



EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME



STANDARD OPERATING PROCEDURE : 02/2017

PROCESSING OF ONLINE & MANUAL CLAIMS

(COMMON ERRORS/MISTAKES/PROCEDURAL LAPSES)



20 Oct 2017

SOP ON PROCESSING OF ONLINE & MANUAL CLAIMS : 02/2017
(COMMON ERRORS / MISTAKES / PROCEDURAL LAPSES)

1. Refer the following:-

- (a) Central Org ECHS letter No B/49778/AG/ECHS/Policy dt 17 Sep 09.
- (b) Central Org ECHS letter No B/49778/AG/ECHS/Claim/Policy dt 02 Nov 15.
- (c) Central Org ECHS letter No B/49778/AG/ECHS/Claim/Policy dt 24 Jun 16.
- (d) Central Org ECHS letter No B/49778/AG/ECHS/Claim/Policy dt 09 Jan 17.
- (e) Central Org ECHS letter No B/49778/AG/ECHS/Claim/Policy dt 07 Apr 17.

General

2. ECHS was operationalised wef 01 Apr 03 with the aim to provide best medical care to the ESM and their dependents. There have been dynamic changes over the years to enhance the satisfaction levels related to healthcare services. On 01 Apr 15, the 'Online Bill Processing' was initiated pan India for efficient and timely settlement of claims while maintaining transparency between the ECHS beneficiaries, empanelled hospitals, BPA and Central Org ECHS.

3. However of late, it has been observed that empanelled hospitals / ECHS beneficiaries are not adhering to the stipulated timelines and also not responding to the NMI queries raised, thus delaying the final settlement of claims. There is need to outline the common errors / mistakes / procedural lapses, being noticed during processing of claims to avoid infructuous correspondence at all levels for timely settlement of claims.

Aim

4. The aim of this Standard Operating Procedure (SOP) is to lay down broad advisory on common errors / mistakes / procedural lapses being noticed during processing of claims.

Processing of Claims (Common Errors / Mistakes / Procedural Lapses)

5. Over a period of time, while processing of medical claims (Online & Manual), the following common errors / mistakes / procedural lapses, are being observed:-

(a) **Online Claims.**

(i) **ECHS Card.** Legible copy of ECHS Card duly authenticated by OIC Polyclinic/ Dir RC for individual reimbursement & hospital claims are not been found attached along with the claim file.

(ii) **MoA.** Copy of MoA along with Annx-II for the period of hospitalization duly authenticated by Dir RC not found attached along with the claim file.

(iii) **MRP Certificate.** MRP Certificate duly signed by treating doctor and countersigned by Dir RC not found attached along with the claim file.

(iv) **OIC Polyclinic Certificate.** OIC Polyclinic certificate duly signed not found attached along with the claim file.

(v) **Discharge / Death Summary.** Discharge / Death Summary duly authenticated by Dir RC not found attached along with the claim file. If the ECHS beneficiary has passed away, then death certificate is mandatorily required to be attached.

(vi) **Final Bill Summary.** Final bill summary duly authenticated by Dir RC not found attached along with the claim file.

(vii) **Time Check Slip.** A comprehensive 'Time Check Slip' to monitor the movement of claim file is required to be prepared and should be placed in claim file duly countersigned by Dir RC.

(b) **Manual Claims.**

Ser No	Errors / Mistakes / Procedural Lapses	Guidelines
(i)	Time Check sheet not completed and authenticated by OIC PC/Dir RC	Duly completed Time check sheet is to be attached alongwith all claims. Exact movement of file is to be mentioned and authenticated by OIC PC/Dir RC with their Rubber stamp.
(ii)	Certificate of OIC PC is not duly completed and not authenticated properly	Certificate of OIC Polyclinic is to be attached with all Med claims irrespective of Emp Hosp/ Non Emp Hosp claim. If it is Emp Hosp claim, it is to be mentioned clearly that ' Empanelled Hospital Bill ' and Date of Empanelment to be mentioned in the certificate. If it is 'Non Emp Hosp Claim' in the certificate, it is also to be mentioned clearly that whether the claim is Emergency or Referral . The Certificate should be authenticated with Rubber Stamp and date.
(iii)	Copy of Smart Card/Proof of Membership is not legible and DOM not mentioned separately by PC and not authenticated with stamp.	Copy of Smart Card / Proof of Membership (Preferably enlarged copy of Smart Card) should be legible. DOM is to be mentioned separately and authenticated with Rubber stamp and date.
(iv)	HQ Command/Stn HQ/PC are directly forwarding claims to this HQ.	All medical claims (including Not Recommended claims and representations received) to be forwarded to this HQ through RC only. RC is to scrutinize the case and forward to this HQ with proper Remarks / Check list and Work Sheet as applicable. All concerned to be instructed not to send any claim directly to Central Org ECHS.
(v)	Date of Admission is prior to Referral but Emergency not mentioned and superscribed in red colour in Referral Form/Bills and Emergency Certificate not attached	If Date of Admission is prior to Referral (Emergency cases), all Bills & Referral Form should be clearly superscribed as "Emergency" Red Colour. An Emergency Certificate is to be attached by Hospital and authenticated by PC/RC.
(vi)	Diagnosis mentioned in Discharged summary is different from worksheet.	Diagnosis mentioned in Discharge Summary and Worksheet should be the same.
(vii)	Justification for not obtaining Prior Approval not attached.	If Prior Approval is not obtained for any case and it needs Prior Approval, then Justification for not obtaining the same is to be attached and authenticated.
(viii)	Drug Certificate on MRP is not attached.	Drug Certificate on MRP as per the format issued by this HQ letter No B/49778/AG/ECHS/Policy dt 17 Sep 09 is to be attached with all claims irrespective of Emp Hosp/Non Emp claims and to be Countersigned by OIC PC/Dir RC.

Ser No	Errors / Mistakes / Procedural Lapses	Guidelines
(ix)	MoA and Annexure-II not found attached	A copy of MOA alongwith relevant Annexure (Annexure-II) giving details of rates charged is to be attached along with all Emp Hosp Claims. The MOA must pertain to the period of hospitalization of the patient and it is mandatory prior to sending the claim to IFA/MOD as signing of MOA is delegated to RCs. It serves as proof of the empanelment and the Annexure-II provides the correct rates as per which the claim has been prepared. Status of Hospital NABH/Non NABH/JCI must also be mentioned in the MOA.
(x)	Authentication made by PC/RC is without stamp and Date	All authentications are to be made with proper dates and Rubber stamps.
(xi)	Emergency Certificate by Hospital and Emergency Information Report by PC are not attached for Non Emp Hosp claims	Emergency Certificate issued by Hospital and Emergency Information Report issued by Polyclinic are mandatory alongwith all Non Emp Hosp Claims.
(xii)	Hospital Status reflected incorrectly in covering letter of claim	The covering letter must correctly mention whether the claim pertains to Emp Hosp or Non Emp Hosp or is an individual reimbursement claim correctly.
(xiii)	All Documents issued by Hospitals are not authenticated by PC/RC	All documents, i.e bills, Discharge Summary, Emergency Certificate, Drug Certificate etc are to be authenticated by PC/RC.
(xiv)	Page Numbering and documents not kept in order of occurrence	All pages are to be numbered bottom to top and Documents are to be kept in the order of occurrence, i.e starting from Referral Form/Emergency Certificate to Discharge Summary etc. All the documents placed on the file should be in Original and complete in all respect for easy perusal of bulky files.
(xv)	Duplicate Copy of Claim	Despite repeated reminders, both Original and Duplicate copy of claims are still being forwarded to this HQ. Duplicate Claims are not required at Central Org ECHS and are not to be forwarded to this HQ. Only original claim is to be fwd.
(xvi)	Medical Claims are forwarded to this HQ in Shabby condition / tattered file and documents are not Flagged	All documents in the file are to be properly Flagged. File cover is to be neat and in Good Condition and properly labelled.
(xvii)	Claim returned for rectification of observations are not rectified and not returned in due time	Claim returned for rectification of observation are not rectified and not returned to this HQ in due time. If the observation is not rectified within two weeks of receipt of claim at your office, then the present position of the claim and reason for delay to be intimated to this office without waiting for this HQ's intervention.
(xviii)	Amendments made in the documents are not authenticated properly	The Amendments/Corrections/Cutting made in the documents to be authenticated properly with Rubber stamp and date.

Ser No	Errors / Mistakes / Procedural Lapses	Guidelines
(xix)	While returning the claim after rectification of observations, Para wise/point wise reply is not furnished and this HQ letter reference is not referred properly	While returning the claims to this HQ after rectification of observations, para wise /point wise reply to this HQ letter is to be furnished and this HQ letter Number (Ref No) is also to be cross referred properly.
(xx)	Page numbering of all med claim documents not completed from bottom to top	The page numbering of all the claim documents should be from bottom to top. As pages are added on top and they should be numbered by the echelon adding them, serially and in progression.
(xxi)	MOA not found attached	A copy of MOA along with relevant Annexure (Annexure-II) giving details of rates charged is to be attached along with Emp Hosp Claims. The MOA must pertain to the period of hospitalization of the patient and it is mandatory prior to sending the claim to IFA/MoD as signing of MOA is delegated to RCs. It serves as proof of the empanelment and the Annexure-II provides the correct rates as per which the claim has been prepared. Status of Hospital NABH/Non NABH/JCI must also be mentioned in the MOA. The MOA attached must pertain the period of the claim/hospitalization and not to periods before and after the hospitalization and it should include the Appendices (i.e. Annexure I & II).
(xxii)	Case Summary / Statement of Case	A Brief Summary/ Statement of Case duly signed based on the treatment imparted to the patient is also to be enclosed in the claim documents. Status of hosp (NABH/Non NABH) will also be mentioned.
(xxiii)	Package/Procedure Codes	The disallowances should be clearly brought out in worksheet.
(xxiv)	Worksheet not properly prepared	This is the most important document and should be prepared with due care to ensure that proper reimbursement is made to the individual /hospital. While the format is adhered to in most cases, it is seen that proper CGHS codes are not entered in the first column. The locally applicable rates of the Procedure /Package/ Investigations as per MOA are not mentioned in remarks column and how the amount has been allowed/disallowed is also not endorsed. Further, the sub headings of the worksheet should chronologically follow the sub total/heading of the original bill summary of the hospital so far as bills upto Rs 10 Lakhs are concerned. The overall format of the worksheet is to be adhered to but the headings may be rearranged serially as per the hospital bill, so as to enable easy sub totalling and checking of the sub totals and totals at this Headquarters.

(c) **Format of Check List. 'Check List' format for processing of medical claims above 10 Lakhs (Online & Manual)** which is a mandatorily reqd to be placed on top of each claim file is placed at **Appx** to this SOP.

(d) **Out Patient Department Bills.**

(i) Copy of ECHS Card, referral and OPD consultation slip on hospital letter head with signatures of treating doctor should be attached with OPD consultation bill.

(ii) In case of investigation only, copy of ECHS Card, referral letter with notes of service specialist / MO Polyclinic along with reports should be submitted. Signature & Mobile No of the beneficiary should be obtained in the referral form at the time of collection of sample. The documents needs to be submitted as per the checklist mentioned below:-

Ser No	Required Documents
(aa)	Proof of Membership/Photocopy of ECHS membership Card
(ab)	Referral Form
(ac)	Emergency Certificate by treating Hospital (as the case may be)
(ad)	Admission Case Note
	Bill Submission
(ae)	Original Bill:- (i) Summary of Bill. (ii) Itemized bill.
(af)	Prior Approval (if required)
(ag)	MOA (Covering the period of Hospitalizations) along with Annx-II
(ah)	Page numbering of case file
(aj)	MRP Cert from empanelled hospital countersigned by PC/Dir RC
(ak)	Discharge/Case Summary/Patient record by treating hospital and Death summary if applicable
(al)	Investigation reports in chronological order
(am)	Invoice with matching outer pouch & sticker of implant as applicable
(an)	PTCA-Pre and Post PTCA reports
(ao)	Pre and Post PTCA real time images to be submitted as and when required by respective authority
(ap)	Joint Replacement - Pre and Post X- ray images & report
(aq)	Miscellaneous - other documents

Summary

6. **To overcome this, a check list has been prepared and format of the same is attached** along with this SOP to avoid ensure speedy processing at all levels and avoid delay in final settlement of claim.

7. In view of the above, **all Regional Centres are requested to thoroughly scrutinize the medical claim (Online & Manual) in accordance with check list** and if claim file found to be in order then only physical copy along with check list and mandatory certificate as mentioned above be forwarded for speedy processing of claims.

Sd/ xxxxx

File No : B/49778/AG/ECHS/Claim/Policy

(IVS Gahlot)

Dated : 20 Oct 17

Col

Dir (Med)

for MD ECHS

CHECK LIST FOR MEDICAL CLAIMS ABOVE 10 LAKHS (ONLINE & MANUAL)
(MANDATORILY TO BE PLACED ON TOP OF EACH CLAIM FILE)

Claim ID _____ Ser No, Rank & Name _____

ECHS Card No _____ Name of Patient _____ Relationship with ESM _____

Age _____ Diagnosis _____

Hospital _____ (Emp / Non Emp) _____

Date of Admission _____ Date of Discharge / Death _____

Name of Polyclinic / Stn HQ _____

Ser No	Mandatory Requirement / Document	Available	Not Available	Page No
1.	Cover Note			
2.	Legible Copy of ECHS Membership Card duly authenticated by Dir RC for hospital claim and OIC Polyclinic for Indl Re-imb Claim			
3.	Referral Form / Emergency Information Report (EIR) in original			
4.	Emergency Certificate in original by treating hospital (If applicable)			
5.	Prior Approval for Unlisted Procedure / Extended Duration of Hospitalization in original			
6.	MoA with Annx-II (Specific only for hospitalization period) duly authenticated by Dir RC			
7.	Certificate by OIC Polyclinic (format attached as per Annx-I)			
8.	MRP Certificate (format attached as per Annx-II & III) duly signed by treating doctor (Hosp) and countersigned by Dir RC			
9.	Hospital Bills in original duly authenticated by Dir RC for hospital claim and OIC Polyclinic for Indl Re-imb Claim			
10.	Discharge / Death Summary duly authenticate (Death Certificate is mandatory if patient deceased during hospitalization)			
11.	Final Bill Summary duly authenticated			
12.	Comprehensive Time Check Slip (format attached as per Annx-IV) duly countersigned by Jt Dir (HS) / Dir RC			
13.	Page Numbering of file from bottom to top			
14.	<u>ADDITIONAL REQUIREMENT FOR INDIVIDUAL REIMBURSEMENT CLAIM (ONLY)</u>			
	Application by the member			
	If AFV is alive , cancelled cheque of AFV's			
	If AFV has passed away , copy of death certificate of AFV and cancelled cheque of AFV's pervious account/ legal heirs if finalised			

Station :

(Signature of Jt Dir (HS))

Dated :

Annx-I to Appx

(Refer to Ser No 7 of Appx to SOP)

CERTIFICATE FROM OIC POLYCLINIC IN RESPECT OF BILL
OF _____ (HOSPITAL) FOR TREATMENT /
INVESTIGATION OF _____ (PARTICULAR OF AFV),
ECHS REGN NO _____ (CARD NO)

Certified that:-

1. _____(Hospital) is Empanelled Hospital with ECHS effect from_____.
2. The above mentioned hospital is empanelled for the facility for which referred.

OR

The patient was admitted in an emergency.

3. The facility / specialty for which referred was not available at local service hospital at the time of referral of the patient.
4. Date of membership of ECHS beneficiary is prior to date of referral.
5. The rates admitted for payment are as per approved rates and do not exceed the CGHS rates / AIIMS rates (where applicable).

Station:

(Signature of OIC Polyclinic)
with Stamp

Date :

Annx-II to Appx

(Refer to Ser No 8 of Appx to SOP)

CERTIFICATE BY EMPANELLED HOSPITAL

It is certified that I have scrutinized all the bills in the claim. The drugs / medicines and consumables costing Rs 1000/- or above for unit item have been billed as per actual or at rates equivalent to or less than the MRP.

(Auth : Central Org ECHS letter No B/49778/AG/ECHS/Policy dt 17 Sep 09).

Dated :

(Authorised signatory with Hospital Stamp)

Annx-III to Appx
(Refer to Ser No 8 of Appx to SOP)

CERTIFICATE BY REGIONAL CENTRE ECHS / POLYCLINIC

It is certified that I have scrutinized all the bills in the claim. The drugs / medicines and consumables costing Rs 1000/- or above for unit item have been billed as per actual or at rates equivalent to or less than the MRP.

(Auth : Central Org ECHS letter No B/49778/AG/ECHS/Policy dt 17 Sep 09).

Station: (Signature of MO of Polyclinic / JD(HS), RC ECHS)

Dated :

COUNTERSIGNED BY (OIC POLYCLINIC / DIR RC ECHS)

Station :

Dated :

Annx-IV to Appx

(Refer to Ser No 12 of Appx to SOP)

MOVE DETAILS OF FILE IN RESPECT OF TREATMENT OF _____ (PARTICULAR OF AFV)
AT _____ (NAME OF HOSPITAL)

Ser No	Name of Office	Date of Receipt	Date of Dispatch	To Whom Dispatch	No of Days Taken	Remarks
1	Hospital	14 Jul 15	17 Jul 15	RC Bangalore	04	
2.	RC Bangalore	18 Jul 15	20 Jul 15	CO ECHS	03	
3.	CO ECHS	21 Jul 15	23 Jul 15	RC Bangalore	03	
4.	RC Bangalore	24 Jul 15	31 Jul 15	Hospital	08	
5.	Hospital	01 Aug 15	05 Aug 15	RC Bangalore	05	
6.	RC Bangalore	06 Aug 15	10 Aug 15	CO ECHS	05	

SUMMARY OF DAYS WISE

Ser No	Name of Office	No of days
1.	Hospital	09
2.	RC Bangalore	16
3.	CO ECHS	03

NOTE. ONLY SAMPLE DATA IS ENCLOSED. TO BE FILLED AS PER ACTUAL.**COUNTERSIGNED BY DIR REGIONAL CENTRE**

Station :

Dated :