



Claim Adjudicators' Orientation

AB PM-JAY - KASP

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana – Karuana Arogya Suraksha Padhathi

State Health Agency, Kerala

29th June 2020





Introduction to AB PM-JAY KASP



Why AB PM-JAY KASP

- Catastrophic health expenditure
- Increased Out of Pocket Expenditure
- Poverty linked to health expenditure
- Unavailability of a nationally portable scheme



Core Features



A cover of Rs 5 lakh per family per year



Over 10 crore poor and vulnerable families eligible



States given flexibility to decide on mode of implementation



Benefits will be portable across the country



Entitlement based scheme

Features cont...

- Annual Benefit Cover of Rs. 5,00,000/- Per Family Per Year for *Secondary and Tertiary Treatment on Cashless and Paperless basis*
- No Limit on Family Size
- All Pre-existing diseases covered
- Implementation through **Insurance and/or Trust and/or Mixed Mode**
- Convergence with Central as well as State Health Insurance Schemes
- Alliance with State Scheme

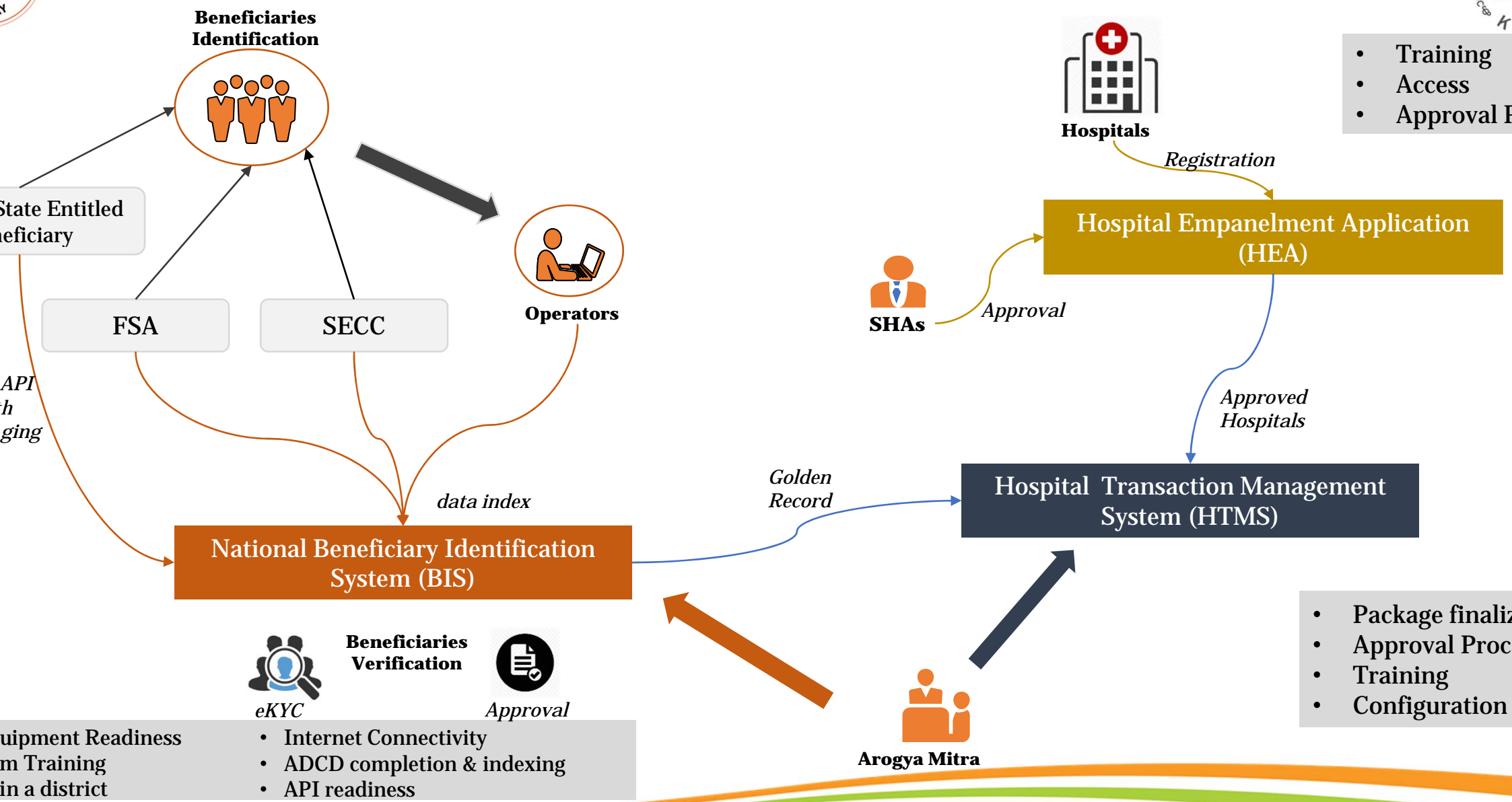
Convergence of AB PM-JAY with KASP

- Kerala signed an MoU with National Health Authority (NHA) in August 2018
- Converged existing RSBY-CHIS, SCHIS, CHIS Plus & KBF schemes and created Karunya Arogya Suraksha Padhathi (KASP)
- Benefit coverage of 5 lakh per family per annum
- ~41.5 lakh families who fall under specific occupational and socio economic status are covered
- Beneficiaries can enjoy portability across PM-JAY implementing States across the country
- NHA IT platform being used
- State specific packages in place





Process flow



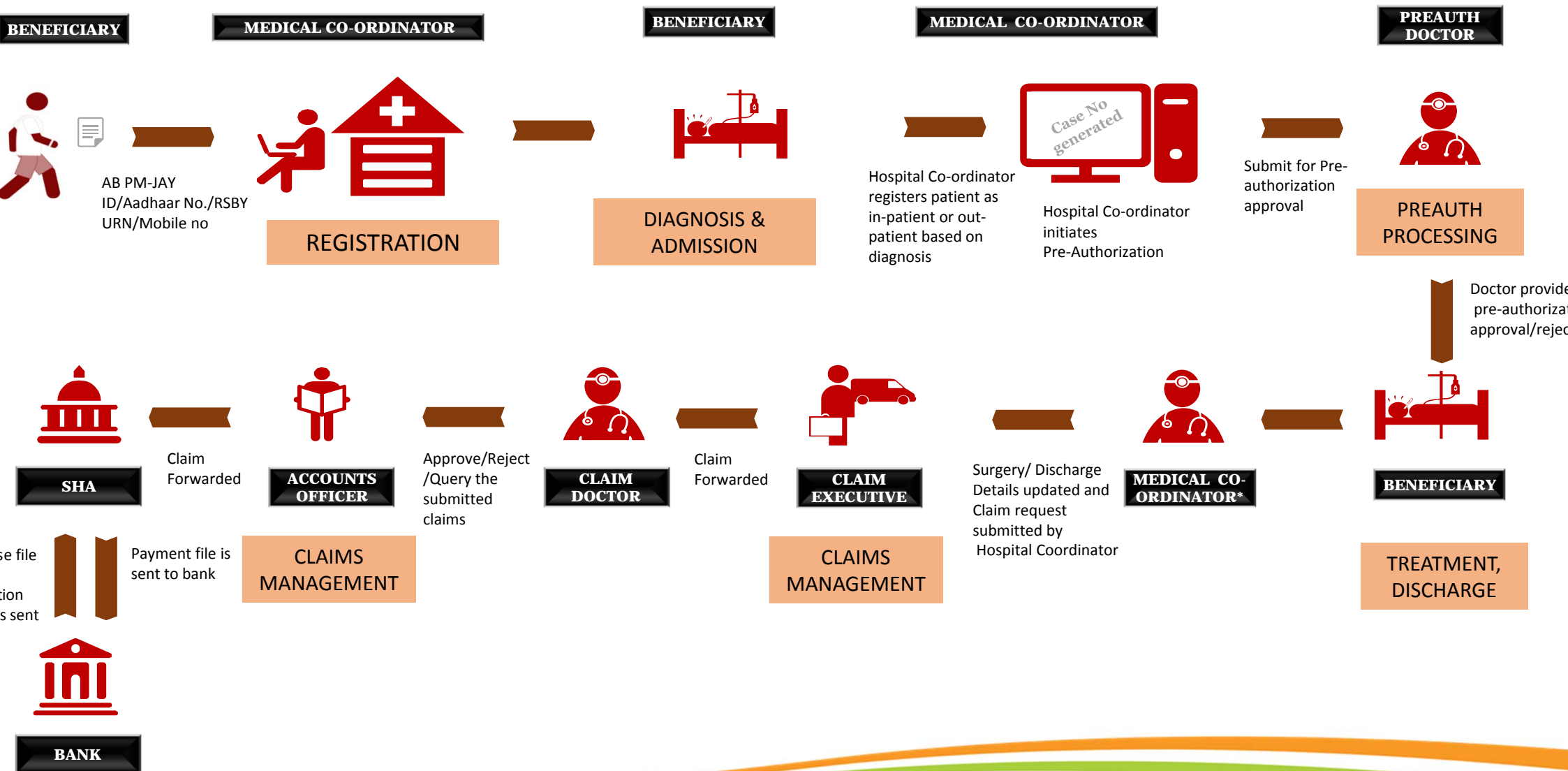
- Training
- Access
- Approval

- Package finalization
- Approval Process
- Training
- Configuration

- Equipment Readiness
- Staff Training in a district
- Internet Connectivity
- ADCD completion & indexing
- API readiness



Hospital Work-flow





Health Benefit Packages (HBP)



What is a package?

End to end coverage for entire episode of care

- Medical examination, treatment, and consultation
- Pre-hospitalization (3 days)
- Medicine and medical consumables
- Non-intensive and intensive care services
- Diagnostic and laboratory investigations
- Medical implant services (where necessary)
- Accommodation benefits
- Food services
- Complications arising during treatment
- Post-hospitalization (5 days) - at discharge medicines (national level 15 days)



Overview of HBP - Inclusions

Secondary and Tertiary care services

Total Packages - 1393

- General Surgery
- Otorhinolaryngology
- Ophthalmology
- Obstetrics & Gynaecology
- Orthopaedics
- Polytrauma
- Cardio-thoracic & Vascular surgery
- Surgical Oncology
- Urology
- Neuro Surgery
- Interventional Neuroradiology
- Plastic & reconstructive
- Burns management
- Cardiology
- Paediatric surgery
- Oral and Maxillofacial Surgery

Surgical Packages

1083

Medical Packages

309

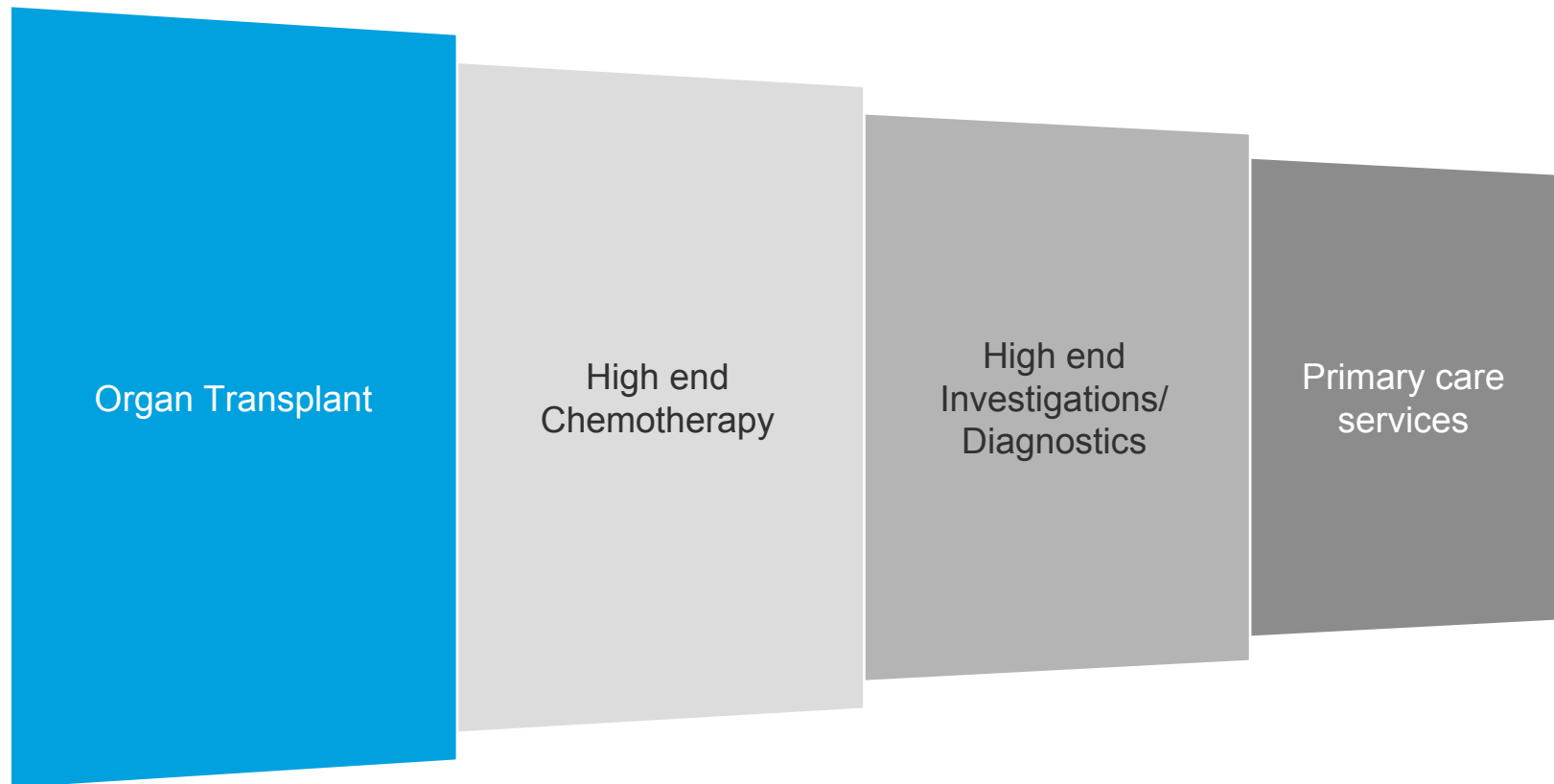
Unspecified

1

Unspecified surgical packages with cap amount of 1,00,000 INR.

- General Medicine
- Paediatric medical management
- Neo-natal
- Paediatric cancer
- Medical Oncology
- Radiation Oncology
- Emergency Room Packages (Care requiring less than 12 hrs stay)
- Mental Disorders Packages

Overview of HBP - Exclusions





Privacy & Data Security



Security & Data Privacy

Privacy

- The rights of a person to control the disclosure of its personal data
 - **Collection** of Personal Information
 - **Using and disclosing** personal information in authorized manner
 - **Data Quality**

Security

- Protection of privacy and confidentiality through policies, procedures and safeguards.
- **Confidentiality:** *data is being stored is safe from unauthorized access and use*
- **Integrity:** data is reliable and accurate
- **Availability:** data is available for use when it is needed



DOs

Ensure that all stakeholders have clearly understood the provisions of the NHA Data Privacy Policy and ensure compliance to all the provisions.

Ensure that all data capture and information dissemination points (website, reports etc.) should comply with NHA Data Privacy Policy.

Ensure that all access controls to data must be in place for personally identifiable data of the beneficiary.

Agencies implementing must be educated with effective grievances handling mechanism via multiple channels (website, call-center, mobile app, sms, physical-center, etc.) as per NHA

Identify and prevent any potential data breach or publication of personal data. Ensure swift action on any breach personal data.

Report any security incident you come to know at NHA Helpdesk

Create internal awareness about consequences of breaches of data as per NHA policies

DON'Ts

- Do not post any information at social media websites which directly or indirectly discloses Beneficiaries' information
- Do not publish any personal identifiable data including Beneficiaries Golden Record number/ Aadhaar/ any patient details in public domain/websites etc.
- In cases where Beneficiaries' Aadhaar No. is taken; do not take copy of the Aadhaar card and upload the same in to the system.
- Print/ display out personally identifiable data mapped with any other departmental data such as on ration card/birth certificate/ caste certificate/any other certificate/document.
- Do not leave sensitive documents uncollected on printers.
- Ensure no Beneficiaries Personal data is displayed or disclosed to external agencies or unauthorized persons.



TMS Hospital Flow Demo





Claim Adjudication



Basics of Adjudication

Below mentioned points shall be kept in mind while processing a pre-auth or a claim:

- The patient should be an **eligible PM-JAY beneficiary**
- The package claimed **should be covered under the policy** and **comply with the state specific reservations**
- The disease should **not fall under the exclusion** criteria as defined under the policy
- The available sum insured in beneficiary's family **wallet should be enough** for payment of selected treatment
- All documents submitted by the hospital **should confirm** that admission/ **hospitalization was necessary** and for the length of stay is in accordance to medically acceptable norms
- Should validate all the beneficiary details submitted with pre-auth & claim
- Should **raise query** in case of any missing information rather than rejecting the claim
- The payment **should not be more than** the **amount approved** during pre-auth, requested by hospital at the time of claim submission and wallet balance, whichever is lowest.

Basic Principles: Processing team shall be most aware and mindful of the decision on Pre-auth request and claims because any wrong approval/ payment may lead to recoveries from respective stakeholder (agency).



Basics of Adjudication

- Package wise mandatory documents have been identified and have been inbuilt in the system.
- The system under PM-JAY is designed to help the processing team, however, human intelligence is important
- Hospital may be asked for case specific documents like IPD papers, OT register, Lab registers etc, if need be.
- For cases seeming to be doubtful/ suspicious - desk review, field investigation or medical audits may be initiated.
- It should frequently be done for cases booked under 'unspecified surgical package' in order to confirm that they were medically necessary are not synonyms of excluded packages.

Outcomes/ Actions: There would be three possible outcomes of claims adjudication. The claim

- **may be paid** if the CPD finds everything in order and is completely satisfied
- **may be rejected** if the CPD feels that it does not qualify approval and payment.
- **may be queried** if more information or clarity is required





Target Turn-Around-Time

Activities	TAT
Preauthorization approval	6 hours
Preauthorization enhancement approval	6 hours
Response to Pre-authorization/ claim query by the hospital	24 hours
Claim Submission by hospital	15 days
Claim Adjudication and payment after claim submission (Approval/ Rejection/ Query)	15 days
Claim Adjudication and payment for portability cases	30 days
Field Investigation/ Onsite Medical Audit after trigger of case	7 days
Request reconsideration of Rejected Claim by hospital after notification	7 days
Claim reconsideration after request for reconsideration	7 days

These timelines are recommended and indicative in nature , claim approvals will be as per TAT established in MoU with Hospitals and the respective state

Roles & Responsibilities



- Approval of Pre-auth
- Rejection of Pre-auth
- Raise query to hospital for clarification or additional inputs
- Trigger investigation



Claim Executive

- Verification of Non technical information like Documents, reports, dates etc.
- Forward the case to Claim Panel Doctor with Inputs



Claim Panel Doctor

- Verification of technical information like reports, evidences etc.
- Approval/ Rejection of claim
- Raise query to hospital for clarification or additional inputs
- Trigger investigation



Accounts Officer

- Validates financial information in all the transactions
- Forwards the claim to SHA/IC for approval



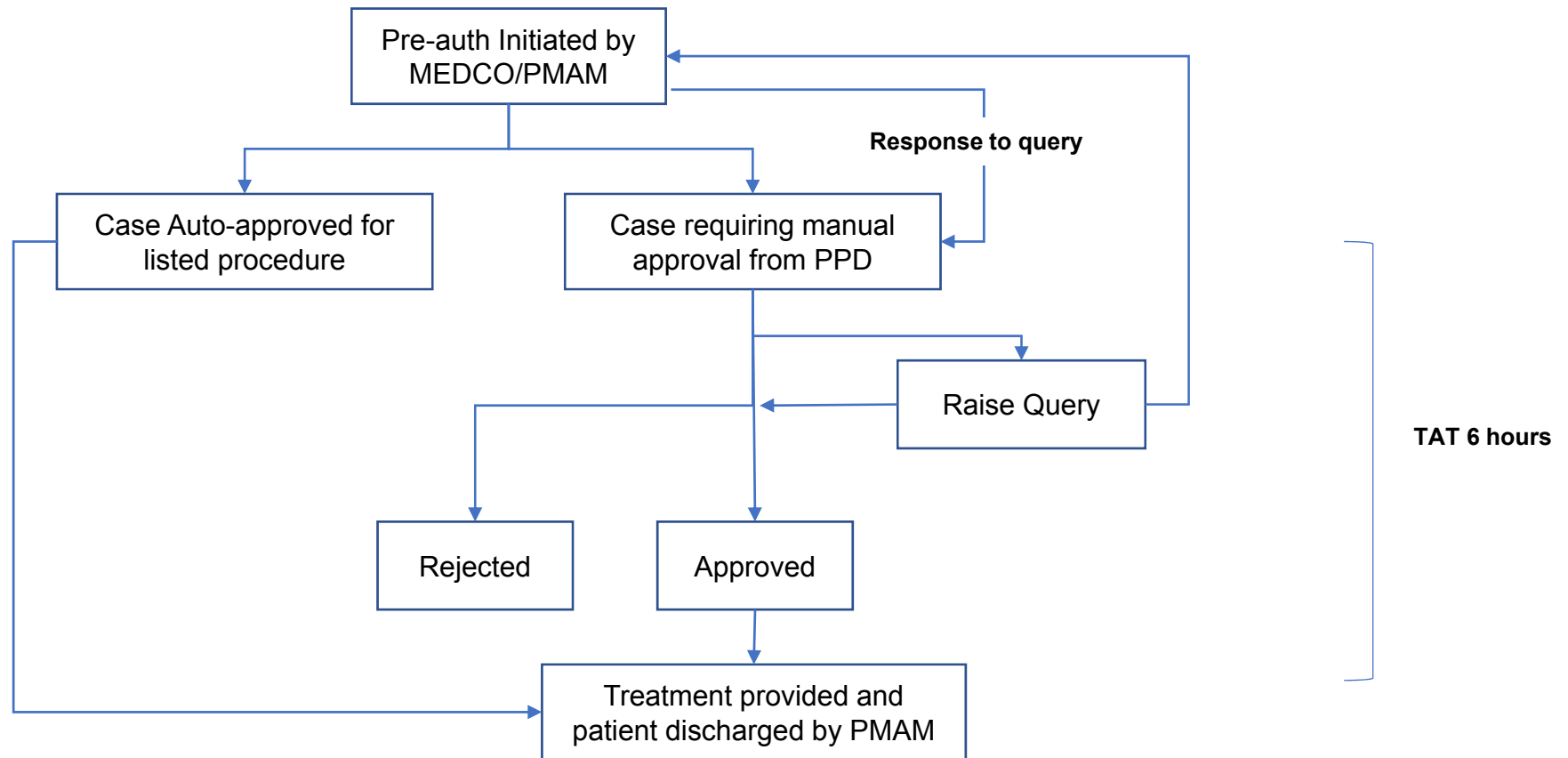
SHA

- Verify and approve/revoke submitted claim
- Respond to queries/ reconciliation issues raised by hospitals
- Quality audits



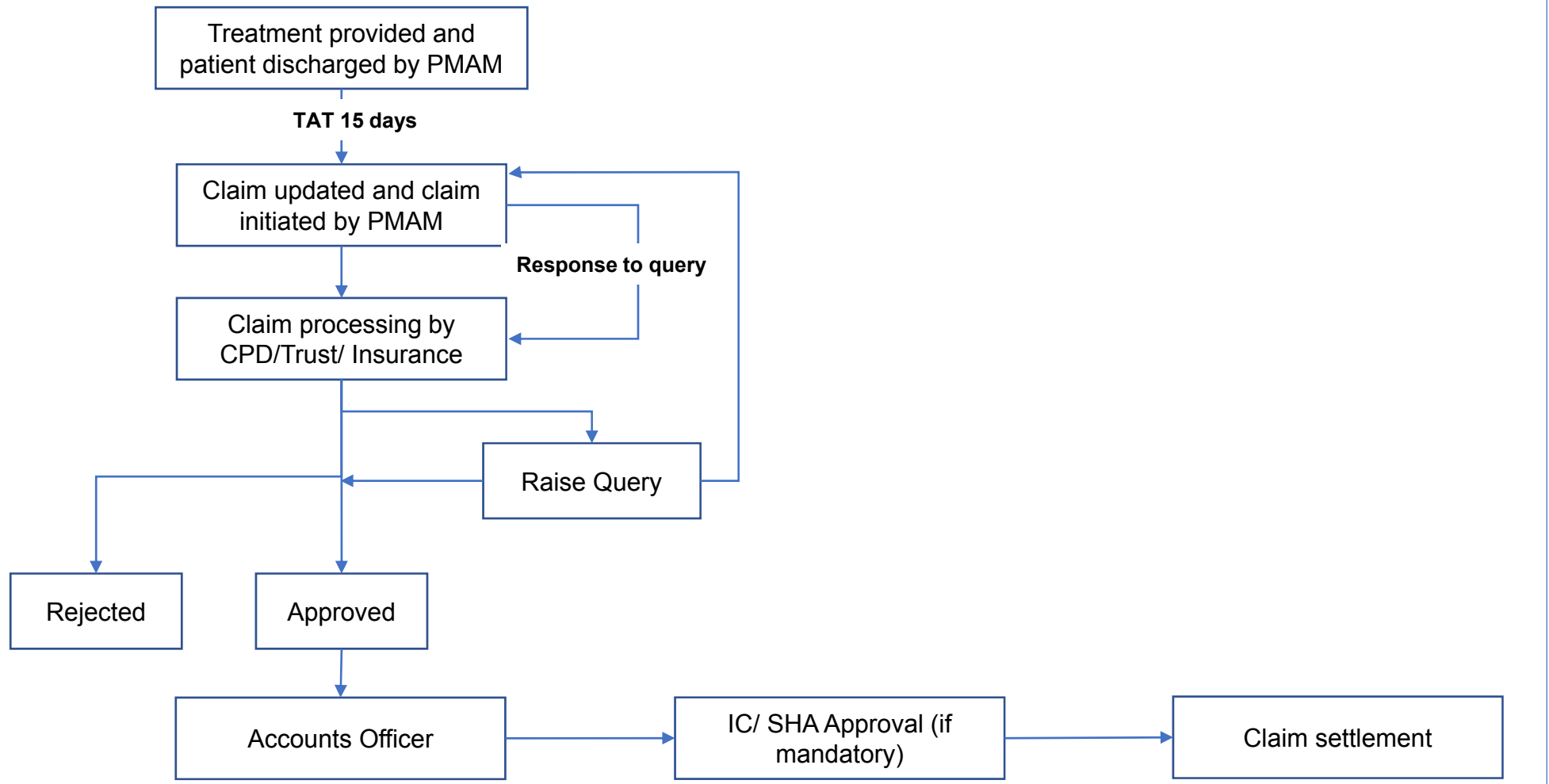


Workflow of Adjudication Process (1/2)



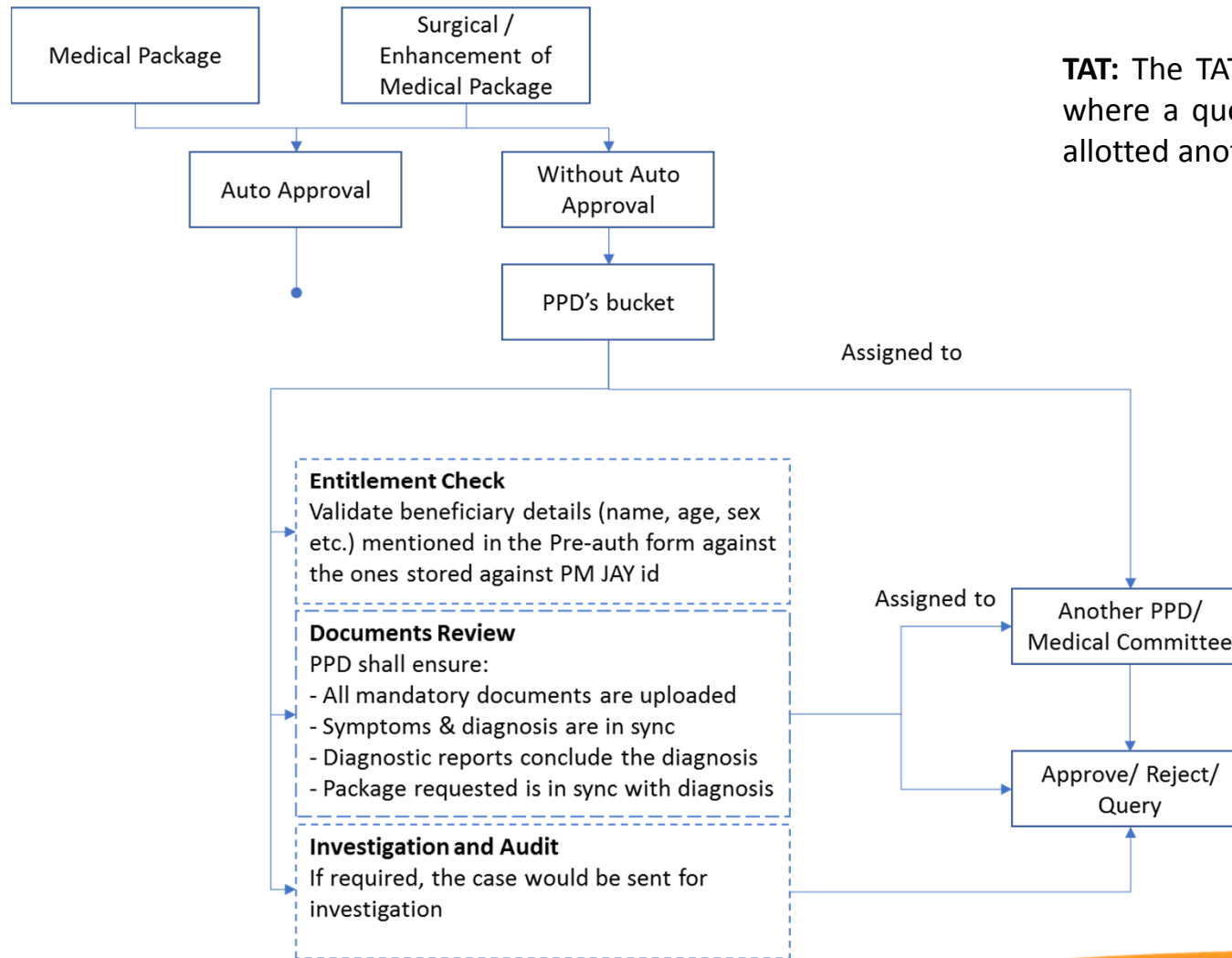


Workflow of Adjudication Process (2/2)



TAT 15

Pre-authorization process



TAT: The TAT for this process is 6 hours. However, in cases where a query is raised to the hospital, the PPD will be allotted another 6 hours after receipt of hospital's response.

Pre-authorization process

For Auto-approved packages:

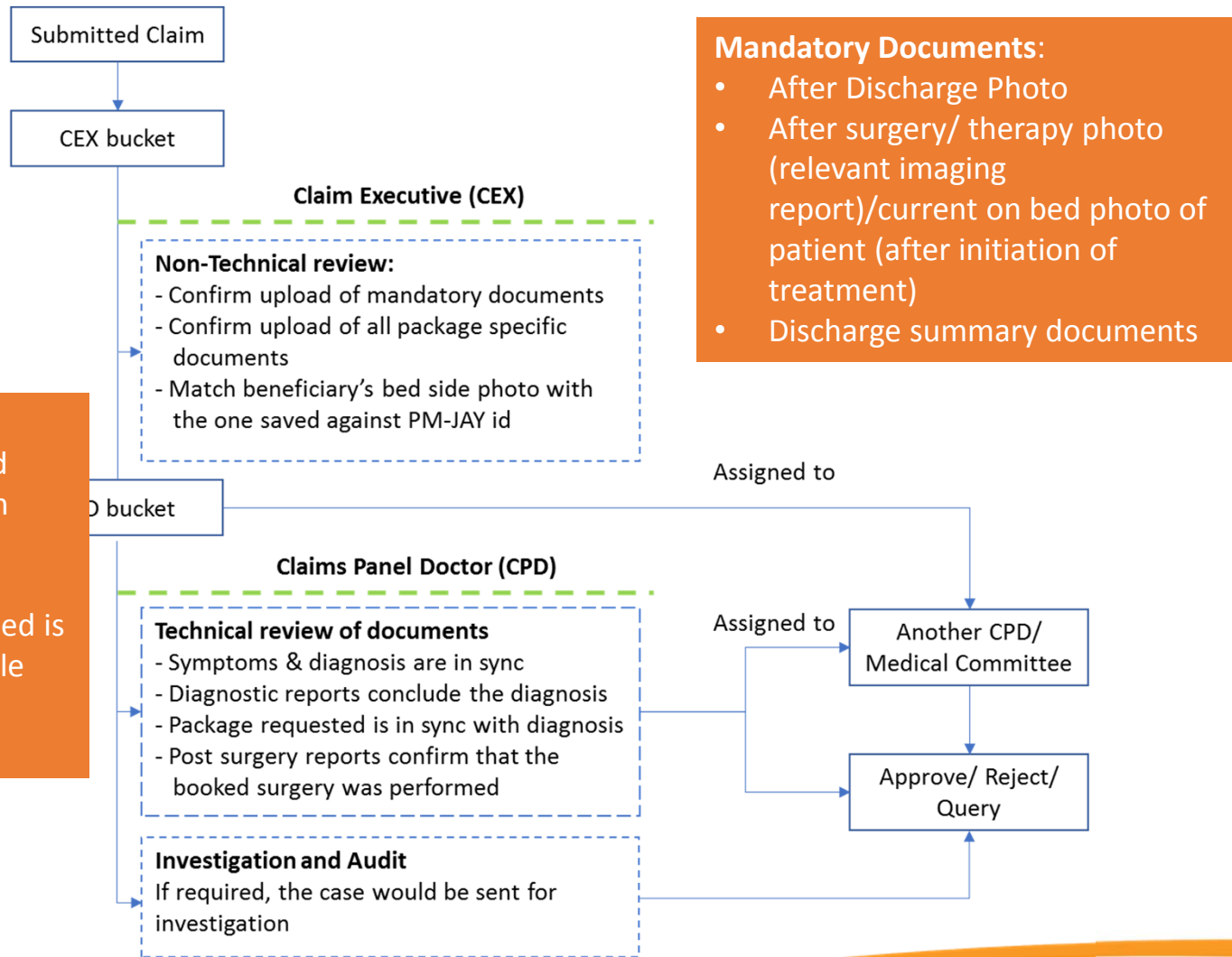
- It shall be ensured that the hospital submits all required documents required at the time of Pre-auth
- CEX and CPD shall follow the above-mentioned process during claims adjudication

Rejection : Under following scenarios **rejection** of Pre-auth request can be done:

- Patient is not covered under PM-JAY
- If the requested treatment falls under exclusion criteria of PM-JAY
- Patient's family wallet does not have sufficient amount
- Clinical findings not relevant to the package selected
- Complete supportive Documents/ Mandatory investigation reports not submitted even after query/ reminders.
- Fraud/misrepresentation is established

However, SHA - can revoke the pre-auth and send it back to PPD for consideration **Pre-authorization Approval/Rejection**

Claims Adjudication process



Mandatory Documents:

- After Discharge Photo
- After surgery/ therapy photo (relevant imaging report)/current on bed photo of patient (after initiation of treatment)
- Discharge summary documents

Mandatory Documents:

CT notes, clinical notes and discharge summary contain complete and relevant information


Clinical photograph uploaded is relevant and is not a 'Google image'



Clinical Photo & Photo mis-match

national health agency Pradhan Mantri Jan Arogya Yojana AYUSHMAN BHARAT

Case No: CASE/HOSP9P05279/S294

Name: Rajesh pal singh	Card No: PO11FC0G9	Registration No: 338	Case No: CASE/HOSP9P05279/S294	
Case Status: CPD Approved	IP No: NA	IP Registered Date: 06/10/2018	Contact No: 9690388219	
Age: 48 years 0 months 0 days	Patient Address: BAREILLY , UTTAR PRADESH	Hospital Name: Shri Bholu Nath Global Hospital	Hospital Address: BAREILLY , UTTAR PRADESH	
Family ID: 9S091900502480000055100046				

Past History Preauthorization Treatment/Discharge Claims Attachments Case Sheet Flag

Preauthorisation Clinical Photos




Photo uploaded at the time of Pre-auth not matching with the one captured at the time of registration
Photo should be a clinical photo

Close



On Bed Photo

national health agency

Dashboard

Agency

Cases Search

Claims

Payments

IS

- Past History
- Preauthorization
- Treatment/Discharge
- Claims
- Attachments
- Case Sheet
- Flag

On bed photo





Name on the documents and in the TMS are not same

national health agency
AYUSHMAN BHARAT

Pradhan Mantri Jan Arogya Yojana

Case No: CASE/HOSP9P02392/S474

Patient Details

Name: Prabhavati	Card No: PT2A7WNYG	Registration No: 628	Case No: CASE/HOSP9P02392/S474
Case Status: CPD Approved	IP No: 02	IP Registered Date: 10/10/2018	Contact No: 9987666349
Age : 51 years 0 months 0 days	Patient Address: GHAZIPUR , UTTAR PRADESH	Hospital Name: R S HOSPITAL	Hospital Address: GHAZIPUR , UTTAR PRADESH
Family ID: 9S096400100400000007100028			

Past History | Preauthorization | Treatment/Discharge | Claims | Attachments | Case Sheet | Flag

Discharge summary documents

jpg->pdf - ilovepdf.com 1 / 4

Patient Discharge Record

O.P.D. No./I.P.D. No. 11 DOA 13/10/18 at 4:00 PM POD 17/10/18 at 10:00 AM
Patient's Name MA. Gupta Devi Age/Sex 46Y/F Weight 45kg Height 161 cm
Address Vill. - Rousaraya Post - Chauja Distt - Ghazipur (U.P.)
Consultant Name Dr Anand Kumar Patel Referred by Self
Clinical Details: Patient comes to complain of fever & chills




Photo in the documents and in the TMS are not same

national health agency Pradhan Mantri Jan Arogya Yojana AYUSHMAN BHARAT


Case No: CASE/HOSP9P05101/S654

Patient Details

Name: SHALU	Card No: PB234X4Z9	Registration No: 859	Case No: CASE/HOSP9P05101/S654	
Case Status: CPD Approved	IP No: 2018004014	IP Registered Date: 14/10/2018	Contact No: 8650695430	
Age : 20 years 0 months 0 days	Patient Address: ALIGARH , UTTAR PRADESH	Hospital Name: JEEVAN JYOTI HOSPITAL	Hospital Address: ALIGARH , UTTAR PRADESH	
Family ID: 9S091200400120000002300105				

Past History Preauthorization Treatment/Discharge Claims Attachments Case Sheet Flag

After Surgery/Therapy Photo/Current On Bed Photograph of Patient (After Initiation of Treatment)



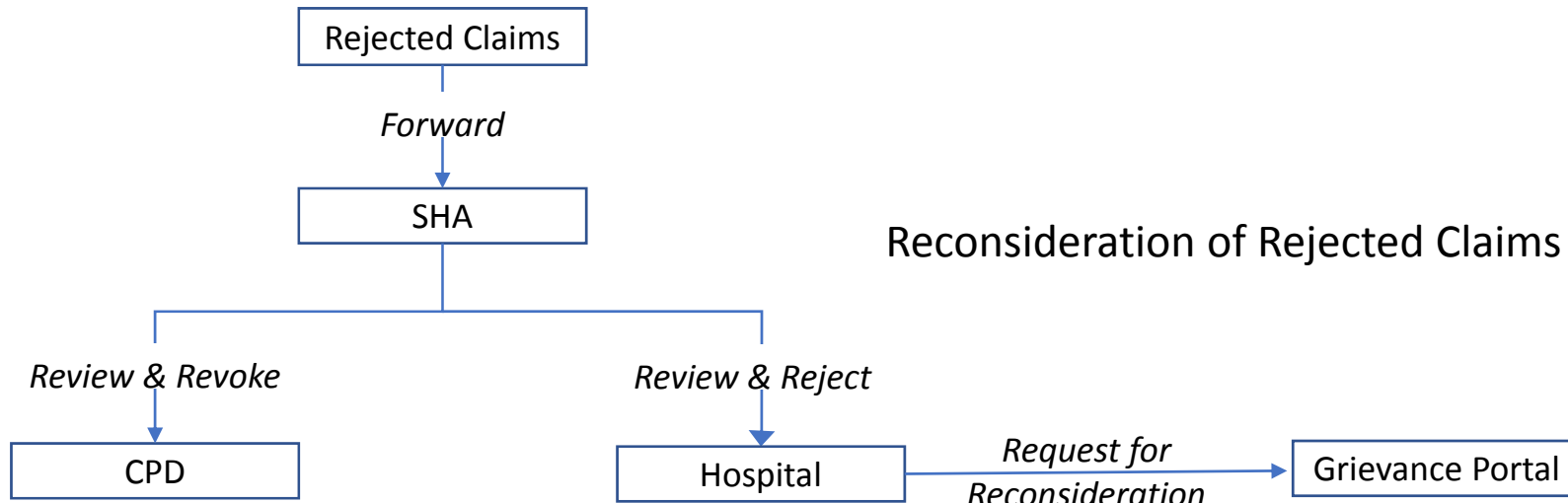


Review by Accounts Officer and Payment by SHA/IC

Approved Claims



Rejected Claims





Claims Audit for Quality check

Accountability: SHA or Insurance Company

Frequency: Once a month

Activity:

For mechanism of internal audit and quality assurance, SHA/IC shall

- Audit 10% of the Approved cases
- 100% of Rejected cases and cancelled cases
- 100% of Mortality case and LAMA/ DAMA cases

Why?

- To check the quality of claims adjudication and process improvement
- The audit shall also be done as per the provision of contract and due diligence



TMS PPD/CPD Demo





Adjudication of Complicated Cases





Complicated Cases (1/8)

1. Leave Against Medical Advice (LAMA)/ Discharge Against Medical Advice (DAMA):

(a) Surgical Cases

Before Surgery – No payment irrespective of pre-op investigations done

After Surgery – 75% of the payment would be done subject to availability of daily case sheets and surgical notes for auditing purposes to qualifying payment

(b) Medical Cases

- Payment for 100% of the daily package rate for number of days patient was admitted provided the LoS is justified, after validating clinical notes for each day
- The CPD shall consider the above mentioned and shall approve justifiable amount for payment to the hospital.



Complicated Cases (2/8)

2. Mortality Case

If the death happens in the hospital i.e. after admission and before discharge, payment to the hospital shall be done after audit as per the following description:

a) Surgical Cases

- **Death before surgery:** If surgery not done - No payment.
- **Death on the table during surgery** – If death during surgery - 75% of the total package rate. *Daily case sheets and surgical notes shall be collected for auditing purposes to qualify for payment*
- **Death after surgery** – If death after surgery/ post-operative stay - 100% of package rate after medical audit. If the death was due to negligence then suitable action shall be taken against the hospitals and claim amount shall be withheld.

- #### b) Medical Cases
- 100% payment of the daily package rate for full number of days of hospitalization, after detailed medical audit.

Complicated Cases (3/8)


3. Unspecified Surgical Cases:

- Blocked for only for surgical treatments.
- Compulsory Pre-authorization
- Cannot be raised under multiple package selection
- Government reserved packages cannot be availed by private hospitals
- Cannot be booked for removal of implants, which were inserted under the same policy
- For portability, home state approval team may either reject if a Government reserved package of the home state is selected
- Aesthetic treatments of any nature cannot be availed
- Individual drugs or diagnostics cannot be availed under this code
- None of the treatments that fall under the exclusion list of PM-JAY can be availed

How do decide the approval amount? For deciding on the approval amount, PPD may consider the rate of closest match of the requested surgery, in listed PM-JAY packages. It should be noted that the amount approved by the PPD would be sacrosanct and the CPD would not be able to deduct any amount or approve partial payment for that claim.

Example of unspecified procedure

NAGARMAL MODI SEVA SADAN
Multi Multi Speciality Hospital & Diagnostic Centre
Seva Sadan Path, Ranchi - 834001
Phone : 2209662, 2209670



DISCHARGE SUMMARY
OF
C.G.H.S., E.C.H.S., State Bank of India, Garden Reach,
F.C.I, C.M.P.F., LL.R.I, Central Taseel, Hindustan Steel,
E.S.I.C., R.B.I, Postal, Telecom, Nabard, Survey of India

Name of Patient Axil Raja 10/11/2019 M
Address Usputte Thakurason Ranchi
On 21/01/19 on 27/01/19
Consultant Incharge Dr. A. Banwari
Registration No. 9178
Bed No. 2/5
DIAGNOSIS: lt laser URL + lt D/S
Stent @lexcomit followed by
EBU lithotripsy
OPERATIVE PROCEDURE: lt Stent removal
done under GA 21/01/19





Complicated Cases (4/8)

4. Portability Cases:

- Only packages from the National Package Masters will be available.
- Package rates of the treating state will be applicable under National Portability system.
- Regarding reservation of packages for public facilities, the rules of reservation of home states will apply.
- All approvals regarding the beneficiary treatment including preauthorization, claims settlement would have to be obtained from the beneficiary's home ISA
- The investigations/audits (if need be) will be done by treating EHCP's state.
- Upon completion of treatment, treating EHCP will raise the claim using NTMS with same case ID.
- Treating EHCP will get the payment from beneficiary's home SHA/ISA as per the guidelines.
- Pre-authorization will be mandatory for all portability cases
- Pre-auth and claims pertaining to portability shall be processed as per regular guidelines

Complicated Cases (5/8)

5. Enhancements and Partial Payments

a) Medical Cases:

- If length of stay of the patient is extended – Pre-auth request would be raised for enhancement
- Enhancement can be taken for a maximum of 5 days at a time. The payment shall be done after reviewing the documents and according to the actual hospitalization
- Functionality of editing the claims amount is available with the CPD.
- If Pre-auth is taken for 5 days in a general ward, and patient is shifted to HDU or ICU after 2 days, the hospital would raise a new enhancement request for ICU/HDU. The CPD would approve partial payment for the former claim i.e. only for 2 days out of 5 days for general ward and approve full payment for latter claim provided s/he is stratified with evidence provided by the hospital.

Complicated Cases (6/8)

5. Enhancements and Partial Payments

- b) Surgical case: hospital has booked a combination package for a patient but only a part of the surgery was carried out, in such cases only partial payment shall be made to the hospital (the rule of 100%-50%-25%, i.e. Costliest 100%, 2nd lowest – 50% than 25% each will apply). For e.g.
- Two packages selected and only one package performed: 100 % rate of package performed.
 - Three packages selected and only one package performed: 100 % rate of package performed
 - Three packages selected and only two packages performed: 100 % rate on highest performed package amount and 50 % rate on second performed package amount.
 - Four packages selected and only three packages performed: 100 % rate on highest performed package amount and 50 % rate on second highest performed package amount and 25 % rate on the third performed package shall be taken.

Complicated Cases (7/8)

6. Unbundling of procedures

- If two different claims for different procedures for the same patient during same admissions. 100% payment for such cases shall not be done. Rule of 100%-50%-25% should be applied
- If a combination package for such case is available, then the hospital shall be paid either as per the available combination package or by 100%-50%-25% rule, whichever is lower.
- Eg.

Case id	Hospital name	Patient Name	Date of admission	Package name	Package Rate	Proportion of payment	Approved amount
13345	ABC Hospital	XYZ	30/01/2019	Tonsillectomy – (Uni/ Bilateral)	7,500	100% payment	7,500
13347	ABC Hospital	XYZ	30/01/2019	Myringotomy – Bilateral	6,000	50% payment	3,000

Total amount = 7500+3000 = 10,500

However, rate of Tonsillectomy + Myringotomy is 10,000, hence a payment of 10,000 would be approved.



Complicated Cases (8/8)

7. Treatment beyond sum insured/ available wallet

There may be cases which are very **complicated in nature and are resource intensive**. The treatment cost of such cases might exceed beyond sum insured or dedicated package rate. Such cases shall be referred to SHA for appropriate action.

8. Payment in case of Hybrid Model

In cases where a part of the claim payment is to be done by IC and the other part is to be done by the SHA/Trust, the CPD/ IC and the SHA/Trust are required to approve their respective amounts. In case of rejection of the same claim it needs to be rejected by both the payers.



Information to be checked in OT notes

OT notes (should be on hospital stationary and not on plain paper)

- Date/ time of beginning surgery/ procedure and completion of the surgery
- Name of surgeon
- Name of Anaesthetist
- Type of anaesthesia
- Surgery done (site, side and findings)
- Immediate Post op care
- Any complications faced
- Signature of surgeon



Information to be checked in discharge card

Discharge card

- Date of Admission
- Date of Discharge
- Date of Operation (if surgery package)
- Presenting symptoms / vitals at admission
- Investigations done with Key finding of investigation
- Treatment given
- Follow-up advice



Information to be checked in clinical notes & clinical photo

Clinical notes

- Date(s) of clinical note
- Each day progress report should contain, vitals, clinical notes and treatment given
- Just “continue all” should not be acceptable

Clinical Photographs

- Face of the person and site of surgery shall be visible in same frame
- It should not be a google image





Thank you

