

Guidelines for Payment for Special Cases During Hospital Admission

MAY 2020

These guidelines are issued in supersession of the earlier guidelines

Introduction

Once a patient is admitted under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) in an empanelled hospital, in normal course the patient will be discharged by the hospital after completing the treatment. Hence in majority of cases, the payment to the hospital will be done based on the package booked and rates prescribed for that package.

However, in some cases, this may not happen due to various reasons e.g. patient may leave against medical advice, patient may die within the hospital or patient may need to be referred to another hospital. In these special cases clarity needs to be provided to both hospitals and the payers (State Health Agency/ Insurance Company) regarding payments to the hospitals.

These guidelines provide details of payments to be done in these special cases.

Basic Principles

- The hospital will be paid partial amount only if the hospital provides information about deviation from normal course to the respective SHA / ISA / Insurer through the IT platform as soon as possible but not later than 24 hours of the deviation. The time limit may be relaxed to 72 hours for public hospitals
- Additionally, in each of these cases payment will be done only after a successful audit by the SHA / Insurer.
- The audit process shall be completed by the SHA/ Insurer within 15 days of receiving the information from the hospital.
- It is expected that these deviations would not amount to more than 5% in a particular hospital

Payment in Special Cases

1. **Patient Leave Against Medical Advice (LAMA)/ Discharge Against Medical Advice (DAMA)** – Leave Against Medical Advice (LAMA), also called discharge against medical advice (DAMA), is an act whereby a patient takes his/her discharge contrary to the recommendation or will of the attending physician. This can happen due to various reasons related to the beneficiary or the hospital.

After the audit, the payment to the hospital will be done as per the following:

- A. **Surgical Cases** – Patient has been admitted for a surgical package where a fixed package rate is to be paid.
 - a. **LAMA/ DAMA before surgery - The claim amount would be calculated in line with the existing medical packages according to Length of Stay (LOS) and bed category of the patient.** Payment for 100% of the daily package rate for the full number of days when patient was admitted will be paid. Required documentation (clinical notes) for each full day will need to be submitted for payment to be considered. **This will be applicable in all cases irrespective of the fact whether pre-operative investigations have been done or not.**

A. Referred to an empanelled hospital

a. *Surgical Cases*

- i. **Referral before PAC and surgery** - In case a patient is referred to another empanelled healthcare provider, **the claim amount would be calculated in line with the existing medical packages according to Length of Stay (LOS) and bed category of the patient to the referring hospital.** Payment for 100% of the daily package rate for the full number of days when patient was admitted will be paid. Required documentation (clinical notes) for each full day will need to be submitted for payment to be considered. **The hospital (empanelled) that receives the referred patient will be eligible for 100% of the package rate of the surgery booked by the hospital.**
- ii. **Referral after PAC but before surgery in case surgery is abandoned & patient is transferred** - In this case, **the hospital that has referred the patient will be paid 15% of the package amount for the surgical package** booked by the hospital. **The hospital that has received the referred patient will be provided 85% of the package rate of the surgery selected in the hospital.** The receiving hospital will need to take pre-authorization before booking the package.
- iii. **Referral after the surgery for complication management** - If a patient is referred after surgery has been performed, but further complications arise, then the **referring hospital would be paid 75% of the total package rate.** **The hospital that receives the referred patient would be eligible for 100% of the package rate of the new surgery selected (if a surgical package is booked), or in line with the existing medical packages according to Length of Stay (LOS) and bed category of the patient (if a medical package is booked),** depending on the patient. This surgery in the second hospital will need to be mandatorily pre-authorized.

- b. *Medical Cases* - **Payment for 100% of the daily package rate** for the full number of days for which the patient was admitted will be paid to the referring hospital as per the category of ward. Required documentation (clinical notes) for each full day will need to be submitted for payment to be considered. **The hospital that receives the referred patient would be eligible for 100% of the package rate of the surgery selected (if a surgical package is booked), or in line with the existing medical packages according to Length of Stay (LOS) and bed category of the patient (if a medical package is booked),** depending on the patient.

B. Referred to non-empanelled hospital (in exceptional cases)

- a. *If any referral is done to a non-empanelled hospital, then no payment will be done to any non-empanelled hospital.*

NOTE: IN NO OTHER CASES PARTIAL PAYMENT WILL BE DONE TO EMPANELLED HOSPITALS