सत्यमेव जयते

Government of Mizoram

MIZORAM UNIVERSAL HEALTHCARE SCHEME (MUHCS)

Service Quality Audits, Monitoring & Control Guidelines

Mizoram State Health Care Society

Department of Health & Family Welfare

2025

Table of Contents

1. About MUHCS

Mizoram Universal HealthCare Scheme (MUHCS) aims to reduce the financial burden arising out of catastrophic hospital expenditure and ensure access to quality health services and strives towards the vision of Universal Health Coverage (UHC).

2. Reporting, Monitoring and Control

2.1. What and Why is Reporting, Monitoring and Control Important?

Reporting, Monitoring and Control mechanism are critical audits and related processes necessary for ensuring the seamless implementation of MUHCS constituting a set of continuous procedures of evaluation and review involving the beneficiary and concerned stakeholders.

2.2. Types and Minimum Sample of Audits

The different types of Audits and the accountability of relevant stakeholders are as follows:

Table 1: Types and Minimum Sample of Audits

Sl.	Type of Audit	Sample for Insurer / TPA	Sample for MSHCS
1.	Medical Audit	5% of total cases hospitalized	2% direct audits + 2% of audits done by the Insurer / TPA /ISA
2.	Pre-Authorisation Audit	10% of total pre- authorizations across disease specialities	2% direct audits + 10% of audits done by the Insurer / TPA / ISA
3.	Mortality audit	100%	100%
4.	Beneficiary audit (during hospitalization)	10% of total cases hospitalized	5% direct audits + 10% of audits done by the Insurer / TPA / ISA
5.	Beneficiary audit (post discharge – through telephone/ Desk Audit)	10% of total cases hospitalized	5% direct audits + 10% of audits done by the Insurer /TPA / ISA
6.	Claims Audit (Approved Claims)	10% of total claims	3% direct audits + 10% of audits done by the Insurer / TPA / ISA
7.	Claims audit (rejected claims)	-	100%
8.	Concurrent Audit	-	MSHCS shall have the right to set up mechanisms for concurrent audit of the implementation of the Scheme and monitoring of Insurer / TPA / ISA performance.

3. Medical Audits

i. MSHCS shall carry out regular inspection of the Empanelled Health Care Providers and shall conduct periodic medical audits, to ensure proper care and counselling for the Beneficiaries at Empanelled Health Care Providers, by coordinating with the authorities of the Empaneled Health Care Providers.

ii. MSHCS shall ensure that the total number of medical audit of claims shall be a minimum of 2% of the total cases hospitalized in each of the Empaneled Health Care Provider in the current quarter.

iii. The medical audit shall include a review of medical notes and a review of the medical appropriateness in the formats specified in Annexure 1. The medical cases to be audited shall be identified randomly or may be specified by MSHCS audit team for specific conditions or cases.

iv. The medical audit shall compulsorily be done by a qualified Medical Practitioner who shall be a part of MSHCS or shall be otherwise duly authorized to undertake such medical audit by MSHCS.

3.1. Process of Conducting a Medical Audit

The process of conducting medical audit is set out below:

i. MSHCS shall extract claims to be audited specific to each EHCP.

ii. The audit shall preferably be conducted in the presence of the hospital physician/treating doctor.

iii. While cross examining the Beneficiaries, the patient's file / indoor case papers shall be made available by the authority of the Empanelled Health Care Provider. The auditor shall review the complete file and note down the anomalies observed in the audit sheet.

iv. If Beneficiary is already discharged, only the patient's file / indoor case papers shall be examined, and the auditor shall note down the anomalies observed in the audit sheet.

v. The auditor shall discuss all anomalies observed with the treating doctor and seek his/ her explanation/opinion on a case-to-case basis.

vi. The report must include any Fraudulent Activity identified during the medical audit, if any.

4. Mortality Audit

i. MSHCS shall ensure that 100% of the Mortality Claims are audited. The Mortality Audits shall be counted as part of the 3% Medical Audit that is required in a quarter.

ii. The Insurer / ISA / TPA shall compile the observations during the Mortality Audit in a format that is shared by MSHCS. The compiled observations shall be submitted to MSHCS on a monthly basis.

iii. MSHCS may issue letters to the concerned EHCP on the discrepancies observed, if any. MSHCS, at its discretion, shall also evaluate the repetitiveness of EHCPs in committing such discrepancies.

iv. MSHCS shall initiate corrective measures/actions on the basis of the compiled reports sent by the ISA. MSHCS shall also undertake actions against EHCPs on the discrepancies reported. Actions/Measures will include but not limited to issuance of letters, issuing show cause notices, imposing penalties, suspension and de-empanelment of EHCP.

5. Beneficiary Audits

i. MSHCS shall conduct Beneficiary Audit by meeting a Beneficiary during hospitalization and/or by communicating with the beneficiary if the beneficiary is already discharged from the EHCP.

ii. MSHCS shall use the format as given in Annexure 2 for the purpose of Beneficiary Audit.

iii. MSHCS shall ensure that at least 20% of the number of Beneficiary Audit should represent the beneficiaries where Medical Audit has been conducted

iv. The auditor shall cross-check the laboratory or diagnostic reports to verify the diagnosis of the beneficiary as well as the booked package.

v. The Insurer / ISA / TPA shall educate the beneficiary on the features of MUHCS, share feedback on any deficiency in the services provided by the EHCP observed during the audit and shall submit a compiled report to MSHCS on a quarterly basis as per the format shared by MSHCS.

6. Monitoring and Evaluation of Health Care Providers

6.1. Quality Assurance

To determine compliance to minimum standards, Empaneled Private Health Care Providers categorized based on Guidelines for Verification and Categorization of Private Health Care Providers (within the state of Mizoram) will undergo a renewal process once every 3 years or till the expiry of validity of MUHCS categorization / NABH certification whichever is earlier.

6.2. Audits

The Empanelled Health Care Provider shall co-operate and provide MSHCS with access to all facilities, records and information for the conduct of audits or any other evaluation of the performances of the Empanelled Health Care Provider.

6.3. Compliance to Guidelines

i. The Empanelled Health Care Provider shall comply with all applicable Laws, statutes, rules and regulations as amended from time to time.

ii. The Empanelled Health Care Provider shall at all times comply with all the guidelines laid under the Mizoram Universal HealthCare Scheme.

iii. The Empanelled Health Care Provider shall comply with the standard treatment guidelines that may be issued by competent government agencies from time to time.

6.4. Regular Monitoring of Health Care Providers

i. If the Insurer / ISA / TPA believes that the performance of the Empanelled Health Care Provider raises any doubts, based on the Claims data analysis and/or the medical audit conducted by MSHCS / Insurer / ISA / TPA, then MSHCS shall put that Empanelled Health Care Provider on the watch list.

ii. The data of such Empanelled Health Care Provider shall be analysed very closely on a daily basis by MSHCS or its representatives for patterns, trends and anomalies.

7. Reports

7.1. Periodic Trend Analysis

The Insurer / ISA / TPA shall prepare periodic analysis of trends and shall promptly provide written reports on such trend analysis to MSHCS highlighting potential frauds.

7.2. Audit Reports

The Insurer / ISA / TPA shall submit a report to MSHCS within 7 working days after the end of each month during the Policy Cover Period regarding the medical and beneficiary audits conducted in the previous month. Report shall comprise of the following:

i. The number of EHCP where Medical Audit has been conducted during the month.
ii. The name of the ECHP along with the number of Medical Audits conducted in that particular EHCP during the month.
iii. District wise report on number of beneficiaries audited along with beneficiary details like name, gender, age and other contact details.

8. MSHCS obligations in relation to Monitoring and Control

MSHCS will have the following obligations in relation to monitoring and control of the implementation of MUHCS and the ISA's performance of its obligations:

i. To organize periodic review meetings with the ISA, review the implementation of MUHCS and periodic review meetings shall be held on a need basis.
ii. The work with the technical team of the Insurer / ISA / TPA to study and analyze the data for improving the implementation of MUHCS.

9. Formation of Committees

9.1. Claims Review Committee (State level)

i. Review 100 percent claims that are rejected by the PPD/CPD/MSHCS and appealed by the provider
ii. Randomly review / audit at least 2 percent of the pre-authorizations and 3 percent of the claims quarterly

9.2. Mortality and Morbidity Review Committee (State level)

i. The scope of MMRC review shall include assessment of line of treatment, review of medical and patient progress records, prescription practices and determine whether the treatment provided is in line with good clinical practices.
ii. Review 100 percent of mortality claims.
iii. Undertake fraud-trigger based review and audit of cases as recommended by the medical audit team or the claims processing team.
iv. Review claims with high value/complex surgical/uncommon procedures.

ANNEXURE 1: Formats Of Medical Audit

Part 1: Medical Audit Format IPD

Sl.	Particulars					
1	Hospital Name					
2	Hospital District					
3	Patient Name					
4	Gender		Age		MUHCS ID	
5	Case No.					
6	Date of Admission	TMS		Hospital Record		
7	Date of Surgery (if Applicable)	TMS		Hospital Record		
8	Date of Discharge	TMS		Hospital Record		
9	Final Diagnosis					
10	Package Booked					
11	Is the booked package relevant to the diagnosis and treatment given	YES			No	
12	Others	LAMA/DAMA/REFERRED/DEATH/NORMAL DISCHARGE				

MEDICAL AUDIT FOR INPATIENT					
1	ON ADMISSION	Y	N	NA	REMARKS
a	DATE OF ADMISSION				
b	TIME OF ADMISSION				
c	CHIEF COMPLAINT				
d	HISTORY OF PRESENT ILLNESS				
e	RELEVANT PAST HISTORY				
f	RELEVANT FAMILY HISTORY				
g	GENERAL EXAMINATION				
h	VITALS				
i	SYSTEMIC EXAMINATION				
j	PROVISIONAL DIAGNOSIS				
k	ADVISED/PLANNED LINE OF TREATMENT				
l	CONSENT FOR ADMISSION /TREATMENT				
2	DOCTORS PROGRESS NOTES FROM ADMISSION TO DISCHARGE	Y	N	NA	REMARKS
a	WRITTEN DAILY				
b	SIGNED DAILY				
c	DATED DAILY				
d	TIMED DAILY				
e	REFLECTIVE TO PATIENT CONDITION				
f	FINAL DISCHARGE NOTE				
3	NURSE NOTE	Y	N	NA	REMARKS
a	WRITTEN DAILY				
b	SIGNED DAILY				

c	DATED DAILY				
d	TIMED DAILY				
e	VITALS CHART MAINTAINED				
f	TREATMENT CHART MAINTAINED				
g	INPUT/OUTPUT CHART				
4	SURGERY	Y	N	NA	REMARKS
a	PRE-ANAESTHETIC CHECK UP				
b	CONSENT FOR SURGERY				
c	DIAGNOSIS				
d	PROCEDURE PERFORMED				
e	PROCEDURE DETAILS				
f	DOCTORS NAME AND SIGNATURE				
g	DATE OF PROCEDURE				
h	TIME OF PROCEDURE (START AND END TIME)				
i	SPECIFIC FINDINGS				
j	IMPLANTS STICKER (WHERE APPLICABLE)				
k	ANAESTHETIST NOTES				
l	POST OP ADVICE				
5	DISCHARGE SUMMARY	Y	N	NA	REMARKS
a	DATE AND TIME OF ADMISSION				
b	DATE AND TIME OF DISCHARGE				
c	FINAL DIAGNOSIS				
d	INVESTIGATIONS DONE WITH REPORT				
e	PROCEDURE PERFORMED (IN CASE OF SURGERY)				
f	TREATMENT GIVEN				
g	PATIENT CONDITION ON DISCHARGE				
h	ADVICE ON DISCHARGE				
6	OTHERS	Y	N	NA	REMARKS
a	MANDATORY INVESTIGATION AS PER PACKAGE				
b	OTHER INVESTIGATIONS (ORDERED/SUPPORTIVE OF DIAGNOSIS)				

ADDITIONAL FINDINGS:

Details of Auditor/Examiner	
Name	
Designation	
Signature	
Date	

Part 2: Medical Audit Format Mortality IPD

Sl.	Particulars					
1	Hospital Name					
2	Hospital District					
3	Patient Name					
4	Gender		Age		MUHCS ID	
5	Case No.					
6	Date of Admission	TMS		Hospital Record		
7	Date of Surgery (if Applicable)	TMS		Hospital Record		
8	Date of Death	TMS		Hospital Record		
9	Final Diagnosis					
10	Package Blocked					
11	Is the booked package relevant to the diagnosis and treatment given	YES			No	

MEDICAL AUDIT FOR MORTALITY IPD

1	ON ADMISSION	Y	N	NA	REMARKS
a	DATE OF ADMISSION				
b	TIME OF ADMISSION				
c	CHIEF COMPLAINT				
d	HISTORY OF PRESENT ILLNESS				
e	RELEVANT PAST HISTORY				
f	RELEVANT FAMILY HISTORY				
g	GENERAL EXAMINATION				
h	VITALS				
i	SYSTEMIC EXAMINATION				
j	FINAL DIAGNOSIS				
k	CONSENT FOR ADMISSION/ TREATMENT				
2	DOCTOR PROGRESS NOTES FROM ADMISSION TO DISCHARGE	Y	N	NA	REMARKS
a	WRITTEN DAILY				
b	SIGNED DAILY				
c	DATED DAILY				
d	TIMED DAILY				
e	REFLECTIVE TO PATIENT CONDITION				
f	FINAL DISCHARGE NOTE/DEATH SUMMARY				

3	NURSE NOTES	Y	N	NA	REMARKS
a	WRITTEN DAILY				
b	SIGNED DAILY				
c	DATED DAILY				
d	TIMED DAILY				
e	VITALS CHART MAINTAINED				
f	TREATMENT CHART MAINTAINED				
g	INPUT/OUTPUT CHART				
4	SURGERY	Y	N	NA	REMARKS
a	PRE-ANAESTHETIC CHECK UP				
b	CONSENT FOR SURGERY				
c	DIAGNOSIS				
d	PROCEDURE PERFORMED				
e	PROCEDURE DETAILS				
f	DOCTORS NAME AND SIGN				
g	DATE OF PROCEDURE				
h	TIME OF PROCEDURE (START AND END TIME)				
i	SPECIFIC FINDINGS				
j	ANAESTHETIC NOTES				
k	POST OP ADVICE				
5	DEATH SUMMARY	Y	N	NA	REMARKS
a	DECLARATION NOTE				
b	DATE OF DEATH				
c	TIME OF DEATH				
d	DEATH CERTIFICATE ISSUED				
6	OTHERS	Y	N	NA	REMARKS
a	MANDATORY INVESTIGATION AS PER PACKAGE				
b	OTHER INVESTIGATIONS (ORDERED/SUPPORTIVE OF DIAGNOSIS)				

ADDITIONAL FINDINGS:

Details of Auditor/Examiner	
Name	
Designation	
Signature	
Date	

ANNEXURE 2: Format Of Beneficiary Audit

Questionnaire for Beneficiary Audit

Sl.	Particulars	
1	Date of audit	
2	Name of village	
3	Name of District	
4	MUHCS Beneficiary ID	
5	Name of Head of the Household	
6	Name of Beneficiary	
7	Age of Beneficiary	
8	Hospital where beneficiary is admitted	
9	What factors helped him/her on deciding which hospital to visit?	
10	What was the mode of transportation and approximate travel time?	
11	What symptoms was the Beneficiary exhibiting when he/she visited the Hospital?	
12	Was he/she operated upon?	
13	If surgery is performed, is there a scar on the body, which could help in verification of the surgery? (for beneficiary audit during hospitalization)	
14	Was the Beneficiary/attendant asked to sign or put their thumb impression on any blank paper/ letterhead? If yes, was the Beneficiary explained why this signature or thumb impression is being taken?	
15	Was the Beneficiary given a discharge summary? Does the Beneficiary still possess that discharge summary?	
16	Was any money asked by the hospital at any point of time? If yes, then for what purpose?	
17	Was Beneficiary or the attendant asked to purchase any of the medicine or carry on any of the diagnostic test at their own cost?	
18	If the Beneficiary has been diagnosed with a chronic ailment, please verify with the Beneficiary if he/she still exhibits the symptoms. Has the Beneficiary been advised to come for any follow up visits?	

Details of Auditor/Examiner	
Name	
Designation	
Signature	
Date	

ANNEXURE 3: Exclusions under MUHCS

The MSHCS shall not be liable to make any payment under any of the Covers in respect of any expenses whatsoever incurred by any Beneficiary in connection with or in respect of:

1. **Conditions that do not require Hospitalization**
   a) Expenses incurred at an Empanelled Health Care Provider primarily for Screening, i.e., evaluation or diagnostic purposes only during the Hospitalization, food supplement/nutritional supplement, other than such expenses that are required as a part of the expenses for:
      (i) Hospitalization expenses for a Medical Treatment or Surgical Procedure, as certified by the attending physician;
      (ii) Follow-up Care; or
      (iii) the OPD consultations and Screening covered under selected permissible Day Care/OPD Benefits.
   b) Any dental treatment or Surgical Procedure which is corrective, cosmetic or of aesthetic nature, filling of cavity, root canal including extraction, wear and tear, dentures, dental implants etc., is excluded.
2. **Congenital Anomalies and Convalescence**
   a) Treatment or procedures for external Congenital Anomalies except club foot, cleft lip, cleft palate and other anomalies that disrupts bodily functions.
   b) Convalescence or treatment for general debility, “run down” condition or rest cure.
   c) Any treatment received in a convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
3. **Fertility**
   a) Sterilization and Re-canalisation
4. **Normal Vaginal Delivery:** Normal and assisted vaginal delivery. (With an exception for Regular Government Employees under the Government of Mizoram). Normal and assisted Vaginal Delivery will not be covered for Provisional Government Employees under the Government of Mizoram.
5. **Vaccinations and Cosmetic Treatments**
   a) Vaccination or inoculation.
   b) Change of life or cosmetic or aesthetic treatments of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
   c) Circumcision, unless necessary for treatment of a disease or illness not excluded here under or as may be necessitated by any accident.
6. **War, Nuclear invasion:** Disease, illness, or injury directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not) or by nuclear weapons/materials.
7. **Intentional self-injury:** With an exception for Regular Government Employees under the Government of Mizoram.
8. **Domiciliary Care Expenses:** No benefits shall be available for domiciliary care, except home dialysis.
9. **Detoxification due to alcohol or drug / substance abuse**
10. **Other Exclusions**
    a) Persistent vegetative state
    b) Cost of spectacles and contact lens
    c) Refractive eye surgery less than 5.5 dioptre
    d) Blepheroplasty for beneficiary less than 60 years of age. However, Blepheroplasty will be permissible under MUHCS if the beneficiary is above 60 years of age, with visual field obstruction not less than 20%.