



PREAUTHORIZATION

Standard Operating Protocol

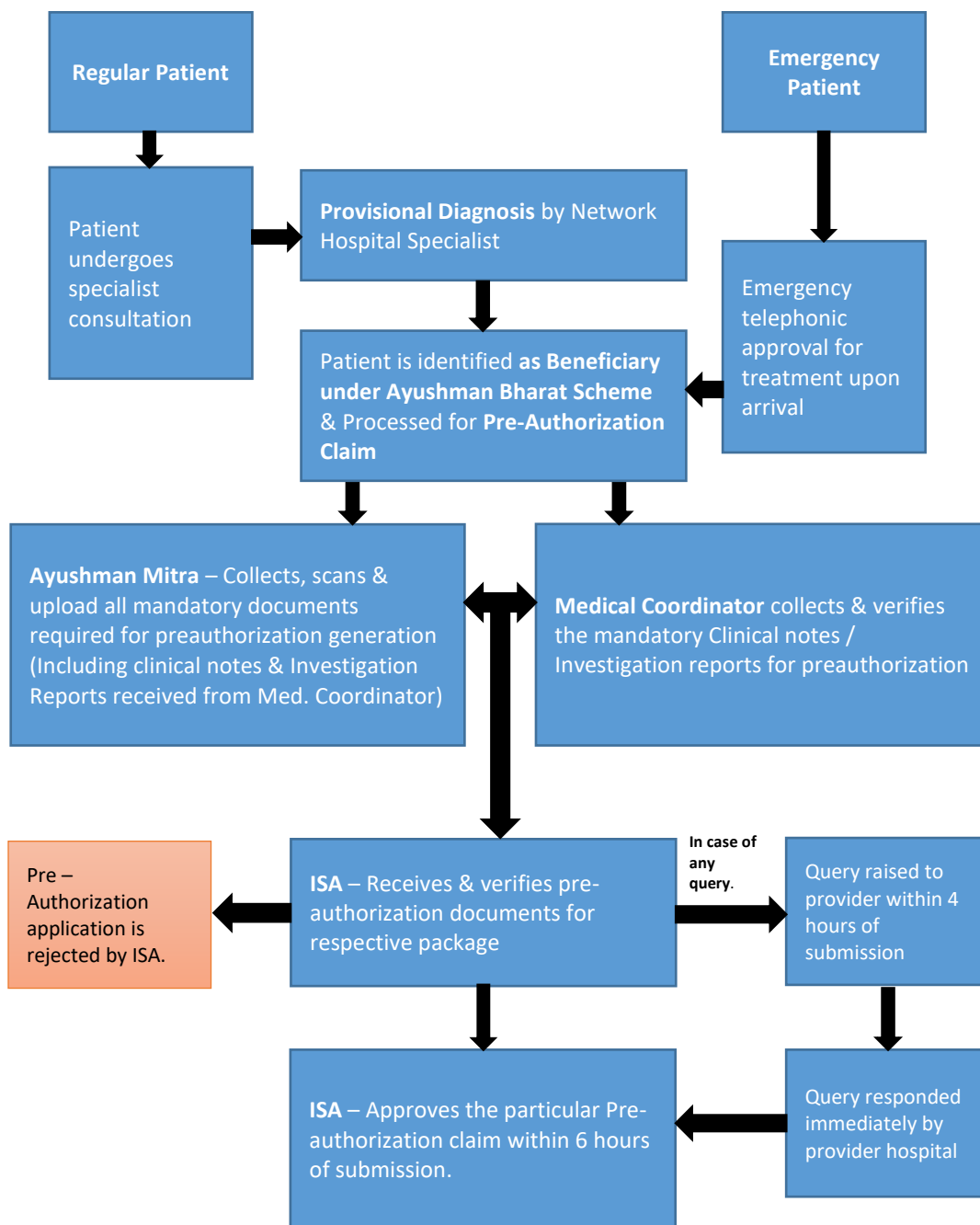
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Preauthorization

A decision by health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary.

Process Flow



1. Preauthorization shall be Mandatory for performing any procedure enlisted in the package list of Ayushman Bharat – Madhya Pradesh Niramayam Scheme.

2. Preauthorization shall be deemed auto approved for all the Government reserved procedures (District Hospitals, Medical Colleges, CHC's & Civil Hospitals). However the hospitals are still required to upload all the Mandatory documents for preauthorization as per the individual packages enlisted. Before starting the treatment, except for emergency cases.
3. Preauthorization shall be sought for a specific beneficiary patient. Lack of preauthorization shall result in entire claim rejection.
4. Preauthorization shall be raised after beneficiary validation on the transaction management system the URL for the same will be **mptms.pmjay.gov.in**.
5. Hospitals shall raise the preauthorization request as soon as or before the beneficiary patient is admitted. The length of stay and reimbursements shall be considered from the day and time of uploading preauthorization documents. Ayushman Mitra shall be responsible for raising the preauthorization. Ayushman Mitra shall select the medical package recommended by the specialist doctor / MEDCO and upload the necessary documents required for processing the pre-authorization request in the Transaction Management System. Ayushman Mitra shall be responsible for scanning & uploading all the mandatory documents necessary for preauthorization processing. He will be responsible for clicking picture of the beneficiary / patient on the hospital bed and upload the picture on the TMS portal for raising the preauthorization.
6. All the mandatory investigations required for each specific procedure shall be performed and the relevant scanned documents shall be uploaded by the Ayushman Mitra while raising the preauthorization. The mandatory investigations for each procedure is available for reference on **<http://www.ayushmanbharat.mp.gov.in/package>**.
7. The pre-authorization shall be considered valid only for a period of 14 (fourteen) days, including the date of issue. The pre-authorization is only provided to a specific provider, Specific treatment/package and is not transferable. However, the same may be extended for additional 7 (seven) days, once a written request is made by the provider/ hospital and approved by ISA. Beyond 21 (twenty one) days (14 Days + 7 Days with letter of extension), the pre-authorization will stand cancelled. In such cases the provider should obtain fresh approval for the cancelled pre-authorizations by mentioning valid reasons of the same.

8. The ISA while approving the preauthorization shall take into consideration the Balance sum assured/cover for a particular beneficiary family. In case of package amount exceeding the Balance cover left, partial preauthorization shall be provided after fulfilling the other mandatory requirements for the same. Also the Network hospital shall take a declaration letter from the beneficiary for payment of the balance amount in this regard.
9. Implementation Support agency (ISA) shall evaluate the validity of beneficiary, documents submitted by the Hospital, mandatory investigations as per each package /procedure as specified by State guidelines.
10. ISA shall take decision and communicate on the preauthorization claim raised by the Empaneled Hospital within 6 hours of submission of mandatory documents. Any queries related to the same shall be raised by ISA within 4 hours of receiving documents, however the decision shall be communicated regarding preauthorization as per the aforementioned TAT. If pre-authorization request is rejected, Insurance Company/ Trust will provide the reasons for rejection.
11. In cases of emergency, the Provider will obtain emergency telephonic approval from the ISA by intimating the team. However, the ISA in coordination with State Health Agency reserves the right to cancel the emergency telephonic approval, if the Provider fails to update the details of the Beneficiary, online within 48 (forty eight) hours of emergency telephonic approval. The hospital shall take declaration from the patient's relatives regarding any identification proof documents to be provided in these six hours failure of which shall result in beneficiary making the payment to the hospital.
12. In case of no or limited connectivity, the filled preauthorization form can also be sent to the insurance company/ trust either through fax/ email. However, once internet connectivity is established, the form should also be submitted using online system as described above.
13. The Network hospital can raise multiple preauthorization in single registration of the patient, however surgical packages cannot be combined with Medical packages.
14. Medical coordinator shall be responsible to coordinate with concerned medical / surgical specialists to gather clinical notes & mandatory investigation reports required for

preauthorization claim. These documents will be handed over to Ayushman Mitra for scanning & uploading.

15. State health agency shall nominate team to audit the preauthorization recommendations by ISA.

Indicative Reasons for Rejection of Preauthorization

ISA may reject the preauthorization on the basis of following

1. Clinical findings not relevant to the package selected.
2. Supportive Documents / Clinical Data Form not submitted.
3. Preauthorization Queries raised by ISA not responded by the Network Hospital.
4. All investigations like ECG, ABG, X-rays, Imaging plates and biochemistry are not machine generated (Name of the patient on ABG machine generated report may be handwritten, but certified by the treating doctor/MCO).
5. Name of the Patient and Date not lead imprinted on the X-Ray or digital X-Ray films not submitted.
6. Mandatory investigation reports not submitted.