

State Wise Annual Claim Status 2016-17

S.No	STATE	FRESH/NEW CLAIMS SUBMITTED IN 2016-17 (April 2016 to March 2017)			OUTSTANDING CLAIMS from previous years (before April 2016)			CLAIMS PAID IN 2016-17									CLAIMS REJECTED (2016-17)						OUTSTANDING CLAIMS TILL 31st MARCH 2017															
		Complication	Death	Failure	Complication	Death	Failure	Complication			Death			Failure			Complication	Amount	Death	Amount	Failure	Amount	COMPLICATION			DEATH			FAILURE									
								No. of Fresh/new Claims submitted in 2016-17 paid	Total Amount	No. of outstanding Claims from previous years paid in 2016-17	Total Amount	No. of Fresh/new death Claims submitted in 2016-17 paid	Total Amount	No. of outstanding death Claims from previous years paid in 2016-17	Total Amount	No. of Fresh/new failure Claims submitted in 2016-17 paid							Total Amount	No. of outstanding failure Claims from previous years paid in 2016-17	Total Amount	No. of complication Claims (submitted in year 2016-17) not paid	Amount	No. of old pending complication claims from previous years not paid	Amount	No. of death Claims (submitted in year 2016-17) not paid	Amount	No. of old pending death claims from previous years not paid	Amount	No. of failure Claims (submitted in year 2016-17) not paid	Amount	No. of old pending failure claims from previous years not paid	Amount	
1	Chandigarh	0	0	10	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Rs.2 Lakhs (Succession certificate (to whom the incentive money to be given) has not submitted by the relatives)	2	Rs.60,000/- OR Rs.1,50,000/- (Rs.1,20,000/- for 2 cases and Rs.30,000/- for 1 case paid in April 2017) as per directions issued by MoHFW, GOI (Vide Letter No. D.O. No.Y.11013/1/2016-FP dated 29.1.2016 from Dr. Rakesh Kumar, I.A.S., Joint Secretary, MoHFW, GOI)	1 ((Case of Year 2013)	Rs.30,000/- (The case has been rejected by the ICICI Lombard)

Annual compilation of death audit report (2016-17)

S.No	Name of the State	Name of the District	S.No.	Name of the deceased client	Age	Sex	Date of operation	Type of Facility where operation was conducted ((PHC/CHC/DH/Medical college/Accredited PVT/NGO Facility)	Fixed day/Static	Type of Procedure (Minilap/Abdominal tubal ligation/Laparoscopic/Conventional Vasectomy/NSV)	In case of Post Partum Sterilization specify if the delivery was Cesarean or normal delivery	If Post abortion specify the trimester in which the abortion was done	Whether Written consent obtained ? (Y/N)	Atropine used in preanaesthetic medication (Y/N)	Anesthesia used (LA/GA)	Empanelled Provider (Y/N)	Date of death	Time of death	Place of Death (Health Facility, Home, on-way to hospital/home)	Any Post Operative complications (Y/N)	If yes, Write the Signs/Symptoms	Underlying/Primary cause of death	Death audited By DISC(Y/N)	Action Taken
1	U.T., Chandigarh	Chandigarh	1	No death case has been reported in F.Y. 2016-17.																				

NOTE:- Performa for Conducting Audit of Death by DQAC (Annex 14 of Standards & Quality Assurance in Sterilization Services) must be annexed for each case.