STREAMLINING SYSTEMS & PROCESSES AT HOSPITALS FOR AB-PMJAY

PMJAY CONTOURS

Convergence across systems for effective implementation

BENEFICIARIES

HEALTHCARE FACILITIES

FOREWORD

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Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a nationwide health insurance scheme aimed at reaching approximately 10 crore poor and vulnerable Indian families. As of January, 2019, the scheme is being implemented in over 16,000 empanelled hospitals across 28 states of India; with many more hospitals joining every day. These hospitals are integral to the successful implementation of AB-PMJAY; and the scheme has been designed to encourage participation from both public and private healthcare facilities.

As per the current policy framework, hospitals are required to fulfil certain eligibility criteria prior to empanelment. Thereafter, they are mandated to procure necessary hardware and recruit Arogya Mitras for provision of services.

Our experience of implementing AB-PMJAY has highlighted several operational and policy level challenges faced by the service providers at point of care. Each hospital presents a unique setting, requiring the development of robust systems for co-existence of the AB-PMJAY scheme along with the already established processes and the existing patient load. It is essential to develop standard operating procedures beyond the steps of empanelment.

The National Health Authority has developed this guidebook to support healthcare providers in streamlining internal processes related to PM-JAY. The focus of the manual is to promote a thorough understanding and synergy between the established systems and protocols of the hospital and the provisions mandated under AB-PMJAY. Further, such process optimisation is crucial for ease of implementation, increasing efficiency of service provision and contributing towards the fulfilment of the scheme's objectives.

This guidebook shall help both public and private healthcare providers maximise utilisation of their facilities by ensuring benefits to all entitled families in a seamless manner.

ABOUT THE SCHEME

Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana is the world's largest health insurance scheme with the aim of comprehensively addressing the healthcare needs of over 10 crore poor and vulnerable families. The scheme provides an insurance coverage of up to INR 5 lakhs per family per year and has been designed to deliver secondary and tertiary care for about 1,400 treatment packages. Following is a schematic representation of the policy contours of the scheme.

| Cover of up to Rs. 5 Lac / family / year	>10.74 crore SECC++ Beneficiaries	Completely Cashless & Paperless	1,350+ medical packages at empaneled hospitals	Integrated IT Systems based Ecosystem	Privacy & Confidentiality ensured

Given the impoverishing effect of high out-of-pocket expenditure for healthcare, the scheme follows a cashless model of service provision and optimal care for patients. Further, to ensure seamless transactions the scheme leverages on robust I.T. systems for Beneficiary Identification and Transaction Management, Hospital Empanelment, MIS & Reporting. Following is an overview of service provision for beneficiaries under PMJAY at point-of-care:
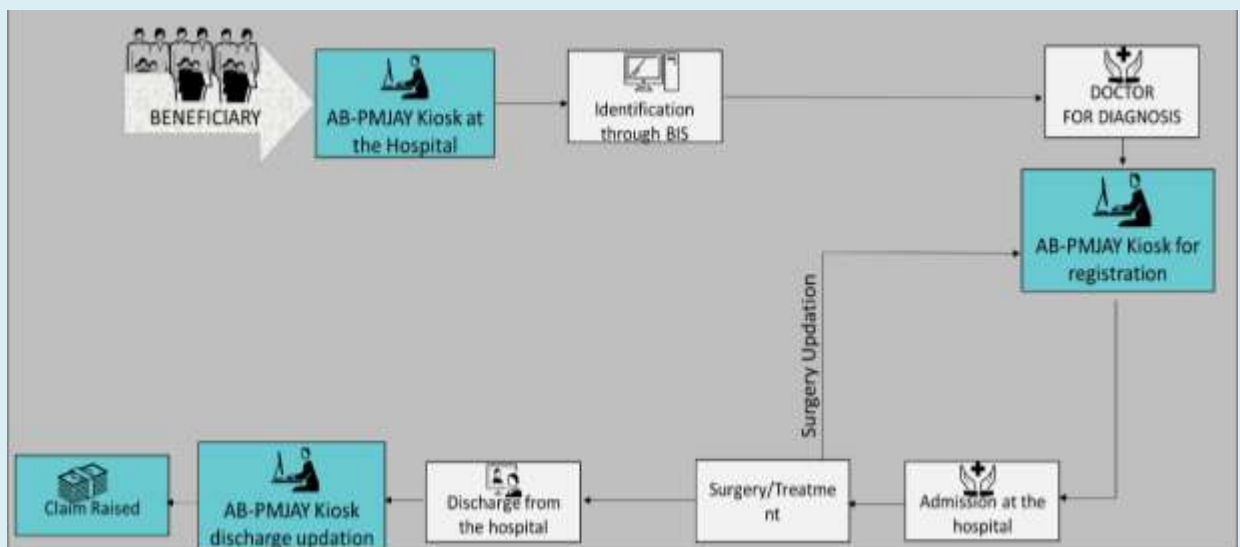
ROLE OF HOSPITALS / OBJECTIVE OF THE GUIDEBOOK

Healthcare providers are key stakeholders for the successful implementation of AB-PMJAY. Empanelment of hospitals is being carried out across the country with the aim of creating a large network of institutions of care under the scheme. The empanelment policies and guidelines have been standardised to institutionalise the process of enrolment of hospitals under the scheme. While public hospitals are deemed empanelled; a minimum criterion has been defined to be fulfilled by all healthcare facilities. Hospitals are required to fill an empanelment form on the PMJAY web portal (https://hospitals.pmjay.gov.in), post which there is an online and physical verification by respective district and state level empanelment committees. To ease this process, hospitals are provided constant hand-holding support by State Health Agency (SHA) and NHA.

While the primary responsibility of healthcare providers is to provide treatment to patients, it is essential that services for PM-JAY beneficiaries are provided in alignment with the contours of the scheme. Compliance with PM-JAY's fundamental principles, in policy and practice, is a key benchmark to measure the scheme's success.

Therefore, empanelled hospitals are encouraged to streamline certain processes and set up standard operating procedures for effective implementation of the scheme. An example of such a scenario, wherein a hospital's existing practice is in contradiction to PMJAY's principles, has been provided below:

> *For instance, in a hospital where a registration fee is required to be submitted at the counter before the admission date is finalised; how would AB-PMJAY function in its true sense of providing 'cashless service'. Some of the challenges in this setup are listed below:*
> *Has this need been identified by the hospital?*
> *Would there be a reimbursement mechanism or a deferred payment model as a alternative to the current practice?*
> *Are the hospitals willing to establish a different mechanism for AB-PMJAY beneficiary?*

This guidebook provides a thorough understanding of the proposed process optimisation alongside steps for creating synergy between the established systems and protocols of the hospital and the provisions mandated under AB- PMJAY.

STREAMLINING OF PROCESSES AT POINT OF CARE

To ease the implementation of AB-PMJAY in the hospital, theend-to-end process (from empanelment of facilities to treatment of beneficiaries) has been detailed below in the form of guided steps. The hospitals can use this guide manual to adopt some or all of the described strategies based on their requirements and context.

(1) EMPANELMENT OF HOSPITALS:

Eligibility Criteria	While public hospitals are deemed empanelled; a minimum criterion has been defined to be fulfilled by all healthcare facilities
Online Application &Verification	Hospitals are required to fill an empanelment form on the PMJAY web portal (https://hospitals.pmjay.gov.in), post which there is an online and physical verification by respective district and state level empanelment committees
Approval & MoU	Once the hospital application is approved, a mail confirming empanelment with AB-PMJAY is received by the hospital. Following the approval of empanelment, the State Health Agency will sign a MoU with the hospital. Post the signing of MoU with NHA (in case of National Healthcare Providers), or SHA; the hospital is referred as an Empanelled Healthcare Provider (EHCP) under AB-PMJAY
Guidelines	To ease this process, hospitals are provided constant hand-holding support by State and National Health Agencies. Detailed empanelment guidelines can be accessed at: https://www.pmjay.gov.in/sites/default/files/2018-07/HBP.pdf

(2) PROCUREMENT OF HARDWARE

COMPUTER		FINGERPRINT SCANNER	
INTERNET		IRIS SCANNER	
PRINTER/ SCANNER		WEB CAMERA	

As the first step after empanelment, the hospital is required to procure necessary **mandatory hardware** as provisioned by the National or State Health Agency. An indicative list of hardware can be accessed at: https://www.pmjay.gov.in/sites/default/files/201808/Hardware%20Specification%20for%20hospitals-06082018.pdf

•A PMJAY kit refers to the set of required materials for fulfilment of the scheme's processes. Healthcare facilities are required to procure the necessary hardware under the kit and maintain the same solely for use under AB-PMJAY.

•In case a hospital envisions a long gestation period for them to procure the necessary hardware, they are advised to utilise any existing computer for completing PMJAY processes.

•Further, hospitals that are facing challenges in procurement may request the respective State Health Agency/Insurance Support Agency for support.

(3) **ESTABLISHING PMJAY TEAM:**

Post empanelment, a crucial function of a hospital is the setting up of a strong PMJAY team that is responsible for executing all the processes related to the scheme. It is advised that the following manpower should be recruited at the earliest, once the hospital is empanelled for AB-PMJAY.

Role	Requirement	Responsibility
Pradhan Mantri Arogya Mitra (PMAM)	•The PMAM is the core functionary for PMJAY and is the face of the scheme at the hospital level	•The team of PMAMs is responsible for completing all processes related to PMJAY •They have to operate standard PMJAY software, namely, Beneficiary Identification System(BIS) and transaction Management System(TMS) at the front desk alongside supporting the end-to-end services for patients
Team Leader	•In order to supervise and provide support to PMAMs, one of the best performing PMAM could be designated as a Team Leader	•The Team Leader would ensure that all PMJAY processes and requirements are completed on time. •Further, they would be in charge of ensuring there is no pendency, and internal documentation/ handover documents during shift changes are maintained properly in the prescribed format.
Medical Coordinator	•A Medical Coordinator (preferably a doctor) who will function as a Patient Care Manager •They could have this as an additional charge or exclusive charge based on the patient load at the hospital	•The coordinator will be responsible for coordinating with the doctors for selection of an appropriate package, responding to medical queries from pre-auth panel doctors and claims panel doctors from State Health Agencies as well as coordinating with focal points from different medical departments
Administrative Nodal Officer	•Post establishing a team of PMAMs, it is crucial to appoint nodal officers for AB-PMJAY within the hospital. •Designating nodal officers contribute greatly towards driving ownership for the scheme within the hospital •Based on the size of the hospital either one nodal person or a team of two or more members could be appointed.	•The Nodal Officers form the link between the larger ecosystem of the hospital (such as all medical departments, doctors and HODs) and the PMJAY team within the institution. •For instance, in case of a big tertiary care hospital, atleast one Senior Doctor at an administrative position (to drive changes in systems) and a Senior Resident (to supervise implementation on a daily basis) are required to kickstart the scheme in the hospital.
Hospital Ecosystem	•Apart from the core AB-PMJAY team, a focal person should be designated from each medical department. •The larger hospital ecosystem includes stakeholders such as doctors, nursing staff, administrative officers, MSSOs, pharmacies etc.	•The focal persons in each department will function as the representative of the scheme and would assist in the process of implementation and coordination between respective stakeholders, as well as introduction of new processes for PMJAY.

(3) ESTABLISHING PMJAY TEAM:

• The number of PMAMs to be recruited is influenced by key factors such as number of kiosks to be operated, patient load in the hospital, budgeting capacity of the facility and responsibility of ensuring 24 hour service under PMJAY. An indicative analysis of budgeting decisions related to recruitment of PMAMs has been done in Annexure 1.

• The required qualification and suggested roles and responsibilities of PMAMs have been suggested by NHA in the form of a guideline that can be found at the following link- https://www.pmjay.gov.in/sites/default/files/2018-08/Guidelines_Ayushman%20Mitra_AB-NHPM_final%2009082018.pdf.
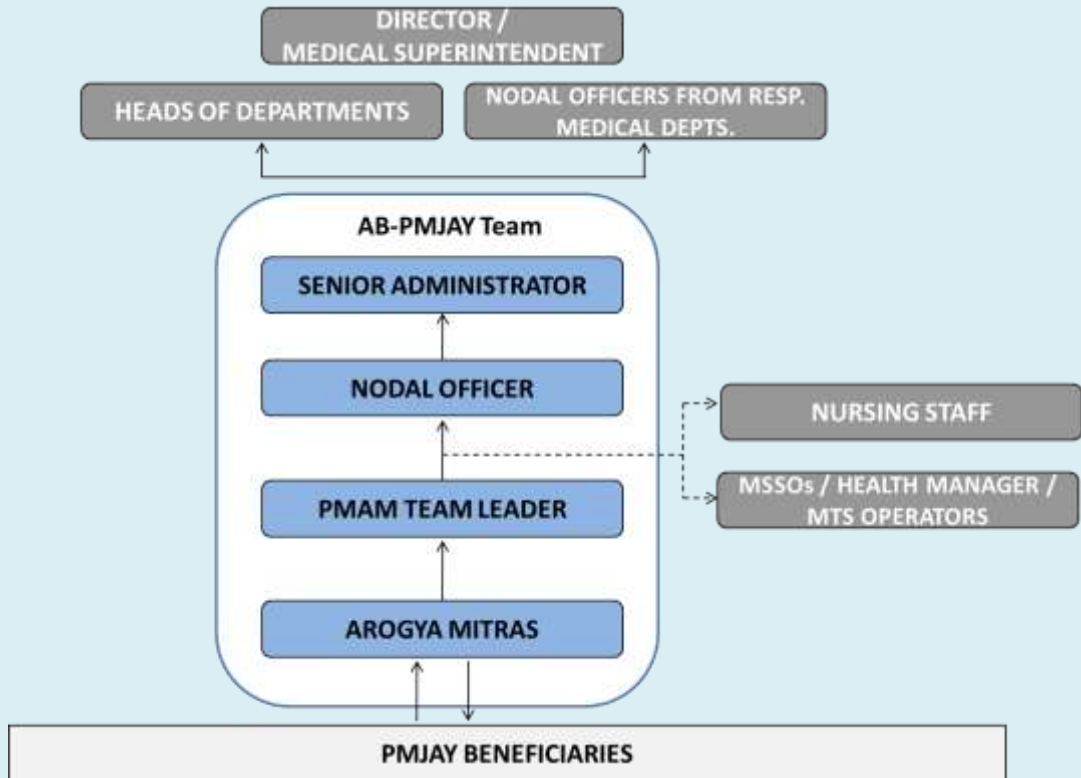
(4) CAPACITY BUILDING:

• The PMJAY team in a hospital must receive comprehensive training by SHA/ISA (for State Empanelled Hospitals) and NHA (for National Healthcare Providers) on BIS and TMS software along with the policy level nuances of the scheme.

• Our experience demonstrates that *detailed hands-on training* is found to be very effective *as a capacity building tool*. This can be provided by the respective administrative agency (SHA / NHA) to ensure activation and initial support for hospitals. The number of days for continuing such support depends on the size and complexity of the healthcare facilities. *For example, in medical colleges with high patient load it is essential to provide extended on-ground support until PMAMs are equipped.*

• *Essential trainings include* workshops on PMJAY software for PMAMs, sensitisation sessions for hospital ecosystem (including all medical staff from all departments), refresher trainings (owing to the dynamic nature of the IT portals), regular assessments etc.

• *Updated training manuals, presentations and video tutorials* for I.T. systems can be accessed at https://www.pmjay.gov.in/training-package

⑤ DETERMINING INTERNAL HOSPITAL PROCESSES:

5.1. Positioning of the Kiosk : The primary factors influencing the placement of PMJAY kiosk(s) is to *maximise screening of potential beneficiaries* and ensure highest visibility of the scheme within the hospital.

• It is advised that the kiosk be *placed either next to admission desk or at a prominent location* (near the entrance) to allow easy access to the beneficiaries and ensure screening of all patients getting admitted in the hospital.

• *Availability of space, human resources and volume of patient load* may further influence the placement and number of kiosks in a hospital.

• It has been observed that hospitals with multiple centres have their own admissions counters, therefore necessitating the *need for decentralisation of PMAM kiosks* across multiple locations.

PMJAY Centre at Entrance of AIIMS Delhi

PMJAY kiosk at admission counter in RML, Delhi

5.2. IEC in the hospital : In order to strengthen the outreach of the programme at the hospital and to *ensure that all the beneficiaries covered under the scheme avail the benefits*, a robust IEC campaign should be conducted.

• Under the campaign, posters and banners can be put up at relevant locations within the hospital. The hospitals can print the IEC material as per the guidelines and place it across the hospital.

• This will ensure that the beneficiaries are aware of the implementation of the scheme and where to go to access services. Placement of material should be on a felt-need basis, situated in places such as entry/exit points, patient pathways and near kiosks/waiting areas.

> *An initiative at a National Healthcare Institute revealed the following challenges with lack of IEC:*
>
> • *The hospital was unable to identify and provide benefits to all beneficiaries*
>
> • *Beneficiaries were unaware of where and how to avail of services within the hospital*
>
> • *Low visibility of the scheme within the hospital*
>
> *Therefore, an IEC drive was conducted at the institute which led to a **30% increase in number of patients who came to get screened for PMJAY**. This shows a significant increase in awareness, quantified by number of screenings and queries.*

5.2. IEC in the hospital

The repository of IEC material developed by NHA can be found at https://www.pmjay.gov.in/iec-materials . Following are some examples of branding and IEC at major public hospitals.

Signages for PMJAY kiosk at hospital

Branding for PMJAY at hospitals

5.3. Developing registration processes : A protocol has to be defined by hospitals for the registration of AB-PMJAY beneficiaries in order to ensure compliance with the contours of the scheme.

> *In many hospitals, the normal process of registration involves depositing an admission fee before hospitalisation. In such cases, it is essential that a separate process is defined for PMJAY beneficiaries as the scheme is built on the mandate of providing cashless services.*

Based on the practices on the field, the following measures can be undertaken in case the beneficiary has a golden card:

A separate file colour can be used to distinguish between the PMJAY beneficiaries and other patients

At the deposit counter, **an Ayushman Bharat stamp** can be applied on the patient's file in case the beneficiary has a golden card

A **form can be included in the file of a PMJAY beneficiaries,** capturing all critical information required at each step of the transaction process. This can be filled by the respective Doctor or the MSSO/nursing staff and sent to PMAMs

• The hospital must ensure maximum identification of beneficiaries (through proactive screening, identification at time of admission, IEC etc.)

• From point of registration, the aforementioned methods can support in providing cashless services to the patient throughout the treatment cycle and ease the implementation of PMJAY processes. An illustrative format for the PMJAY form is provided in Annexure 2. Further, a sample picture of PMJAY stamp has been given in Annexure 3.

5.4. Selection of Packages:

Treatment package names and codes have to be entered in the Transaction Management System (TMS) at the kiosk for each patient by the PMAM. However, PMAMs are not expected to have the capacity for selection of medical packages on their own for raising pre-authorisations.

• It is imperative that the hospital defines a process wherein the information for package selection is provided to the PMAM either by a Medical Coordinator or a Medical Social Service Officer (MSSO) or any other suitable staff. The following practices can be undertaken to set up this process.

• The doctors or medical coordinators from respective departments should **be oriented to write the package name and code in the PMJAY beneficiary's admission file**. This will help to avoid delays and reduce inefficiency in obtaining this critical information.

• The hospital should **circulate the PMJAY package list to all the departments**. It should be insisted that all the HODs go through all packages with the department doctors and mark the packages used by their department (across all 23 specialities).

• A **list of select packages as per the specific speciality can be made available to all the doctors** (including residents, senior residents, consulting doctors, faculty members and HoDs) in the department. Additionally, the select packages for the department along with their code number can be displayed in the common area or the doctor's clinic.

• In case the above practice is not being followed due to the patient load, **the nurses or MSSOs** are to be oriented on the package lists. After the doctor's diagnosis, an additional step can beestablished for the PMJAY beneficiary to go to the nurse or the MSSO to get the package selected.

• Alternatively, a **link of the medical packages** can be shared with all the doctors on whatsapp or any other suitable application on phone. The objective is to make the list of medical packages easily accessible for doctors and other staff.

Case studies from the field suggest that if a protocol for the selection of packages is not established by the hospital, timely treatment cannot be provided to the patient. In the absence of a designated Medical Officer (in case of a small hospital) or the support of Doctors/MSSOs (in case of a big hospital), delays are caused in completing TMS requirements and providing the treatment or care.

Incorrect code selection can also lead to rejection of cases.

6 RAISING PRE-AUTHORISATION:

After the process of package selection is complete, the patient file, preferably with a form (as mentioned above) needs to be sent back to the Ayushman Bharat Kiosk for updation in the TMS and raising a preauthorisation. A process needs to be established for the movement of the patient's file from the Doctor/ Department to the Kiosk. For this, either the patient can be instructed to go back to the kiosk after his/her diagnosis or a mechanism is established within the hospital to send the patients file from each department to the Ayushman Bharat Kiosk for updation of the software .

Further, mandatory documents required at time of pre-auth (such as clinical notes etc.) should also be sent with the patient file. Docs to be submitted at time of pre-auth?

In the absence of such a process, wherein either the patient or the patient's file is not brought to the kiosk, it won't be possible to raise the preauthorisation; causing delays in getting treatment under PMJAY.

7 UPDATION OF TRANSACTION MANAGEMENT SYSTEM DURING PERIOD OF HOSPITALISATION

The transaction module needs to be updated at specific points after the initiation of preauthorisation; which are critical for the smooth implementation of the scheme. This *necessitates linkages between treating doctors, nursing staff and PMAMs* so that the relevant personnel can provide such information to the PMJAY team during the course of a patient's treatment. A few such important points are:

• *Surgery Updation:* If a surgical treatment is to be provided to the patient, once the surgery is performed, it needs to be updated in the TMS. It is suggested that for the PMJAY beneficiaries (as could be indicated by a different coloured file), the nursing staff of the department could contact the PMAM kiosk and update them on the surgery details.

• *Medical Enhancement:* In medical cases requiring treatment beyond the first day of admission, the hospital must enhance their pre-authorisation for the patient. If proper and timely enhancement approvals are not taken, then the hospital will not be able to raise a claim for total period of treatment, nor will be paid for the same.

> Therefore, to facilitate enhancements, the PMJAY team must maintain a repository of the cases within the hospital. Daily monitoring and status updates of each case should be taken to ensure timely submission of enhancement requests.

• *Discharge updation:* The details of discharge / death (such as date/time and necessary documentation including clinical, O.T. notes etc.) of PMJAY beneficiaries should be informed to the PMJAY team. This is essential for the hospital to subsequently raise a claim for the services given to the patient. In pursuance of the same, the patient can be oriented at the kiosk to come back at the time of discharge. Additionally, an internal system can be established at the hospital to bring the patient's file back at the kiosk at the time of discharge; so that the same can be updated in the TMS.

• *Claim submission:* PMAMS should be sensitised to raise claims in a timely manner in order to receive reimbursements for treatment provided. Delays in raising claims will extend the timeline for claim reimbursement.

7 · UPDATION OF TRANSACTION MANAGEMENT SYSTEM DURING PERIOD OF HOSPITALISATION

> *In the absence of organised systems of communication for surgery and discharge updation, it was found that hospitals (particularly large institutions) were not able to update surgery and discharge details of patients in a timely manner. Therefore, the claims receipt of these hospitals got delayed significantly, leading to financial implications for the institution.*

8 · ORIENTATION OF HOSPITAL STAFF

An orientation meeting under the leadership of the Medical Superintendent should be organised to inform all the Head of Departments about the process established in the hospital for the implementation of the scheme. This platform should be used to discuss the process of registration, package selection and the treatment to be provided under PMJAY. All the HoDs should be encouraged to organise a similar meeting with their doctors, nurses and relevant department staff. This will contribute towards seamless interactions between the PMJAY team and other relevant stakeholders of the institution.

9 · SETTING UP A CORPUS FUND

For the initial implementation of the scheme, the healthcare facilities (especially public hospitals) may require funds for the procurement of drugs/implants/usage of third-party diagnostic facility for the treatment of AB-PMJAY beneficiary. In order to facilitate this, a corpus fund should be set up by the hospital, which will be replenished from the claim revenue generated by the scheme. Once the hospital receives the claim money, the corpus fund can be returned to the administration or be retained as a rotating fund. An analysis of budgeting for creation of corpus fund has been given under Annexure I.

10 · REFUND TO BENEFICIARIES

In case a beneficiary was identified as PMJAY beneficiary after having deposited money to the hospital, it is essential that such amount be refunded to the patient or his/her family. Hospitals can refund money to beneficiaries either through the corpus fund or via claims reimbursements already received. A maximum time limit for applicability of such refund (from time of notice to hospital) can be decided by respective SHA as per their discretion.

Further, existing hospital development funds / provisions under Rogi Kalyan Samiti may be utilised by public hospitals as per state specific protocols. Hospitals may leverage on PMJAY claim finances for local purchasing, human resource incentives and infrastructure development (guideline for the same can be accessed at- https://www.pmjay.gov.in/sites/default/files/2018-07/Guidelines-for-claim-amount-utilisation-by-Public-Hospitals_0.pdf).

(11) PROCUREMENT OF MEDICATION

Procuring consumables such as drugs and implants for PMJAY beneficiaries is essential for timely treatment and reducing cost of care. Certain strategies for the same can be:
National hospitals can tie-up with AMRIT to provide implants, drugs and stents for PMJAY beneficiaries
•Hospitals can empanel local vendors to provide discounted drugs and consumables for PMJAY beneficiaries.
•'PMJAY' can be introduced as a dropdown option in the internal indenting software of hospitals. This can facilitate departments in ordering medicines are per their requirements from empanelled vendors and the money can be payed from the corpus fund which will get replenished once the claims are settled.
•Hospitals can make initial payments for such drugs and consumables through the corpus fund, if required.

(12) DIAGNOSTICS & INVESTIGATIONS

Currently, the scheme does not cover procedures solely for diagnostic purposes. Further, most hospitals in the country do not have infrastructural facilities to perform all investigations within their own hospital. Therefore, it is important to create a network for providing diagnostic services to hospitals while ensuring cashless services for beneficiaries.
•In case a patient requires an investigation to be performed from a third-party facility; the hospital should setup a system wherein they refer the patient to a diagnostic centre and make direct payments for the service on behalf of the beneficiary. This can be done by drawing from the corpus and using the same to make payments, thus ensuring cashless services for the beneficiary.
•It is envisioned that in the long run hospitals should be equipped to directly empanel diagnostic labs and facilities for performing investigations that cannot be conducted in-house. In pursuance of the same, national hospitals have been given the authority to empanel diagnostic centres as per their requirements, in order to provide seamless and cashless services to PMJAY beneficiaries.

ANNEXURE 1

An indicative analysis of funding in a hospital has been conducted based on implementation experience of the scheme. This can be used for estimating corpus fund amounts and making decisions on recruitment of PMAMs.

Number of PMJAY beneficiaries- AB-PMJAY is covering roughly 40% of the total population of the country. In a 50 bedded hospital functioning at full occupancy, it is estimated that daily admissions will be upwards of 30. Therefore, out of the total daily admissions, it can be assumed that around 5-8 patients will be PMJAY beneficiaries (given 40% coverage of beneficiaries and discounting for patients not requiring admission in the hospital).

Amount of monthly claims- It has been assumed that on average, 5 PMJAY patients will get admitted daily in a 50 bedded hospital. Given the average claims size of patients is roughly INR 13,000, the hospital can expect to claim around INR 30,000 to INR 50,000. Therefore, on a monthly basis, the hospital can conservatively estimate a cash inflow of around INR 3,00,000 to INR 6,00,000 at the same rate of patient service.

Number of PMAMs- The monthly salary of a PMAM is around INR 15,000 (may vary as per local conditions). Given the above analysis of financial inflow, the hospital can safely hire the required manpower as per the defined guidelines, while also keeping a minimum amount as a **corpus fund** to cater to unforeseen difficulties in patient service.

ANNEXURE 2

Following is an indicative format of a form that can be introduced in the admission files of PMJAY beneficiaries. This will support in obtaining necessary information required for completing the TMS steps of patients.

Ayushman Bharat	
(TMS Information Sheet for Medical Coordinators)	
Hospital Name	
Patient Name (to be filled by PMAM)	
AB-PMJAY ID (to be filled by PMAM)	
TMS Registration Number (to be filled by PMAM)	
Primary Diagnosis (to be filled by doctor, if established)	
Specialty Name (to be filled by doctor)	
Procedure Name (to be filled by doctor)	
Procedure Code (to be filled by doctor)	
Proposed Admission Date (to be filled by doctor)	
Proposed Surgery / Treatment Date (to be filled by doctor)	
Proposed Discharge Date (to be filled by doctor)	
Treating Doctor Name & Signature	

ANNEXURE 3

Following is a sample PMJAY stamp being used in hospitals to identify the file of PMJAY beneficiaries.

Ayushman Bharat
Pradhan Mantri Jan Arogya Yojana

national
health
authority

**National Health Authority, 7th & 9th Floor, Tower 1,
Jeevan Bharti Building, Connaught Place, New Delhi- 110001**