ORIENTATION TRAINING PROGRAMME

FEATURES OF AB PM-JAY

Core Features of AB PM-JAY

A cover of INR 5 lakh per family per year

Over 10 crore poor and vulnerable families eligible

States given flexibility to decide on mode of implementation

Benefits will be portable across the country

Entitlement based scheme

Feature of AB PM-JAY (contd.)

- Annual Benefit Cover of INR 5,00,000/- Per Family Per Year for *Secondary and Tertiary Treatment on Cashless and Paperless basis*

- No Limit on Family Size

- Release of Grant-in-Aid through Escrow Account

- Implementation through Insurance and/or Trust and/or Mixed Mode

- Convergence with Central as well as State Health Insurance Schemes

- Alliance with State Scheme

The following have been approved by Cabinet:

Target Beneficiary Families : SECC Database, 2011

Rural		Urban	RSBY Leftout Families	Total
Families in Deprivation Criteria D1, D2, D3, D4, D5 & D7	Automatically Included Families	Families belong to 11 Occupational Criteria	Mainly in States of Karnataka, Himachal, Kerala, Chhattisgarh etc.	In line with budget announcement
8.03 cr	**16 lakh**	**2.33 cr**	**22 lakh**	**10.74 cr**

Target Group for Rural

Total deprived Households targeted for AB PM-JAY who belong to one of the six deprivation criteria amongst D1, D2, D3, D4, D5 and D7:

- D1: Only one room with kucha walls and kucha roof
- D2: No adult member between age 16 to 59
- D3: Female headed households with no adult male member between age 16 to 59
- D4: Disabled member and no able-bodied adult member (D4)
- D5: SC/ST households (D5)
- D7: Landless households deriving major part of their income from manual casual labour

Automatically included-

- Households without shelter
- Destitute/ living on alms
- Manual scavenger families
- Primitive tribal groups
- Legally released bonded labour

Target Group for Urban

Occupational Categories of Workers
1. Rag picker
2. Beggar
3. Domestic worker
4. Street vendor/ Cobbler/hawker / Other service provider working on streets
5. Construction worker/ Plumber/ Mason/ Labour/ Painter/ Welder/ Security guard/ Coolie and another head-load worker
6. Sweeper/ Sanitation worker / Mali
7. Home-based worker/ Artisan/ Handicrafts worker / Tailor
8. Transport worker/ Driver/ Conductor/ Helper to drivers and conductors/ Cart puller/ Rickshaw puller
9. Shop worker/ Assistant/ Peon in small establishment/ Helper/Delivery assistant / Attendant/ Waiter
10. Electrician/ Mechanic/ Assembler/ Repair worker
11. Washer-man/ Chowkidar

Additional Data Collection Drive (ADCD)

30th April 2018 celebrated as Arogya Bharat Diwas in Rural India

- 23 States/UTs Participated

- **99.5% blocks** (3,917) and **90% of villages** (2,99,199) conducted the drive (of the participating states)

27th May 2018 data collection drive for Urban India

- Ongoing Data entry - yet to be completed by States

Mode of Implementation

- **Insurance Mode**
  - States / UTs will do the open tendering process for selection of Insurance Company
- **Trust / Assurance Mode**
  - **Through Society / Trust of State Health Department**
- **Mixed Model (Insurance + Assurance)**
  - States / UTs has complete freedom to decide the bucket division
  - Benefit cover can be either based upon:
  - ✓Insurance v/s Assurance coverage
  - ✓Secondary v/s Tertiary care treatment

(Under any mode, the Central Government's Share of Premium shall be actual cost or maximum ceiling as decided by GoI, which ever is less)

AB PM-JAY ECOSYSTEM

Technology Enablement Areas

Empanelment of Hospitals	Verification of Beneficiaries	Transactions at Hospitals
Simple Registration Process	Demographic & Bio-metric Based	Real-time & Secure

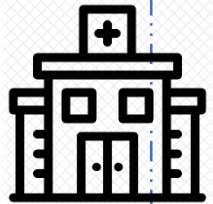| Enabling Portability of Services	Grievance Redressal	Fraud Prevention
Anywhere, Anytime & for Everyone	Multi-Channel with National Helpline	Preventive & Reactive

State Activities
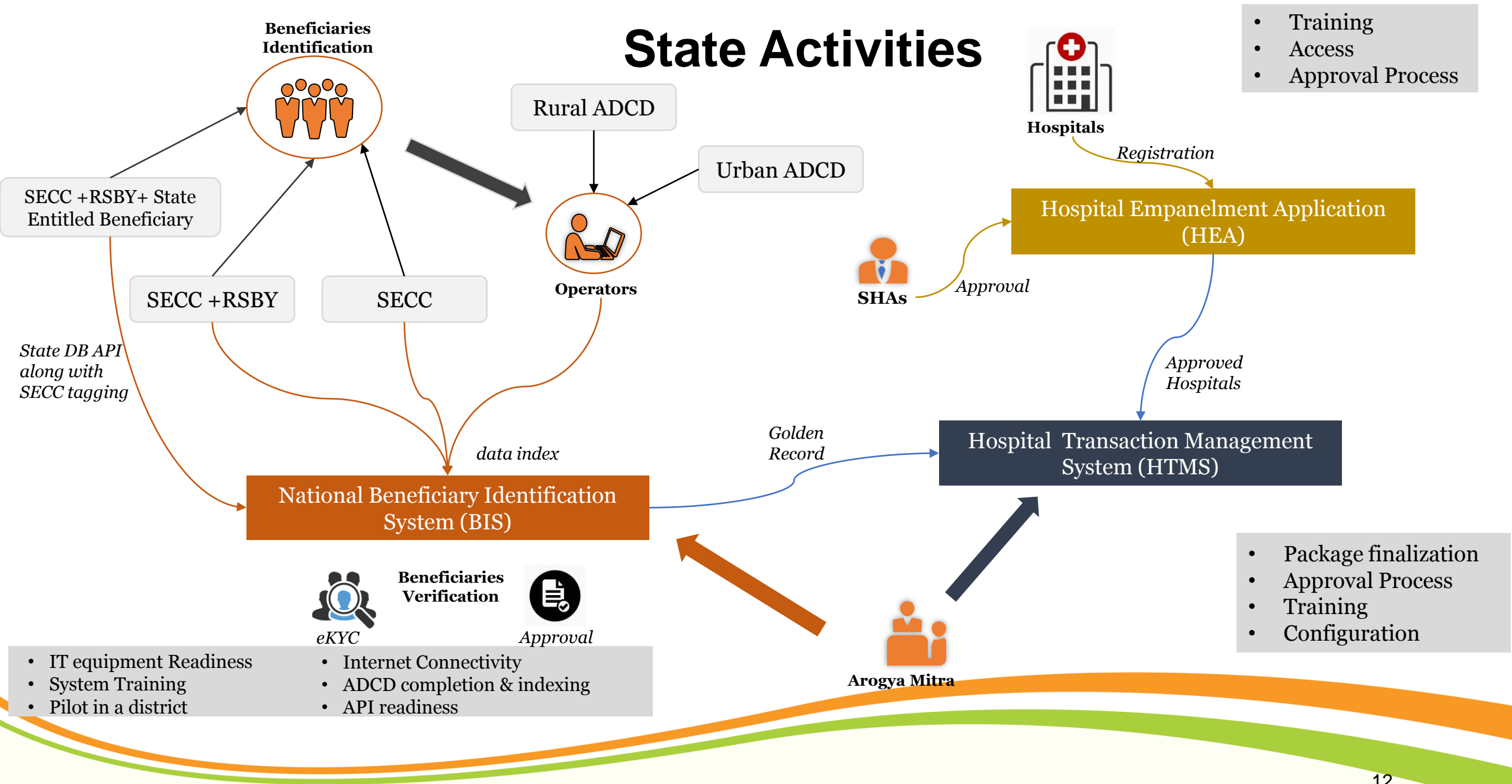
Deployment Approach – IT Modules

Beneficiary Identification System

Hospital Empanelment

Data warehouse and National Health Analytics

Central Hosting

Hospital Transaction Management System

Hospital Transaction Management System

Option 1: Centrally Hosted

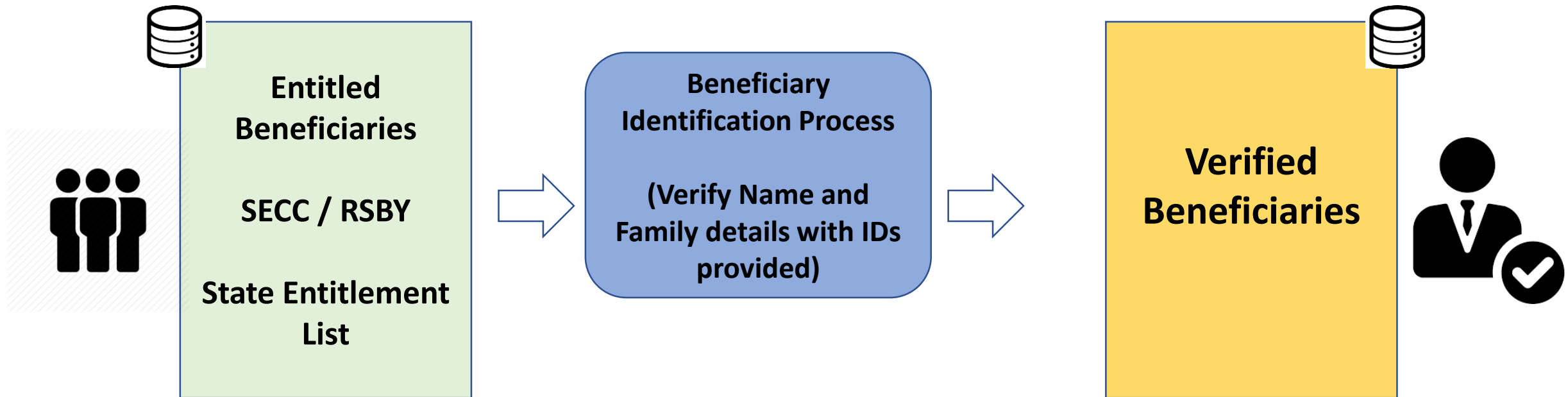Centre will manage a single configurable version of the software.

Option 2: State Hosted

State can transfer IPR from Centre, host in State and make modifications as required by State

Beneficiary Identification System

Entitled Beneficiaries

SECC / RSBY

State Entitlement List

→

Beneficiary Identification Process

(Verify Name and Family details with IDs provided)

→

Verified Beneficiaries

- **This process is required only once for each beneficiary.**

- **It can be carried out just before they get admitted for the first time**

- **Verification can also be enabled at other locations at PHCs, CSCs etc**

Hospital Empanelment Module: (hospitals.abnhpm.gov.in)

Key features

▪ "Check eligibility" feature ensures that certain mandatory fields are filled in, then only the hospital becomes eligible for submitting the application.

▪ Public Hospitals data can be collected by SHA in excel template

▪ Technical team at NHA can help validate and facilitate bulk upload of public hospitals data

▪ All hospitals can access portal and fill in details

Hospital	District level - DEC			State level - SEC
Empanelment application SUBMITTED	Application SCRUTINISED	Physical VERIFICATION	Recommendation to SEC	Decision by SEC (Approved/ Rejected)

Clarifications/ Additional Information

Clarifications/ Additional Information
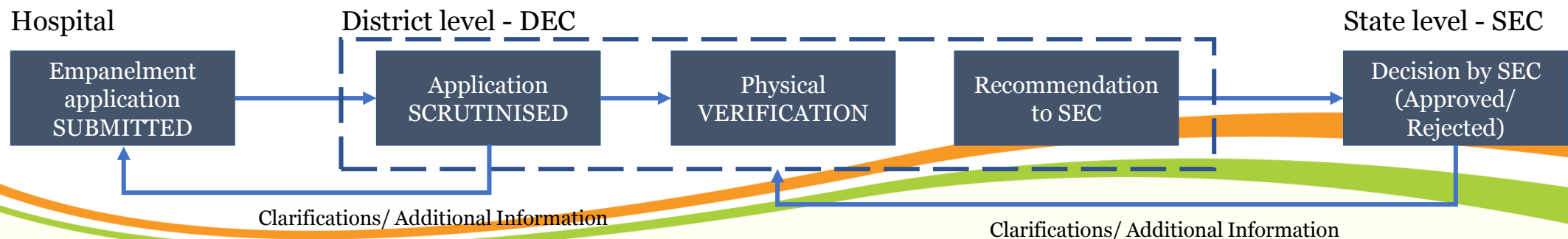
HOW WILL THE BENEFICIARY BE INFORMED ABOUT THE MISSION?

WEBSITE

LETTER FROM PM
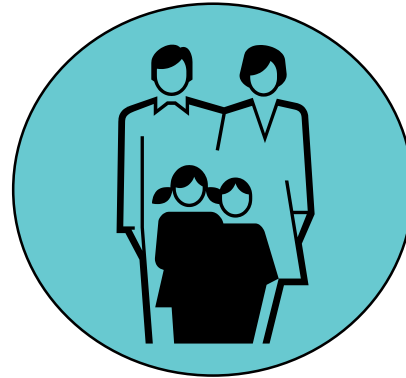
CALL CENTRE

HOSPITALS

Common Service Centre

PRADHAN MANTRI AROGYA MITRA
(Selection, Placement and Training)

Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)

Criteria

1   Completed 12th from a recognized Board of Education

2   Completed the Arogya Mitra Training Course and passed the respective course exam/ certification

3   Possessing fluent communication skills in English/Hindi and Local language

4   Having adequate functional computer literacy which shall include understanding of Microsoft Office Suite and navigating through Internet Portals.

5   Qualified Female Candidates and ASHAs to be given preference

Recruitment

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                    Recruitment
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Public Hospitals

Depute/designate or hire through a third party agency or hire through any other means

Private hospitals

Hire directly
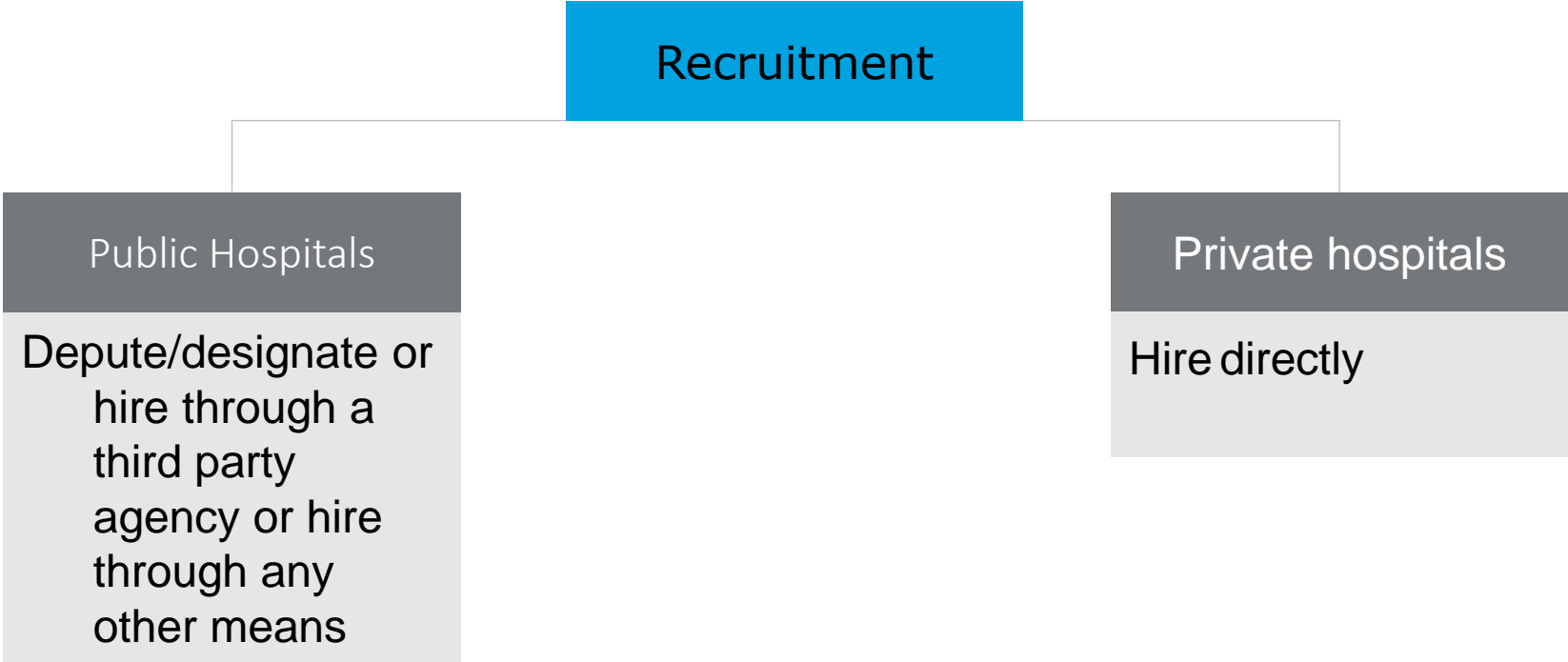
Placement

- **Numbers of AMs shall be dependent on the average case-load per day; suggested numbers are:**

  - 0-10 Cases – 1 AM
  - 10-20 Cases – 2 AMs
  - 20-30 Cases – 3 AMs
  - 30-40 Cases – 4 AMs

- State can revise the number of AMs based on local conditions

- AMs shall be reshuffled every 6 months within the same city /town as far as feasible

- Reshuffling of AMs shall be done by the district nodal officer

Roles and Responsibilities

A Trusted partner

Guiding the Beneficiary about the overall benefits under AB PM-JAY and providing information about receiving prompt treatment at EHCP

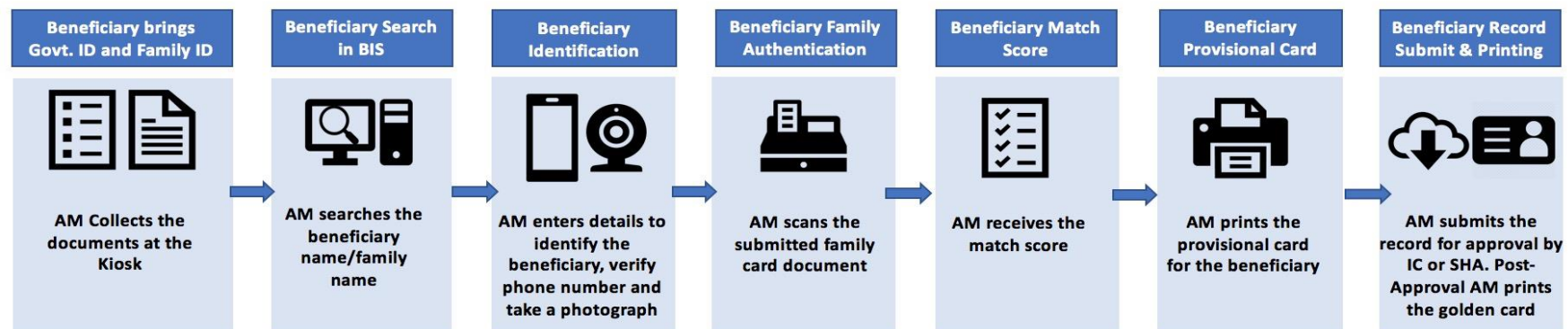**Motivated and Service oriented**

- Primary Contact for the beneficiaries
- Knowledge of various nuances of the project
- Soft skills equally important

Trained in technical modules

- Operating the Beneficiary Identification System to identify and verify the beneficiaries entitled under AB PM-JAY
- Undertaking Transaction Management such as submitting requests for Pre-Authorization and Claims

Key Roles: BIS for new beneficiaries

Beneficiary brings Govt. ID and Family ID	Beneficiary Search in BIS	Beneficiary Identification	Beneficiary Family Authentication	Beneficiary Match Score	Beneficiary Provisional Card	Beneficiary Record Submit & Printing
AM Collects the documents at the Kiosk	AM searches the beneficiary name/family name	AM enters details to identify the beneficiary, verify phone number and take a photograph	AM scans the submitted family card document	AM receives the match score	AM prints the provisional card for the beneficiary	AM submits the record for approval by IC or SHA. Post-Approval AM prints the golden card

Collects the Aadhaar Card, Family ID Card or any other Government ID Card from the beneficiary

Searches name, verifies names based on Govt ID card, authenticate beneficiary, take a photo and establishes beneficiary relation with the family

AM receives family and individual match scores; record is saved as 'silver record' and a provisional card generated

Records submitted to verifying authority; once approved, record is saved as 'golden record'

AM will then print the AB PM-JAY e-Card as "golden record" and give it to the beneficiary

22

Key Roles: At EHCP for care seeking

Beneficiary shows Golden AB-NHPM Card **AB PMJAY**	Patient accesses the treatment facility	Patient requires a treatment from the AB-NHPM list of packages	Medical Facility needs Pre-Auth approval	Patient is provided treatment and AM uploads documents	Patient rates his experience with AM
AM Collects the Golden Record Card/Provisional Card and verify the beneficiary identity	AM assists the patient in determining the location of speciality & diagnostics	AM collects, scans and uploads the documents required for Pre-Auth. Request	AM scans the submitted family card document	AM verifies the patient discharge summary, provides follow-up information and submits reimbursement claim	AM is evaluated on the patient feedback

Provide all the necessary assistance and details about the scheme; help locate facilities and guide a patient

- Collect, scan and upload all the necessary documents for pre-authorization
- Verify discharge summary and follow-up details to the discharged beneficiaries
- Track and report refund of any investigation amount collected in contravention to the Guidelines

- Liaison with the EHCP for timely admission and availability of bed to patient
- Bring all grievances to the notice of Grievance Cell
- Report any irregularities or inadequacy noticed

- Liaison and coordinate with the Medical officer for collecting, scanning and uploading all the necessary documents required for submitting claim request

23

Safeguarding Beneficiaries Information

The privacy and protection of Beneficiaries personal information is of utmost importance and Arogya Mitra should take reasonable security measures to maintain the confidentiality, integrity and availability of the information.

❑ **Informed consent**
Obtain Beneficiaries consent either on paper or electronically informing clear about the usage, the data being collected, and its usage. It should be provided to the Aadhaar number holder in local language as well. Consent shall be obtained for both KYC data & health data.

❑ **Respect Privacy of others**
Do not disclose any information to any unauthorized person/entity. Example, if beneficiaries/ any unauthorized entity seek information on, obtain copies, or modify files belonging to other users, restrict them.

❑ **Non Disclosure Agreement(NDA)**
Arogya Mitra would be required to sign Non Disclosure Agreement (NDA) with SHA.

Safeguarding Beneficiaries Information

❑**Unauthorized Sharing of Beneficiaries Data is prohibited**
Do not share personal data of beneficiaries over personal e-mail.

❑ **Protect your Login Credentials**
Only use your own account and password ; Do not share your password; Do not store them locally on desktop or on the Internet.

❑**How to act in case of any security Incidents**
In case you find any unauthorized/ suspicious activities occurring, report it immediately to the hospital authority to bring it into the notice of SHA for necessary action. Example : The equipment used for authentication is lost or theft.

❑**Avoid Unauthorized Storage of Documents**
Do not store any personal data of beneficiaries in any unprotected endpoint devices, such as PCs, laptops or smart phones or tablets or any other devices.
No document containing beneficiaries personal data shall lie unattended and properly shredded if unused.

Arogya Mitra: Training Plan

The training to Arogya Mitra's can be delivered in both F2F and online means to meet the timelines of PM-JAY and be more comprehensive

Face-to-Face (F2F) Training

- The F2F training is already being rolled-out
- Till Sep 25, 2018: a two days training of AMs at state level – trainers to be identified by NHA (partner agencies, NHA staff, trained PMKK trainers etc.)
- Post Sep 25, 2018: a 5+1 days training for AMs at PMKKs

Use of distance learning platform provided by MeitY

Potential partners
- National Skill Development Corporation / Health Sector Skill Council - MSDE
- CSC e-Governance Services India Limited – MeitY
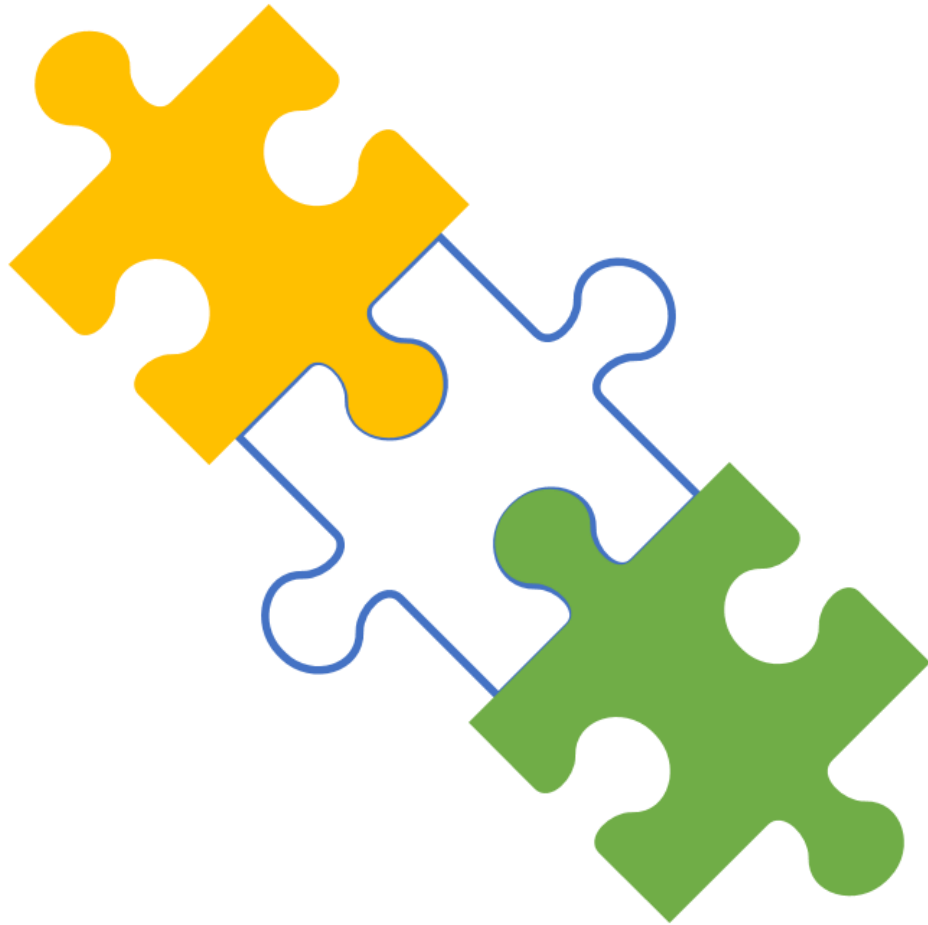- Other arms of MeitY

Online Training

- The online training will be aimed at ensuring standardization and certification of relevant staff

PMKKs will be used to rollout supervised online training in every district of the country

Key features (tentative):
- Course content and LMS hosted on govt servers
- AMs register and take-up the course
- Online test linked to course is taken-up by AMs
- After successful completion, a certificate is generated (email/print)

Thanks !!!