BY REGD POST / SDS

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Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD(Army)
Maude Lines
New Delhi- 110 010

B/49779/AG/ECHS/Claim/Policy

11 Nov 14

All Comd HQ (A/ECHS)

GUIDELINES FOR PROCESSING OF MANUAL MEDICAL CLAIMS

1. Further to this HQ letters No B/49779/AG/ECHS/Policy dated 17 Mar 09 and B/49779/AG/ECHS/Gen Corres/11 dated 08 Jun 10 and GoI Dept of Ex-Servicemen letter No 25 (01)/2014/US(WE)/D(Res)-Part-I dated 04 Aug 14.

2. It has been observed by the IFA (Army-Q) and other audit authorities that the medical claims forwarded to Central Organisation ECHS for sanction are processed at lower level, lackadaisically. Despite repeated reminders, the errors are still observed and no rectification is done before forwarding the med claim documents to this HQ and they are as under:-

(a) **Page Numbering** :- **The page numbering of all the claim documents should be from bottom to top**. As pages are added on top they should be numbered by the echelon adding them, serially and in progression. Henceforth, no medical claim will be accepted by this HQ without proper page numbering (from bottom to top).

(b) **MoA**:- The MoA attached must pertain the period of the treatment / hospitalisation and not to the periods before and after the hospitalisation and it should contain all the pages including the Appendices (i.e. Appx I & II).

(c) **Worksheet**:- 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 bills, so as to enable easy sub totaling and checking of the sub totals and totals at this headquarters.

(d) **Case Summary**:- Henceforth, 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 hospital (NABH / Non NABH) will also be mentioned.

(e) **Package / Procedure Codes**:- The disallowances should be clearly brought out in worksheet.

2. Other common errors observed, while claim processing are listed at Appx - A to this letter.

3. In view of the above, it is requested that necessary instructions be issued to all concerned under your AoR, for proper scrutiny of all medical claims at all levels.

(Vijay Anand)
Col
Dir (Med)
for MD

Encl : As stated

Copy to :-

All RCs ECHS - for info and necessary action please.

Internal :-

Med - for info please.

Appx - A
(Refers to Para 1(f) of Central Org ECHS letter No B/49779/AG/ECHS/ Claim/Policy dt Nov 14)

COMMON ERRORS

Sr No	Errors	Guidelines
1.	**Time check sheet** not completed and authenticated by OIC PC / Dir RC	**Duly completed Time check sheet** is to be attached along with all claims. **Each movement of file** is to be mentioned and **authenticated** by OIC PC/ Dir RC with their **Rubber stamp.** In this regard pl refer our signal dated 24 Feb 10. **Justification for delay for more than two weeks** after receipt of claim in any office is to be mentioned in appropriate column and is to be **authenticated** by OIC / PC/ RC properly
2.	**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 then it is to be mentioned that **"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
3.	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
4.	HQ Command / Stn HQ / PC are **directly forwarding** claims to this HQ	All Med Claims (including **Not Recommended claims** and **representations** received) to be forwarded to this HQ **through RC only.** RC is to **scrutinise** 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 this Organisation
5.	**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"** in **Red colour.** An **Emergency certificate** is to be attached by Hospital and **authenticated** by PC/RC
6.	**Diagnosis** mentioned in **Discharged summary is different** from **worksheet**	**Diagnosis** mentioned in **Discharge Summary and Work Sheet** should be the same
7.	**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**

Sr No	Errors	Guidelines
8.	**Drug Certificate on MRP** is not attached	**Drug Certificate on MRP** as per the format issued by this HQ letter dated 17 Sep 09 is to be attached with all claims irrespective of **Emp Hosp/ Non Emp Hosp** claims and to be **Countersigned** by OIC/PC/Dir RC
9.	**MoA and Annexure-II** not found attached	A copy of **MoA** along with 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 empanelment is delegated to RCs/Station HQ. 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**
10.	**Authentication** made by PC / RC is without stamp and Date	All **authentications** are to be made with proper dates and Rubber stamps
11.	**Sl No 6 (a)** is not clearly mentioned in **Work Sheet** that whether the claim pertaining to **Emp Hosp / Non Emp Hosp** & Emergency / Referral	In Sl No 6 (a) of work Sheet it is to be clearly mentioned as **"Emp Hosp Bill" /Non Emp Hosp Bill"** and in **Sl No.6 (b)** as **"Emergency" / "Referral". Whatever is applicable must be ticked and the rest crossed out**
12.	**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** along with **all Non Emp Hosp Claims**
13.	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
14.	All **Documents issued by Hosp** 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
15.	**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
16.	**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 C.Org and are not to be forwarded to this HQ. Only Original Claim is to be fwd
17.	**Medical Claims** are forwarded to this HQ in **Shabby condition, tattered files** 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**

Sr No	Errors	Guidelines
18.	Claim returned for **rectification of observations** are not rectified and returned in **due time**	Claim returned for **rectification of observation** are not rectified and 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
19.	**Amendments** made in the documents are **not authenticated** properly	The **Amendments / Corrections / cuttings** made in the documents to be **authenticated** properly with **Rubber stamp and date**
20.	**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
21.	**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 they should be numbered by the echelon adding them, serially and in progression
22.	**MoA** not found attached	A copy of **MoA** along with relevant Annexures (**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 empanelment is delegated to RCs/Station HQ. 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 / hospitalisation and not to periods before and after the hospitalisation and it should include the Appendices. (i.e. Appx I & II)
23.	**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
24.	**Package / Procedure Codes**	The disallowances should be clearly brought out in worksheet
25.	**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 bills, so as to enable easy sub totalling and checking of the sub totals and totals at this headquarters.