



**STATE HEALTH AGENCY**  
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**SOME GUIDE POINTS TO EHCP's FOR CLAIM PAYMENT- (V.1)**

**1. Treatment/Surgery should not be done before Preauth approval.**

As per the provisions in the contract with the EHCP following Sections and Para should be followed.

**“Section 4: EHCP Services- Admission Procedure,**

**Para 2. Pre-authorization,**

- (i) **“All procedures in Annex 2 shall be subject to mandatory pre- authorisation.”**
- (ii) No EHCP shall, under any circumstances whatsoever, undertake any such earmarked procedure without pre-authorization unless under emergency. Process for emergency approval will be followed as per guidelines laid down under ATAL AYUSHMAN UTTARAKHAND.”

**“Section 4: EHCP Services- Admission Procedure**

**Para 4. Emergency admission:** In case of emergency the beneficiary may get the treatment after getting TPIN (Telephonic Patient Identification Number) from the call centre and same will be recorded. ...”

- 2. Claims filed in which Preauth initiated after Date of Discharge will be rejected.**
- 3. Claims filed in which Treatment/Surgery done before Date of Admission will be rejected.**
- 4. If Excess Amount is claimed by the Hospital by showing more days of stay in TMS than actual stay of patient in the hospital (as per the discharge summary and other relevant documents) then, the claim will be rejected and penalty will also be imposed as per Annexure: 6 to the contract.**
- 5. If Discrepancies are found in multiple treatments of single patient then the claim may be rejected.**
- 6. If Discrepancies are found related to blocking of Multiple Surgical packages unnecessarily then the claim may be rejected.**
- 7. If Medical and Surgical packages are blocked at the same time then, the claim will be rejected.**

8. Provisions in the Annexure: 2 to the contract in respect to Minimum length of stay, Mandatory Investigation pre and post surgery/treatment, Package criteria etc. must be followed by EHCP otherwise, claim will be rejected.
9. In Animal bite cases, claiming full package amount without completing the treatment of 5 doses is liable to be rejected.
10. Blocking unnecessary Neonatal packages with Caesarian delivery cases, which are not covered as per Package Criteria under Annexure: 2 to the contract will be rejected.
11. Blocking packages of ordinary illnesses under General Medicine (Acute Gastroenteritis with Moderate/Severe dehydration, Acute Febrile Illness, Enteric Fever, PoU, etc.) for more days, than reasonable days as per attached medical documents are liable to be rejected if discrepancies are found in the records.
12. If admitting patients in Emergency for ordinary illnesses, which are not reasonable as per attached medical documents, can be rejected if any discrepancies are found on medical records.
13. If patients are admitted for planned cases of General Surgery in Emergency then the case is liable to be rejected.
14. If claim is filed for the treatment or surgery which was not done as per the doctor's note or details given in discharge summary, then the case is liable to be rejected.
15. If hospital blocks package for surgery but hospital does only medical management, then the case is liable to be rejected.
16. If claim is filed without final bill, then the case is liable to be rejected.
17. SHA is regularly in contact with all beneficiaries of the scheme through various means. If at any point it is found that EHCP has not provided cashless treatment to the beneficiaries during hospitalization and received illegal cash from the beneficiaries then, such cases are liable to be rejected after proper verification and penalty will also be imposed as per Annexure: 6 to the contract.

**Regarding this EHCP must follow Section 8, Para 2 and Annexure 5 Para 1a.**

**"Section 8: General responsibilities & obligations of the EHCP,**

**Para 2: The EHCP shall provide cashless facility to the beneficiary in strict adherence to the provisions of the agreement."**

**"Annex 5: Process of Delivery of Benefits, Claim reporting and Submission**

**Para1a. Cashless Access of Services (a) The ATAL AYUSHMAN UTTARAKHAND beneficiaries shall be provided treatment free of cost for all such ailments covered under the Scheme"**

**All EHCP must follow Section 2 Clause (V) of contract regarding facilities provided under packages of scheme for cashless treatment**

**Section 2 (V) These Package Rates (in case of surgical or defined day care benefits) will include:**

- a. **Registration Charges**
  - b. **Bed charges (General Ward in case of surgical),**
  - c. **Nursing and Boarding charges,**
  - d. **Surgeons, Anesthetists, Medical Practitioner, Consultants fees etc.**
  - e. **Anesthesia, Blood Transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances etc,**
  - f. **Medicines and Drugs,**
  - g. **Cost of Prosthetic Devices, implants,**
  - h. **Pathology and radiology tests: radiology to include but not be limited to X-ray, MRI, CT Scan, etc. (as applicable)**
  - i. **Food to patient.**
  - j. **Pre and Post Hospitalization expenses: Expenses incurred for consultation, diagnostic tests and medicines before the admission of the patient in the same hospital and cost of diagnostic tests and medicines and up to 15 days of the discharge from the hospital for the same ailment/ surgery. [Pre Hospitalization will be as per package (3 Days) In case of Biopsies it would be relaxed to a maximum of 10 days.]**
  - k. **Any other expenses related to the treatment of the patient in the EHCP.**
18. If no clinical investigations/tests done during period of hospitalization or immediately before the admission then, the case is liable to be rejected after scrutiny.
19. If any investigation/test is advised during diagnosis but no such report of investigation/test is uploaded in the TMS while filing claims then the case is liable to be rejected.
20. All EHCP's must ensure the details regarding name, age of patient and date mentioned in X ray Film/CT MRI/Ultrasonography etc. otherwise, the case is liable to be rejected.
21. Tempering of treatment documents of the patient by overwriting/cutting in uploaded documents may lead to rejection of the case.
22. No signature and stamp of Doctor/Pathologist/Radiologist with date on the pathology/radiology report may lead to rejection of the case.
23. If no Ultrasound/X ray/CT/MRI etc. as per provisions in the annexure 2 is done then the case is liable to be rejected.

24. If no post operative photo of scar in surgical cases except in female patients is done then, the case is liable to be rejected.
25. **Discharge summary of the patient must be filled accurately as per treatment given to the patient with signature of treating doctor and seal of hospital. If not, then the case is liable to be rejected.**
26. EHCP must enter dates/figures/amount in TMS as per actual medical records of the patient like discharge summary, vital chart, OT notes etc. If any discrepancies are found than, the case is liable to be rejected.
27. Disparity regarding information such as diagnosis, DoA/DoD in discharge summary and in final bill may lead to rejection of the case.
28. Treatment/Surgery done in specialities for which the hospital has not entered into contract then, such cases will be rejected.
29. If patient admitted in ICU/HDU and after treatment is directly discharged from ICU/HDU without proper reasons not supported by Medical Papers then, the case is liable to be rejected.
30. **As per the Fraud Investigation and Medical Audit Manual (Ayushman Bharat PMJAY) “every death occurring in the network hospital should be intimated to SHA within 48 hours with a brief death summary. Each network hospital to constitute a Mortality Audit Committee and this committee shall review/examine the cause of death and the report shall be submitted to SHA at the time of claim submission.” If provisions of these guidelines are not complied with, the case is liable to be rejected.**
31. **No EHCP will deny the beneficiary having Ayushman Card to give cashless IPD treatment to the beneficiary. All EHCP must follow Section 2(1), 2(2) Section 8(2), 8(5) and Annex 5 (1a) of the contract.**

## **Section 2: Scope of Services**

1. The EHCP (Empanelled Health Care Provider) undertakes to provide the services to beneficiaries in a precise, reliable and professional manner to the satisfaction of SHA /ISA and in accordance with additional instructions issued by SHA in writing from time to time.
2. The EHCP will treat the beneficiaries according to good business practice.

## **Section 8: General responsibilities & obligations of the EHCP**

2. The EHCP shall provide cashless facility to the beneficiary in strict adherence to the provisions of the agreement.

### **5. THE EHCP CANNOT DENY THE BENEFICIARY FOR AVAILING BENEFITS UNDER THE SPECIALITY OFFERED BY THE EHCP.**

## **Annex 5: Process of Delivery of Benefits, Claim reporting and Submission**

### **1. Cashless Access of Services**

a. The ATAL AYUSHMAN UTTARAKHAND beneficiaries shall be provided treatment free of cost for all such ailments covered under the Scheme within the limits/ sub-limits and benefit limit, i.e., not specifically excluded under the Scheme.

- 32. It may also be noted by all EHCPs that if claim is rejected by Implementation Support Agency (ISA) on the basis of any of the above ground or any other ground, the hospital is entitled to ask for a review of rejection by giving a representation/explanation with regard to reason of rejection communicated to the hospital. The review request may be addressed to CEO, State Health Agency, Atal Ayushman Uttarakhand Yojna through email (ayushmanuttarakhand@gmail.com). All efforts would be done to disposed off the review request within a week.**

**All EHCP's must follow above instructions/guidelines as per the provisions in section 8 of contract.**

#### "Section 8: General responsibilities and obligations of the EHCP"

"13. The EHCP agrees to follow the guidelines issued further by Department of Medical Health & Family Welfare, Uttarakhand/MoHFW/NHA/SHA for the implementation of the Atal Ayushman Uttarakhand Scheme/AB-PMJAY."

- 33. These "Guide Points" should be read in conjunction with provisions of contract, other guidelines issued by NHA/SHA and government orders issued by the State Government from time to time.**