

Annexure-II

Protocol guidelines for the Network Hospitals / Nursing Homes recognized under the Yeshasvini Scheme.

Sub: protocol guidelines for the NETWORK HOSPITALS/ NURSING HOMES empanelled under yeshasvini Scheme

The Yeshasvini Trust is issuing following protocol guidelines for implementing Yeshasvini Scheme and for treating the Yeshasvini members in the network hospitals

- **Yeshasvini Counter:** The NWH shall have Yeshasvini counter, manned by a staff trained in Yeshasvini protocols for guiding the Yeshasvini beneficiaries. The NWH shall supply the Yeshasvini badges to the concerned staff interacting with Yeshasvini beneficiaries. **You shall display the mobile no. of our District Coordinators in your District, contact numbers of our call Centre** in Yeshasvini Counter so as to enable the beneficiary to have interaction in case of any problems.
- **Yeshasvini Board:** All Yeshasvini NWH shall display a board as “**Yeshasvini**” in Kannada prominently at the reception, with a green background and white letter of eight inches size. Also documents required for availing cashless facility under Yeshasvini scheme are to be displayed.
- **Notification of the coordinator:** The NWH must display the contact details of the Hospital staff earmarked for handling Yeshasvini Scheme at the entrance / reception area. Please furnish the name and contact number of your hospital coordinator.
- **Photo Album:** All network hospitals are requested to maintain photo album of Yeshasvini patients with a small case history.
- **OPD and IPD registers:** The NWH shall maintain OPD & IPD registers.
- **Publicity:** The NWH shall print at least 500 Yeshasvini pamphlets (frequently asked questions) to distribute among the beneficiaries and bring about awareness .The NWH also put posters highlighting the advantages of Yeshasvini scheme in the prominent portion of the hospital & also outside the hospital for visitors to learn the scheme.
- **Visitors Book:** The NWH shall maintain visitor book in the Yeshasvini Counter and whenever official from Trust / MSP visits the hospital, the NWH is requested to take their signature in the visitor’s book. The visitor book shall contain the details as Name of the Visitor, Date of Visit, Designation and Signature.

Visit of our District coordinator: For smooth functioning of the Yeshasvini scheme the district coordinators have been appointed in all the districts. District coordinator visits your hospital regularly and you shall show the relevant documents of Yeshasvini Member whenever it is requested. The district coordinator can interact with admitted beneficiaries under Yeshasvini Scheme; the network hospitals shall facilitate the same.

- **Scheme Period:** The scheme period starts every year from 1st June and ends to 31st May or as notified by the Government of Karnataka.
- **Website:** Please visit scheme website www.yeshasvini.kar.nic.in and may also send in your mails at sastdirectormedical@gmail.com
- **Members Covered:** Under Yeshasvini scheme all joint family members of main member of eligible cooperative societies are covered like spouse, children, parents, brothers, sisters and daughter in law etc., provided all members belong to one family and are living together. Further married daughters are also covered under the scheme subject to certain conditions stipulated by the Trust in its enrollment circular.
- **Age Limit:** No age limit. Beneficiary is eligible to take treatment from new born to his/her lifetime.
- **Screening of Yeshasvini patients:** You are requested to screen all patients while getting admitted and confirm being Yeshasvini Scheme beneficiary by incorporating new field in your hospital admission form that “**Yeshasvini scheme beneficiary YES or NO**” so as to avoid confusion.
- **Health Camp:** Network hospital shall make arrangements for conducting health camp for beneficiaries residing in and around the area being serviced by the network hospital. It is proposed to have four such camps in a year to focus on the General health and awareness/ health hazard etc. prevailing in defined geography. The report of the same has to be submitted to MSP through District Coordinator with the feedback forms collected by the members attending the camp.
- **OPD:** The beneficiaries are entitled for out Patient consultations including super speciality consultation. Amount to be collected is Rs.100 for normal consultation & Rs. 200 for specialist consultation which is valid for Three months. The number OPD cases availed benefit should be recorded and informed to our District Coordinators on weekly / Monthly basis. (In case your hospital rates are less than the rates that are mentioned above we request you to honour your hospital rates.)
- **Diagnostic Tests at discounted rates:** The beneficiaries are entitled to avail the OPD investigations benefits at discounted rate. You shall collect the charges for OPD investigations as per the fixed/negotiated tariff and not as per your prevailing hospital tariff. And for other than prescribed diagnostic tests you shall collect the charges with extending 25% discount on your prevailing hospital tariff. In case of any changes in the discount rates, it has to be preauthorized by the Trust.
- **Benefits Extended:** The Yeshasvini beneficiary is entitled to avail the benefit for following ailments on cashless basis:

823 surgical cashless procedures

Coverage for stabilization of medical emergencies for two days for an amount of Rs. 2000/- (i.e., Rs. 1000/- per day) introduced during the period 2013-14. Following medical emergency conditions may be considered under this benefit:

1) Snake Bite, 2) Drowning, 3) Dog bite, 4) Electric Shock, 5) Injuries caused while operating Agricultural Equipment, 6) Bull gore injury.

Neonatal Services: Neonatal Services extended for 5 days permissible @ Rs. 1500/- per day in case of Premature Baby, New born baby with Asphexia, Low birth weight and etc. Above services is limited to NICU care only and it can be availed within 7 days from the date of birth. **No surgeries for the new born are covered under this scheme.**

(In case your hospital rates are less than the rates that are mentioned in the Yeshasvini rate list, we request you to mention your hospital rates in the preauthorization form).

- **Package Rates:** Package rates have been fixed for all the surgeries under the scheme. This includes all the charges like Admission Charges/registration charges, Bed Charges, Nursing Charges, Operation Theatre Charges, Procedure Charges, ICU/CCU Charges, Anesthesia Charges, Instrument Charges, Cost of OT Consumables and Medicines, Professional fees of the Surgeon, anesthetists and related routine investigations during the hospitalization. Please raise the bill as per the agreed tariff and you shall not collect any money towards above-mentioned items under any circumstances from the beneficiaries.

Note:

- On no account shall any amount be collected from the individual beneficiaries for covered treatment. The Network Hospitals/Nursing Homes shall provide necessary OT medicines, consumables and disposable sundries of standard quality and will not get them purchased through the Yeshasvini Beneficiaries.
- Post hospitalization charges (after the discharge of the patient) are not covered under the scheme hence expenses towards Diagnostics and Medicines incurred by the individual Beneficiary after the discharge of the patient from the Hospital/Nursing Home shall not form a part of this package and all such expenses will have to be borne by the Beneficiary.
- The package rates mentioned **are all inclusive of the implants and the prosthesis.** . In case implant / prosthesis are used for the patient then you can raise the bill as per the format given. & also submit the Invoice & stickers of the implants & prosthesis used. In case patient is willing to go for higher end implants /prosthesis then the difference charges shall be collected from the Beneficiaries. For this it is mandatory to collect a signed concern letter from the beneficiary expressing his own interest to opt for higher end implants.
- **Note 1: In case of cataract surgery, the package rate is inclusive of lens charges. Therefore you are requested not to collect lens charges from the patient.** In case patient is willing to go for higher end lens then the difference charges shall be collected from the Beneficiaries. For this it is mandatory to obtain a signed consent letter from the beneficiary expressing his own interest to opt for higher end lens.

Note 2: (a) The list of exclusion, (b) bill format to be used in case of implant/prosthesis used patient

Ward Eligibility: All beneficiaries under Yeshasvini Scheme are entitled only for **General Ward Admission**. However, if the Beneficiary opts for admission to a ward(higher than the entitlement, then the difference charges shall be collected from the Beneficiaries. In case beneficiary opts for higher ward, you are requested to prepare the bill as per the format, it is mandatory to obtain the signature of the beneficiary on the final bill. & also mandatory to collect the consent letter from the beneficiary regarding his willingness to opt for the higher ward category. The network hospitals have to provide the beneficiaries the estimated cost/package for treatment in the special word before obtaining consent from him.

Note: Bill format in case of patients opted for higher ward is furnished separately.

- **E-Preauthorization:** You are requested to obtain E-preauth for all cashless admissions so as to enable us to know the Trust liability towards network hospitals. Hence it is mandatory to obtain E-preauthorization's. All data entered in the E-preauth request such as UHID no., patient name, age, gender, presenting complaints, diagnosis, etc., should match with the attached supporting documents. Further approved preauthorisations are valid for only one month from the probable date of authorization. Hence please return the preauthorization in case you have not utilized on time. All approved preauthorization's for which claims are not submitted within 90 days from the date of discharge will be considered as null and void.

You shall send Preauthorization through internet and you may use the below mentioned login ID and Password for accessing E-preauthorization.

Login ID: Password:

You can also change the password by clicking on change password button.

Note: The user ID & password provided to NWH for the E-preauth platform is unique & confidential, hence MSP is not responsible for any misuse thereafter.

Note:

While scanning essential documents to attach to E-preauth, please do not forget to save the files with naming particular documents so as to ensure fast service like, in case you have scanned ID card please save the file by naming as ID card. In case the file is not saved with particular name it becomes difficult for us to which attachment has got which document and further to verify the particular document we have to browse through all the attachments from which more time will be consumed and it could end with delay in service. Hence in case scanned documents attached to E-preauths are not saved with proper names such preauthorization will be summarily delayed.

While scanning the essential documents please select low resolution and small size without fail.

Please take care of the typing mistakes while filling up the E-preauths as it will be difficult to judge the surgery for which you are requesting. Hence please take care of typing mistakes & also request NWH to select the proper procedure code while submitting preauth Request

Kindly fill up all the fields properly with right information. All supportive documents should be scanned in original and sent. Photocopies are not entertained.

Duly filled and signed First Admission Report/ Initial Intimation report and PA request form has to be enclosed at the time of preauth request.

v. Procedure for extending treatment:

- It is the duty of the network hospitals to identify the beneficiaries, hence please identify the beneficiaries properly and obtain preauthorization for every cashless admission before discharge of the patient. In case of any discrepancies the network hospital shall be held responsible for such cases. In this connection please follow below mentioned guidelines.

- **ID card and Receipt:** The scheme members are issued with ID cards cum Receipts with unique ID no.s with facility of bar code . ID cards are issued to principal card holder and name of the family members are present in the card on the reverse of the card the photos of the enrolled yeshasvini members are fastened in order to identify easily. The receipts have to be provided on demand, wherever the hospitals demand for confirmation.

Identification of the beneficiary:

- **In case of fresh member enrolled for the current period:** The beneficiary who wants to avail the benefit of the scheme presents Yeshasvini Identity Card cum Receipt at the Yeshasvini Counter of your hospital. You shall insist for original ID card and do not entertain photocopy of ID Card. Confirm the identity with the photographs attached on the reverse of the ID card and if it matches the person who comes for treatment can be considered for benefits under yeshasvini.

- **In case of renewed member:** The beneficiary furnishes the original copy of ID card along with the receipts for being paid the contribution to the Yeshasvini scheme for the current period. Please verify whether contribution paid is correct or not. Further identify the beneficiary by comparing photograph of the beneficiary on the reverse of the ID card, if it tallies provide the benefit under the scheme after confirming that he has paid for renewal amount by seeing the receipt . However, for any doubt contact local coordinator or project manager MSP.

- **ID card verification points:** Make sure that ID card is **not** manipulated. In case it is manipulated like erasing the beneficiary names and contribution manipulation etc., please request the patient to furnish the letter from secretary of the concerned cooperative Society as well as from DRCS for being manipulated on genuine grounds otherwise do not forward such E-preauths. You shall verify the DRCS and Society letter and in case the ID card is manipulated on genuine grounds then send E-preauth attaching ID card and attach the letter received from DRCS and Society Secretary and **make sure to enclose** DRCS and coop secretary letters along with the claim otherwise claim will be rejected and such preauth will be invalid. Please do not give the chance for objection on the internet so as to ensure fast service.

- After identification of the beneficiary, the NWH coordinator explains about the facility extended under the scheme and about their eligibility limits and the standard exclusions as applicable under the scheme.

- After verifying the relevant documents produced by the beneficiary to ascertain the authenticity of the identity, the NWH shall extend outpatient consultation i.e., it may be Super specialty, General Specialty and consulting doctor consultation and further diagnostic tests if necessary at concessional rates as fixed under scheme.

- *If Consultant does not recommend any OPD investigation and advises only medical line of treatment on OPD basis, such treatment cost shall be borne by the beneficiary only.*

- *If the Consultant recommends OPD Investigation: The beneficiary undergoes investigations at special discounted Hospitals rates on OPD basis. the NWH shall extend 25% discount on hospital tariff.*

- *If the Consultant advises the beneficiary for in-patient hospitalization for Medical line of treatment, the beneficiary shall bear the cost of such treatment as medical line of treatment is not covered under Yeshasvini scheme. **The Yeshasvini Scheme is essentially a surgical care scheme and does not cover medical line of treatment.***

- If the Consultant advises for a Surgery for the ailment covered under the scheme the same to be operated under **YESHASVINI SCHEME** and you shall strictly follow the guidelines about procedure for extending cashless treatment.

- To extend cashless facility to the scheme beneficiaries Preauthorization is must and in case bills are raised without obtaining preauthorization such bills will be rejected summarily. The NWH shall also be held responsible for such treatment cost wherein it has not taken any action to obtain preauthorization even though the beneficiary has revealed about being beneficiary of Yeshasvini scheme.

- The Co-coordinator at the NWH shall send the Pre-authorization form / First Admission Report (FAR) to the MSP using E-preauth method through internet for authorization along with scanned copy of the Yeshasvini I.D Card and relevant documents as it is mentioned in this protocol.

- After detail scrutiny of the documents (Medical & Technical), MSP shall send the preauthorization to the network hospital.

- After receipt of the preauthorization, the NWH shall extend cashless treatment under Yeshasvini scheme.

- The beneficiary gets discharged from the network hospital without paying any amount towards the treatment covered under the scheme to the network hospital. The Beneficiary signs on the final bill before getting discharged from the hospital.

- The NWH in turn shall raise the claim and send it to implementing agency in the prescribed format issued under this scheme.

- After detailed scrutiny of the bills; MSP shall place the bills before the Yeshasvini Trust & gets the clearance.

- The Yeshasvini Trust releases the payment.

Note:

1) *In case of emergency, the NWH shall take undertaking letter from the beneficiary that incase he/she is not covered under Yeshasvini scheme the cost of the surgery will be met by the beneficiary only. Soon after receipt of undertaking letter from the beneficiary the network hospital can proceed with the surgical treatment. The preauthorization for the same shall be sent to MSP with an immediate effect & shall obtain the preauthorization before the discharge of the patient.*

2) *Incase preauthorization is not obtained or obtained after the discharge of the patient from the network hospital, implementing agency will not be responsible for such payment.*

3) *The approved preauthorization is valid for one month from the date of issuance & invalid preauthorization shall be sent to implementing agency with an immediate effect.*

The Minimum number of cases to be performed under Yeshasvini Scheme by the network hospitals is stipulated as below:

	Uni speciality	Multi-speciality
1. Corporation limits	30	50
2. District headquarters	25	30
3. Taluk headquarters	15	25
4. Below Taluk	15	20

The minimum number of cases, performed criteria will be reckoned for renewal of hospitals in the ensuing year

w. Essential documents required for obtaining preauthorization using E-preauth method:

1) ID Card and Receipt:

While filling up the E-preauth in the **Member receipt No. field** as well as in the **Member ID no. field** please **mentions the ID no.** in both the fields since ID card acts as receipt also.

While scanning the ID card **save the file by giving appropriate name of particular document for ex: in case you have scanned the ID card save the file as ID card** and in case it is not saved with giving appropriate name as ID card such preauth will not be attended and further request you to save the file with lowest resolution and small size.

Please do not attach the receipt issued from cooperative society please attach the copy of ID card cum receipt issued by Yeshasvini Trust only.

2) Required investigation reports for professional scrutiny:

The Instructions to Be Incorporated With the List

- **Obstetrics and gynecology**

- The benefits under the scheme for deliveries are allowed for only two live children.
- For LSCS the network hospitals shall append with claim record details of OT medicines.
- For Neonatal care of normal new born baby the network hospital shall give medical justification regarding the necessity for NICU.
- LAVH and vaginal hysterectomy may be avoided in patients of less than 40 years of age unless clearly indicated.
- Laparoscopic ovarian drilling which is an invasive procedure must be preceded by
 - Counseling.
 - Medical management for 6months
 - Hormonal assay
 - Procedure may preferably be done for more than 24 years age group indicated.
 - In all cases of Hysterectomy, Pap smear, endometrial biopsy along with USG are mandatory.
 - Preauthorization/claim for prolapse /decent uterus shall be supported by preop and post op USG respectively.
 - For Laparoscopic Ovarian Cystectomy the size of the Cyst should be more than 6cm and the test CA 125 is mandatory.
 - Biopsy report of the specimen is mandatory (uterus/Cyst).
 - Photograph of mesh insertion intraoperative is must.

- **Guidelines for Genitourinary Procedures**

- All symptomatic ureteric stones measuring more than 6mm shall be taken for lithotripsy procedure.
- Radiological proof of stone in USG/KUB/IVP/CT with clear mapping of size shall be provided in case of renal/ureteric/vesicle calculi for approval lithotripsy procedures.
- Plane CT scan is required in case of radiolucent renal/ureteric calculi which cannot be proved otherwise.
- Hospitals shall upload intraoperative video endoscopic recordings for all endoscopic procedures at the time of submission of claims. The photograph should be converted into WebEx recorded format available in the hospital login.

- All postoperative photographs shall show face as well as scar in the same photograph.

- **Guidelines for Laparoscopic procedures.**

The hospital shall upload photograph depicting the face of the patient and operative site along with specimen removed with date and time depicted on the print/image.

Hospitals shall upload intra-operative video recording of entire procedure starting from the patient on table till the end of procedure clearly depicting the organ involved in the surgery along with claims attachment. The CD should be recorded on webex recorded format available in the hospital login.

Endocrinology: For all thyroid cases please attach thyroid function test report to E-preauth to justify the diagnosis. You shall enclose histopathology report as well as thyroid function test report along with the claim.

Urology cases: For all Urology cases please attach ultrasound report to E-preauth to justify the diagnosis. In case stent is used please enclose the invoice for the stent to process the claim under Yeshasvini scheme without which claim will not be settled.

Onco Specialty Surgeries: In case of onco surgeries please justify the diagnosis with histopathology report and as it is mentioned above please save attachment with name of the investigation report and forward the E-Preauth.

OBG Specialty:

Sl. No.	Surgery Name	Required documents
1	LSCS / NVD	Ultrasound report and clinical note to justify the diagnosis. Please attach these reports along with the claim. Reports are essential to settle the claim. Attested copy of the Birth register containing the name of the Mother / Father of the newborn has to be attached with the individual claim.
2	Hysterectomy	Please make sure to attach pap smear report in all conditions except

Orthopedic Cases: Please note that **RTA cases are not covered under the scheme.** For all cases basic investigations reports like X-ray shall be attached with E-preauth and also enclose the same along with the claim. You shall enclose **Non MLC** certificate along with the claim since **RTA cases are not covered** under scheme. Attach Non MLC certificate along with E-preauth and you shall enclose the same along with the claim to ensure fast service. For all orthopedic cases please make sure to enclose check x-ray report along with the claim.

- In case implant / prosthesis are used for the patient then you can raise the bill as per the format given. & also submit the Invoice & stickers of the implants & prosthesis used. In case patient is willing to go for higher end implants /prosthesis then the difference charges shall be collected from the Beneficiaries. For this it is mandatory to collect a signed concern letter from the beneficiary expressing his own interest to opt for higher end implants.

Cardiac Cases:

Sl.No.	Surgery Name	Required documents
1	CABG / PTCA	Angiogram report is must. Please attach the same with E-preauth and give the name to attachment.
2	CAG	ECG and ECHO is must to process the claim hence enclose the same along with claim. Further even though preauth is approved in case the diagnosis is not justified with the investigations reports such preauth will be invalid and claim will be rejected.
3	OHS	For all open heart surgeries please attach ECHO report and in case Angiogram is done please attach the same also. Please enclose the same along with the claim

Wherever implants and stents are used please enclose the invoices along with the claim without which claim will not be settled and also attach acknowledgement certificate for being received the amount from the beneficiary towards implants only, otherwise the claim will not be settled.

Gastro Specialty: In case of onco surgeries please justify the diagnosis with histopathology report and as it is mentioned above please save attachment with name of the investigation report and forward the E-Pre auth. In case of any excisions please furnish histopathology report at the time of submission of claim.

Important General Guidelines: Other than above mentioned specialties, in case of rest all specialties please justify the diagnosis with investigation reports and wherever it is diagnosed clinically please enclose clinical report along with the claim and obtain verification done by district coordinator before discharge of the patients.

Please furnish invoice for implants used cases. Attach only those files as it is requested above and do not attach non-essential documents.

While scanning the documents please save the document by giving appropriate name of the particular document for ex: while scanning X-Ray report save it with giving name as X-Ray report and save the document by selecting lowest resolution and small size option.

x. Hospitalization Period: There is no specific length of stay prescribed for the surgical procedure under this scheme.

y. Claims Submission: All claims must be sent within **ten days** from the date of discharge of the Beneficiary from the hospital. Where ever Credit bills are not available you may raise the bill under the letter head of your hospital as „credit bill“ with bill No. and IP No. The claims must be accompanied by check list ensuring presence of the following documents:-

- Attested Photocopy of the Yeshasvini I.D. Card.
- Credit Final bill – raised in favor of “Yeshasvini Trust with beneficiary name”. The same amount should be claimed in the final bill provided as Aneexure-5.
- Original claim form duly signed by beneficiary
- Original discharge summary.
- Original Operation Notes.
- In case of Angioplasty procedure, please enclose Angiogram CD
- All Laboratory/Investigation reports that are attached to E-preauth to justify the diagnosis.
- In case of enhancement taken in preauth, both initial & enhancement authorization letters have to be attached as part of the claim.
- All preauthorization approval letters have to be duly signed by our District Coordinator prior to claim submission.
- All documents submitted at the time of preauthorization should be part of claim submitted.

The Network Hospital will be reimbursed from the Yeshasvini Co-operative Farmers Health Care Trust as per the standardized and Pre-defined Package Rates.

aa. If a beneficiary avails inpatient medical treatment at the NWH, which is not covered under the scheme, it is the responsibility of the NWH to collect the charges for the medical treatment. No money will be reimbursed to the NWH for inpatient medical line of treatment.

bb. This arrangement shall be in force till the termination of this arrangement by the Trust / MSP or the hospital with a prior notice of 30 days. However MSP / Trust reserve the right to terminate this arrangement without any prior intimation.

Non-compliance to the Yeshasvini Guide lines shall result in forfeiture of the recognition as Yeshasvini Network Hospital.

Any legal liability arising out of services rendered shall be the sole responsibility of the Network Hospital.

For further clarifications: please contact us at
Call Centre Helpline No: 1800-425-8330
1800-425-2646
Website: www.sast.gov.in/home

Protocol guidelines is issued by the order and on behalf of Yeshasvini Trust

Project Head,
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