

# Hospital Claim Payment Standards

## *Implemented and adopted as the CLHIA industry standard*

### **Insurers will:**

- Work collaboratively with hospitals to ensure that payments for eligible hospital stays by plan members and their eligible dependents accurately reflect the Insurer's stated standards.
- Pay eligible claims, except where the charges should be paid under the global hospital budget or by a provincial plan.
- Not reimburse for billings that would not have existed in the absence of insurance.

### **Standards**

1. A semi-private room is a room that contains only two beds, regardless of whether both beds are in active use.
2. A private room is a room that contains only one bed.
3. The bill **must** show:
  - (a) any breakdown between semi-private and private accommodation
  - (b) the signature of an authorized hospital official
  - (c) the dates of admission/transfer and discharge
  - (d) the patient's signature for the choice of accommodation and the Release of Information, and if applicable, for the Coordination of Benefits and Assignment of Benefits clauses.
  - (e) The date the patient is designated chronic.
4. No payment will be made for:
  - (a) days during which a patient is in the intensive care unit, the coronary care unit, coronary surgical unit, labour/delivery or case room.
  - (b) days a semi-private or private room is being held for a patient, regardless of where the patient is during those days (e.g. at home, in ICU etc.)
  - (c) a patient requesting ward, or who hasn't authorized semi-private/private accommodation but is placed in semi-private/private accommodation or a patient requesting semi-private, or who hasn't authorized private accommodation but is placed in private accommodation.
  - (d) semi-private/private accommodation if that type of accommodation is medically necessary or if the physician/midwife stipulates that it is necessary for the benefit of the patient or other patients.
  - (e) semi-private/private accommodation for a baby who is in the same room with the mother.
  - (f) semi-private/private accommodation where the patient will not pay or be charged the co-payment/balance.
  - (g) day surgery unless specific policy coverage exists. (Most policies do not cover day surgery.)
5. Payment will be made for the admission day to semi-private/private accommodation or the discharge day from semi-private/private accommodation, but not for both.
6. Patients who transfer from semi-private to private or vice versa will be eligible for only the charges appropriate to semi-private/private for the days spent in those specific rooms. Also, this type of room must have been requested by the patient.
7. Proper Release of Information, Coordination of Benefits and Assignment of Benefits clauses along with choice of accommodation must be signed by the patient.
8. If a plan has chronic care coverage and a patient is designated chronic or alternate level of care (ALC), payment for the semi-private/private accommodation will be on the basis of reasonable and customary charges for chronic care.

**These standards are guidelines only and do not take the place of the contractual provisions in the policy or plan document.**