

**Government of Karnataka**  
**Yeshasvini Co-operative Farmers Health care Trust**  
**No. 70, 2nd Floor, Vaidyakeeya Bhavan, K R Road,**  
**Basavanagudi, Bangalore- 560 004**

No. YESH 04 NWH 2016

Date: 04-11-2016

**Circular**

**Sub: Adherence of protocol guidelines issued to Network Hospitals**

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All the Network Hospitals empanelled under the Yeshasvini Co-operative Farmers Health Care Scheme have been instructed to implement the Scheme as per the protocol guidelines issued to the hospitals. The procedures to be followed in respect of request of pre-authorizations, pre-operative investigations, claims settlement have been detailed in the guidelines. Wherever there is ambiguity the Network Hospitals have been instructed to contact the District Coordinators/ TPA and only then send the claims for settlement.

In spite of this being the fact, during the Medical Audits of the hospital conducted it is often seen that many of the hospitals have completely ignored the guidelines and the requests for pre-authorizations/ claim settlements is being done at their whims and fancies. In few of the cases the following observations were made:

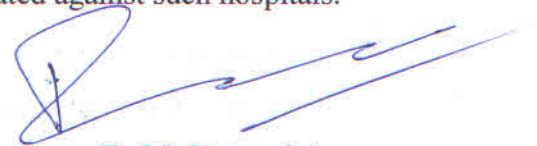
- a) the requests for pre-authorizations have been sent after the beneficiaries are discharged from the hospitals.
- b) have collected extra amount from the beneficiaries over and above the tariff package specified for the surgeries even though the beneficiaries were admitted in the general ward.
- c) have not collected the contact / mobile numbers from the beneficiaries, but have been intentionally updating wrong / incomplete mobile numbers while submitting the pre-authorization requests and in some instances the hospital staff mobile numbers were entered.
- d) have not maintained the bills as per the standard accounting practice. Bill dates are inconsistent and bills are raised randomly only for the claim submission purpose.
- e) entries of new born in the birth register are not entered in delivery cases.
- f) anaesthesia notes are incomplete in many of the cases with blank forms and no signature of the Anaesthetist; the type of Anaesthesia administered is also missing in many cases.

- g) the medical records of the hospitals were incomplete. The Hospitals have not maintained OT Register, Anaesthesia chart / Anaesthesia notes and OT Notes as per the standard practice for all the cases.
- h) signatures of the treating doctors are not obtained on the claim forms.
- i) in the case sheets the date of admission and date of surgeries are overwritten with an intention to adjust claim record dates.

Further, it was observed that in respect of common network hospitals implementing various other health care schemes of the Government, some of the hospitals have claimed the amount under more than one Scheme for the same beneficiary and for the same procedure. Such instances clearly illustrate that these hospitals have intentionally submitted duplicate claims to defraud the Trust/ Government.

The Trustees during the review of the Medical Audit of the hospitals have viewed the above matter very seriously and directed that such lapses on the part of the hospitals should be dealt sternly. In respect of some of the network hospitals under Yeshasvini Scheme, the Trust has resolved to impose penalty up to Rs. 100,000/- as fine, with temporary suspension from the network for a period of 01-year and stopping of pre-authorizations, withholding of claim amount pending for payment along with recovery of duplicate claims. Few of the hospitals have been permanently de-empanelled from the network hospitals.

In view of the above facts, the network hospitals are hereby once again cautioned to refrain from such irregularities and implement the Yeshasvini Scheme strictly as per the protocol guidelines issued. The hospitals are informed that any failure on the part of the hospitals will be dealt seriously and action deemed fit will initiated against such hospitals.



**(R. M. Nataraja)**  
Chief Executive Officer

To,  
The Administrators,  
Network Hospitals,  
Yeshasvini Co-operative Farmers  
Health care Scheme