgeons are un-available then such hospitals could also empanel external surgeons meeting the criteria for the surgical procedure on a reasonable payment basis. Such hospitals will also be considered for implantation. However, the external surgeon should mentor a surgeon from within the hospital for eventual takeover of complete responsibility of the programme.

- Committee to check the registration of the psychiatrist before empanelling them (RCI number).

Hospital should have the following facilities:

- Laminar Airflow OT
- Operating with Video recording facility – Two members.
- Skeeter / angled hand piece and microdrill for Cochleostomy – Two numbers
- Bien Air micro motor – Two numbers.
- Two sets of micro ear surgery instruments.
- Facial nerve monitor.
- Tele-metric equipment, dummy implant etc., to be provided by the manufacturer at time of surgery.
- Inspection team from SAST will recommend for empanelment considering 3 basic requirements –
    1. Cochlear Implant Surgeon with adequate experience or surgeons with required qualifications who have entered into an MOU with the hospitals
    2. Adequate infrastructure
    3. Adequate instruments, facilities for surgery.
- AV therapy set up can be part of the empaneled hospital or with a MoU with a well-established audiology unit.
- There will be a MOU between Treating hospital, and Suvarna Arogya Suraksha Trust.

The following network hospitals are listed to conduct of cochlear implant surgery:

a) IGICH, Bangalore
b) KCG Hospital, Bangalore
c) Wenlock hospital, Mangalore
d) .KIMS,Hubli.
e) RIMS,Raichur

- Hospital should have a rehabilitative AV therapy department and services of Audiologist and Speech language pathologist . The required infra structure and staff are described as follows:

In case of hospitals that do not have in house services for preoperative audiological evaluation and post operative Auditory Verbal Therapy, the hospital can enter into an MoU with an institute providing the same. (Format given).

Hospital doing AV Therapy:

- Audiology and auditory-verbal therapy set-up – this could be part of the empanelled hospital or with a MoU of the well-established Audiology Unit.
- Sound treated rooms should be available to accommodate the above audiological equipment and for carrying out periodic cochlear implant mapping work. The internal dimensions of the room should be 10'x 10'. The sound treated rooms should be two-room set-up with negligible electrical static activity with ambient noise levels below 25dBSPL.
- There should be a separate well ventilated 10'x10' room exclusively for auditory-verbal therapy along with teaching aids.

Type of Specialty	**HR**	**Equipment/ Tools / Test**	
For Audiology	• Qualified audiologist with experience at least 2 years and 20 CI recipients. MASLP, MSc., (Audiology), MSc (Speech and Hearing • Staff and programming systems for mapping and programming approved types of cochlear implants.	• Diagnostic pure tone audiometer with free field – one set • Early Speech perceptions tests, speech audiometry • AEP with LLR and ABR. • ABR with facility for clicks and tone bursts/ASSR. • Impedance audiometer – one set • Oto-Acoustic Emission instrument – one set • Dedicated Computer system with internet facility (minimum 2mbps) • Digital Camera, Printer, Scanner etc.	**Device for mapping**

Rehabilitation	Qualified Audiologist, Speech language pathologist/ Educator with experience at least 10 recipients and training MSc (Speech and Hearing) MASLP/MSc (SLP)/B.Ed., Bed III. Training in AVT, BSc (Speech and Hearing), BSLPA, BASLP	Tests for language assessment and associated problems. REELS, Gard Gilmam Gorman, BLST, STASK, MCHAT. DEALL evaluation and SECS	
Psychologist	MPhil Psychology, MSc Psychology with RCI registration	Non - verbal tests of intelligence, form perception	
Occupational therapist/ Physiotherapist	Desirable M.O.T, M.P.T, B.O.T, B.P.T	Tests for sensory integration	

- List of the hospitals/centres for AV therapy-
  a) JSS, Dharwad
  b) KMC,Mangalore
  c) All India Institute for Speech and Hearing,Mysore
  d) RIMS,Raichur
  e) Dr SR Chandrashekhar Institute of Speech and Hearing, Hennur main road, Lingarajpuram,Banglore-84
  f) Manasa Cochlear Implant and ENT centre,125,10th main, Jayanagar,1st block, Bangalore-01

Note:

The network hospitals empanelled for surgery can enter into tie-up with more than one AV therapy centres. This is to ensure that the child can avail the rehabilitative treatment post surgery at a centre closer to her/ his residence and complete the year long therapy.

9) Post Op Rehabilitation

- Follow up treatment (post op rehabilitation) is the responsibility of Network hospital where surgery was performed.
- The center should ensure availability of experienced staff in providing post op rehab service.
- The center should have one Audiologist, Speech therapist with MASLP.
- Switch on to be started 10 days to 20 days, depending on the healing of the post-operative wound.
- Auditory Verbal Therapy would be started immediately after switch on for a period of minimum 12 months.
- Network hospital where surgery was performed would have a tie up with hospital/centres providing AV therapy. One hospital can have tie-up with more than 01 hospital/centre ,so that surgery can be done in that hospital and the follow up could be taken in the nearest area where the child resides,since follow up treatment would be for one year:

10) **Improved follow up and continuation of treatment** – The success of the Cochlear Implantation is directly dependent on the adherence to the follow up schedule for AV therapy and training for the child. This requires the parents to be educated on how to provide support at home and how to practice hearing and speaking. The parents need to be prepared for completing the therapy for 1 year.

- For this, a manual for parent education has to be prepared and issued to operated children.
- Follow up of patient and completeness of treatment is the responsibility of the treating hospital.
- In case, child requires more than 1 year of therapy, the decision has to be taken case to case basis.
- RBSK team has to follow up drop –out cases and ensure complete treatment.

11) Mapping Schedule and AVT Schedule

- Switch on (10-20 days after surgery. Also involves kit counseling i.e. showing caregivers how to handle device – basics)
- 4th Day post switch on(includes showing caregivers basic troubleshooting)
- 1 week post switch on
- 2 weeks post switch on
- 4 weeks post switch on
- 6 weeks post switch on
- 10 weeks post switch on
- 14 weeks post switch on
- 18 weeks post switch on
- Follow up once in two months or three months depending on an individual recipient.
- At the end of 1 year post switch on, bi-annual follow up normally suffices for older children but follow up needs to be more frequent for young children and toddlers (quarterly).
- Each mapping session involves checking electrodes, find tuning T and C levels, confirming care and maintenance practices from the caregivers and troubleshooting as needed
- AVT should include minimum of two sessions per week of one hour duration each for one year.

12) Process of claims

- SAST guidelines for claim submission to be followed
- Claim submission to be done online
- Surgery claim – with OT notes, case sheet, discharge summary, follow up advice with schedule for rehabilitation, implant label and container photo, scar photo, post op X-ray film showing implant, bills, claim formats as per SAST, photo with Arogya mithra
- AV therapy claim – procedure notes, investigation reports, discharge summary, follow up advice with next date, bills.

13) Progress report

- AV switch on – Video to be submitted by NWH and Rehabilitation centre
- Follow up – Monthly reports to cover 1 year of follow up and rehab – with mandatory tests fixed by the guidelines
- Reports are to be sent at an interval of every quarter for a period of 1 year post implantation.
- Evaluations include
    1) Aided Audiogram
    2) Speech perception testing
    3) Speech and Language development.

14) **Claim submission and Release of payment** –

Suggested addition of release of payment in fractions as the treatment and rehabilitation would be more the 1 year duration. Payment could be done under these heads

<table>
<tr><th colspan="2">Sl. No.</th><th>Procedure</th><th>Release of Payment to hospital /Rehabilitation hospital</th><th>Release of Payment to beneficiary</th></tr>
<tr><td rowspan="3">I</td><td>a</td><td>Pre-op evaluation (including vaccine for meningitis)</td><td rowspan="3">Paid after surgery and switch on (for procedures 1, 2 and 3)</td><td rowspan="3">Not applicable</td></tr>
<tr><td>b</td><td>Cochlear Implant surgery</td></tr>
<tr><td>c</td><td>Initial mapping / Switch on</td></tr>
<tr><td>II</td><td>a</td><td>Auditory Verbal Therapy</td><td rowspan="2">Quarterly payment in 2 INSTALLMENTS
Payment to hospital on submission of monthly reports and patient vouchers
<table><tr><th>Instalment %</th><th>Amount</th><th>Payment release</th></tr><tr><td>15%</td><td>5400</td><td rowspan="2">12600 at the end of 1st quarter</td></tr><tr><td>20%</td><td>7200</td></tr><tr><td>25%</td><td>9000</td><td rowspan="2">23400 the end of 3rd quarter</td></tr><tr><td>40%</td><td>14400</td></tr></table></td><td>Not applicable</td></tr>
<tr><td></td><td>b</td><td>Post Switch on mapping/initiating of AVT and training of Child and Mother</td><td>Not applicable</td></tr>
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</table>

NOTE:

- The budget will be released from SAST to Treating hospital after the surgery and switch on
- The network hospital will release the payment to Rehabilitation centre for AV therapy and post switch on mapping in instalments
- The hospital will pay to the beneficiary for food and travel and wage loss

Annexure II

GENERAL GUIDELINES ON THE BENEFIT PACKAGE UNDER COCHLEAR IMPLANT SCHEME

1) The Benefit Package includes cost of consultation, medicine, diagnostics, implants, food, hospital charges etc. In other words the package covers the entire cost of treatment of beneficiaries from the date of reporting till the date of discharge from the hospital and also post hospitalization cost up to 10 days, making the transaction truly cashless to the beneficiaries. Further under any circumstances, hospital shall not charge any money within the treatment period as covered under the package.

2) The post-operative hospital stay in all procedures shall be up to 5 days.

3) Provider shall conduct all required diagnostic tests and medical treatment free of cost for a beneficiary who is likely to undergo a surgery / therapy under Cochlear Implant Scheme. The cost of various treatment/tests conducted for Cochlear Implant Scheme beneficiaries who are evaluated but ultimately do not undergo surgery or therapies shall be borne by the beneficiary and the Provider shall charge any fee for consultation

4) Provider shall provide 10 days post discharge free medicines to the beneficiaries within the package.

5) Provider shall provide good food to the beneficiaries, and shall make alternate arrangement for food wherever in-house pantry is not available. The hospital shall not give money as an alternative to food.

6) Provider shall use standard implants for surgical procedures and shall not charge extra cost from the beneficiaries on the ground of providing a better prosthetic/implant.

15) Quantum of assistance

b) The ceiling rate will be Rs.5.10 lakhs for pre-op evaluation, cochlear implant (with minimum 12 channels / 15 electrodes with behind the ear or body worn speech processor), cochlear implant surgery, initial mapping / switch on, AV therapy for one year, post switch on mapping and training of child and mother, food travel wage loss and 3% administrative cost.

c) In pre lingual deafness.
- 1-5 years – total reimbursement of the ceiling rate .
- 5-8 years – 80% of the ceiling rates.
- 50% of the cost of wearable components. Ex: speech processor, micro phone etc., (excluding cord, batteries) for the purpose of up gradation and or replacement due to wear and tear may be allowed after period of 3 years (on basis of advice of 2 Government ENT surgeons and recommendation of standing committee)
- Only unilateral implantation will be allowed

PROCESS OF PREAUTHORIZATION
Screening

The screening of beneficiaries for Cochlear Implant Scheme will be done at the District Hospital level. On short listing, the beneficiary will come to the Treating hospital.
Treating hospital - surgery
The following activities will be done at the Treating hospital

- Pre implant evaluation and diagnosis;
- request for cochlear implant
- Pre implant family counselling
- **Cochlear Implant Board form** – jointly signed by Cochlear surgeon, Speech Language Therapist and Audiologist – to be submitted to SAST

Preauthorization process

The preauthorization will be reviewed by the State Cochlear Implant Committee and if approved, hospitals will start the treatment.
Referral to Rehabilitation centre
After surgery patient will be sent to the AV therapy centre for further treatment. A referral form with patient details will be shared along with Discharge Summary.
Hospital shall ensure that beneficiary completes follow up and treatment for one year at the rehabilitation centre.

7. **Progress report**
   - Post discharge report
   - AV switch on – Video to be submitted by NWH and Rehabilitation centre
   - Follow up – Monthly reports to cover 1 year of follow up and rehab – with mandatory tests fixed by the guidelines

8. **Claim submission and release of payment**

Sl. No.		Procedure	Release of Payment to hospital /Rehabilitation hospital	Release of Payment to beneficiary
I	**a**	**Pre-op evaluation (including vaccine for meningitis)**	**Paid after surgery (for procedures 1, 2 and 3) - after surgery and switch on**	**Not applicable**
	b	**Cochlear Implant surgery**		
	c	**Initial mapping / Switch on**		
II	**a**	**Auditory Verbal Therapy**	**Quarterly payment in 2 INSTALLMENTS Payment to hospital on submission of monthly reports and patient vouchers**	**Not applicable**
	b	**Post Switch on mapping/initiating of AVT and**		**Not applicable**

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</tr>
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Note:

I. The money will be released from SAST to Treating hospital after the surgery and switch on

II. The money will be released from Treating Hospital to Rehabilitation centre for AV therapy and post switch on mapping.

III. The Rehabilitation centre will pay to the beneficiary for food and travel and wage loss

ANNEXURE – III

NETWORK HOSPITALS DOING SURGERY-Do's & Don'ts

Do's:

- ✓ Register and admit the beneficiaries immediately once identified and provide treatment to all the eligible beneficiaries.

- ✓ Provide facilities for online preauthorization providing computer system, network connectivity, printer, scanner, digital camera etc. as per provisions defined in MOU

- ✓ Evaluate the beneficiaries by conducting free diagnostic tests and counsel the beneficiaries who are not covered under the Scheme in regard to further management.

- ✓ Provide free surgery, investigations, vaccination, hospital stay, post-operative treatment including any complications and ICU stay.

- ✓ Provide a dedicated Suvarna Arogya Medical Co-ordinator (SAMCO) to co-ordinate and perform an effective role, preferably senior doctor from ENT department. Use SAMCO e-mail ONLY, for all official communication with SAST.

  Responsibilities of SAMCO

a. He shall guide the beneficiaries in all aspects.

b. He shall ensure that all required pre-operativ**e** evaluations including diagnostic tests are done for all beneficiaries and the details of the same along with reports are received from the beneficiary provided in the Trust portal.

He shall sign the investigation request.

d. He shall upload the admission notes and pre-operative clinical notes of the beneficiaries in the online system for preauthorization.

e. He shall ensure that preauthorization request is sent only for beneficiaries who are admitted for treatment.

f. He shall ensure before sending Preauthorization that all essential and mandatory documents like beneficiary identity card, beneficiaries photo with AM/SAMCO, letter from District Cochlear Committee with recommendation for Cochlear Implant surgery, pre counseling of beneficiary and guardians, Cochlear Board Form and also necessary reports as per the standard protocol - etc., are uploaded in the system. **(Annexure VII – Preauthorization form; Annexure VIII-Cochlear Board Form)**

g. He shall coordinate with Trust doctors as need arises.

h. Pre-authorizations/claims sent as 'need more info' from the Trust shall be verified on a regular basis and necessary corrections to be done by SAMCO.

i. He shall furnish daily clinical notes (Pre-Operative and Post-Operative).

j. He shall upload 3 Photographs of the beneficiaries taken at preoperative bedside, immediate post-operative showing operation wound and at the time of discharge.

k. He shall update surgery and discharge details and hand over signed copy of the discharge summary along with post-operative follow-up advice in pre-printed stationary and referral form to Rehabilitation centre for the AV therapy. He shall also upload refund vouchers of pre-operative investigations and travel reimbursement duly signed by beneficiaries and SAMCO for as per scheme provision for refund.

l. He shall ensure consultations, routine investigations and distribution of drugs to be supplied by the NWH as per required by the scheme patient and ONE YEAR follow–up rehabilitation therapy at appropriate rehabilitation centre (Mapping and AV therapy).

m. SAMCO shall attend the periodical training workshops /programmes organized by Trust.

- ✓ The hospital should facilitate the admission process of scheme beneficiaries without any delay.
- ✓ Provide reasonably good food according to dietary requirement to patient and one attendant.
- ✓ Provide cost of transportation to beneficiaries as included in the package
- ✓ Finalization of cases for surgery as per Cochlear Implant Scheme norms and medical/radiological clearance.
- ✓ Send complete documents for Preauthorization.
- ✓ Permit professional (Audiologists and Others) from Government of Karnataka as observers during Intra operative period for monitoring.
- ✓ Ensure that Post-operative (surgery) notes are be signed by the operating surgeon and to be submitted to the Trust with claims. Wherever mentor surgeon is the operating surgeon, signatures of both surgeons are required on the operative notes.
- ✓ Provide switch on and post switch op mapping to the patient after Cochlear Implant surgery.
- ✓ Discharge the patient after post surgery for a period of 5 days with complete discharge summary, accessories of the implant and referral form for AV therapy to Rehabilitation centre.

- ✓ Submit the claim for surgery within 30 days of discharge and submit claim for AV therapy within 30 days of the end of first quarter and third quarter.

- ✓ Release money to the Rehabilitation centre for AV therapy and counseling sessions as per the guidelines, at the end of first quarter and third quarter.

- ✓ Release money to the Rehabilitation centre for food, transport and wage loss compensation, as per the guidelines, at the end of first quarter and third quarter.

- ✓ Medical - legal issues involved arising at any point of Cochlear Implant surgery will the role and responsibility of the "Hospital" and operating surgeon.

- ✓ The signed declaration to be obtained from the parents about continuing the post-operative rehabilitation at the said hospital.

Don'ts:

- × Charge from the beneficiaries in any form as the benefit package includes the entire cost of treatment from date of reporting to the time of discharge and 5 days of surgery and pre and post-operative period.

- × Take possession of any original document from the beneficiaries at any point of time.

- × Send beneficiaries home during the waiting period of preauthorization approval.

- × Send for preauthorization approval in duplicate.

- × Submit pre-authorization approval repeatedly for the same beneficiaries.

- × Send beneficiaries or beneficiaries' relative to Trust office for approval and enhancement as preauthorization has to be obtained only from the hospital.

- × Mention wrong telephone numbers of treating doctors and beneficiaries on the preauthorization as this may cause delay in issue of pre authorization.

- × Submit clinical photograph, which is incomplete and inconclusive. The postoperative photograph should reveal as much as possible the operative site and the beneficiaries face.

- × Send operation notes and discharge summary for those cases in which surgery has not been performed.

- × Collect any amount towards follow-up consultation & medicines for those cases where follow-up packages are provided, as the services are inherent with the pre-defined package.

- × Collect money from beneficiaries / family to procure blood / blood products but facilitate to procure in case it is not available within the hospital blood bank except in case of hematological disorders.

ANNEXURE-IV

Format of Affidavit - Surgical
(to be furnished by the Provider about tied up diagnostic facilities)

I_____

S/o._____, age_____, Occ:

_____, R/o._____ do hereby

solemnly affirm and state on oath as follows:

That I am the MD/CEO/Superintendent of _____

_____ Hospital and signed MOU with SAST to implement SAST schemes for Cochlear Implant.

That as per the terms of MOU it is agreed by our hospital to provide free diagnostic services to the SAST beneficiaries. Further it is also agreed to facilitate and provide diagnostic services which are not available in our hospital through tie-up diagnostic center free to SAST beneficiaries of Cochlear Implant.

We have tied up with M/s._____ to provide diagnostic services to SAST beneficiaries for the diagnostic services which are not available in our hospital. The details of tied up diagnostic services are as follows:

1. _____
2. _____
3. _____
4. _____

The above mentioned diagnostic services will be provided to the SAST Beneficiaries on a through above mentioned tied up diagnostic center.

We are herewith submitting the tie-up letter issued by the Diagnostic center.
That all the contents stated above are true and correct.

Date:

Place: DEPONENT

ANNEXURE – V

NETWORK HOSPITALS REHABILITATION CENTERS-Do's & Don'ts

Do's:

- ✓ Provide a dedicated Suvarna Arogya Co-ordinator to co-ordinate and perform an effective role, preferably senior specialist. Use one designated e-mail ONLY, for all official communication with surgical hospital and SAST.

- ✓ Register the beneficiaries immediately after receiving referral form from surgical hospital and provide treatment to all the eligible beneficiaries.

- ✓ Utilize the scheme guidelines on Surgical and Rehabilitation treatment of SAST beneficiaries provided by the Trust to the best possible extent for proper understanding of the scheme.

- ✓ Provide reasonably good food according to dietary requirement.

- ✓ Provide cost of food, transportation and compensation for wage loss to beneficiaries as per the guidelines included in the package list. The amount to be paid to the parents at the end of each month is as follows:

Total amount payable	Ist quarter	II Quarter	III Quarter	IV Quarter
Rs. 4200 for 8 days x3 months =24 sessions	@175/session For month 1, 2, 3			
Rs. 5400 for 8 days x3 months =24 sessions		@225/session For month 4, 5, 6		
Rs. 7200 for 8 days x3 months =24 sessions			@300/session For month 7,8, 9	
Rs. 3000 for 8 days x 1 month = 8 sessions				Month10 - @375/session
Rs. 3000 for 8 days x 1 month = 8 sessions				Month11 – @375/session
Rs. 3200 for 8 days x 1 month = 8 sessions				Month 12 - @ 400/session

Note: Rehabilitation Centres will submit separate vouchers with guardian signature, for each monthly reimbursement

- ✓ Provide free follow-up for beneficiaries according to provisions made in the package.

- ✓ Attend the periodical training workshops / programmes organized by Trust.

- ✓ Send proper monthly reports (Annexure 11 : Monthly Report format) and monthly and quarterly Evaluation report (Annexure 11 : Quarterly Report format) with videos, complete records of AV therapy and counseling sessions. to surgical hospital every month for submitting claims.

  Note: For claims of AV therapy, queries will be send by SAST processing doctors directly to Rehabilitation centers and the same should be addressed by them directly and timely.

- ✓ Updates the details of beneficiary status from time to time to SAST.

Don'ts:

- × Collect money from Cochlear Implant Scheme beneficiaries towards cost of treatment.

- × Take possession of any original document from the beneficiaries at any point of time.

- × Charge from the beneficiaries in any form as the benefit package includes the entire cost of treatment from date of reporting to the time of discharge for one year of rehabilitation treatment.

- × Send beneficiaries or beneficiaries' relative to Trust office for issues regarding treatment, which has to be obtained only from the main network hospital.

- × Mention wrong telephone numbers of Specialist and beneficiaries on the preauthorization as this may cause delay in issue of treatment and follow up.

- × Submit records of AV therapy and counseling session, which are incomplete and incorrect.

- × Collect any amount towards follow-up consultation and medicines for those cases where follow-up packages are provided, as the package includes cost of AV Therapy and beneficiary incentives.

ANNEXURE-VI

Format of Affidavit - Rehabilitation
(to be furnished by the Provider about tied up diagnostic facilities)

I_____

S/o._____, age_____, Occ:

_____, R/o._____ do hereby

solemnly affirm and state on oath as follows:

That I am the MD/CEO/Superintendent of _____

_____ Hospital and signed MOU with SAST to implement SAST schemes for Cochlear Implant.

That as per the terms of MOU it is agreed by our hospital to provide free diagnostic services to the SAST beneficiaries. Further it is also agreed to facilitate and provide diagnostic services which are not available in our hospital through tie-up diagnostic center free to SAST beneficiaries of Cochlear Implant.

We have tied up with M/s._____ to provide diagnostic services to SAST beneficiaries for the diagnostic services which are not available in our hospital. The details of tied up diagnostic services are as follows:

1. _____
2. _____
3. _____
4. _____

The above mentioned diagnostic services will be provided to the SAST Beneficiaries on a through above mentioned tied up diagnostic center.

We are herewith submitting the tie-up letter issued by the Diagnostic center.
That all the contents stated above are true and correct.

Date:

Place: DEPONENT

Annexure - VII

Preauthorisation-Request For Cashless Treatment

Cochlear Implant Scheme

Date of Request:

Hospital Name and City:		
District:	Date of Referral:	Date of reporting to NWH:

BPL/Aadhar Card Details

Card No:

Family Head Details:

First Name:		Name of Guardian:	
Gender (M/F):	Age:	Caste: SC / ST / Minority / Others	
Address:	Village:	Taluk:	District:
	Pin code:	Contact No:	

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 Hospital

Treating Doctor Name:	Dr. Registration No:	
Doctor Qualification:	Specialty:	Mobile No:
Final Diagnosis:		
Disease Main Category:	Surgery Code:	
Plan of treatment: Cochlear Implant Surgery: AV Therapy:		
High Risk Consent Remarks		
Complications Description:		
Declaration for full treatment:		

Details of Diagnostics Protocol Followed:

Total Amount collected for Investigation:
Menengococcial vaccine given : Yes/No
Cochlear Board form submitted : Yes/No

Estimated days of Hospitalization

Expected No. of days Hospital Stay :	Room Type: General	
Duration in ICU	Duration in Room:	
Estimated Cost of Surgery / Procedure:		
Surgery DOA:	Probable DOS:	Probable DOA:
AV Therapy Probable date of Start:	Probable date of completion of 6 months:	Probable date of completion of 12 months:
Treating Doctor Signature Hospital Seal:	SAMCO Name and Signature:	Family Head Signature / LTI

ANNEXURE – VIII

Hospital Letter Head
COCHLEAR IMPLANT BOARD FORM

Date: ……..

Identification details

Name of child: _____ **Parent/ Guardian's name:** _____

Age: ____years _____months **Sex : M ☐ /F ☐ /other ☐**

Hospital Name: _____**District:**_____

Diagnosis: _____

Personal History

Birth details

- D.O.B _____
- Place of birth Home ☐ /Hospital ☐
- Any high risk factors in mother (specify) _____ _____
- Significant events at birth _____ _____
- Significant events after birth up to now _____ _____

Medical history relevant to audiology

- Conditions leading to sensori neural hearing loss ☐ _____
- Any other, specify ☐ _____ _____

Immunization history

Tick mark in the box			
BCG		DPT 0	
OPV 0		DPT 1	
OPV 1		DPT 2	
OPV 2		DPT 3	
OPV 3		Booster DPT a	
Booster OPV		Booster DPT b	
Pulse polio		Hep B 1	
Influenza		Hep B 2	
Measles 1		Hep B 3	
Measles 2		Hep B 4	
JE		TT	
Pneumococcal vaccine 1		Others	
Pneumococcal vaccine 2			

Clinical assessment

No.		Findings
1	General examination	Height _____cm/inches; Weight _____kg; MUAC _____cm
2	Malnutrition	Present / absent If yes, nature of anomaly
3	Congenital anomaly –	Present / absent If present, nature of anomaly
4	Mental retardation	Present / absent If present, nature of anomaly

5	Developmental milestones	On time/ delayed If delayed, specify
6	Autism	Present / absent
7	Any symptoms	
8	Any contra-indications to CI	

Key Investigations done (Attach reports):

No.	Investigations	Date	Findings
1	Complete Blood Count (CBC)		
2	Others		
	Audiolgical tests		
3	Behaviour Observation Audiology (BOA)		
4	Oto Acoustic Emission Audiometry (OAE)		
5	Click ?Auditory Brainstem Response (ABR)		
6	) PTA –CONDITIONED AUDIOMETRY		
7	Brainstem Evoked Response Audiometry (BERA)		
8	Tone burst ABR/BERA/ASSR		
9	Immittance		
	Radiological tests		
10	CT scan of temporal bone		
11	3D Temporal MRI		

Assessment and interventions done (Please give details)

		Tick mark and specify		
	Assessment type	**Done**	**Duration**	**Results**
1	Treatment of infection	Yes/no		
2	Full audiological evaluation	Yes/no		
3	Assessment of language and speech development	Yes/no		
4	Hearing aid evaluation	Yes/no		
5	Hearing aid trial and auditory training	Yes/no		
6	Post training evaluation	Yes/no		
7	Any other			

Decision – Candidate is selected for Cochlear Implantation
Yes ☐ No ☐

Preparation for cochlear implant

Pre implant counseling done for parents about
- Recurring expenditure Yes ☐ No ☐
- Duration of treatment Yes ☐ No ☐

PLANNED TREATMENT BY MULTIDISCIPLINARY BOARD:

1. **Surgery for Cochlear Implantation:**
   Details: _____
2. **Post switch on mapping/ initiation of AVT and training of child and mother :**
   Details: _____
3. **Auditory Verbal Therapy**
   Details: _____

TREATMENT SCHEDULE: (Provide the planned schedule with probable dates)

1. Surgery for Cochlear Implantation
Date of admission _____ Date of surgery _____ Date of discharge_____

2. Post switch on mapping/ initiation of AVT and training of child and mother
Date of start _____ Date of finish _____

3. Auditory Verbal Therapy
Date of start _____ Date of finish _____

Doctor's name & Seal	**Audiologist's name & Seal**	**Speech Therapist's name & Seal**
Dept. of Surgery	**Dept. of Audiology**	**Dept. of AVT**

Annexure – IX

COCHLEAR IMPLANTATION SCHEME

Procedure Claim Form and Feedback Form – A (For surgery)

Hospital Name : .....

Patient Name :..... IP Registered No:.....

DOA : ..... DOS :..... DOD : .....

Preauth Issue Date : ..... Preauth no. ..... Preauth app amt .....

Bill No: ..... Bill date:..... Bill amount : .....

Treatment Details

Procedure Code Approval :..... Procedure code done : .....

Diagnosis : .....

a. Pre-op evaluation (including vaccine for meningitis) : ☐

b. Cochlear Implant Surgery : ☐

c. Switch on/Initial mapping : ☐

Treating Doctor Name and phone no: .....

Referred to AV Therapy centre : ..... Place:.....

Date :.....

Treating Surgeon Signature with Seal

COCHLEAR IMPLANTATION SCHEME

Procedure Claim Form and Feedback Form – B (For AV Therapy)

This form is to be submitted at the end of 3 months of Therapy (1st quarter)

Patient Name: _____ Rehabilitation Centre Name : _____

_____ Surgery done at _____ IP Registered No: _____

Preauth Issue Date : _____ Preauth no.: _____ Preauth app amt _____

Date of start of AV Therapy: _____ Planned date of completion of 6 months: _____ Planned date of completion of 1 year _____

Treatment Details – B1 (Completion of AV Therapy for 6 months)

Surgery done on _____ Switch on mapping done on _____

Procedure Name: Completion of AV Therapy 6 months (52 sessions)

Date of completion: _____

AV Therapy Bill no : _____ Date: _____

Food, Travel, Wage loss Bill no : _____ Date: _____

Treating Specialist's Name and phone no: _____

Treating Specialist's Signature with Seal

Suvarna Arogya Medical Co-ordinator (SAMCO) Signature with Seal

COCHLEAR IMPLANTATION SCHEME

Procedure Claim Form and Feedback Form – B (For AV Therapy)

This form is to be submitted at the end of 9 months of Therapy (3rd quarter)

Patient Name: _____ Rehabilitation Centre Name : _____

Surgery done at _____ Hospital, _____ IP Registered No: _____

Preauth approved date : _____ Preauth no.: _____ Preauth app amt : Rs. 6.5 Lakhs

Date of start of AV Therapy: _____ Planned date of completion of 6 months: _____

Planned date of completion of 1 year _____

Treatment Details – B2 (Completion of AV Therapy for 12 months)

Surgery done on _____ Switch on mapping done on _____

Procedure Name: Completion of AV Therapy next 6 months (52 sessions)

Date of completion of 6 months: _____ Date of completion of 12 months: _____

For AV Therapy and training: Bill no. _____ Date: _____

Food, Travel, Wage loss compensation: Bill no. _____ Date: _____

Treating Specialist's Name and phone no: _____

Treating Specialist Signature with Seal

Suvarna Arogya Medical Co-ordinator (SAMCO)

Signature with Seal

Annexure – X

Beneficiary Feed Back form

Kumar/Kumari_____c/o_____Place_____

District_____, at _____ hospital, has undergone Surgery/AV Therapy under Cochlear Implantation scheme. He/she has been discharged on date _____ and has received:

1. Food and Travel allowance and wage loss compensation - Amount Rs. _____ YES ☐ NO ☐
2. Feedback regarding treatment at the hospital is as follows

_____

_____

_____

Date:

Guardian of Beneficiary sign

Treating Specialists Sign and Phone no.	Department Head sign and Phone no.

ಫಲಾನುಭವಿ ಅನಿಸಿಕೆ ಪತ್ರ

ಕುಮಾರ/ಕುಮಾರಿ_____ ಇವರ ಪೋಷಕರಿಂದ_____

ಸ್ಥಳ _____ ಜಿಲ್ಲೆಯ_____ಆಸ್ಪತ್ರೆಯಲ್ಲಿ, ಅಕ್ಷರಂ ಇಂಪ್ಲಾಂಟ್ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ/ಎ.ವಿ.ಥೆರಪಿಯನ್ನು ಅಕ್ಷರಂ ಇಂಪ್ಲಾಂಟ್ ಯೋಜನೆಯಡಿ ಪಡೆದಿರುತ್ತಾರೆ. ಫಲಾನುಭವಿ ದಿನಾಂಕ _____ ರಂದು ಆಸ್ಪತ್ರೆಯಿಂದ ಬಿಡುಗಡೆಯಾಗಿದ್ದು ಈ ಕೆಳಕಂಡ ಭತ್ಯೆಗಳನ್ನು ಪಡೆದಿರುತ್ತಾರೆ.

1. ಪ್ರಯಾಣ ಭತ್ಯೆ, ಊಟದ ಅಲಾವನ್ಸ್, ದಿನದ ಸಂಬಳ ಪರಿಹಾರ ರೂ. _____ ಹೌದು ☐ ಇಲ್ಲ ☐
2. ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಪಡೆದ ಚಿಕಿತ್ಸೆಯ ಬಗ್ಗೆ ಫಲಾನುಭವಿಯ ಅನಿಸಿಕೆ_____

_____

_____

ದಿನಾಂಕ:

ಪೋಷಕರ ಸಹಿ

ಶಸ್ತ್ರಚಿ ಸಹಿ ಮತ್ತು ದೂರವಾಣಿ ಸಂಖ್ಯೆ	ವಿಭಾಗ ಮುಖ್ಯಸ್ಥರ ಸಹಿ ಮತ್ತು ದೂರವಾಣಿ ಸಂಖ್ಯೆ

ANNEXURE – XI
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.

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. **The focus should be on the systems and processes of care and not on individual performance.**

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.

Areas to be identified for each case

An area of CONCERN is where the clinician believes that areas of care SHOULD have been better.

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

DEATH AUDIT REPORT

Section A: General Information :

Patient details:

Name:

Age: **Sex:** **Pre-auth No.**

DOA: **Date of Surgery:** **DOD:**

Diagnosis: _____

Treatment given: Surgery/Procedure/ Radiotherapy/ Chemotherapy/ Others (specify)

_____

Hospital name: _____

Name of Treating Doctor:_____

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

Were there any areas of CONCERN or ADVERSE EVENTS in the management of this patient?

Yes No

a. Was surgery performed? Yes No

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?

Discussion points N/A	Yes	No	
Pre anesthetic checkup/fitness for surgery/treatment			
Decision to operate			
Choice of operation			
Timing of operation (too late, too soon, wrong time of day)			
Intra-operative process			
Problems in functioning of OT			
Grade / experience of surgeon deciding			
Grade / experience of surgeon operating			
Post-operative period			

c. Was this patient treated in a critical care unit (ICU or HDU) during this admission?

Yes No

d. If no, should this patient have been provided critical care in ICU/HDU?

Yes No

Opinion of the Audit committee regarding overall risk of death

Minimal ☐
Mild ☐
Moderate ☐
Severe ☐

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:***

Concern _____

Adverse Event _____

Note if these areas caused any of the following:

Made no difference to outcome
_____

May have contributed to death_____

Caused death of patient who would otherwise be expected to survive_____

Was the death preventable?

Definitely ☐

Probably ☐

Probably not ☐

Definitely not ☐

Don't know ☐

_____

Section D. Investigations done and their reports

SL NO	INVESTIGATION	REPORT	REMARKS
1			
2			
3			
4			
5			
6			
7			

Section D. Record of cause of death

Hospital mortality audit committee review findings:

Primary cause of death: _____

ICD code: _____

Secondary cause of death: _____

ICD Code: _____

Antecedent cause of death: _____

ICD code: _____

FINAL RECOMMENDATIONS (if any) OF THE MORTALITY AUDIT COMMITTEE

1. _____

2._____

3._____

Attestation by the Mortality Audit Committee members:

	Name	**Designation**	**Signature**
1			
2			
3			
4			
5			
6			

Date:

ANNEXURE – XII

UNDERTAKING TO SHARE CORE BANKING NUMBER - IFSC CODE

We _____

(hospital) hereby declare that we have the core banking facility with the _____ Bank, A/C No.: _____having Branch at _____ and the IFSC no. is _____

(Mention your core banking Number).

Authorized Signatory