NATIONAL HEALTH AGENCY

MINISTRY OF HEALTH AND FAMILY WELFARE, GOVT OF INDIA

AYUSHMAN BHARAT
PRADHAN MANTRI JAN ARGOYA YOJANA

GUIDELINES FOR USAGE OF SOFTWARE WHEN THERE IS INTERMITTENT CONNECTIVITY OR NO CONNECTIVITY

Version 1.0

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1. Executive Summary

The AB-PMJAY software is designed to be an online, paperless and cashless system. The processes are designed to ensure that beneficiaries can be identified on arrival at the hospital and the whole process from registration, pre-auth, discharge, claim and payment can be done online and tracked by the hospital.

Internet connectivity has rapidly improved across the country and prices for internet connectivity in India are one of the lowest in the world. Hospitals are expected to invest in multiple connectivity options from different providers to ensure that online access is always available to use the AB-PMJAY software.

However, there are still certain parts of the country where hospitals are likely to have either intermittent internet connectivity issues or no connectivity at all.

Hospitals with **intermittent internet connectivity** are expected to follow the processes outlined in this document when connectivity is not available. The process is designed to intimate the Insurer / Trust, maintain appropriate records required and then update them in the AB-PMJAY software when connectivity becomes available.

Hospitals which currently do not have internet connectivity because of lack of data connectivity providers in their geography are requested to intimate the SHA and NHA and first explore if connectivity can be organized.

NHA will seek advisory from the TERM cell setup by Department of Telecom. The cell specializes in identifying the options for connectivity to these geographic areas. NHA is also working with MeitY which provides C-BAND VSAT connectivity under ERNET.

VSAT connectivity comes with a certain cost to the hospital. Estimates must be made by the hospital on the number of claims it might make under AB-PMJAY to check viability of supporting this method of connectivity.

It is likely there were will some hospitals under AB-PMJAY that will have **no voice or internet connectivity.** These hospitals must obtain an authorization from the SHA before they can use the offline process outlined in this document. The offline process involves the hospital capturing the claim information on paper based forms and physically forwarding them to the address of the SHA for processing.

Process to be followed by Hospitals that have intermittent connectivity

Internet connectivity may not be available at the hospital when they require to verify a beneficiary, raise a pre-auth request or perform a discharge.

A register to record details of the beneficiaries for whom data is yet to be updated in the system must be maintained by hospitals.

The following table outlines the process that must be followed for each scenario.

Beneficiary Identification	
Person Walks in with PM Letter and ID card	- Make a copy of Letter and ID card. - Verify the name on the letter and the ID card matches to confirm the beneficiary is eligible - Call the SHA helpline and provide the ID on the letter - Note down the intimation number, ID on the letter, Name and other details of the beneficiary in a register - Upload documents via BIS for approval when connectivity becomes available. - Update the register that data was uploaded
Person Walks in with RSBY card	- Call the SHA helpline and provide the RSBY URN. - Verify the ID provided by the beneficiary matches the name provided by the call centre - Make a copy of RSBY card and ID card. - Note down the intimation number, RSBY URN, Name and other details of the beneficiary in a register - Upload documents via BIS for approval when connectivity becomes available - Update the register that data was uploaded
State Specific ID eligible for the Scheme (example NFSA Card, Sambhal Card)	- Make a copy of State eligibility card and ID card. - Call SHA helpline if names of the family members are not printed on the State eligibility card - Note down the intimation number, State eligibility card number, Name and other details of the beneficiary in a register - Upload documents via BIS for approval when connectivity becomes available - Update the register that data was uploaded

Person walks in with only ID card	• Call SHA helpline and provide mobile number or Ration card number of beneficiary • Check the ID of the person against the name provided by the call centre. • Note down the intimation number, mobile / ration card number, Name and other details in the register • Make a copy of the ID card. • Upload documents via BIS for approval when connectivity becomes available • Update the register that data was uploaded

Aadhaar is the preferred identity card to be provided by beneficiaries under the AB-PMJAY program. Aadhaar is used to reduce cases of identity fraud and eliminate ghost beneficiaries. If Aadhaar card provided as the ID card when connectivity is not available, a copy of the card must be captured. The operator must take care to ensure that the Name, Age, Gender are entered as on the card. A consent form must be signed by the beneficiary and the same must be uploaded. Demographic authentication will be performed to verify the contents of the Aadhaar provided were correct.

Hospitals with poor connectivity must always keep a print out of the authorized package list including the package code names and rates.

Pre-Auth Requests	
Person has been admitted, diagnosis and treatment plan is clear and a pre-auth approval needs to be sought for the treatment identified.	• Ask the treating doctor to call the SHA intimation helpline • The operator will capture name of the hospital and details of the beneficiary. • Provide the diagnosis and name of the package(s) for which pre-auth is being sought. • The operator will transfer the call to the appropriate doctor in the insurer / ISA. A provisional approval is provided on the call in most cases. The insurer / ISA doctors may require to see the evidence documents before providing provisional pre-auth. Fax can be used to transfer such documents if required. • The call centre operator will provide an intimation number and provisional approval status at the end of the call. • The hospital must note down this number in its register and can start treatment on the basis of provisional pre-auth approval.

	• On location (inside the hospital) photo of the beneficiary is mandatory for all offline cases. • The intimation details are shown in the hospital TMS under the telephonic intimations tab. The hospital must start the registration and pre-auth documentation process from this tab. It must upload the required evidence documents, on location photo and file the pre-auth request when connectivity becomes available.

Discharge and Claim	
Person has been treated and needs to be discharged. Claim for the treatment needs to be raised.	• Capture an in hospital photo of the beneficiary (if not taken during pre-auth) • Note the discharge details in the register • File the discharge documents, in hospital photo and raise the claim request online once connectivity becomes available.

NHA understands that some Public CHCs in remote areas of the north east fall are likely to have no internet or voice connectivity. They are likely to claim mainly medical packages and very few surgical packages.

Hospitals without voice or internet connectivity may be provided approval by the SHA **only for packages that do not require pre-auth approval.**

The hospitals are required to maintain a physical copy of the claim form document (annexure 1) and a printed list of the approved packages, their codes and rates at the hospital.

These hospital must be equipped with a computer, printer, camera and scanner. The following documents must be submitted along with the claim form

- Copy of beneficiary Id and proof of entitlement under AB-PMJAY. A copy of the PM Letter or State entitlement card or RSBY card can be used.
- Filled out claim form including the package code and amount
- Supporting documents for evidence of diagnosis including diagnostic reports and clinical reports
- Photo of the beneficiary at the hospital.

The physical documents must be sent to the SHA within 7 days of discharge of the patient.

The Insurer / ISA must maintain a separate cell for processing of physical claims. The Insurer / ISA must update each physical claim received in the AB-PMJAY software on behalf of the hospital. This ensures that data, balance amount for beneficiary and reports are kept up to date and online for the SHA.

The Insurer / ISA must send a physical response back for each claim – confirming approval including amount or rejection of the case back to the hospital.

Payments will only be electronic transfer to the bank accounts provided by the Hospital.

Government of India
Pradhan Mantri Jan Arogya Yojna

PREAUTHORISATION REQUEST/CLAIM FORM FOR INTIMATION NO._____
(Mention the Number obtained on phone from SHA/ISA/INSURANCE COMPANY previously)

If intimation number is not available, please provide reason for not giving telephonic intimation:_____

.
Do not leave any column blank, fill 'Nil' in case of relevant information is not available.

PART I BENEFICIARY DETAILS	
Patient Name:	Age:
Gender:	ID Proof Attached:
IP No:	PMJAY ID No:
Postal Address	
House No	Street Name
Village	Mandal
District	Pin code
Patient Tel. No.	Mobile No.
Name of the referral PHC/Hospital:	District

PART II HOSPITAL, DIAGNOSIS, LINE OF TREATMENT, PROCEDURE AND PACKAGE DETAILS	
Name of the Hospital:	PAN Card No: ROHINI ID / NIN No: Tel No – Email id -
Complete Address: Pin Code:	
Presenting Symptoms:	
History of Present Illness	
History of Past Illness:	

Systematic Examination Findings:				
Investigations Done:				
Patient Diagnosed by:		Dr.		
Diagnosis				
Plan of Treatment – Medical / Surgical				
Procedure Code	Procedure Name	No of Days	Ward Type	Package Rate
Admission Type: Planned / Emergency			Total	
Date of Admission:		Date of Discharge:		

I hereby declare that I have not requested for the treatment of the same patient/treated the same patient earlier for the same procedure. And/or I hereby declare that this pre-authorisation request is in continuation of the earlier treatment given.

Signature of Treating Doctor   Registration No. of Treating Doctor

Seal   Date

The hospital hereby declares that this pre-authorisation/claim request is raised for the specific treatment of the patient with the name _____ and Health Card

No._____under Pradhan Mantri Jan Arogya Yojna. The hospital completely owns the responsibility for the diagnosis and treatment / patient as a Pradhan Mantri Jan Arogya Yojna beneficiary ,hence to be evaluated and treated on cashless basis and the hospital has not charged the patient for clinical and diagnostic evaluation. The hospital accepts that the pre-authorisation / claim given by the Insurance / Trust is for the provision of financial assistance and hence the Insurance / Trust are not responsible for the diagnosis, treatment procedure and its outcome. The hospital followed all the guide lines issued by the Trust from time to time and abides by all the clauses of MOU in raising this pre-authorisation / claim. The hospital did not treat this patient for the same procedure / treatment under any other scheme and did not receive any financial assistance under any other Government scheme.

Signature of Medical Super-intendant/in-charge of the Hospital

Seal   Date

PART-III COUNSELLING OF THE PATIENT/GUARDIAN/ATTENDENT/RELATIVE

I have counselled the patient / guardian / attendants / relatives about the risks and benefits in the surgery /therapy in his / her own language and attached the documents for the same.
Counselling remarks : _____

Name and Signature of Counselling Doctor   Date

PART-IV CONSENT BY BENEFICIARY/GUARDIAN/ATTENDANT

I / We hereby declare that I am covered under Pradhan Mantri Jan Arogya Yojna by Govt of _____.   PMJAY Card no. _____ (if issued). I/We am residing at _____(Village/Town)   _____(Block) _____ (District).

I/We have been explained by treating doctors in my own language the risks and benefits involved in the surgery therapy and I have given have given consent for _____procedure / treatment. I/We further state that I am not covered by any other insurance/reimbursement scheme by government.

Signature/Left Thumb impression of patient / relative :

(If patient is child/if patient is unfit to sign) Relationship with patient :

Name of Patient:

Name of the patient relative: Mobile No of the patient/relative :

Documents to be enclosed:

- Self-Certified copy of PMJAY card and Govt issued Photo ID/Aadhaar Card of patient
- Patient photo in bed
- Daily Clinical Notes
- Investigation Reports
- Discharge Summary