

**ANY “MA” EMPANELLED HOSPITALS WHO INDULGES IN FRAUDULENT  
ACTIVITIES IS TO BE PENALIZED AS FOLLOWS: -**

**Category-1:** Charges against the hospital of charging money against services like ; OPD, diagnostic services even though if it is not mentioned in their MoU with the ISA, laboratory services, blood unit, pharmacy, implants, food or non reimbursement of transportation cost of Rs.300 to the scheme beneficiaries which are part of MA package rate.

**Penalties:**

**Step - 1.** Whenever any such complain comes to the notice of ISA for the first time, ISA will issue a notice in written to the respective hospital to return the said amount to the respective beneficiary. The hospital will submit receipts against the same from the beneficiary to the ISA within 15 days. Till the time the said claim will not be processed for settlement.

**Step – 2.** If said hospital repeats it again:

- a) The said hospital will return the charged amount to the patient and an equal amount will be deducted by the ISA from the said claim amount as a penalty.
  - b) If repeats the same act again then the hospital will return the charged amount to the patient and the said claim will be rejected. These types of claims shall not be eligible to be considered under the DGRC and SGRC.
  - c) If repeats further- the hospital will be De-empanelled from MA/MA Vatsalya Yojana at least for one year. Such hospital can only be empanelled after the recommendation of the respective DGRC and its approval from the SGRC after one year from its date of de-empanelment.
  - d) After re-empanelment, if the hospital repeats against the same (at least even for once), the hospital will be de-empanelled for one year from the scheme.
- Note: A separated account for deducted claim amount by ISA shall be maintained by the SNC in this regard.

- In such cases if the hospital is de-empanelled in such cases the amount charged by the hospital from the patient shall be returned by the SNC to the beneficiary from this fund vide the respective DGRC.

**Category-2:** If the treatment given by the hospital differs from the actual treatment in such cases following actions will be taken:

- a) The ISA will bring such cases to the Sub- SGRC along with the facts and details.
- b) If Sub -SGRC agrees with the ISA's claim, then the hospital will be de-empanelled on the spot from the scheme from the date of its decision for three years.
- c) In case if there is a gross difference (without performing the surgery claiming under MA/MA Vatsalya Yojana) in more than one claim then ISA will suspend the said hospital along with filing an FIR against it.

## **PROCESS NOTE FOR DE-EMPANELMENT OF HOSPITALS**

### **Background**

This process note provides broad operational guidelines regarding De-empement of hospitals which are empanelled in MA Yojana. The process to be followed and roles of different stakeholders have been outlined.

### **Process To Be Followed For De-Empanelment of Hospitals:**

#### **Step 1 – Putting the Hospital on “Watch list”**

- Based on the claims data analysis and/ or the hospital visits, if there is any doubt on the performance of a hospital, the ISA or its representative can put that hospital in the watch list.
- The data of such hospital shall be analyzed very closely on a daily basis by the ISA or its representatives for patterns, trends and anomalies.
- The ISA will immediately inform the State Nodal Cell also about the hospital which have been put in the watch list within 24 hours of this action.

#### **Step 2 – Suspension of the Hospital**

- A hospital can be temporarily suspended in the following cases:
  - For the hospitals which are in the “Watchlist” if the ISA observes continuous patterns or strong evidence of irregularity based on either claims data or field visit of hospitals, the hospital shall be suspended from providing services to MA patients and a formal investigation shall be instituted.
  - If a hospital is not in the “Watchlist”, but the SNC/SEGRDC observes at any stage that it has data/ evidence that suggests that the hospital is involved in any unethical practice/ is not adhering to the major clauses of the contract with the ISA or their representatives/ involved in financial fraud related to MA patients, it may immediately suspend the hospital from providing services to MA patients and a formal investigation shall be instituted.

- A directive is given by State Nodal Cell based on the complaints received directly or the data analysis/ field visits done by State Nodal Cell.
- The State Nodal Cell should be informed of the decision of suspension of hospital within 24 hours of this action.
- To ensure that suspension of the hospital results in their not being able to treat MA patients, a provision shall be made in the software so that hospital cannot send electronic claims data to the ISA.
- A formal letter shall be send to the hospital regarding its suspension with mentioning the timeframe within which the formal investigation will be completed.

### **Step 3 – Detailed Investigation**

- The ISA can launch a detailed investigation into the activities of a hospital in the following conditions:
  - For the hospitals which have been suspended.
  - Receipt of complaint of a serious nature from any of the stakeholders
- The detailed investigation may include field visits to the hospitals, examination of case papers, talking with the beneficiaries (if needed), examination of hospital records etc.
- If the investigation reveals that the report/ complaint/ allegation against the hospital is not substantiated, the ISA would immediately revoke the suspension (in case it is suspended) and inform the same to the State Nodal Cell.
  - A letter regarding revocation of suspension shall be sent to the hospital within 24 hours of that decision.

### **Step 4 – Action by the ISA**

- If the investigation reveals that the complaint/allegation against the hospital is correct then following procedure shall be followed:

- The hospital must be issued a “show-cause” notice seeking an explanation for the aberration and a copy of the show cause notice is sent to the State Nodal Cell.
- After receipt of the explanation and its examination, the charges may be dropped or an action can be taken.
- The action could entail one of the following based on the seriousness of the issue and other factors involved:
  - i. A warning to the concerned hospital,
  - ii. De-empanelment of the hospital.
- The entire process should be completed within 30 days from the date of suspension.

### **Step 5 – Actions to be taken after De-empanelment**

- Once a hospital has been de-empanelled from MA Yojana, following steps shall be taken:
  - A letter shall be sent to the Hospital regarding this decision with a copy to the State Nodal Cell
  - MHC card of the hospital shall be taken by the ISA and given to the District Key Manager
  - Details of de-empanelled hospital shall be sent by State Nodal Cell so that it can be put on MA website.
  - An FIR shall be lodged against the hospital by the ISA at the earliest in case the de-empanelment is on account of fraud or a fraudulent activity.
  - The ISA which had de-empanelled the hospital, may be advised to notify the same in the local media,, informing all beneficiaries about the de-empanelment, so that the beneficiaries do not utilize the services of that particular hospital.
  - If the hospital appeals against the decision of the ISA, all the aforementioned actions shall be subject to the decision of the concerned Committee.

### **Grievance by the Hospital**

- The hospital can approach the State Empanelment, Grievance Redressal and Disciplinary Committee for the Redressal. The State Empanelment, Grievance Redressal and Disciplinary Committee will take a final view within 30 days of the receipt of representation. However, the hospital will continue to be de-empanelled till the time a final view is taken by the State Empanelment, Grievance Redressal and Disciplinary Committee.

### **Special Cases for De-empanelment**

- In the case where ISA does not want to continue with a particular hospital in a district it can be de-empanelled that particular hospital after consultation with the State Nodal Cell and the District Key Manager. However, it should be ensured that adequate numbers of hospitals are available in the district for the beneficiaries.