

State Specific Workflow for TMS for CCHF

1. Claims Processing Mechanism

Portal of NHA (Transaction Management System) shall be used for end-to-end claim processing. The package master in CCHF Scheme will be same as approved by DGHS for current policy and is unbundled. As the scheme is for Employees so the benefit provided will be limitless i.e. no capping of Wallet amount. The room rent criteria will be as per Basic pay of employees:

Sr. No.	Basic Pay Entitlement
1	Up to Rs. 50,500 General Ward Room
2	From Rs. 50,501 to Rs. 64,100 Semi Private Room
3	Above Rs. 64,101 Single Private Room

Beneficiary will provide CCHF card no/ Payee code to Empanelled Hospital before availing treatment.

a) Preauthorization- Medco and Pre-Authorization Panel Doctor will play a role:

- i. Turn-Around-Time (TAT) for pre-auth generation: The preauthorization will be approved within 6 working hours i.e. 11AM to 5PM. If no action is taken by Preauthorization Panel Doctors (PPD) against the raised preauthorization, it will get forced approved.
- ii. The beneficiary will approach Empanelled Hospital.
- iii. Hospital will register patient as per Diagnosis and package available as per applicable class.
- iv. Hospital will initiate preauthorization after attaching mandatory documents.
- v. The Preauthorization Panel Doctors (PPD) will review the case and will provide approval as per documents or Raise query to Hospital where necessary.
- vi. Hospital needs to revert on the query and after PPD approval, Hospital will start treatment.

b) Claim Process flow:

- i. Medco, Claim Executive, Claim Panel Doctor, Accounts Officer, State Health Authority will be involved.
- ii. After completion of treatment, hospital will initiate claim after attaching all mandatory documents as per package booked as defined in package master and standard treatment guidelines within 7 days of discharge of patient.
- iii. Claim Executive: After Claim initiation Claim Executive will review the claim for Non-Technical parameters like Photos during Hospitalization, Validate mandatory documents as per Standard Treatment Guidelines etc. and forward the case to Claim Panel Doctor.
- iv. Claim Panel Doctor (CPD) will further review the case as per Documents and take appropriate action. The CPD can approve the claim, raise a query, send the case for investigation and reject the case.
- v. If CPD wants to raise the query it should be done in one go. Hospital should review the query and attach documents as requested by CPD.
- vi. After reply from Hospital CPD will further review case and take appropriate action.
- vii. The turnaround time (TAT) for Claim approval by CPD is 10 days from the date of final claim submission by hospital or query updation, whichever is later.
- viii. ACO (Accounts officer): After approval by CPD, Claim will move to Account officer for further action. Account officer will check financial details. If all ok, ACO will forward claim to SHA. ACO can approve, reject a claim or can raise query.
- ix. State Health Agency (SHA): SHA will further review claim and can either approve/Raise query or reject a claim.
- x. The TAT for claim payment is 5 days from the date of claim approval.
- xi. Post approval by SHA, claim payment would be initiated by Bank.
- xii. Amount will be transferred to EHCP account.