

**ANDHRA PRADESH STATE ROAD TRANSPORT CORPORATION**

23

Lr. No. P2/468(3)/2019-PO.III

O/o the Managing Director,  
RTC House, Vijayawada.

**CIRCULAR NO: PD:04/2019 DATED 11.01.2019**

**Sub:- Medical Bills- Procedure for settlement of Medical bills claimed by Referral hospitals- Reg.**

\*\*\*

APSRTC has been providing treatment and medicines to all its employees and their family members through 19 dispensaries located in 12 Regions and Central Hospital, Vidyadharapuram, Vijayawada. For specialist treatments, the patients are referred to the Identified/approved private and Govt. hospitals.

Several representations have been received in Corporate Office that payments towards medical bills claimed by approved referral hospitals are getting badly delayed. On scrutiny, it is observed that for lack of clarity about the procedure to be followed in submission of claims, audit, raising pay order etc., payments are getting delayed inadvertently. Therefore the procedure to be followed for settlement of medical bills claimed by referral hospitals is now reiterated below.

**1. Referrals from Dispensaries:**

In cases of patients referred from dispensaries to approved referral hospitals, the procedure to be followed from referral stage to final settlement of the medical bills is given below

1. Employees and eligible dependant family members will be directed to the approved referral hospital by the Medical Officer for specialist treatment considering the relevant aspects of the case.
2. The patient will be directed to referral hospital duly issuing Credit Reference form (CR Form) towards initiation of treatment.
3. In case of emergency, employees and eligible dependant family members can get admitted at referral hospitals and inform the details to the Unit Officer and Medical Officer concerned, within 24 hours.
4. To the patients admitted on emergency basis, CR Form shall be issued by the Medical Officer/ Regional Personnel Officer through HMS of CIS Project immediately.
5. After conducting diagnostic tests, the referral hospital will raise estimation of expenditure for specialist treatment which shall be submitted by the patient to Medical Officer immediately.
6. On receiving the estimation letter, the Medical Officer shall give estimation acceptance letter to the referral hospital concerned.
7. The treatment being provided to the patients at referral hospitals shall be monitored by the Medical Officer to ensure proper treatment.
8. After discharge of the patient from the referral hospital, bills will be raised towards consultancy, diagnostic tests, pharmacy, surgery etc.,
9. The referral hospital, after discharge of the patient, shall submit discharge voucher, summary of expenditure, diagnostic reports, pharmacy details etc., to the Medical Officer concerned.
10. The Medical Officer shall scrutinize the claim raised by the referral hospital with the approved rates for different kinds of tests, procedures, pharmacy etc., and certify the eligible amount for reimbursement.

11. Separate note file shall be processed from MO concerned for each claim received from referral hospital duly enclosing all the relevant documents, vouchers etc., and submit it to audit.
  12. The audit, after conducting verification of claims in detail, certify the eligible amounts as per the rates approved in MoU and then recommend for the sanction of competent authority RM/ED: Zone/ Corporate Office in terms of revised Delegation of powers.
  13. For the amounts sanctioned by RM (Up to Rs.1,00,000/-), ED: Zone (Up to Rs. 2,00,000/-) as per DoP, Pay orders shall be raised by PO/Dy.CPM:Zone as applicable along with "System Generated Office Order" to make payment to the referral hospital.
  14. For the amounts beyond Rs.2,00,000/- , files shall be submitted to Corporate office seeking sanction of ED (A) (Up to Rs.5,00,000/-), VC&MD (Up to Rs.10,00,000/-) and Chairman (More than Rs.10,00,000/-).
  15. The note files sanctioned by ED(A)/VC&MD/Chairman shall be forwarded to ED(Z) concerned from corporate office. Dy.CPM/Zone shall raise Pay Order for sanctioned amount along with "System Generated Office Order" to make payment to the referral hospital.
  16. AO: Region/ Dy.CAO: Zone shall arrange payment directly to referral hospital concerned.
  17. After making payment to the referral hospital through online payment system, the AO: Region/ Dy.CAO: Zone shall record the details of amount paid on the physical note file submitted to audit from PO: Region/ Dy.CPM: Zone.
- 2. Referrals from Central Hospital:**

In case of the patients referred from the Central Hospital, the procedure to be followed from the referral stage to final settlement of the medical bills claimed by the referral Hospital towards the specialist treatment provided to the employees and eligible family members is given below.

1. Employees and eligible dependant family members will be directed to the approved referral hospital by the Medical Officer: Central Hospital for specialist treatment considering the relevant aspects of the case.
2. The patient will be directed to referral hospital duly issuing Credit Reference Form (CR Form) towards initiation of treatment.
3. In case of emergency, employees and eligible dependant family members can get admitted at referral hospitals and inform the details to 24 X 7 Call center of Central Hospital: VDPM within 24 hours. To such patients, CR Form shall be issued by the Medical Officer: Central Hospital immediately.
4. After conducting diagnostic tests, the referral hospital will raise estimation of expenditure for specialist treatment which shall be submitted by the patient to Chief Medical Officer: Central Hospital immediately.
5. On receiving the estimation letter, the Medical Officer: Central Hospital shall give estimation acceptance letter to the referral hospital concerned.
6. The treatment being provided to the patients at referral hospitals shall be monitored by the Chief Medical Officer/ MO concerned to ensure proper treatment.
7. After discharge of the patient from the referral hospital, bills will be raised towards consultancy, diagnostic tests, pharmacy, surgery etc.,
8. The referral hospital, after discharge of the patient, shall submit discharge voucher, summary of expenditure, diagnostic reports, pharmacy details etc., to the CMO: VDPM.

9. The CMO: VDPM shall get the medical bills of referral hospital scrutinized with the approved rates for different kinds of tests, procedures, pharmacy etc., and certify the eligible amount for reimbursement.
  10. Separate note file shall be processed from Central Hospital: VDPM for each claim received from referral hospital duly enclosing all the relevant documents, vouchers etc., and submit it to HO: Audit.
  11. The HO: Audit, after conducting verification of claims in detail, certify the eligible amounts as per the rates approved in MoU and then recommend for the sanction of competent authority i.e., CPM (Rs.1,00,000/-), ED(A) (Rs.5,00,000/-), VC&MD (Rs.10,00,000/-) and Chairman (More than Rs.10,00,000/-) in terms of delegation of powers.
  12. For the amounts sanctioned as per DoP, Pay orders shall be raised by PD: HO duly preparing "System Generated Office Order" to make payment to the referral hospital.
  13. Audit Wing: HO shall arrange payment directly to referral hospital concerned.
  14. After making payment to the referral hospital through online payment system, the paying authority: HO shall record the details of amount on the physical note file submitted to audit from PD:HO
- 3. Referrals pertaining to Retired employees who are enrolled in REMF Scheme:**

In case of the retired employees referred from Dispensaries/Central Hospital under REMF Scheme, the procedure to be followed from the referral stage to final settlement of the medical bills claimed by the referral Hospital towards the specialist treatment provided to the retired employees is given below.

1. Retired employee and/or spouse will be directed to the approved referral hospital by the Medical Officer/ Central Hospital for specialist treatment considering the relevant aspects of the case.
2. The patient will be directed to referral hospital duly issuing Credit Reference Form (CR Form) towards initiation of treatment.
3. In case of emergency, Retired employee and/or spouse can get admitted at referral hospitals and inform the details to Medical Officer/ 24 X 7 Call center of Central Hospital: VDPM within 24 hours.
4. To the patients admitted on emergency basis, CR Form shall be issued by the Medical Officer/ Regional Personnel Officer (where the medical records of retired employee are active) through HMS of CIS Project immediately.
5. After conducting diagnostic tests, the referral hospital will raise estimation of expenditure for specialist treatment which shall be submitted by the patient to Medical Officer/ Central Hospital immediately.
6. On receiving the estimation letter, the Medical Officer/Central Hospital shall give estimation acceptance letter to the referral hospital concerned.
7. The treatment being provided to the patients at referral hospitals shall be monitored by the Medical Officer/ CMO as applicable to ensure proper treatment.
8. After discharge of the patient from the referral hospital, bills will be raised towards consultancy, diagnostic tests, pharmacy, surgery etc.,
9. The referral hospital, after discharge of the patient, shall submit discharge voucher, summary of expenditure, diagnostic reports, pharmacy details etc., to MO/ CMO as applicable.

10. The MO/CMO as applicable shall get the medical bills of referral hospital scrutinized with the approved rates for different kinds of tests, procedures, pharmacy etc., and certify the eligible amount for reimbursement.
11. Separate note file shall be processed from Dispensaries/Central Hospital for each claim received from referral hospital duly enclosing all the relevant documents, vouchers etc., and submit it to Audit of Region/ Zone/HO as applicable based on the amount involved.
12. The Audit of Region/Zone/HO, after conducting verification of claims in detail, certify the eligible amounts as per the rates approved in MoU and then recommend for the sanction of competent authority i.e., RM, ED(Z), CPM, ED(A), VC&MD and Chairman in terms of delegation of powers.
13. For the amounts sanctioned as per DoP, Pay orders shall be raised duly preparing "system generated office order" by PO/Dy.CPM(Z)/PD: HO to make payment to the referral hospital.
14. Audit Wing: Region/Zone/ HO shall arrange payment directly to referral hospital concerned.
15. After making payment to the referral hospital through online payment system, the paying authority of Region/Zone/ HO shall record the details of amount on the physical note file submitted to audit from PO/Dy.CPM(Z)/ PD:HO

**4. Schedule for settlement of claims:**

1. In case of emergency, admission in referral hospital shall be informed to MO/ Call center within 24 hours.
2. Computer generated Credit Reference (CR) Form shall be issued to referral hospital from MO/ Regional PO/Central Hospital and communicated through e-mail within 24 hours.
3. Estimation of expenditure for specialist treatment shall be submitted by the patient to Medical Officer/ Central Hospital in 3 to 7 days as applicable.
4. The referral hospital shall submit discharge voucher, summary of expenditure, diagnostic reports, pharmacy details etc., to MO/ CMO within 7 days from the date of discharge of the patient.
5. MO/CMO shall enter the details of bills received from referral hospitals (CR Form wise) in HMS of CIS immediately.
6. The MO/CMO shall complete the scrutiny of the medical bills submitted by referral hospital and process note file for audit verification and sanction, within 7 days from the date of receipt of the bills from referral hospital.
7. The audit wing: Region/Zone/AD: HO shall complete the audit process within 3 days and forward the file to competent authority for sanction.
8. After obtaining sanction of competent authority, PO/Dy.CPM (Z)/PD: HO shall raise Pay Order within 3 days from the date of sanction and submit the file to Audit.
9. The paying authority Region/Zone/ HO shall release payment through online payment system within 7 days from the date of receipt of pay order, CR Form wise, directly to referral hospital.
10. The details of amount released to referral hospital shall be recorded by paying authority on the physical note file and return the file PO/Dy.CPM(Z)/ PD:HO

**5. Records/ Reports related to medical claims:**

The entire process of referral hospital system is computerized as a part of CIS project. The details of admission, referrals, CR Form, approval of estimation, bills claimed, Doctor's observations, audit

25

observations, raising pay order and payment to referral hospital shall be handled through software system, Hospital Management System (HMS) only. The steps involved in building up the records of medical bills and MIS reports to be generated for scrutiny at different levels are detailed below.

1. Each referral case is a separate record which shall contain all the events/details of the subject from the date of admission till the final payment is made.
2. System generated CR Form number is the "unique identification" for each referral case.
3. Employee wise history of expenditure incurred shall be maintained in HMS of CIS.
4. The referral records of eligible family members of employee shall be maintained for each family member separately in HMS of CIS.
5. In case of retired employees availing medical facilities under REMF Scheme, separate records shall be maintained for self and spouse in HMS of CIS.
6. The following summary reports shall be made available in HMS.
  - a. Summary of CR Forms- Medial Officer wise and Month wise.
  - b. Summary of Medical bills – Dispensary wise and month wise.
  - c. Summary of Medical bills – Referral Hospital wise and month wise.
  - d. Summary of Medical expenditure-Employee wise for self and family members
  - e. Summary of Medical expenditure- Retired Employee wise for self and spouse
  - f. Summary of Medical bills paid- Depot/Region/Zone/Corporation level-month wise.

**7. General instructions:**

1. IT department shall arrange to modify HMS suitably to ensure recording of data/events at various stages, generation of reports hassle free.
2. MOs, PD and AD Officers shall be given access to HMS for recording the events involved from initial referral stage to final settlement stage through online process.
3. All decisions/ communications related to referral, treatment, bills scrutiny etc., shall be done by MO concerned in online HMS only.
4. Pay order shall be raised by PD through online HMS only, for the amounts sanctioned by competent authority.
5. Payments released to referral hospital for each case, CR Form wise shall be entered in HMS by paying authority invariably.

All RMs and EDs shall explain the contents of this circular to DMs, Officers of PD, AD and Medical Departments during periodical review meetings. Contents of this circular shall also be communicated to all categories of employees through gate meetings. All Officers are advised to ensure implementation of the above instructions in true spirit and avoid any complaints related to treatment at referral hospitals and settlement of bills pertaining to employees, eligible family members and also retired employees.

  
11/11/19  
**VICE CHAIRMAN &  
MANAGING DIRECTOR**

To  
All Officers of the Corporation.

Copy to: OSD to Chairman.

Copy to: OSD to VC & MD.

Copy to: Sr.RAO/AG: RTC Branch, RTC House, Vijayawada.

Copy to: General Secretary, APSRTC Employees' Union.

Copy to: General Secretary, APSRTC National Mazdoor Union.

Copy to: General Secretary, APSRTC APSRTC Karmika Parishat.

Copy to: General Secretary, APSRTC APSRTC Staff & Workers Federation.

Copy to: General Secretaries of APSRTC Bahujana Workers' Union/ APSRTC Karmik Sangh/  
APSRTC Workers' Union/ President, APSRTC YSR RTC Mazdoor Union.

Copy to: General Secretary, APSRTC Officers' Association.

Copy to: General Secretary, APSRTC Class II Supervisors' Association.

Copy to: General Secretary, APSRTC Security Staff Welfare Association.

Copy to: Notice Board & I/c Record Room.