# GOVERNMENT OF NAGALAND NAGALAND HEALTH PROTECTION SOCIETY DEPARTMENT OF HEALTH & FAMILY WELFARE NAGALAND :: KOHIMA

No. NHPS/47-STG/2025 / 1899

Dated Kohima, the 15th April, 2025

#### OFFICE MEMORANDUM

Subject: Guidelines for submission of mandatory documents for Claims Processing under AB PM-JAY and CMHIS as per Standard Treatment Guidelines

In supersession of all previous guidelines issued in this regard, and in alignment with the Professional Conduct Regulations (2023) of the National Medical Commission (NMC), the Standard Treatment Guidelines of the National Health Authority (NHA), the Clinical Establishments Act, 2010, NABH Accreditation Standards, IRDAI Guidelines, and the Information Technology Act, 2000, this Office Memorandum is hereby issued to standardise protocols for medical documentation in the processing of claims under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana - Chief Minister Health Insurance Scheme (AB PM-JAY & CMHIS).

All Empanelled Health Care Providers (EHCPs) are required to upload the mandatory documents as specified in the Standard Treatment Guidelines issued by NHA, available on the NHA portal at: <a href="https://pmjay.gov.in/resources/documents">https://pmjay.gov.in/resources/documents</a> (Standard Treatment Guidelines). Any deviation from the prescribed documentation must be supported by a clear and justifiable explanation; failure to do so may adversely affect claim processing.

All EHCPs and claims processing entities must strictly adhere to the requirements listed below for authentication of medical records. This is essential to ensure transparency, accuracy, and the prevention of fraud. Non-compliance will invite appropriate action, including penalties, claim rejection, suspension, or de-empanelment, as per applicable laws and policies.

The following is an illustrative (but not exhaustive) list of documents that mandatorily require seals, signatures, or both:

| Category     | Document                                      | Mandatory Signatory & Seal<br>Requirements  |  |
|--------------|---|---|--|
| 1. Medical & | i. Doctor Clinical<br>Note/Admission Note     | Signature of Treating Doctor with name, qualification and registration number                 |  |
|              | ii. Assessment Sheet<br>(History/Examination) | Signature of Treating Doctor with name, qualification and registration number + Hospital Seal |  |
|              | iii. Pre-Anaesthesia Check-up<br>(PAC) Report | Signature & Seal of Anaesthetist containing name, qualification and registration number       |  |
|              | iv. Biopsy Report                             | Signatures of Pathologist with name, qualification and registration number                    |  |

| ategory                               | Document  | Mandatory Signatory & Seal<br>Requirements   |  |
|---------------------------------------|---|--|--|
|                                       | i. Laboratory Test Reports  | Signature & Seal containing name,<br>qualification and registration<br>number of Pathologist or Lab-in-<br>Charge name and qualification |  |
| 1. Diagnostic & Investigative Reports | ii. Imaging Reports (X-ray,<br>MRI, CT, Ultrasound)                                       | Signature & Seal of Radiologist containing name, qualification and registration number   |  |
|                                       |   | Signature & Seal of<br>Gastroenterologist/treating surgeon<br>containing name, qualification and<br>registration number                  |  |
|                                       | i. Chemotherapy<br>Plan/Treatment Note  | Signature of Oncologist with name,<br>qualification and registration<br>number + Hospital Seal   |  |
| 2. Procedure-                         | ii. Operation Notes   | Signature & Seal of Surgeon with name, qualification and registration number   |  |
| Related Documents                     | iii. Clinical Indication Note<br>(Initiation of Dialysis)                                 | Signature of Nephrologist with name, qualification and registration number   |  |
|                                       | iv. Justification for Prolonged<br>ICU/Hospital Stay                                      | Signature of Treating Consultant<br>with name, qualification and<br>registration number + Hospital Seal                                  |  |
|                                       | i. Discharge Summary ii. Discharge Medication Advise iii. Follow-Up Instructions/OPD Plan | Signature of Treating Doctor with name, qualification and registration number + Hospital Seal  |  |
|                                       | iv.Itemised Hospital Bill   | Signature & Seal of Billing Manager  |  |
| 3. Discharge &                        | v.Pharmacy Bill   | Signature & Seal of Pharmacist   |  |
| Billing                               | vi.Radiation Therapy Plan   | Signature of Radiation Oncologist with name, qualification and registration number   |  |
|                                       | vii. Referral Letter (If Patient<br>Transferred to Another<br>Facility)                   | Signature & Seal of Referring<br>Doctor with name, qualification and<br>registration number  |  |

## 1. Documents Where Seal and Signature Are Recommended (But Not Mandatory)

| Category | Document  | Recommended Signatory                              |  |
|----------|---|--|--|
|          | i. Indoor Case Papers (ICP), Nursing<br>Charts, Medicine Charts | Signature of Ward In-<br>Charge or Treating Doctor |  |



| /a | tegory                                   | Document   | Recommended Signatory   |
|----|--|--|---|
|    | I. In-Patient & Nursing                  | ii. Daily Progress Notes   | Signature of Treating<br>Doctor   |
| 1. |  | ii. Physiotherapy/Rehabilitation Notes   | Signature of<br>Physiotherapist   |
|    | Documentation                            | v. Blood Transfusion Records   | Signature of Transfusion<br>Officer or Treating Doctor  |
|    |  | v. Fluid Balance Charts  | Signature of Nursing In-<br>Charge  |
| 2. | Diagnostic &<br>Investigative<br>Reports | Lab/Imaging Reports (Computer-<br>Generated & Digitally Authenticated)         | Signature of Reporting<br>Doctor Recommended<br>with name, qualification<br>and registration number |
| 3. | Billing & Financial<br>Records           | Computer-Generated Hospital Bill<br>(With Doctor & Billing Manager<br>Details) | Signature of Billing<br>Manager Recommended   |
| 4. | Special Cases                            | i. Death Summary   | Signature of Treating<br>Doctor Recommended<br>with name, qualification<br>and registration number  |
|    |  | ii. Post-Mortem Report (If Applicable)   | Signature of Forensic<br>Expert as per Legal<br>Requirements  |
|    |  | iii.Mortal Remains Handover Form   | Signature of Hospital<br>Administrator or<br>Authorised Officer                                     |

Note: In cases where the Empaneled Healthcare Provider (EHCP) does not have a required specialist, such as a gastroenterologist, nephrologist, oncologist, etc., it is permissible for a medicine or surgical specialist to sign off on relevant documents in accordance with medical norms. The signature and seal of the medicine or surgical specialist shall be considered valid authorization in such instances.

#### 2. Acceptance of Digital & Electronic Signatures

- In alignment with IT Act, 2000, digitally signed documents (including e-signatures with Aadhaar authentication) shall be considered valid for claims processing.
- Computer-generated diagnostic test reports, discharge summaries, and hospital bills do not require manual signatures/seal if they contain the doctor's name, qualification, registration number, and system-generated authentication.
- Hospitals are encouraged to transition towards Electronic Medical Records (EMR)
  systems compliant with Ayushman Bharat Digital Mission (ABDM) guidelines.

#### 3. Correction & Clarification Mechanism

- 1. If any document is incomplete, illegible, or lacking required authentication, the claims processing team shall raise a formal query with the concerned EHCP.
- 2. The EHCP must rectify and re-upload the corrected document of the query being raised within the prescribed turn around time (TAT).



Failure to comply within the stipulated time may lead to claim rejection, penalties, or further investigation as per the guidelines.

### **Prohibition of Corrective Fluids and Overwriting**

The use of corrective fluids (such as whiteners) and overwriting on medical documents is strictly prohibited to maintain the integrity and authenticity of records.

Any corrections or amendments must be made by striking through the incorrect entry with a single line, followed by the correction, date, and signature of the

authorised person.

Documents with unauthorised corrections or evidence of tampering will be considered invalid and may result in claim rejection, penalties, or further legal action.

#### 5. Fraud Prevention & Documentation Integrity Measures

All manually signed documents must be verified with the respective doctor's name,

qualification, registration number and signature.

Falsification or omission of required authentication may lead to claims rejection and legal action under the Clinical Establishments Act, 2010, and applicable penal provisions under the Indian Penal Code (IPC).

Claims processing teams shall conduct random audits of submitted documents to

ensure compliance.

6. Interim Measures for Compliance

Taking into consideration that many of the diagnostic and investigative reports may not be inhouse in most of the EHCPS the following measures are put in place while hospitals are urged to streamline their internal processes to ensure documents are properly initialled as outlined above:

In-house diagnostic reports must comply within one week of issuance of this OM.

Outsourced lab reports must be endorsed with a signature and seal by the relevant specialist or treating doctor in the EHCP.

This OM comes into immediate effect for all admissions from the date of issuance. Claims already submitted before this OM shall not be affected retroactively. These guidelines shall be reviewed every six months based on regulatory updates and field feedback.

> (THAVASEELAN K) IAS CEO, Nagaland Health Protection Society