

S-12024/17/2021-NHA(SPE)

**Government of India  
National Health Authority  
SPE Division**

Date: - 14<sup>th</sup> July 2021

**Office Memorandum**

**Subject: Timelines for addressing delay in claim submission and query reply.**

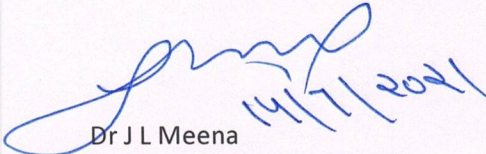
The undersigned is directed to refer to National Health Authority O.M. No – S 12017/40/2019-NHA dated 18<sup>th</sup> September 2020, prescribing timeline for claims submission and query reply submission for Private and Public EHCPs'

The guidelines are further clarified and amended as below:

1. The purpose of the Office Memorandum (OM) dated 18<sup>th</sup> Sept was to streamline claim submission from the Empanelled health care provider (EHCP) side. TAT guidelines must be followed by all the EHCPs in letter and spirit for timely processing and settlement of the claim.
2. Actual Date of Discharge as mentioned in the Discharge Summary will be considered for purpose of TAT calculation.
3. For clause 4 in Annexure 1 of the above-referenced OM - Claim submission after discharge by the EHCP, the following guidelines will apply:
  - a. All claims are to be submitted by EHCP within 7 days from the actual date of discharge of the beneficiary from EHCP.
  - b. Any delay in claim submission will invite non-standard settlement of the claim with the reduction in claim payable amount by 0.1% per day for each day of delay beyond 7 days from the date of discharge.
  - c. This penalty will be subjected to a maximum of 9% of the value of the claim payable
  - d. The empanelled EHCP shall be made available dashboard for easy tracking of its claims overdue for submission.
  - e. Automatic closure of the claim will be done if there is a delay beyond 90 days, which can be reopened at the request of EHCP through a grievance mechanism.
4. For clause 5 in Annexure 1 of the above-referenced OM - response to Claim Processing Doctor query by EHCP following guidelines will apply
  - a. The response to the query should be submitted in 7days from the date query is raised.
  - b. Delay beyond 7 days will similarly attract a penalty as above at 0.05% of the value of claim payable for each day of delay.
  - c. This penalty will be subjected to a maximum of 4.5% of the value of the claim payable
  - d. The empanelled EHCP shall be made available a dashboard for easy tracking of its queries overdue for submission.
  - e. Automatic closure of the claim will be done if there is a delay beyond 90 days, which can be reopened at the request of EHCP through a grievance mechanism.
5. EHCPs with more than 20% of the cases falling in the delayed category on monthly basis, shall be issued a warning and if there is no improvement after 2 warnings, further disciplinary action like show cause notice, suspension, de-empanelment shall be initiated.

6. In addition, as detailed in the model tender document (MTD) if the payment is delayed beyond the defined 15 days for state claims and 30 days for portability claims from the last document submitted date, the concerned party responsible for delay – ISA/Insurer/SHA shall be liable to pay the penalty at 0.1% of payable claim amount per day of delay beyond the stipulated time of 15 days or 30 days as the case may be, up to a maximum of 10%. The TAT guidelines issued in respect of various stages of claim processing and payment have been issued vide claim adjudication manual for ensuring timely claim processing and payment. It is to be further noted that the penalty amount shall be payable by the respective party from its account.
7. All communications to the EHCPs regarding the operationalization of the guidelines will be sent to the updated email address and mobile number of the EHCPs as per the Hospital empanelment Module (HEM) and would be assumed to have delivered (for proof of delivery to correct address). Hence, the EHCP should update their contact information regularly on the HEM portal.
8. The states implementing the scheme in trust mode may make this OM effective from 15th September 2021. For states implementing scheme in insurance / mixed-mode, if existing contract has suitable provisions, such States/UTs should enforce the TAT from 15th September 2021 otherwise same should be implemented from next policy period but not later than 1<sup>st</sup> April 2022. In this regard, suitable provisions should be made in any new contract.

This is issued with approval of the competent authority.


  
Dr J L Meena  
Division Head (SPE) & Joint Director  
National Health Authority

Enclosed: As Above.

1. Principal Secretary (Health) of all states/UT's Implementing PM-JAY
2. Chief Executive Officer, State Health Agency/ State Nodal Agency of all states/UT's implementing PM-JAY.
3. State Coordination Division, National Health Authority

Copy for information.

1. Chief Executive officer, National Health Authority
2. Additional Chief Executive officer, National Health Authority
3. Deputy Chief Executive officer, National Health Authority
4. Financial Advisor
5. Operations Division Guard File

  
Dr J L Meena  
Division Head (SPE) & Joint Director  
National Health Authority