

AYUSHMAN BHARAT
PRADHAN MANTRI JAN AROGYA YOJANA

BENEFICIARY EMPOWERMENT GUIDEBOOK

March 2019



Foreword



Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY) was launched by Hon’ble Prime Minister on September 23, 2018. PM-JAY is an ambitious government scheme which intends to provide a health cover of up to Rs.5 lakh per family per year, for secondary and tertiary care hospitalization to over 10.74 crore entitled families as per SECC 2011 (approximately 50 crore beneficiaries), in a cashless and paperless manner through public and private empaneled hospitals.

The National Health Authority (NHA) is committed to ensuring that beneficiaries are empowered and have access to accurate, complete and timely information in a transparent manner. With this spirit, NHA is sharing the Beneficiary Empowerment Guidebook with the State Health Agencies (SHAs) and other stakeholders. We sincerely hope that the SHAs and other stakeholders participating in PM-JAY will use this guidebook to empower the beneficiaries so that they are treated fairly and can fully avail of their rightful entitlements under PM-JAY.

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Chapter 1 : Introduction

About PM-JAY

The Pradhan Mantri Jan Arogya Yojana (PM-JAY) is a pioneering initiative of the Government of India which aims to accelerate India's progress towards Universal Health Coverage and Sustainable Development Goals. It is the world's largest fully government financed health protection scheme that seeks to cover more than 500 million people.

PM-JAY seeks to ensure that entitled poor and vulnerable households across the country have financial protection and can access safe, quality hospitalization services so that no family is pushed into poverty as a consequence of ill-health.

Key Features and Benefits of PM-JAY

PM-JAY provides free hospitalization coverage up to Rs. 5,00,000 per entitled family per year through a network of public and private empanelled health care providers. PM-JAY primarily targets the poor, deprived rural families and identified occupational categories of urban workers families as per the SECC (Socio-Economic Caste Census) 2011 database. In addition, Rashtriya Swasthya Bima Yojana (RSBY) active card holders can also avail PM-JAY benefits.

There is no cap on family size and age as well as no restriction on pre-existing conditions for entitled families. These services are free and paperless for the entitled beneficiary family. Further, entitled beneficiaries will be able to move across states/UTs and access these services throughout the country through the feature of national portability.

The National Health Authority is responsible for ensuring implementation and providing oversight for PM-JAY. The State Health Agency/State Nodal Agency is the programme implementing agency at the state level, ensuring that policies and guidelines set by NHA are carried out in letter and spirit.



Chapter 2: Objective

The success of PM-JAY will be driven by the extent to which entitled beneficiaries avail hospitalization services at the time of need, thereby leading to a reduction in their out of pocket expenditure for catastrophic illnesses. This necessitates that beneficiaries are empowered with knowledge and information about PM-JAY.

The Information, Education and communication (IEC) strategy aims to spread public awareness about PM-JAY, targeting beneficiary and other stakeholders using multiple mediums of communication.

The Beneficiary Empowerment Guidebook seeks to outline the role of the NHA and SHA in ensuring that beneficiaries are empowered by having access to accurate, complete and timely information in a transparent manner so that they can fully avail their rightful entitlements under PM-JAY.

The guidebook also provides examples of standard messages that could be used by NHA and SHA in communicating with entitled beneficiaries at critical touch-points in the process of accessing hospitalization services under PM-JAY.

The listed measures need to be integrated by State Health authorities who may further customize and adapt the content as per the local context and requirements, while ensuring that the core objectives and message are not diluted.

Chapter 3: Institutional Mechanisms for Beneficiary Empowerment

The NHA and SHAs have a critical role to play in ensuring that beneficiary rights and entitlements under PM-JAY are upheld and misuse or denial of entitlements is prevented. NHA and SHAs have to ensure that information reaches the beneficiary in a timely and easy to understand manner so that the beneficiary is truly empowered to make the right decisions regarding his/her health. NHA and SHAs also have to play a role in ensuring that feedback from beneficiary is collated, reviewed, actioned and any complaints/grievances are resolved in a timely manner.

Responsibilities of NHA

The NHA is constituted for focused approach and effective implementation of PM-JAY. NHA provides overall vision and stewardship for design, roll-out, implementation and management of PM-JAY in alliance with State governments.

The responsibilities of NHA are to develop overarching guidelines and policies for beneficiary empowerment which can be adapted by the States and UTs based on local context and requirements; to share standard materials that can be used by States and UTs for beneficiary empowerment and to monitor the implementation of beneficiary empowerment activities. Communications on beneficiary empowerment (e.g. automated text and voice message/ pre-recorded voice call) could be sent by NHA depending on the IT configuration and mutual understanding with the states/UTs. NHA also has a responsibility to effectively address misinformation (e.g. fake apps/websites etc.) as part of beneficiary empowerment.

Additionally, in keeping with its mandate to support learning and ensure course corrections, NHA will promote cross-State learning as regards best practices for beneficiary empowerment; it may undertake sample audits and share findings with the States and UTs. NHA may also assess beneficiary satisfaction through routine monitoring and/or initiation of special studies.

Key Initiatives undertaken by NHA for Beneficiary Empowerment at national level

Some of the key Initiatives undertaken by NHA for Beneficiary Empowerment at national level are listed below:

- **Letter from Prime Minister:** A personalized letter from the Hon'ble Prime Minister has been sent to all entitled families explaining benefits under the scheme with copy of the family e-card.
- **24x7 National Toll-Free Call Centre:** NHA has set up a 24x7 National Toll-Free helpline "14555" / 1800-111-565. Backed with a state of art multi-lingual call centre, it allows beneficiaries and other stakeholders across the country to reach out for any information, service request support or to lodge a grievance. The National Helpline is also a critical service point for collecting beneficiary experience feedback, for creating awareness and grievance redressal.
- **Beneficiary Self Help Portal:** A user friendly web portal "<https://mera.pmjay.gov.in/>" has been launched to enable people to ascertain their eligibility under PM-JAY. The portal also provides information about empanelled hospitals.

- **PM-JAY Mobile App:** The Mobile App allows beneficiaries to find out their eligibility, nearest empanelled hospital and self-help through Frequently Asked Questions (FAQs). As a simple personal tool, this shall empower beneficiaries to know their entitled benefits and access the nearest empanelled hospital. The App can be downloaded at <https://play.google.com/store/apps/details?id=org.nha.pmjay>
- **E-card with educational content:** The newly designed e-card now provides educational content for beneficiary making him/her aware of the key features of the scheme¹
- **PM-JAY Website and Communication Campaign:** The PM-JAY website and the communication campaign carries information about PM-JAY entitlements, 24X7 Call Centre, Beneficiary Self Help Portal thereby spreading the message of beneficiary empowerment to a larger audience.
- **Establishment of Central Grievance Redressal System:** NHA has established a Central Grievance Redressal Management System (CGRMS) to ensure that disputes and grievances of PM-JAY beneficiaries, healthcare providers and other stakeholders are resolved in an efficient, transparent and time-bound manner. Grievances can be registered through an online grievance redressal portal at <https://cgrms.pmjay.gov.in>. Grievances can also be registered in off-line mode by calling the Call Centre at '14555' / '1800-111-565'; by sending letter, email or fax to official address of SHA or NHA or directly reaching out to the District Grievance Nodal Officer (DGNO). Details are available at https://www.pmjay.gov.in/sites/default/files/2018-07/GuidelineforGrievanceRedressal_0.pdf.

Responsibilities of SHA

The SHA is responsible for all key functions related to implementation of PM-JAY at the ground level. The SHA is responsible for safeguarding the rights of beneficiaries by empowering them with accurate, timely information; obtaining feedback about their experiences and addressing any grievances arising due to denial/misuse of entitlements.

Regarding beneficiary empowerment, the specific responsibilities of SHA are:

- a. Recruit/assign a nodal officer for beneficiary empowerment activities for the State**
 - SHA will **designate a nodal officer** for undertaking beneficiary empowerment activities throughout the state. It is recommended that the District Grievance Nodal Officer (DGNO) is designated as the nodal officer for Beneficiary Empowerment.
 - **Additionally, Pradhan Mantri Arogya Mitra (PMAM)** will be tasked with ensuring that the Discharge Satisfaction Letter received from the beneficiary is uploaded in the Transaction Management System (TMS) and the due questions are filled.
- b. Design and implement beneficiary empowerment activities at State level**
 - SHA will design and ensure implementation of beneficiary empowerment activities that reaches the target audiences.
 - SHA will guide the District Nodal Officer and his team including District Programme Coordinator and District Grievance Manager for planning and implementing the beneficiary empowerment activities at the district and sub-district level.
- c. Adapt and create State level material**

¹ Cards issued till date are valid and do not have to be re-printed.

- SHA may adapt the material created by NHA for use at State level.
- SHA will follow the beneficiary empowerment guidance as given by NHA, whilst developing State level material.

d. Communications

- Communications on beneficiary empowerment (e.g. automated text and voice message/ pre-recorded voice call) should be sent from SHA. Depending on the IT configuration and mutual understanding, NHA could also be involved. However, SHA would have the prime responsibility when feedback has to be collected in-person or a letter has to be sent to the beneficiary.
- SHA also has a responsibility (along with NHA) to effectively address misinformation (e.g. fake apps/websites etc.) as part of beneficiary empowerment.

e. Monitor and evaluate activities

- Beneficiary feedback must be collated and studied at District and State level by SHA and appropriate mechanisms to be set in place for the same. Any serious negative feedback such as denial for treatment, demand for money should be converted into grievance and addressed as grievance.
- SHA to develop specific indicators on beneficiary empowerment and put in place monitoring mechanisms to track implementation and evaluate their effectiveness from time to time. Illustrative indicators to assess the effectiveness of beneficiary empowerment activities could be:
 - Drop in number of cases reporting dissatisfaction with PM-JAY
 - Drop in number of cases reporting charging of money or denial of treatment
 - Drop in number of grievances

f. Coordinate with NHA team for guidance and support

SHA can reach out to NHA for strategic support in designing the activities and for challenges that may be faced while implementing them.

This document outlines guidance and standard messages that could be used by SHA/NHA and related implementing agencies for beneficiary empowerment.

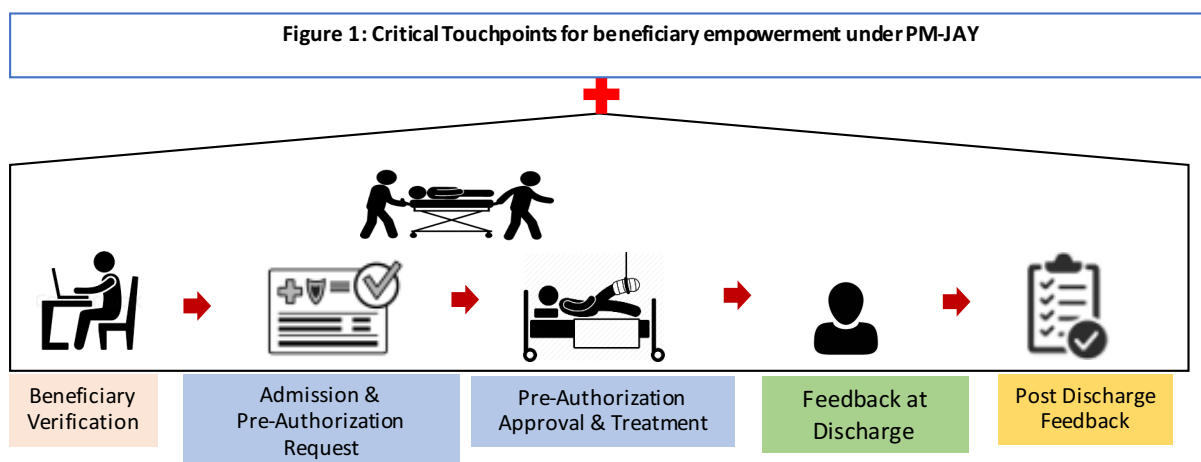
Chapter 4: Critical Touch-points for Beneficiary Empowerment

The ongoing IEC efforts need to be complemented by following listed specific beneficiary empowerment initiatives.

From a beneficiary empowerment perspective, critical touch-points have been identified (Refer to Figure 1). These are:

1. Beneficiary Verification
2. Hospitalization
 - a. Admission and Pre-authorization request
 - b. Pre-authorization approval and treatment
 - c. Discharge from hospital
3. Post Discharge Feedback

The SHA is expected to reach out to each beneficiary at each of the touch-points with information so that his/her rights are upheld and misuse is avoided.



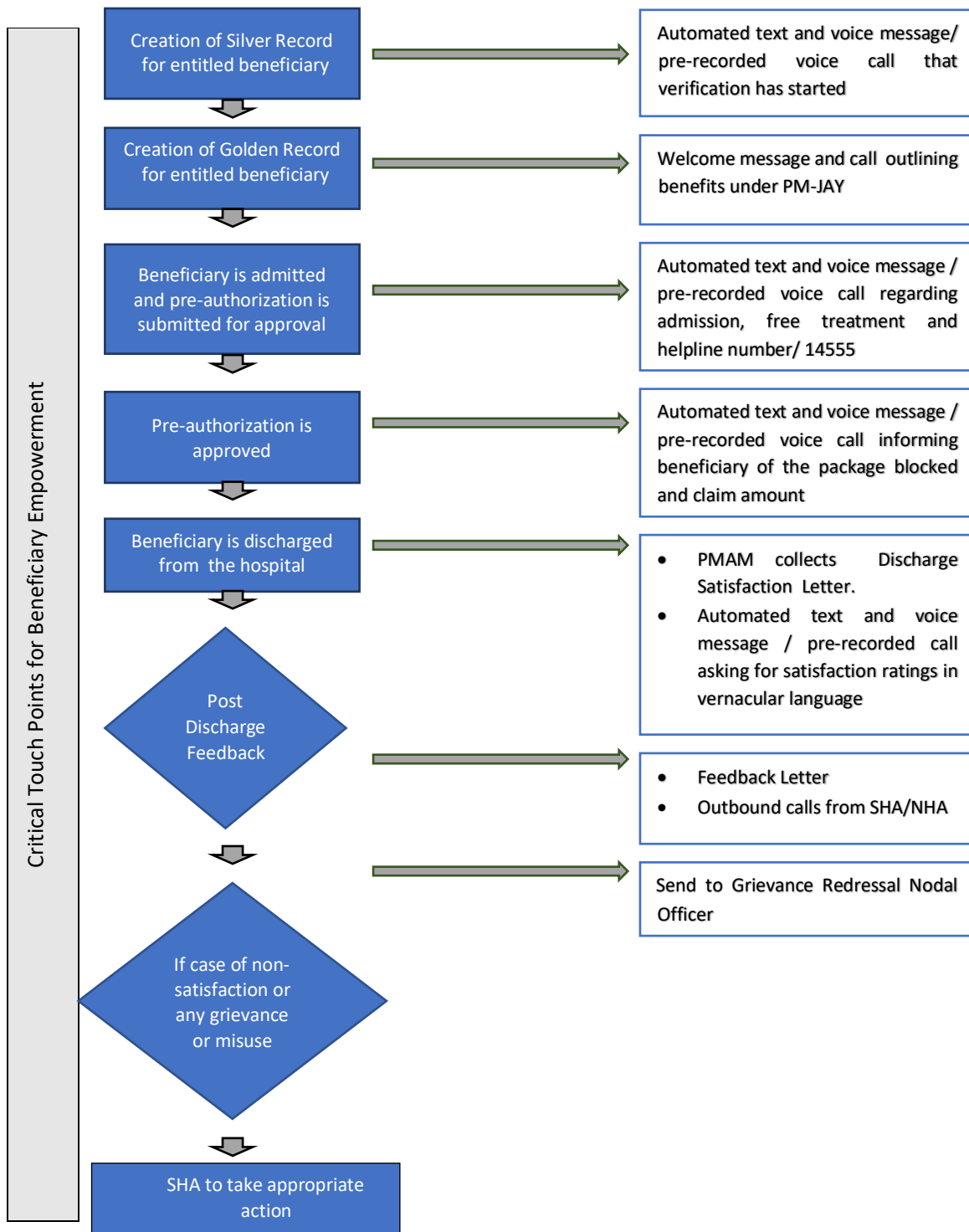
Choice of Medium of Communication and Frequency of Messages

It is important to make the right choice of the medium of communication at each touchpoint to ensure highest possibility of contact with the rightful beneficiary and also the ability of beneficiary to decipher this message. It is recommended that:

- Each beneficiary is reached out using BOTH – automated text and voice message/ pre-recorded voice call at various points.
- The message(s) should be sent to the registered mobile number of the beneficiary after due confirmation.
- To the extent possible, the message(s) should be delivered in a vernacular/local language in a simple to understand manner.
- The text and voice message/ pre-recorded voice call should be to the registered number of the beneficiary and also to the number provided at time of admission, if different. In this context, it is necessary that beneficiaries are encouraged to provide right contact number.

A illustrated figure that provides an overview of the process and select key messages to be delivered at each touchpoint is given below (Figure 1).

Figure 1: Process Flow Chart



Annexe 1 provides an overview of Key Beneficiary Touchpoints and Empowerment Mechanism. The rest of the document outlines the role of SHA and provides standard messages that should be delivered by NHA/SHA at each of the identified touchpoints.



Section 4.1: Beneficiary Verification

PM-JAY is an entitlement based initiative. A family is entitled to receive benefits under PM-JAY if their name is listed in the SECC (Socio-Economic Caste Census) 2011 database. In rural areas households that meet the deprivation criteria (D1 to D7, except D6), 11 occupation categories in urban areas, and automatically included households are covered. In addition, families can also avail PM-JAY benefits if they have active Rashtriya Swasthya Bima Yojana (RSBY) cards. Many states have also expanded the coverage beyond SECC/RSBY numbers. Hence, the first step is to verify the identity of the potential beneficiary and **ensure that benefits under PM-JAY are being availed by the rightful beneficiary.**

Beneficiaries can check eligibility by accessing multiple information sources (e.g. Self-check through Am I Eligible Portal; Ayushman Bharat PM-JAY Mobile App, Calling the National Call Centre; Visiting the nearest Common Service Centre; Visiting nearest empanelled hospital) to check their entitlement.

At CSCs and empanelled hospital, a process is in place to verify beneficiary details, wherein s/he is asked to provide valid individual and family identification documents/photo-ID. The first time these details are captured, a **'Silver' Record** is created. After due verification and approval by designated authority, the Silver Record is converted into a **'Golden Record' and an e-card is generated for giving it to beneficiary.** Thereafter, the beneficiary can avail benefits under PM-JAY.

Responsibility of SHA:

- **Silver Record:** At the time of creation of the Silver Record, the SHA should ensure that the beneficiary is kept informed through text and voice message/ pre-recorded voice call about the verification process. S/he should be:
 - Intimated that the verification process has started and silver record is generated.
- **Golden Record:** Once the identity of the beneficiary is **successfully verified** and a golden record has been generated, then s/he should be **welcomed into the scheme.** Through text and voice message/ pre-recorded voice call, information should be provided on following aspects:
 - Clear explanation of benefits available under PM-JAY (Up to Rs. 5 Lakh annual cover, all family members being covered, national portability, etc.).
 - Cashless/free nature of treatment and that no payment needs to be made by the beneficiary for any care availed under PM-JAY.
 - Provide the State SHAS Helpline number (if any) or National Call Centre Number that they can reach out to this number on 24x7 basis for any assistance.

- Reiterate that their honest feedback is most welcome. Inform them that they can call the National Call Centre No 14555 / 1800-111-565 to provide feedback or report any grievance and seek redressal.

Suggested Content for SMS and call to be sent to entitled beneficiary

Silver Record Creation	We have received your request [name of beneficiary] for verifying your entitlement for PMJAY services. And subject to approval, you will receive the card shortly. Kindly contact 14555 if you have not submitted the request.
Golden Record Creation	Welcome Call and Message [name of beneficiary] saying, Congratulations, your PMJAY Golden record has been created. Your e-card no is []. You can now collect e-card and avail FREE treatment up to 5 Lakh per year at any empanelled hospital in India. Kindly contact the State SHA Helpline or National Call Centre 14555/1800-111-565/ in case of any queries or assistance. You can also reach out to this number for nearest empanelled hospitals to provide any feedback and any grievances. This service is available 24X7.



Section 4.2 : Admission & Raising Pre-authorization Request

PM-JAY covers hospitalization expenses for inpatient care and day care surgeries. It has currently more than 1,350 procedures covering surgery, medical and day care treatments. Costs relating to pre and post hospitalization, diagnostics and medicines for the identified procedures are also covered as part of PM-JAY. Entitled beneficiaries can call the National Call Centre Number 14555/1800-111-565 for details.

All government hospitals that have in-patient capacity like Community Health Centre, Civil Hospital, SDH, District Hospital, Medical College Hospital and empanelled private hospitals that provide secondary and tertiary care or multi-speciality care are part of PM-JAY network of hospitals.

Once the beneficiary is verified to be a Golden Record holder, s/he can access hospitalization services under PM-JAY at any empanelled hospital. At that time, s/he is required to visit the hospital with a copy of the e-card. In case the e-card is not available, any of the listed identification documents can be provided. S/he can approach the Pradhan Mantri – Arogya Mitra (PMAM) who is available at all empanelled hospitals for assistance in accessing hospital care.

When a beneficiary approaches empanelled hospital for availing cashless treatment under PMJAY, PMAM will help the beneficiary with the admission process, submit requests for Pre-Authorization and later help with discharge along with necessary medication and advice.

If the treatment package requires Pre-authorization, the PMAM will raise a Pre-authorization request which requires approval from the SHA/Insurance Company/ ISA before the treatment begins (few procedures are auto-approved). The cover under PM-JAY includes expenses incurred for:

- Medical examination, treatment and consultation
- Pre-hospitalization tests and medicines (3 days)
- Medicine and medical consumables
- Non-intensive and intensive care services
- Medical implant services (where necessary)
- Accommodation (General Ward)
- Food services (for patient)
- Complications arising during treatment
- Post-hospitalization (medicines up to 15 days, where necessary)

Responsibility of SHA at time of Registration for admission and raising of Pre-authorization request

- As soon as the PMAM has verified the beneficiary and the beneficiary has been admitted in the hospital, the SHA should ensure that the entitled beneficiary is kept informed about the process to be followed throughout his/her stay in the hospital. The message/call will be to the registered mobile number as well as to the number given at time of admission, if different.

- An automated text and voice message/ pre-recorded voice call should be sent:
 - Acknowledging the admission at the empanelled hospital occurred on [date] at [time] at [name of the empanelled hospital].
 - Inform the beneficiary that they can reach out to the PMAM, State SHA Helpline and/or the National Call Centre at 14555 for any assistance.

Suggested Content for SMS/Call to be sent to entitled beneficiary

Admission and Raising of Pre-authorization request	[Name of beneficiary] We have received a Pre-authorization request from [name of empanelled hospital] for treatment of [name of package] for Rs. [amount] on [date] and [time]. The pre-authorization request is expected to be approved in [time]. Kindly call State SHA Helpline or 14555 /1800-111-565 for any help. You can also reach out to the PMAM at the hospital for any assistance.
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Section 4.3 : Pre-Authorization Approval & Treatment

Responsibility of SHA :

As soon as the pre-authorization has been approved, the SHA should ensure that an automated text and voice message/ pre-recorded voice call should be sent:

- Acknowledging the admission at the empanelled hospital occurred on particular date at specific time at the specific facility (name of empanelled hospital) for (name of package/procedure).
- Inform the beneficiary that they can reach out to the PMAM, State SHA Helpline and/or the National Call Centre at 14555 for any assistance.
- Reiterate that the hospitalization service under PM-JAY is free of cost and that no money needs to be paid. And they should call the Toll Free Number to intimate any cases where money is being demanded from them.

If the pre-authorization is not approved, the same should be communicated to the beneficiary and s/he should be informed that they need to pay for the treatment and cost of hospitalization.

Suggested Content for SMS/Call to be sent to entitled beneficiary

Approval of Pre-authorization and Treatment	[Name of beneficiary] You are currently being treated for [name of condition] at [name of empanelled hospital] and [] package blocked for Rs.____ is approved. Please note that your treatment is absolutely free of charge under PM-JAY. You are not required to pay any money for your hospitalization or any services related to your hospitalization or treatment. In case any money is demanded, please call 14555 /1800-111-565 and inform about the same.
Non-approval of Pre-authorization	[Name of beneficiary] Your pre-authorization request from [name of empanelled hospital] for treatment of [name of package] for Rs. [amount) has not been approved. Hence, cost of treatment is not covered under PM-JAY.



Section 4.4 : Beneficiary Feedback at time of discharge

On completion of treatment, the PMAM will help the entitled beneficiary with formalities related to discharge and provision of post treatment medicine, if necessary and advice. The PMAM will also seek feedback from the beneficiary and/or their family member/caregiver about their stay in the hospital and nature of care received. PMAM will also ask each beneficiary to duly fill in a Discharge Satisfaction Letter.

Responsibility of SHA at time of Discharge

At the time of discharge: The SHA should ensure that:

- Beneficiary is informed through automated text and voice message/ pre-recorded voice call about the final claim amount that will be paid to the hospital and the balance amount. Inform that the hospitalization service is free of cost and that no money needs to be paid. They should be directed to call the State SHA Helpline / National Helpline (14555) in case of any demand for money.
- Ensure that an automated SMS is sent asking if they are satisfied with the services. Reiterate that beneficiary feedback is valued and they should provide honest feedback about their experience so that further improvements can be made. Mention that PMAM will also seek feedback from them about their hospital stay. A sample format of Satisfaction Letter on Discharge is given in **Annexe 2**.
- The beneficiary has received the requisite discharge summary, up to 15 days of medication (if applicable) and been briefed about the follow up care.

Suggested Content for SMS/Call to be sent to entitled beneficiary

Discharge	<ol style="list-style-type: none"> 1. [Name of beneficiary] We have received your discharge request. Please note that your treatment is free of cost. Please call State SHA Helpline or 14555/1800-111-565 if you have been asked to make any payment. Kindly let us know if you were satisfied with the services provided at [name of empanelled hospital]. Press 1 for Yes and 2 for No (if possible). 2. [Name of beneficiary] Your feedback is valuable and will be acted upon. We request you to kindly provide feedback to the PMAM on the nature and quality of services received. 3. [Name of beneficiary] Payment for amount of Rs. [specify] for treatment incurred from [date of admission to date of discharge] has been made by PM-JAY to [name of empanelled hospital] on your behalf. We hope that you have received the discharge summary and follow up medicines (if required). Please reach out to the PMAM if you need any clarification or assistance.
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Section 4.5 : Post Discharge Feedback from Beneficiary

Obtaining feedback from the beneficiary about his/her experience of availing services under PM-JAY is vital to ensuring that PM-JAY is responsive to the needs of the people. Feedback from entitled beneficiaries would help NHA/SHA to undertake necessary corrections to ensure that entitled beneficiaries are fully able to avail the benefits under PM-JAY.

In addition, to obtaining feedback from the entitled beneficiary and / or family member /caregiver at the time of discharge, the beneficiary will also be contacted later to obtain information about their experience, know what worked best, and what needs improvement, receive any suggestions as well as complaints/grievances.

Role of SHA Post Discharge

Recognizing that the Discharge Satisfaction Letter is filled by the beneficiary/caregiver at hospital and also often in the presence of the PMAM, the SHA also ensure that the beneficiary also has another opportunity to provide feedback. The SHA should inform the beneficiary, that they will be contacted once they are back home to hear their views /experience about hospitalization.

Post Discharge Beneficiary Feedback should be sought through :

1. Feedback Letter:

- A letter in vernacular language addressed from the Chief Minister should be sent to the patients within 7 days of discharge at the beneficiary address. The letter will enquire about the current state of health of the patient and also mention few detail about the claim such as Hospital, Package, amount approved.
- A self-addressed postage prepaid inland letter is to be attached to this letter to obtain feedback from beneficiary about the quality of service at the hospital, behaviour of Pradhan Mantri Aarogya Mitra and hospital staff and his opinion about the scheme etc. This feedback letter is made available to the claim processing team online & real time basis.
- A sample Beneficiary Feedback Form (Post Discharge) is given at **Annexe 3**.

2. Outbound Calls Feedback on sample basis

In addition, SHA and NHA should also set up an outbound calling service on a sample basis, in vernacular language to make calls to patients in following scenario:

- Who have not responded positively to the Discharge Satisfaction Letter / SMS messages/ Letter from the State
- Those undergoing high value treatments (Package cost is higher than a certain value- will need to set threshold as per state transaction values)

A list of sample questions to be asked to the beneficiary in the outbound call are given in **Annexe 4**.

- #### 3. Additional option:
- SHA/District Vigilance officers can also undertake home visits on a sample basis to obtain beneficiary feedback.

Chapter 5: Grievance Redressal System

A Grievance Redressal System has been designed to address grievances of all PM-JAY stakeholders while ensuring that cashless access to timely and quality care to remains uncompromised.

A three tier Grievance Redressal Committee structure has been set up at national, state and district level for this purpose. CEO of NHA will be the Chairperson at national level while CEO of SHA will Chair the State Grievance Redressal Committee. District Magistrate or an officer of the rank of Additional District Magistrate shall be the chairperson of the District Grievance Redressal Committee. A nodal officer for Grievance Redressal will be appointed at district, state and national level. These committees will track and monitor the grievances and its status, collect additional information from parties involved, facilitate hearings, review records, adjudicate and issue orders on grievance and ensure compliance of committee orders.

Grievances can be filed by any party directly or indirectly involved with the AB PMJAY or any stakeholder. For this purpose, a stakeholder includes:

- PM-JAY Beneficiary
- Healthcare Provider
- Insurer or its employees
- Implementation Support Agency (ISA) or its employees
- State Health Agency (SHA) or its employees or nominated functionaries for implementation of the Scheme
- Any other person having an interest or participating in the implementation of the Scheme.

Any person, who is not a beneficiary of PM-JAY and is not acting on behalf of a AB- PMJAY beneficiary and who may have observations, comments, feedback on any aspect of the Scheme, should make use of other channels of feedback and not use the provisions of the CGRMS.

The aggrieved party can submit grievances through online portal (<https://cgrms.pmjay.gov.in>) or through offline means, such as a letter, email or fax. Beneficiaries can register their grievances by calling the Call Centre at 14555 / 1800-111-565. The committee can also register grievances based on social media or reports from public forums.

Details are available at https://www.pmjay.gov.in/sites/default/files/2018-07/GuidelineforGrievanceRedressal_0.pdf

Annexures

Annexe 1: Key Beneficiary Touchpoints and Empowerment Mechanism

Touchpoint	Event	Medium	Mandatory Content	Responsibility
Beneficiary Verification	Silver Record	Automated text and voice message/ pre-recorded voice call in vernacular language (VL) to registered number	Informing beneficiary that verification process is ongoing	SHA
Beneficiary Verification	Golden Record	Automated Voice message/ pre-recorded Welcome call and text in vernacular to registered number	Welcome to scheme and “Free treatment” benefits of scheme up to Rs. 5L and PM-JAY ID	SHA
Admission	Generation of Pre-authorization approval	Automated text and voice message/ pre-recorded voice call in vernacular language to beneficiary	Acknowledging the admission & mentioning Toll free no for help	SHA
Treatment	Pre-authorization approved	Automated text and voice message/ pre-recorded voice call in vernacular language	Information about Claim Amount and Free treatment	SHA
Discharge	Discharge	Automated text and voice message/ pre-recorded voice call and Discharge Satisfaction Letter	Information about final amount Collecting free medicines and Feedback from beneficiary	SHA and PMAM
Post Discharge	Post Discharge Feedback	Outbound Calls, Feedback Letter	Collecting Feedback from beneficiary	SHA and NHA

Annexe 2: Satisfaction Letter on Discharge

Date:

Beneficiary Name and Ref ID:

Hospital Name and District:

Hospital Unique ID:

Dear Beneficiary,

You have received services in this hospital under PM-JAY. You are requested to share your opinion about the quality of services, which you experienced, while visiting the hospital. You can drop the sealed questionnaire in the Suggestion box or hand over to the Pradhan Mantri Arogya Mitra (PMAM).

S.No.	Services (Please ✓ tick appropriate box)	1 Poor	2 Satisfactory	3 Good	4 Excellent	No comments
1	Quality of service received at the hospital					
2	Overall cleanliness of the hospital					
3	Support provided by the PMAM					
4	Prescribed medicine being made available from the hospital at the time of discharge					
5	Your overall satisfaction with the treatment provided under PM-JAY					
6a	Was any money paid by you during treatment?	1 – Yes 2 – No 3 – No comments				
6b	Amount Paid (in Rs) (pl. specify)					
6c	Paid to whom	1 - Hospital 2 - PMAM 3 - Doctor 4 - Any other (pl. specify)				
6d	Reason for payment	1 - Doctor Fees 2 - Medicines 3 - Investigation 4 - Any other (pl. specify)				

(Signature of Beneficiary/Relative)

Thank you for your valuable inputs

Annexe 3: Beneficiary Feedback Form (Post Discharge)

To be used with appropriate logo and branding of PM-JAY

Date:

To:

Beneficiary Name

Beneficiary Address

I hope this letter finds you in good health. I hope you were satisfied with the free treatment you received under PM-JAY on <Date > at < Hospital Name> for <nature of treatment>.

Your honest feedback about your recent experience of using PM-JAY is very valuable to us. I have enclosed a short survey to understand more about your experience and how we can further improve services being provided under PM-JAY.

I request you to kindly fill the attached feedback and mail it back to us in the envelope enclosed.

We will incorporate your suggestions to continue improving the quality of services, so please do take out some time to respond back to the feedback.

Regards,

From the Chief Minister

Draft Feedback Questions

(To be sent in a self-addressed pre-paid inland letter)

S.No.	Service Parameters (Please ✓ tick appropriate box)	Response from beneficiary
1	What was treatment/procedure done by hospital under PM-JAY?	
2	Did the PMAM (Pradhan Mantri Arogya Mitra) provide you with necessary information and assistance during your hospitalization?	1 - Yes 2 - No 3 - No Comments
3	Please rate your satisfaction with service in the hospital	1 - Poor 2 - Satisfactory 3 - Good 4 - Excellent 5 - No Comments
4	Please rate your overall satisfaction with Treatment received by you under PM-JAY	1 - Poor 2 - Satisfactory 3 - Good 4 - Excellent 5 - No Comments
5	Was any money paid by you during treatment?	1 - Yes 2 - No 3 - No Comments
	-Amount Paid (in Rs) (pl. specify)	
	-Paid to whom	1 - Hospital 2 - PMAM 3 - Doctor 4 - Any other (pl. specify)
	-Reason for payment	1 - Doctor Fees 2 - Medicines 3 - Investigation 4 - Any other (pl. specify)
6	In absence of PM-JAY, what would you have done to address your present health care problem?	
7	Please share your advice and suggestions on how we can improve the quality of care being provided under PM-JAY	

(Signature of Beneficiary)

Thank you for your valuable inputs

Annexe 4: Outbound Calls Feedback - Draft Questions

Beneficiary Name and Ref ID

Hospital Name and District:

Hospital Unique ID:

S.No.	Service Parameters	Response from beneficiary
1	What was your health problem for which you went to hospital?	
2	What was treatment/procedure done by the Hospital?	
3	Did the PMAM (Pradhan Manti Arogya Mitra) provide you with necessary information and assistance during your hospitalization ?	1 - Yes 2 - No 3 - No Comments
4	In your opinion, how was the quality of treatment at the hospital?	1 - Poor 2 - Satisfactory 3 - Good 4 - Excellent 5 - No Comments
5	In your opinion, how was the behaviour of hospital staff?	1 - Poor 2 - Satisfactory 3 - Good 4 - Excellent 5 - No Comments
6	Please rate your overall satisfaction with treatment received by you under PM-JAY.	1 - Poor 2 - Satisfactory 3 - Good 4 - Excellent 5 - No Comments
7	Was any money paid by you during treatment?	1 - Yes 2 - No 3 - No Comments
	-Amount Paid (in Rs) (pl. specify)	
	-Paid to whom	1 - Hospital 2 - PMAM 3 - Doctor 4 - Any other (pl. specify)
	-Reason for payment	1 - Doctor Fees 2 - Medicine 3 - Investigation 4 - Any other (pl. specify)
8	Did you receive the prescribed medicines at the time of discharge?	1 - Yes 2 - No 3 - Not applicable
9	Please share your advice and suggestions on how we can improve the quality of care being provided under PM-JAY	

RELEASE AUTHORIZATION

These guidelines are released under the authority of the Team Leaders for the programme entitled “Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)”.

These guidelines are the sole property of National Health Authority (NHA), an autonomous entity Chaired by Union Minister for Health & Family Welfare, Government of India

Table 1: Authorization

Dr. Indu Bhushan	Dr. Dinesh Arora
Chief Executive Officer (CEO), National Health Authority	Deputy Chief Executive Officer (Dy. CEO), National Health Authority

Release Date: 8th March 2019 File No: S-2017/41/2019/NHA

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REVIEW PROCEDURE

- These guidelines will be revised (if necessary) with due approval from the competent authority.
- Any change/modification can be requested with justification(s).
- The competent authority will approve the change if justification is valid.
- Whenever this guide book is amended, version number and release date will be updated.
- The competent authority is responsible for issuing the amended copies.
- The obsolete copies will be retained by NHA.