

"आयुष्मान भारत—प्रधानमंत्री जन आरोग्य योजना" चतुर्थ तल, नव चेतना केन्द्र, 10 अशोक मार्ग, हजरतगंज, लखनऊ



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/2020-21/

लखनऊ : दिनांक

जून , 2020

Advisory

All Implementation Support Agencies,

AB-PMJAY, UP

Sub: Regarding Processing of claims initiated by Public Hospitals

National Health Authority, Govt. of India has taken cognizance of inordinate delay in settlement of claims of Public Hospitals by TPAs/ISAs due to repeated queries. It has also come to notice of the SHA that pre-auth requests and claims initiated by Public Hospitals including medical colleges are rejected by ISAs on unjustifiable grounds.

NHA has issued Office Memorandum dated 09 June, 2020 regarding claim documents required to be uploaded by Public Hospitals. The same is annexed herewith for your information and strict compliance. Any violation of the guidelines will be viewed seriously.

Annexure: - As above

(Dr B K Pathak) General Manager

Copy :- for information and necessary action

- 1. All empanelled Public Hospitals/Medical Colleges/Institutes.
- 2. All Medical Auditors, SHA
- 3. All Managers/District Incharges

(Dr B K Pathak) General Manager

No. S-12015/16/2020-NHA(HN&QA) Government of India National Health Authority

OFFICE MEMORANDUM

 $Sub: Documentation \textit{requirement} \textit{at the time of claim submission from Public Hospitals under ABPM-JAY$

It has come to the notice of National Health Authority that settlements of claims of Public Hospitals are taking inordinately long time. Among many reasons for this delay is repeated referral backs from the TPAs to the Public Hospitals. After examination of the issue and discussions with various stake holders, following is decided:

- 1. Public Hospitals would be required to furnish only following documents at the time of claim submission
 - a. Discharge summary (Indicative format annexed with this OM. State may try to incorporate all points as indicated in the format)
 - b. Package specific mandatory documents as defined in the TMS
- Public Hospitals are expected to keep all the treatment related documents in the file at their end and the hospitals would be required to make them available if asked for by SHA/Audit Team etc. at the time of medical audit/checks/ quality assurance.
- PPD/CPD are advised not to raise unnecessary queries, in case it is felt that some additional
 document(s) is/are required for claim processing then they should raise all the queries/document
 requirement in one go.
- 4. The SHAs are advised to ensure timely processing of all the public hospital claims.

The hospitals shall be required to make the discharge summary on NTMS itself once the development of module is completed, till that time hospital may be allowed to upload the scanned copy of the physical copy of the discharge summary.

All the SHAs may ensure compliance to the above with immediate effect.

Dated: 09.06.2020

(Dr. Arun Gupta)

Executive Director HN&O

1734804/2020/HNQA-NHA

Format for Discharge Summary

Hospital Name	Hospital code
L'ospital Address	Hospital District
Patient Name	PMJAY id
Patient Address	Age
	Sex
	Patient contact number
IPD number (free text)	Takent contact number
PMJAY case id	
Package booked	
Treating Consultant's name	
Treating Consultant's contact number	
Treating Consultant's Qualification	
Registration number	
Treating Consultant's Specialty	
Date of Admission with time	
Date of Discharge with time	
Date of Operation (if surgical package)	
Presenting complaints with duration*	
Initial assessment (Text)	
Significant Past Medical and Surgical History, if any.	
Primary Diagnosis at the time of Admission	
Final Diagnosis at the time of Discharge*	
ICD – 10 code(s) for Final diagnosis	
Key investigations	
Ney Hivestigations	
Investigation findings (Text)	
Treatment given during hospitalization*	
Operative Findings (Only for surgical cases)*	

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	Complications if any*
	That is at the time of discharge*
	Next follow-up date (calendar, dd/mm/yyyy)
-	
	Advice on discharge* (free text)
L	

Name & Signature of treating Consultant / Authorized Team Doctor*:

Name & Signature of treating PMAM*:

Name & Signature/thumb impression of Patient / Attendant*