

Final

Operationalization Process for National Health Authority (NHA) Direct Empanelled Hospitals

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Abbreviations

1. AB PM-JAY - Ayushman Bharat Pradhan Mantri Jan Arogya Yojana
2. AM – Arogya Mitra
3. BIS – Beneficiary Identification System
4. DEH – Direct Empanelled Hospitals
5. GM – General Manager
6. HEM- Hospital Empanellment Management
7. IEC - Information Education and Communication
8. IT – Information Technology
9. MEDCOs - Hospital Medical Coordinators
10. NABH – National Accreditation Board for Hospitals & Healthcare Providers
11. NHA – National Health Authority
12. TMS – Transaction Management System

Background

To increase the reach of AB PM-JAY to its beneficiaries NHA decided to empanel the hospitals directly, private hospitals in those States which are not implementing at present viz. Telangana, West Bengal, Delhi and Odisha and Public Hospitals under Government of India (GOI)

Private hospitals with AB PM-JAY Bronze quality certification and NABH certification/accreditation will be eligible for applying for Empanellment under NHA directly.

The NHA State coordination Division will appoint one Nodal Officer – Directly Empanelled Hospitals (Nodal Officer – DEH) who will serve as a point of contact with the Hospitals directly Empanelled with the NHA.

In addition to existing guidelines additional details for Direct Empanelled Hospitals are explained below:

Empanellment

Registration into the AB PM-JAY provider network

1. NHA will be approving the Empanellment of private hospitals in those States which are not implementing AB PM-JAY at present viz. Telangana, West Bengal, Delhi and Odisha and Public Hospitals under Government of India (GOI)
2. The hospitals need to provide information about the establishment online at the nationwide Empanellment interface to be registered in the AB PM-JAY provider network. The guidelines can be accessed at <https://pmjay.gov.in/sites/default/files/2020-06/Empanellment-and-De-Empanellment-guidelines.pdf>
3. Upon accessing the portal, the hospitals are required to “Create an Account” by filling necessary information. The hospitals need to select the label “NHA” (National Health Authority) under the “Hospital State” tab and “Public” as the hospital type for GOI and “Private” for Private hospitals in directly Empanelled with AB PM-JAY.
4. Private hospitals with AB PM-JAY Bronze quality certification and NABH certification/accreditation will be eligible for applying for Empanellment under AB PM-JAY.

5. Upon submitting the application, hospital ID and user login details will be furnished to the hospital by NHA.
6. Thereafter, hospitals are required to access the Hospital Empanellment application form and provide mandatory information under the following tabs: *Hospital Basic Information, Financial Details, Specialties Offered and Manpower Details.*
7. Upon successful completion of the process, the hospital will be assigned a Hospital ID by NHA.
8. User manual to fill in the application form can be found on the landing page for hospital Empanellment.

Approval of Empanellment

1. After the Empanellment request by a hospital is filed, the application should be scrutinized by GM Hospital Empanellment & Quality Assurance and processed completely within 15 days of receipt of application.
2. GM Hospital Empanellment & Quality Assurance will ensure verification of the documents uploaded in the Empanellment application, including but not limited to equipment, human resources, service standards and quality and submit a report in a said format through the portal along with supporting pictures/videos/document scans. GM Hospital Empanellment & Quality Assurance will ensure verification of NABH/AB PM-JAY quality certificates from www.nabh.co and www.pmjay.qcin.org respectively.
3. The hospital will be intimated as soon as a decision is taken regarding its Empanellment and the same will be updated on the AB PM-JAY web portal (HEM). The hospital will also be notified through SMS/email of the final decision. If the application is approved, the hospital will be assigned a unique national hospital registration number under AB PM-JAY.
4. If the application is rejected, the hospital will be intimated of the reasons based on which the application was not accepted and comments supporting the decision will

be provided on the AB PM-JAY web portal. The hospital can approach the Grievance Redressal Mechanism for remedy.

5. In case the hospital chooses to withdraw from AB PM-JAY, it will only be permitted to re-enter/ get re-empanelled under AB PM-JAY after 6 months.
6. If a hospital is blacklisted for a defined period due to fraud/abuse, after following due process, it can be permitted to re-apply after cessation of the blacklisting period or revocation of the blacklisting order, whichever is earlier.

Service provision

1. AB PM-JAY beneficiaries shall be provided treatment free of cost, for all such ailments covered under AB PM-JAY within the limits/ sub-limits and sum insured.
2. National benefits package and rates will be applicable at NHA Direct Empanelled Hospitals for beneficiaries treated under AB PM-JAY.
3. The NHA Direct Empanelled Hospitals shall be reimbursed as per the package cost applicable specified in the 'AB PM-JAY benefits manual' for such treatments and pre-authorized amount in case of unspecified packages.
4. The complete process at the hospital for the transaction of AB PM-JAY beneficiaries can be accessed at https://www.pmjay.gov.in/sites/default/files/2019-02/Claims%20Adjudication%20manual_20-02-19.pdf. This includes the steps involved in selecting packages, pre-authorization, balance check, treatment, discharge and claim request.
5. Arogya Mitra's/non-medical coordinators would be trained and well equipped to undertake these functions.
6. Arogya Mitra's will be using the Transaction Management System (TMS), for patient registration and processing of treatment steps. This can be accessed at <https://tms.pmjay.gov.in/OneTMS/loginnew.htm>
7. Required training on the TMS process is a strong component of Arogya Mitra training.

National Portability

1. The NHA has laid down the process and terms for extending portability of benefits to all AB PM-JAY beneficiaries across the provider network in India. This will apply to all hospitals. The detailed portability guidelines can be accessed at <https://pmjay.gov.in/sites/default/files/2020-06/AB-PM-JAY-Revised-portability-guidelines.pdf>
2. Following are the provisions for portability of benefits:
 - a) Package list and package rates as per National Package List will be applicable. Revised package list at https://pmjay.gov.in/sites/default/files/2020-01/HBP_2.0-For_Website_V2.pdf
 - b) The payment of a claim to the hospital will be made by the Trust/ Insurance Company implementing AB-PMJAY in the Home State to which the beneficiary belongs.
 - c) The timelines for processing of claim and payment to the hospital would be the same as other claims, i.e., within 30 days of receiving the claim.
 - d) Case of dispute, if any, concerning to treatment sought or taken in NHA Direct Empanelled Hospitals, will be taken up as per the grievance redressal process. The detailed process for the same has been provided under the Grievance Redressal section.

AB PM-JAY Software & Technical support:

1. The NHA shall provide an IT platform with functional modules for the identification of eligible beneficiaries, transaction and claim management and provision of all services under AB PM-JAY.
2. These portals can be accessed at the following links:

- a) Hospital Empanellment Portal:
<https://hospitals.pmjay.gov.in/empApplicationHome.htm?actionVal=loginPage>
 - b) Beneficiary Identification: <https://bis.pmjay.gov.in/BIS/mobileverify>
 - c) Transactions and Claims management:
<https://tms.pmjay.gov.in/OneTMS/loginnew.htm>
3. A national helpline number (14555), has been made available for technical support.
 4. Further, contact details for specific technical coordinators have been provided on each portal for additional support.
 5. Hospitals need to appoint Nodal Officer at their level, which will coordinate for any IT Support.
 6. The NHA will also support with requisite training for the assigned personnel within the hospital for the same.
 7. Nodal officer for NHA Direct Empanelled Hospitals (Nodal officer – DEH) to be appointed by the State Co-ordination Unit, National Health Authority.
 8. Nodal officer- DEH will serve as a point of contact for any query and will coordinate with the NHA IT Division to resolve the said queries within 4 days.
 9. Nodal officer- DEH will share the information with GM Hospital Empanellment & Quality Assurance.

Information, Education and Communication (IEC) materials

1. The NHA shall provide standard designs for IEC material and branding.
2. It is the responsibility of NHA Direct Empanelled Hospitals to ensure printing and placement of adequate material in the hospital premises.
3. The IEC and branding designs can be accessed at <https://www.pmjay.gov.in/sites/default/files/2019-01/IEC%20Guidebook%20110119.pdf>
4. NHA Direct Empanelled Hospitals will ensure conducting beneficiary identification & an awareness drive for increasing utilization.

5. Nodal officer- DEH will serve as a point of contact for any query and will coordinate with the NHA IEC Division to resolve the said queries within 4 days.
6. Nodal officer- DEH will share the information with GM Hospital Empanellment & Quality Assurance.

Training and Capacity Building

1. The NHA shall provide standard training manuals in organizing orientation cum sensitization workshops for NHA Direct Empanelled Hospitals.
2. NHA shall ensure regular training for Arogya Mitra's (AM), hospital medical coordinators (MEDCOs) and other relevant staff to equip them to utilize the software for the scheme.
3. The focus of such workshops will be to orient AM on the entire lifecycle of beneficiary validation and providing treatment services in the hospital, grievance redressal systems and empathetic service to beneficiaries.
4. Further MEDCOs will be equipped to fulfil clinical documentation requirements and process guidelines to reduce the number of rejections and for faster claim settlement.
5. Following are some of the aspects for which training will be conducted: programme features, beneficiary rights, BIS, TMS, basic hardware troubleshooting, grievance redressal system, penalties, financial settlement tracking and soft skills. Treatment service process, documentation required for pre-authorization, change in the line of treatment, claim submission and appeal to rejections.
6. Nodal officer- DEH will coordinate for timely training and capacity building needs and share the information with GM Hospital Empanellment & Quality Assurance.

Grievance Redressal

Stakeholders can raise Grievance through any of the following routes:

- CGRMS Portal (Centralized Grievance Redressal & Management System)

- CPGRAMS Portal (Centralized Public Grievance Redress and Monitoring System)
- E-Mail/Letter
- Call Centre 14555
- Verbal

“Process Note of Grievance Resolution for Hospitals directly Empanelled by NHA (GOI, Private Hospitals- Delhi, Telangana, Orissa, West Bengal) in CGRMS, CPGRAMS Portal, E-Mail/Letter and Verbal Communication. Detailed guidelines available at <https://pmjay.gov.in/sites/default/files/2020-03/Revised%20Grievance%20Redressal-February%202020.pdf>

CGRMS- Whenever any stakeholder raises a grievance against hospitals directly Empanelled by NHA on Central Grievance Redressal Management System (CGRMS), it will be automatically forwarded to the Nodal officer- DEH who is nominated to coordinate grievances of Direct Empanelled Hospitals for necessary action. These cases will appear in the login of Nodal officer on CGRMS portal. The Nodal officer can forward these cases to concerned hospital against which grievance has been raised for seeking clarification. The nodal officer will take necessary action for closing the grievance after consultation from GM - Hospital Empanellment & Quality Assurance. The TAT for grievance closure in the portal is 6 hours for SOS cases and 15 days for Non-SOS cases. If the grievance is not addressed within 15 days’ time escalation will be done to GM Hospital Empanellment & Quality Assurance for necessary action.

CPGRAMS Portal - In case of Centralized Public Grievance Redressal and Monitoring System (CPGRAMS) all the registered grievances first received by National Grievance Nodal Officer (NGNO). NGNO further forwards the grievance, if related to Direct Empanelled Hospitals to the Nodal officer of NHA Direct Empanelled Hospitals. Nodal Officer can also forward the case to the concerned hospital against which grievance has been raised for seeking clarification (However, the right to close the grievance on the portal will be retained at the Nodal Officer level. The Nodal officer will

take necessary action for closing the grievance after consultation from GM Hospital Empanellment & Quality Assurance. Here the TAT for resolving the grievance is 60 days. If the grievance is not addressed within stipulated time escalation will be done to GM-Hospital Empanellment & Quality Assurance for necessary action.

Mail/Letter – Whenever a grievance is received through Mail/Letter Nodal Officer- DEH will notify GM Hospital Empanellment & Quality Assurance within 24 hours. Nodal Officer will take necessary action for closing the grievance after consultation from GM - Hospital Empanellment & Quality Assurance. The TAT for grievance closure will be 7 days. Nodal Officer- NHA Direct Empanelled Hospitals will document the grievance and share with GM Hospital Empanellment & Quality Assurance for documentation.

Call Centre 14555: Any grievance received by the National Call center will be registered by call center team on CGRMS portal. The case will directly appear in the login of Nodal Officer-NHA Direct Empanelled Hospitals. The nodal officer will take necessary action for closing the grievance after consultation with GM Hospital Empanellment & Quality Assurance. The TAT for grievance closure in the portal is 6 hours for SOS cases and 15 days for Non-SOS cases. If the grievance is not addressed within 15 days' time escalation will be done to GM Hospital Empanellment & Quality Assurance for necessary action.

Verbal - Whenever a grievance registered verbally, Nodal Officer- DEH will notify GM Hospital Empanellment & Quality Assurance within 24 hours. Nodal Officer- NHA Direct Empanelled Hospitals will take necessary action for closing the grievance after consultation from GM Hospital Empanellment & Quality Assurance. The TAT for grievance closure will be 7 days. Nodal Officer will document the grievance and share with GM Hospital Empanellment & Quality Assurance for documentation.

Grievance Division will support in providing grievance redressal guidelines, logins, ensure IT Integration with relevant portals to ensure the smooth implementation of the laid down process.

Billing & Payment cycle

1. NHA Direct Empanelled Hospitals shall maintain a dedicated bank account.
2. NHA Direct Empanelled Hospitals shall be obliged to submit their claims in the format prescribed by NHA. Arogya Mitra's manning AB-PMJAY kiosks will be duly trained in this process.
3. The timelines for processing of claim and payment would be within 30 days of receiving the claim. Detailed claim guidelines available at https://www.pmjay.gov.in/sites/default/files/2019-02/Claims%20Adjudication%20manual_20-02-19.pdf
4. Case of dispute, if any, concerning treatment sought or taken in NHA Direct Empanelled Hospitals, will be taken up through the grievance redressal process as mentioned above.

Fraud and Abuse Control

Fraud under the PMJAY shall mean and include any intentional deception, manipulation of facts and/or documents or misrepresentation made by a person or organization with the knowledge that the deception could result in unauthorized financial or other benefits to herself/himself or some other person or organization. It includes any act that may constitute fraud under any applicable law in India.

National Anti-Fraud Unit (NAFU) regularly monitors and analyses utilization and beneficiary data to identify suspect claims, ecards and entities which may be indulging in malpractices/abuse/fraud. NAFU also undertakes medical audit and field investigations to validate the suspicion on the flagged entities. The process of medical audit is as follows:

1. **Medical Audits of suspected Pre-auths/ Claims**

The medical audit will entail the investigation of suspect transactions either in the form of desk or field audits. Desk audits can be conducted remotely by the beneficiary State by examining medical documents submitted by Empanelled

Healthcare Provider (EHCP) at the time of pre-auth/ claims, while field audit requires an in-person visit to the hospital/ beneficiary.

a) Desk audits

- Desk audit of documents submitted by the EHCP for suspect cases shall be done by the beneficiary State.
- If adequate evidence is found during desk audit, it may be decided by the Beneficiary Home State, whether further field medical audit is required to be conducted by NAFU.
- Beneficiary Home State may decide if the beneficiary audit is needed and carry them out accordingly.

b) Field Audits

- If the field medical audit of the hospital is needed, the outcome of desk audit shall be shared with NAFU by Home State and the former shall conduct the field medical audit. Beneficiary Home State's officials may accompany on-field medical audit if feasible and considered appropriate.
- During the field medical audit, NAFU medical audit team shall review case documents at the EHCP premises, collect relevant evidence and make observations on the cases.
- NAFU shall share the field audit report with outcomes with the Beneficiary Home State for the final decision on claims approval and payment.
- In case it is confirmed that the hospital has engaged in malpractices, then NAFU may initiate further action against the errant provider. The Beneficiary Home State may initiate action against the Implementation Support Agency (ISA) if it is found to be in connivance with the hospital.

The detailed process flow of desk audit and field audit is laid out in the Field Investigation and Medical Audit manual available at https://pmjay.gov.in/sites/default/files/2020-04/Field%20Investigation%20and%20Medical%20Audit%20Manual_April-2020.pdf

c) Payment of claims and Disciplinary Actions

- In case of TMS fraud - if the outcomes of the medical audit indicate evidence of malpractices, disciplinary action against EHCP (Show cause notice, suspension, penalty, de-Empanellment, FIR, etc.) may be initiated by NHA. The actions post confirmation of fraud shall be taken as per below-mentioned guidelines available on AB PM-JAY website

- Anti-Fraud Guidelines - https://www.pmjay.gov.in/sites/default/files/2019-04/Anti-fraud-PMJAY-Guidelines_1_2_removed.pdf
- BIS Anti-Fraud Guidelines <https://pmjay.gov.in/sites/default/files/2020-06/Addendum-to-Anti-Fraud-Guidelines-%28BIS%29.pdf>
- Hospital Empanellment and De-Empanellment Guidelines - <https://pmjay.gov.in/sites/default/files/2020-06/Empanellment-and-De-Empanellment-guidelines.pdf>
- Recovery Guidelines - <https://www.pmjay.gov.in/sites/default/files/2019-09/Guidelines%20for%20Actions%20post%20Fraud%20Detecion.pdf>

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