



**CRH** SIKKIM  
MANIPAL  
UNIVERSITY  
CENTRAL REFERRAL HOSPITAL - SMIMS

**Documented  
Procedure**

TITLE: HOSPITAL BILLING  
DOCUMENT NO: *SOP/CRH/AAC/Billing/04*  
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VERSION NO. *01*  
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PAGE NO: *01 to 12*  
DOCUMENT CONTROL STATUS: *MASTER COPY*

# Standard Operating Procedure

## Hospital Billing

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### 1. Abbreviations & Definitions:

#### 1.1. Abbreviation:

- a. SOP- Standard Operating Procedure
- b. TPA- Third Party Administrator
- c. CRH- Central Referral Hospital
- d. MRD- Medical Records Department
- e. DOA- Date of Admission
- f. DOD- Date of Discharge
- g. SMSS- Sikkim Manipal Swastha Suraksha
- h. SMU- Sikkim Manipal University
- i. IT- Information Technology
- j. CGHS- Central Government Health Scheme
- k. BPL- Below Poverty Line
- l. CBC-Complete Blood Count
- m. ECG- Electrocardiogram
- n. CT-Computerized Tomography
- o. MRI- Magnetic Resonance Imaging
- p. FFP- Fresh Frozen Plasma
- q. PRBC- Packed Red Blood Cell
- r. COI- Certificate of Identification
- s. ITBP- Indo- Tibetan Border Police
- t. GREF- General Reserve Engineer Force
- u. BSNL- Bharat Sanchar Nigam Limited.
- v. ECHS- Ex-Servicemen Contributory Health Scheme
- w. ESIC- Employees' State Insurance Corporation
- x. MMJRK- Mukhya Mantri Jeewan Raksha Kosh
- y. SSIAF-Sikkim State Illness Association Fund
- z. SU- Sikkim University

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### 1.2. Definition :

After patients are registered, the medical care provided to them is documented in their medical records. Based on the service provided and as per documentation, Hospital billing will collect the charges from the patient. The process continues with sending insurance claims to third party payers and bills to patients, processing payments, and collecting overdue and settle the claims.

### 2. Expected Outcome:

- 2.1 Seamless Hospital billing of patients from admission to discharge
- 2.2 Improved accuracy of billing
- 2.3 Reduce time taken for billing

### 3. Objective/Purpose:

- 3.1. Accurate billing of all services rendered to patients
- 3.2. Timely billing of all services rendered to patients
- 3.3. Timely submission of TPA bills
- 3.4. Improve patient satisfaction to billing process

### 4. Scope:

This SOP's covers all types of Hospital Billing includes the following:-

- 4.1. Cash Billing for Out Patient services that include consultation, services, Procedure, diagnostics.
- 4.2. Cash billing for In Patient Services that include consultation, services, procedures, diagnostics.
- 4.3. Providing billing counselling to patient and party at the time of admission, during hospitalization and prior to discharge.
- 4.4. Preparing provisional bill and communicating the same to TPAs and Corporates

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4.5. Cashless billing that include preparation, submission and follow up and recovery for all Inpatient as well as Outpatient including all Insurances, TPA's, Corporates and Government agencies having valid tie-up with CRH.

### 5. Procedure:

#### 5.1. Admission Process in the HIS: -

- 5.1.1. Login and open new admission window
- 5.1.2. Input Hospital number in new admission window.
- 5.1.3. Check Department, Doctor Name and Admission date.
- 5.1.4. Put Expected Hospital days (if written by doctor in admission order otherwise approx.)
- 5.1.5. Please check patient name and Sex after putting hospital number. If any mismatch get it corrected by MRD before admission.
- 5.1.6. Select Bed and Bill type as per admission order.
- 5.1.7. Select bed option and select ward. Select correct department, unit and vacant bed.
- 5.1.8. For admission in Emergency ward, Select General Bed and Bill type (**Don't select Day care as bed and bill type**), select Emergency ward, tick/ check to show bed occupied and vacant record and allot appropriate bed.
- 5.1.9. Select Day Care bed type for Dialysis admission only.
- 5.1.10. Collect advance and submit. Select CARD, Cheque, Cash or TT wherever necessary. If card, first verify amount in the window, type in the amount, confirm the amount and swipe the card, if cash verify amount, collect cash first then only submit bill.
- 5.1.11. Issue Sticker, visiting card, admission record with consent form duly signed by patient relatives.
- 5.1.12. Counsel the patient regarding billing amount and process and then Direct patient to appropriate ward.
- 5.1.13. For ward transfer the Nursing staff can transfer only after appropriate advance is collected for the ward type by billing clerk. Whenever, staff nurse sends pink sheet, you have to update and collect appropriate advance.
- 5.1.14. Please issue a copy of Pre- authorization form to patient party on each admission under insurance including SMSS and counsel regarding co-payment and non-admissible charges. Send patient to the admitting doctor to fill up pre-authorization form before admission.
- 5.1.15. Collect duly filled pre-authorization form, TPA Consent form duly signed, Insurance card, Photo ID. Handover to TPA Desk for further process.
- 5.1.16. TPA staff to visit Admission counter hourly to collect the pre-authorization form and update accordingly.

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- 5.1.17. Any pre-authorization missed out to be followed by TPA Desk but they must ensure that the document to be processed within 24 hours of admission. Status to be updated to i/c billing and patient party
- 5.1.18. Cashless counter staff will coordinate the admission staff as and when required
- 5.1.19. For SMSS patient admission, get prior authorization from Marketing Department. AA Number (amount authorized number) to be considered as coverage balance amount and must be enter in insurance coverage amount column in patient financial.
- 5.1.20. To admit patient in CRH RECOVERY CENTRE, Preferred bed, Billing Class will be NWBC. If you select bed then CRH RECOVERY Level 8 will display. Select patient Plan "CRH RECOVERY CENTRE" under Corporate. For billing go to patient plan, add package as DETOXIFICATION TREATMENT PACKAGE. DOA will be package start date and package close date will be 15<sup>th</sup> date of DOA. Price of package will be 21, 000/- and any exclusion beyond package is separately chargeable.

### 5.2. OPD Billing process

- 5.2.1. First, ask whether patient is admitted or not. If not, then
- 5.2.2. Select and click on Bills windows and select new bills.
- 5.2.3. Input Hospital number and add required services.
- 5.2.4. Inform patient the bill amount and collect amount first. If card, then select card as mode of payment, verify and then only submit bill.
- 5.2.5. For staff under Medicare scheme (Mcr), select "Staff Medicare Discount" category in corporate plan. System will select the appropriate discount automatically. If not so inform billing in-charge/IT.
- 5.2.6. Students of SMU if paying the bill on counter, select "student Medicare cash" from patient plan details under corporate. System will automatically give discount as applicable. If not inform Billing in-charge/IT. Balance payable to be collected directly from party.
- 5.2.7. If Student opts to pay later then select "Student Medicare Credit" from patient plan details. Bill will go to company pay column. System should automatically give discount as applicable and the balance will go to company head. Do not forget to collect valid identity card for claim. If not so inform Billing in charge/IT.
- 5.2.8. BPL patient for Dialysis, select "HEMODIALYSIS". Dialysis bill for CGHS rates will be captured. BPL patient for dialysis will not be admitted in system.
- 5.2.9. Give 100 % discount for all BPL Dialysis with proper remarks and schedule number in discount remarks.
- 5.2.10. 10% Discount to be given for all SMSS cases in OP Investigations only other than CT and MRI where discount limit is 20%.

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- 5.2.11. Ambulance charges within GMC is Rs. 1000/- Bolero ambulance to be preferred within Sikkim if ventilation support/stretchers is not needed. Charges are applicable for all including staff.
- 5.2.12. For outpatient Staff Medicare, 40% discount will be applicable on investigations and procedures other than CBC, Urine Routine, Stool routine, Blood sugar (Fasting, PP, and Random), ECG and Minor Dressing (which is Free). Consumables are fully payable.
- 5.2.13. For Student MCR, the same rules are applicable but for CT and MRI, discount will be 20% only.
- 5.2.14. Beside above discount. Student if admitted in Sick room, Bed, Consultation, Nursing, Admission and sub-consultation charge will be free.

### 5.3. In Patient Billing /Discharge process

- 5.3.1 Select "View inpatient", then "Account Info" and "unbilled charges". You will see patient outstanding (due amount there). Add services and ask patient party to deposit advance. Ensure to recover all the previous dues including the added investigation. Explain patient that the amount collected is booked as advance and will be settled at the time of discharge.
- 5.3.2 During discharge process, go to view inpatient, account info than unbilled charges, cross verify the charges entered with the reports, and add all unadded services. Remove if there is double service added for the same test including consultation charges. Add Operation Charges, Sub Consultation Charge, Oxygen and Ventilator Charges, Dressing, Catheterisation charges, Injection Charges, Consumables, Ward Medicine and Transfusion Charges etc. Remember that Operation Charges added will split into four components (Operation Charge, Professional Charge, Anesthetist Charge and Surgical Assistant charge) for non-package case only. If any operation charges is not capturing the four components, please contact Billing-In charge or IT.
- 5.3.3 Cross verify the number of Blood component billed and issued (FFP, PRBC, Cyro, Platelets concentrate & Whole Blood). If excess billed, then remove the extra.
- 5.3.4 For COI case, select Sikkim Resident category. System will automatically capture Rs 50/- as bed charge. Explain patient regarding Sikkim Resident Discount.
- 5.3.5 For BPL give 100% Discount other than Super-speciality procedure case. Add BPL schedule number in discount remarks.
- 5.3.6 For ITBP and GREF, System will select CGHS rates automatically.
- 5.3.7 For Student select "Student Medicare Cash" or "Student Medicare Credit Auto" depending upon payment status of student in patient plan. (Ref. OP Bill process). Required discount will automatically capture by system. Don't select Special discount.

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- 5.4.5 For package bill, go the patient plan, add service name in package column. Select package **from date, time** and package **to date, time**.
- 5.4.6 If two procedure done on same day and package is for 7 days, then split the package date into two i.e 4 days for 1<sup>st</sup> procedure and 3 days for second procedure.
- 5.4.7 Exclude Non-medical expenses, Co- payment, diet & implant from package and collect from patient and booked as advance.
- 5.4.8 For TPA update approved amount in Patient plan detail and collect other amount as advance.
- 5.4.9 Do not charge anything from ESIC, ECHS as the scheme is unlimited cashless.
- 5.4.10 In package for second procedure give 50% discount. All Implant bills to be exclude from package and to be claimed extra.
- 5.4.11 Verify the inclusion list within the package and exclude any service not covered by package.
- 5.4.12 For MMJRK, SSIAC check coverage amount. Any bill above the coverage amount to be recovered from party.
- 5.4.13 Ventilator charge is Rs. 531/- day as per CGHS. Add Compressed air/piped oxygen per hour for the number of days ventilator is used in addition to ventilator charge.
- 5.4.14 Ensure Original Reports and Discharge summary in file before discharge.
- 5.4.15 Please give a copy of final bill to the party.
- 5.4.16 Do not untick the **"Amount Received Button"** in system as this will shows the amount receivable by you from patient.
- 5.4.17 Before discharge, please ensure that Ward Sister has selected the patient as **MARK FOR DISCHARGE**. After bill, do not forgot to select **"CLEAR FOR DISCHARGE"**.
- 5.4.18 TPA Desk staff to explain the rules and process of cashless treatment to the patient/party.
- 5.4.19 All ESIC and ECHS patient are admitted to General wards under the schemes. Private rooms will be at CRH Rack Rate only. No transfer of category permissible. CGHS rates not applicable to private rooms.
- 5.4.20 SMSS patient will not allowed to occupy Private Ward. If interested, an undertaking to be signed stating that they will pay all the bill from DOA till DOD and surrender insurance benefits for that admitted periods.
- 5.4.21 State Government Employees occupying Private Ward will be as per authorization and eligibility as per agreement.
- 5.4.22 **Do not forget to collect Clearance certificate duly signed by pharmacy and blood bank before final bill.** Cross verify the implant billing with IP Pharmacy for surgery like ORIF, Neuro fusion procedure, Angioplasty, Pacemaker, Coiling of aneurysm, cataract and phaco.

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- 5.3.8 Please verify Bed Reservation History of patient who are treated both in ICU's and Private ward. If any bed is reserved, then add bed charge of reserved private bed as per the system.
- 5.3.9 Do not forget to select Mode of Payment (**Cash, Card, Cheque** etc.) before submitting the final bill.
- 5.3.10 Excess advance in final bill must be refunded from refund option in system. It must be received by patient party in hard copy. Received copy to be handed over to cashier against each refund.
- 5.3.11 Please give detail breakup of the final bill to the party.
- 5.3.12 Do not UNTICK the 'AMOUNT RECEIVED BUTTON' in system as this will shows the amount receivable by you from patient.
- 5.3.13 Do not forgot to verify whether all advance deposited by party is automatically adjusted or not. If not adjust **all advances** before the submission of final bill.
- 5.3.14 Before discharge, please ensure that Ward Sister has selected the patient as **MARK FOR DISCHARGE**. If **patient is not marked for discharge, then asked ward sister to mark discharge before final bill**. After bill, do not forget to select "**CLEAR FOR DISCHARGE**".
- 5.3.15 **Do not forget to collect Clearance certificate duly signed by pharmacy and blood bank before final bill**. Cross verify the implant billing with IP Pharmacy for surgery like ORIF, Neuro fusion procedure, Angioplasty, Pacemaker, Coiling of aneurysm, cataract and phaco.

### 5.4. Cashless Billing/Discharge process: -

- 5.4.1 Please add service as per CGHS rate for the following patient categories : ( Investigation charges is mapped and will be captured automatically as per patient plan).
  - 5.4.1.1 SMSS, ESIC, BSNL, ECHS, STATE GOVT EMPLOYEES, MMJRK, SSI AF.
- 5.4.2 Follow hospital rates for all other TPA as well as corporates like, SU, Sun pharma etc. System capture automatically but you have to verify the bill during discharge.
- 5.4.3 Do not forget to update authorization amount in patient financial plan so that system will transfer authorization amount to company payable column and remaining will show as patient payable amount.
- 5.4.4 Cross verify the bill services with Investigation report in file to avoid any missed.

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### 5.5. Refund Process

- 5.5.1 Any bill which requires refund due to non-performance of test must be verified by department, modified or cancelled by Billing In-charge/designated person authorized for cancellation before refund.
- 5.5.2 Cancelled or modified bill will be recommended for refund by billing counter. Staff have to refund on-line and generate refund receipt. All, refund amount to be received by patient with full name, signature and contact number.
- 5.5.3 Any refund during non-working hours will be done in original bill. Next day, cashier will ask a counter staff to generate refund and the same will be adjusted in short of previous day staff due to manual refund
- 5.5.4 Any refund due to Scheme change from cash to cashless will be routed through Billing In-charge duly approved by Finance Executive. Amount more than Rs. 2000/- will be refunded through bank transfer in respective account number after the discharge of the patient.
- 5.5.5 Treatment charge in Emergency before admission is reimbursable for cashless scheme except SMSS where 10% discount is applicable in all investigations.
- 5.5.6 Under no circumstance, any investigation done or medicine purchased outside is reimbursable.

### 5.6. Claim Process (Cashless Bills)

- 5.6.1. After discharge, staff in claim department have to ensure that the bill along with required document in original must be assembled as per the checklist provided.
- 5.6.2. Claim ID to be generated from system on daily basis before dispatch and hand over a copy to finance for follow up.
- 5.6.3. The entire claim process to be completed within 3 working days of discharge.
- 5.6.4. Follow-up query reply for processed claim is to be carried out by concerned claim staff with due consultation with Billing In-charge.

### 6.1. Responsibility

#### 6.1.1. Senior Finance Executive:

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6.1.1.1. He/She will be overall in-charge of the Billing Department.

6.1.1.2. He/She is responsible for smooth functioning as well as overall management of the department.

6.1.1.3. He/She is responsible for the staff management, patient/party counselling regarding billing process, bill estimation as well as dues recovery.

6.1.1.4. He/She has to report Medical Superintendent for all the activities in the department.

### 6.1.2. Junior Billing Executive:

6.1.2.1. He/She should act as bridge between all staff and Sr. Finance Executive.

6.1.2.2. He/She is responsible for the preparation and Duty Roster, arrangement of staff in various counter.

6.1.2.3. He/She is responsible for maintenance of attendance, leave records of all staff.

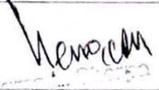
6.1.2.4 He/She will guide all staff regarding billing and ensure proper, seamless and accurate billing.

6.1.2.5. He/She is responsible for maintenance, update and implementation of approved hospital tariff in HIS and proper training of staff.

6.1.2.6 He/She is expected to report Sr. Finance Executive for the execution of routine work.

### 6.1.3. Counter Clerk:

6.1.3.1. Counter Clerk are responsible for immediate management of various counter i.e. ( Admission counter, OP Bill counter, Discharge Counter, Insurance Billing and Discharge Counter, TPA Counter, Lever 4 Superspeciality and Reception and Billing Counter and Laboratory Billing counter).

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## Documented Procedure

TITLE: HOSPITAL BILLING
DOCUMENT NO: <i>SOP/CRH/AAC/Billing/04</i>
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6.1.3.2. Clerk are placed on counter on rotation basis. They will work on counter on 24\* 7 days as per the roster notified on monthly basis.

### 6.1.4. Back office Clerk:

6.1.4.1. Back office clerk are responsible for Assembly, verification and the proper submission of claims to various insurance, TPA's, Corporates as well as Government agencies with in the stipulated time frame.

6.1.4.2. They are also responsible for documentation of claim submitted, reply of after claim query raised by various TPA's, reconciliation of the claim and update in HIS.

### 6.1.5. Cashier:

6.1.5.1. Cashier is responsible for proper collection and maintenance of record of all types of collections (Cash/Cheque/Card/ NEFT) submitted by the counter clerk.

6.1.5.2. He/She is responsible for accurate and timely deposit of cash to the Bank and submission of all transection records to Finance office along with Bank Counterfoil.

6.1.5.3. He/She is responsible for maintenance and submission of all patient refund due to service lost or scheme change.

6.1.5.4. She is answerable for audit query pertaining to cash transaction in Billing Department.

### 7.1. Records and References:-

7.1.1. Document recorded at Operation Department and Billing Department.

7.1.2. File Number CRH/Billing/SOP/95 at Billing Department for reference.

<i>[Signature]</i> Prepared By	<i>[Signature]</i> Reviewed By	<i>[Signature]</i> Approved By	DP
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