CLAIMS

Standard Operating Protocol

Deen Dayal Swasthya Suraksha Parishad

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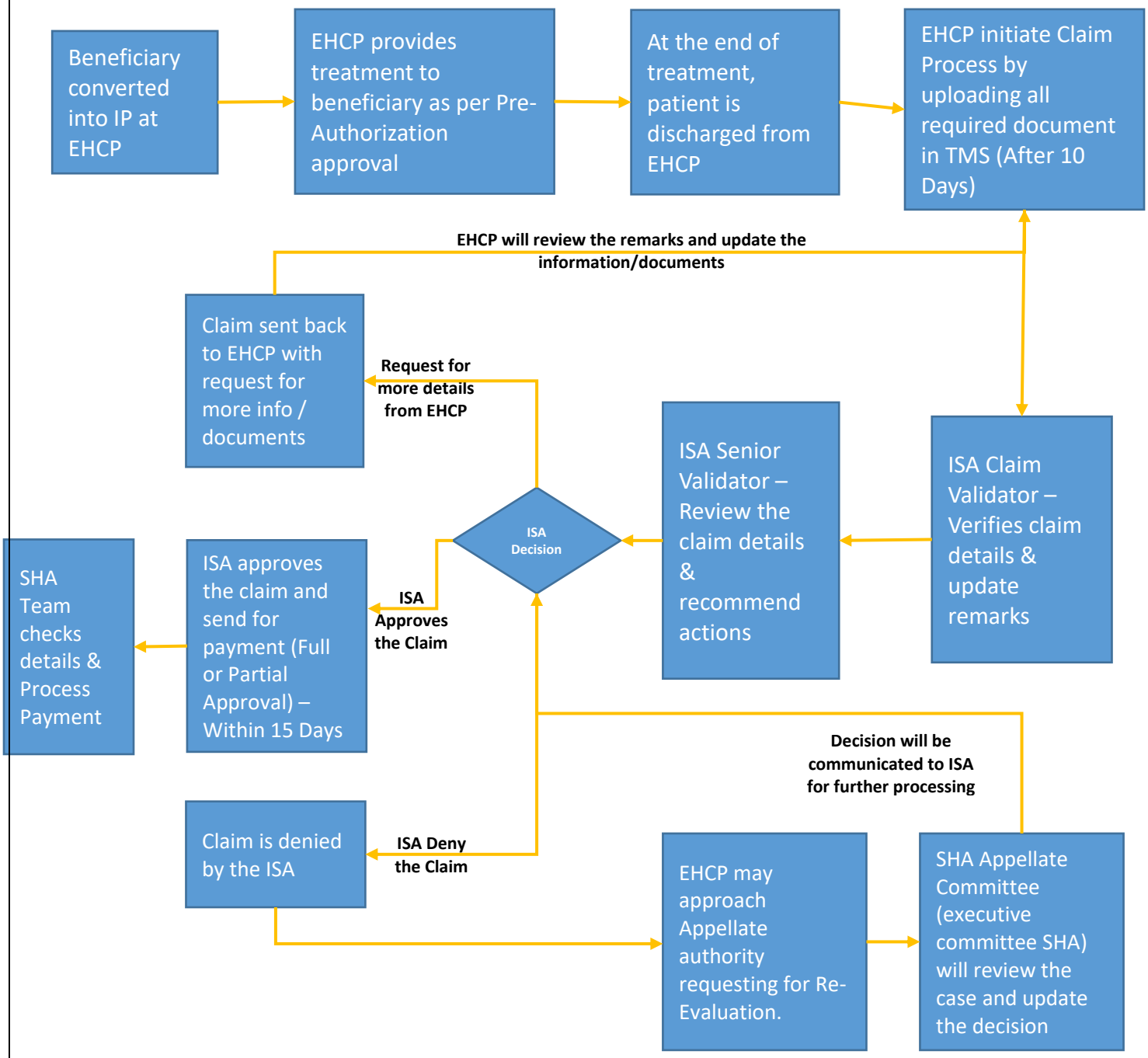
SOP Claims Settlement

Claim: Formal request sent by the empanelled network hospital for financial compensation of services rendered to the beneficiary as per the preauthorization raised.

Process Flow (Diagrammatic):



General Guidelines

1. Claims shall be paid to the Network Hospitals as per the package rates published by the State Government of Madhya Pradesh and any revisions made from time to time.
2. Claims team from ISA shall examine the claim documents submitted as per the mandatory documents defined for the package, preauthorization details and the adjudication guidelines issued by the State Health Agency from time to time. Validation of claims shall be done at two levels by the ISA team for accuracy.
3. ISA shall examine the final diagnosis, clinical notes, postoperative photographs, & discharge summary.
4. Network Hospitals shall apply for Claims after 10 days of discharge of the beneficiary, any claims raised after 60 days of discharge for private hospitals and 90 days of discharge in case of Government Hospitals shall not be entertained. The Network hospital shall ensure that all the mandatory documents necessary for the particular package/procedure performed along with daily clinical notes are uploaded. The claims initiation will be done on the following URL mptms.pmjay.gov.in**.**
5. Implementation Support Agency (ISA) shall ensure that claim submitted by the Hospitals are decided within 15 days of receiving of the Claims and/or report/documents of queries raised by ISA are received from network hospital and send the recommendation regarding claim settlement (approval/ partial payment/rejection) to the Finance team of State Health Agency. The due deductions/penalty will be made from the package amount as per the scrutiny of claims processing officer from ISA.
6. Upon receipt of recommendation from the Claims team of the ISA, the payment to the Empanelled Network Hospitals shall be released within 5 days by the Finance team of SHA. There will be a 2 tier structure where in claims worth up to Rs 20000 shall be settled by Finance officer and above the aforementioned limit by the CEO.
7. Network Hospitals shall have an opportunity to appeal in case of rejected claims. The same shall be reviewed by the Claims committee constituted under the Chairman ship of CEO once fortnightly. Aggrieved by the decision of committee a final appeal can be made to the executive committee headed by the Principal Secretary. The decision of committee shall be abiding in this regard.
8. ISA shall bear any penalty as per the contract for any false claims approved or delay in recommendation to State Health agency beyond the TAT and found during the audit.
9. ISA shall perform random audit of 5% of claims quarterly and submit the report to SHA. Independent Claim Audits shall be separately undertaken by team from SHA.

Guidelines in case of special situations

A) Claim Settlement in Death Cases

i) In case of Death of the patient before surgery:

The hospital will be approved for 10% of the package which shall include the cost of carrying/transporting the dead body to the residence of beneficiary.

ii) Death on Table (DoT) or during postoperative stay:

- 75% of package to be approved, which shall include cost of carriage of dead body from empanelled hospital to residence.
- In case of death within 24 hours of surgery (1st post-op day), 80% of package amount, which shall include cost of carriage of dead body from empanelled hospital to residence.
- In case of death after 1st post-op day, 100% claim will be paid which shall include cost of carriage of dead body from empanelled hospital to residence.

B) Leave against Medical Advice (LAMA):

Following protocol shall be used to settle cases**:**

- Before surgery with investigations & IPD : 20% of package
- LAMA after surgery: 75% of package

However if the patient is transferred before the surgical procedure is performed

- Referring hospital will be paid 0% of approved package.
- Referred hospital will be paid 100% of the approved package

C) Failed Cases

The claims for failed surgeries/ procedures such as partial removal of the tumour, non-operable tumours found after laparotomy, incomplete clearance of renal stones after lithotomy etc, inability to place the stent in Angioplasty will be cleared in the following manner.

Tumour cases:

- 50% of the claim in case of incomplete removal of the tumour.

- 25% of the package rate in case of inoperable tumour.

Urology (Renal Stone Cases)

- A minimum of 80% reduction in size of stone shall be obtained to be eligible for the claim
- In case of incomplete clearance of stone in PCNL as ascertained by the residual stone of more than 6 mm in x-ray, only 50% of claim shall be paid

Cardiology/CVTS cases

- Bar Code Stickers, with patient name on it, should be affixed on PTCA report/surgery notes only and not on any other document/report
- In case of use of implants/devices like stents, valves, permanent pacemaker and IABP, Bar Code Stickers should be affixed on procedure/surgery notes.
- In case of failed Angioplasty with stent, Cost of the Stent + 25% of the remaining package amount will be reimbursed