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# IMPROVING HOSPITAL-BASED PROCESSES FOR EFFECTIVE IMPLEMENTATION OF PMJAY: EVIDENCE FROM EARLY IMPLEMENTATION

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**Abstract** *The Pradhan Mantri Jan Aarogya Yojana (PM-JAY) is being implemented with the help of guidelines for various processes. There remains a gap in knowledge around the translation of guidelines into processes at empaneled hospitals. This study attempts to fill this gap through research in 14 hospitals in Gujarat and Madhya Pradesh. The results indicated that while the guidelines are being followed efficiently, patients need to pay out-of-pocket to avail the benefits. There is relatively poor compliance in claim processing and information exchange with patients. It is recommended to address these inefficiencies through consultative decision-making through the involvement of different stakeholders, at all levels.*

**Keywords:** Hospital-based processes, out of pocket payment, Ayushman Mitra, claim management, guideline adherence.

## Introduction and Objectives

Although India has achieved significant progress in health outcomes through improved access to services, nearly two-thirds of Indians continue to remain uninsured and pay for their own health and hospitalization expenses (Gupta et al., 2017, Patel et al., 2015). For many, such expenses are poverty-inducing as well (Chowdhury et al., 2018, Prinja et al., 2017). The Government of India responded to the situation with the launch of the Pradhan Mantri Jan Aarogya Yojana (PM-JAY), a scheme that offers financial protection against health expenditure to poor and vulnerable families.

Launched in September 2018, PM-JAY aims to provide insurance cover to 10.74 crore poor and vulnerable families – i.e. up to 50 crores Indians – for INR. 5, 00,000 per annum for all secondary and most tertiary care procedures of surgery, medical, and daycare treatments at public and empanelled private hospitals. The scheme is rapidly rolling out across states in India. Different Indian states are implementing the scheme through a trust model or insurance model, or a hybrid model combining the two approaches. The hospitals are important stakeholders who not only provide treatment but are also involved in real-time verification and authentication of beneficiaries. Under the PM-JAY, defined guidelines are developed for each step of the hospitalization process - from the time a beneficiary arrives at the hospital for treatment to discharge and receipt of reimbursements. These include guidelines for beneficiary authentication, medical treatment (also referred to as package under PM-JAY) selection, preauthorization, discharge procedures as well as claims payments.

*While guidelines are in place and capacity building efforts are underway, there remains a gap in knowledge around the translation of guidelines into processes and procedures at the level of hospitals. The research undertaken aimed to address this gap in knowledge, around the translation of guidelines into implementation processes at a day to day level*.

### Objectives of the research

1. To review existing guidelines for hospital-based process and claim settlement.

2. Comprehensively map the series of processes that are implemented at a day to day level during a hospitalization event covered under PM-JAY, in the light of the guidelines.

3. Identify the challenges faced by hospitals in implementing the processes, and beneficiaries in navigating the hospitalization process.

4. To identify redundant steps, if any, to improve the efficiency of the processes.

## Methodology and data

A cross-sectional, exploratory, and explanatory research that involved a mixed-method approach was conducted during March-August 2019. It involved qualitative methods in the form of observations and in-depth interviews of stakeholders, as well as a household survey of beneficiaries.

Gujarat and Madhya Pradesh (MP) were selected as study locations, in consultation with the National Health Authority (NHA). Gujarat has a history of implementing a government-sponsored health insurance scheme, namely, Mukhyamantri Amrutam (MA) Scheme[1]. In Gujarat, PM-JAY is being implemented through a hybrid model wherein claims up to INR 50,000 are processed through an insurance company and claims above Rs 50,000 are processed by the State Nodal Agency. Madhya Pradesh has been offering heath assistance schemes in the form of CM-illness funds and the Deen Dayal Antyodaya Upchar Yojna[2]. In MP, the PM-JAY is the firstfull-fledged health insurance scheme (RSBY

[1] Please see http://www.magujarat.com/ for more detail on the scheme.

[2] Please see https://archive.india.gov.in/citizen/health/viewscheme.php?schemeid=436 for more details on the scheme.

was discontinued after a few years of implementation) offering entitlement-based hospitalization coverage in both public and empaneled private hospitals. The scheme is being implemented through a Trust model, in which 'Deen Dayal Swasthya Suraksha Parishad' acts as a state health agency.

The study sites included seven hospitals from each state (Table 1). The hospitals were selected by the respective State Health Agencies to ensure representation of a) public and private hospitals, and b) multi-speciality and super-speciality hospitals. The sampled fourteen hospitals comprised nine multi-speciality and five super-speciality hospitals. Of the fourteen hospitals, eight were private hospitals and the rest were public hospitals, two of which were autonomous hospitals. Among the eight private hospitals, all four in MP and two of the four in Gujarat, i.e. Anand surgical hospital and Narayana hospital, have received accreditation from the National Accreditation Board for Hospitals and Healthcare Providers (NABH).

**Table 1: List of study hospitals and sample beneficiaries**

| State | Ownership Type | Hospital type | Name | In-depth interviews | Sample of patients |
|---|---|---|---|---|---|
| **Gujarat** | **Private** | Multi-specialty | Mavjat Hospital, Palanpur | 3 | 28 |
| | | | Narayana Hospital, Ahmedabad | 3 | 7 |
| | | Super-specialty | Anand Surgical Hospital, Ahmedabad | 4 | 3 |
| | | | Kailash Cancer Hospital, Vadodara | 4 | 18 |
| | **Public** | Multi-specialty | General Hospital, Mehsana | 3 | 11 |
| | | | GMERS hospital, Dharpur | 2 | 10 |
| | | Super-specialty | The Gujarat Cancer Research Institute | 5 | 23 |
| **Madhya Pradesh** | **Private** | Multi-speciality | Sagarshree Hospital and Research Institute | 3 | 12 |
| | | | Sri Aurobindo Institute of Medical Sciences | 3 | 17 |
| | | Super-specialty | Jawaharlal Nehru Cancer Hospital, Bhopal | 3 | 5 |
| | | | Metro Hospital, Jabalpur | 3 | 9 |
| | **Public** | Multi-specialty | Bundelkhand Medical College, Sagar | 3 | 15 |
| | | | District hospital Hoshangabad | 3 | 13 |
| | | | M Y Hospital, Indore | 1 | 29 |
| Total | | | | 43 | 200 |

Forty-three in-depth interviews with stakeholders were carried out using a semi-structured interview guide. These included interviews of Ayushman Mitras, Nodal Officers, doctors, and Head of the hospitals[3]. Hospital-wise distribution of beneficiaries is available in Table 1. The interviews focused on identifying and mapping hospital-based processes related to a) beneficiary identification and authentication, b) package selection and blocking, c) pre-authorization, d) information exchange with patients and insurer/trust before, during and after hospitalization, and e) claim settlement issues like payment, rejection of claims, and timeliness of payments. In addition, informal interactions with the finance staff of a few hospitals also took place. In-depth interviews were audio-recorded with due permission from the beneficiaries. These were transcribed and translated, before analysis. The findings from the interviews were corroborated with detailed non-participant observation of hospital staff involved in PM-JAY related processes and operations.

Observations at the hospitals were carried out to understand a) interactions between beneficiaries and operators of the Beneficiary Information System (BIS), b) interactions between patient/relatives and PM-JAY Ayushman Mitra (AM) over the software operations of Transaction Management System

[3] It is important to note that at the time of writing of the paper, the in-depth interviews with the State nodal officer and Insurer/Trust officials were pending.

(TMS) and National TMS, c) interactions of doctors and patient/relatives with PM-JAY Ayushman Mitras, and d) movement of documents and relatives of patients at the time of discharge.

A household survey of 100 beneficiaries in each state was also conducted. This included a proportionate sample of patients, who availed services in April 2019 linked to the most common and least common procedures in each hospital. From among 100 patients of Gujarat, 39 were enrolled only in the MA scheme and not PMJAY. Since they were not registered under PMJAY, information about their enrollment was not available, and only information about their hospitalization was analyzed. The distribution of patients across hospitals can be found in Table 1. The patients or their relatives were asked about their experiences and challenges around a) beneficiary identification and authentication, b) information exchange before hospitalization (e.g. receipt of SMS informing them about details of packages and balance), c) experience of hospitalization and scope of services received (e.g. free medicines), d) information exchanges during discharge ( e.g. receipt of discharge summary and copies of diagnostic reports), e) information exchange after hospitalization (e.g. follow up call from the designated call centre to ask about the hospitalization experience), and f) overall quality of services, including additional payments made to the hospital over and above the cashless care entitled, that was provided to hospitals under PM-JAY. The questionnaire for the household survey was configured in the Open Data Kit (ODK) software, and data were collected using a hand-held electronic device. The data was cleaned using MS-Excel software and analyzed using STATA software version 12.

The data were analyzed in a three-stepped process that involved a) development of process maps in light of the guidelines, b) examination of challenges faced by hospitals in implementing processes, and ideas to overcome these challenges, and c) assessment of beneficiaries' experiences and challenges. The information generated in these three steps were integrated during the analysis.

## Results and Findings

The results and findings of the study are divided across the following sub-sections, in accordance with the PMJAY guidelines for hospital-based processes, viz. a) Preparatory activities, b) Beneficiary identification and registration, c) Package selection and blocking, d) Preauthorization and admission, e) Discharge, and f) Claims settlement. Each sub-section provides insights from hospitals as well as from the beneficiary household survey.

### A. Preparatory activities for states

Preparatory activities for the state include SHAs ensuring availability of requisite hardware, software and allied infrastructure required for PMJAY scheme activities. They also need to set up teams to provide training, hardware and software support and troubleshooting etc. Hospitals need to set up a dedicated helpdesk for PMJAY, appoint staff including a nodal officer and Ayushman Mitra and ensure availability of a printed booklet providing information regarding the scheme at the helpdesk. Most of these steps were found to be implemented well in most hospitals in both the states, with one exception about the availability of the printed booklet at the hospital. While all hospitals had hoardings and banners providing information about the scheme, no hospital had printed booklets or pamphlets for the patients. The other preparatory process that required attention was the training of providers, especially the Ayushman Mitra (AM). While all hospitals indicated that the AMs had received training, they were of the opinion that the training was software-centric and lacked in content around package selection, documentation and other processes.

> *The training provided to the AMs is for making them aware about the working of hardware and software… All the trainers knew (how to use) computers but had no idea about packages and were not able to solve queries related to the packages.*
>
> - Nodal Officer of a private hospital in Gujarat

All the hospitals had one or more AM in place, with differences in their qualifications. The AM in six out of fourteen hospitals were nurses or doctors with qualifications in an alternative system of medicine. Some of them also had a post-graduation in hospital administration. As will be explained in detail later, it was found that various processes were relatively more efficient in hospitals with such AMs, as compared to hospitals where AMs did not have such qualifications.

### B. Beneficiary identification and registration

This involves the use of the Beneficiary Identification System (BIS) for identification of PM-JAY beneficiaries for issuing the PM-JAY e-card and registration for hospitalization. Both public and private hospitals in Madhya Pradesh register patients using the BIS, private hospitals in Gujarat indicated that the patients were required to register in the BIS at the public hospital / municipal corporation office / common service centres. Thus, while empaneled hospitals in Madhya Pradesh could initiate the identification and registration of most patients, private hospitals in Gujarat could not do so for all the patients. Another area of deviation from the implementation of the guideline was the use of the Telephonic Patient Identification Number (TPIN) in case of emergency. The system of TPIIN was found to be non-existent in both states. However, the absence of TPIN is not affecting the admission of patients in case of an emergency.

From the beneficiary perspective, a large proportion of PMJAY beneficiaries in Gujarat (74%) indicated that they got to know about the scheme from the letter they received from the government indicating their entitlement. In Madhya Pradesh, such a letter was not reported as having been received. Instead, around one-third (30%) beneficiaries got to know about the scheme when they visited the hospital at the time of admission, and another one-fourth beneficiaries got to know about the scheme from their friends and relatives. Less than one in ten beneficiaries reported that they faced a problem in registration in the form of long waiting time or payment. The respondents were asked to rate their experience of registration on a five-point Likert scale that ranged from 'highly dissatisfied' to 'highly satisfied'. As can be seen from Figure 1, 81% of beneficiaries were either 'satisfied' or 'highly satisfied' with the registration process. This was higher in Gujarat (86%) as compared to Madhya Pradesh (77%).

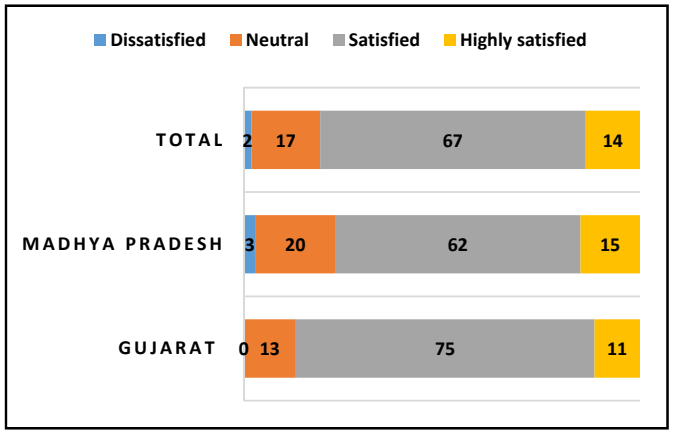


*Figure 1: Level of satisfaction with registration (in %)*

### C. Package selection and blocking

PM-JAY guidelines state that based on the diagnosis sheet provided by the doctor, the operator should be able to block the benefit package(s) using PM-JAY IT system. The AMs in all the hospitals were able to operate PM-JAY software and were able to block the packages. Based on their understanding of the documents required for getting pre-authorization approval, AMs were also able to scan and upload the documents in PMJAY system from the case file. This was relatively more efficient in the hospitals where the AMs had medical/paramedical background. There were found to make hospital operations efficient by eliminating or substantially reducing the queries through a) understanding doctor's prescription and choosing the appropriate package to be blocked, and b) uploading the necessary reports required for the corresponding package at the first instance itself. Big hospitals in Gujarat indicated a delay in package selection and blocking owing to the policy of single log-in for PM-JAY system per hospital. Hospitals indicated that the SHA has agreed to provide them with multiple logins, as available under the MA scheme.

From the beneficiary's perspective, the average time for admission and pre-authorization request was half an hour in Gujarat and 3 hours in Madhya Pradesh. This duration was around one hour in public hospitals and more than five hours in private hospitals of Madhya Pradesh. The time implication was found to be lower at 0.5 hours in hospitals where Ayushman Mitra was technical staff with AYUSH or Nursing qualifications, as compared to 2.9 hours in other hospitals with non-technical AMs.

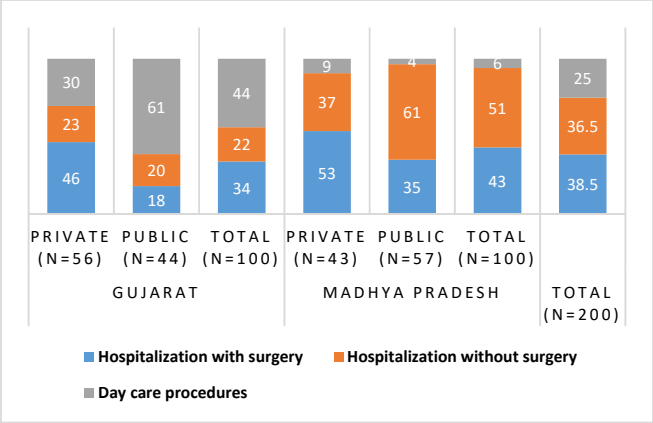


*Figure 2: Reasons for Hospitalization (in %)*

The analysis of the survey of the patients who availed treatment in April 2019 indicated that the utilization of PM-JAY varies across types of hospitals and states. As can be seen from Figure 2, a relatively high proportion of patients in public hospitals of Gujarat were hospitalized for 'daycare procedures' like dialysis and chemotherapy. Among public hospitals in Madhya Pradesh, a high proportion of patients were admitted for non-surgical hospitalization. As will be discussed later, this could be because of the policy of reserving procedures for government-hospitals in Madhya Pradesh.

### D. Preauthorization and admission

Once the package is selected and blocked, a request is sent to the insurance company/trust for pre-authorization. According to the guideline, insurer/ trust has to approve or reject the request within 6 hours. In case the insurer/ trust fails to do so, the request will be considered approved after 6 hours. No hospitals indicated that the system of auto-approval after six hours was in fact used. All the hospitals in Gujarat reported an average time of 3-4 hours for pre-authorization approval, whereas certain private hospitals in Madhya Pradesh reported that at times pre-authorization approvals took up to 24 hours. While private hospitals typically wait for approval to begin treatment, public hospitals initiate treatment prior to getting authorization. Hospitals indicated that they often get queries for more information such as the provision of detailed observations by the treating doctor or the investigation report. Certain hospitals in Madhya Pradesh indicated that some queries are asked much later and some others are not in alignment with the treatment protocols. While in some cases, such instances have resulted in a delay in initiation of the treatment, as will be seen later, in some other cases, this led to delay in claim processing.

> *…Recently, in a case of Chronic Obstructive Pulmonary Disease (COPD), a query came where OT notes were asked for. Now, COPD is a medical condition. We don't know if the person raising the query has any medical knowledge or not.*
>
> – AM (with medical background) at a public hospital in MP

None of the hospitals reported any incidents of repeated rejection of the pre-authorization request. Certain hospitals, where the AM were with medical and managerial qualifications, have found to be innovatively using a) WhatsApp for transfer of patient details, bedside photos and other work details. b) Mobile calls for coordination with patients and relatives and c) ward boys and other staff for sending patient files to and from the TMS counters. These efforts were also found to have reduced patient's movement and improved efficiency of the processes.

It was also observed by the hospitals that the TMS does not provide a procedure-wise list of documents as hints/pointers at the submission window, something that can reduce or eliminate the chance of missing out on essential documents for pre-authorization and claim settlement requests. One of the

hospitals in Madhya Pradesh has developed software to meet this felt need to reduce the time for approvals.

As per the patient survey, the mean time for pre-authorization approval was 4 hours in Gujarat and 9.5 hours in Madhya Pradesh. While public hospitals in Madhya Pradesh reported a mean time of 1.7 hours, beneficiaries of private hospitals reported a very long time of 19.5 hours for receiving approvals (Figure 3). Patients experienced shorter waiting times (Mean waiting time = 3.5 hours) in hospitals having technical AMs with medical/paramedical qualification as compared to those non-technical AMs (Mean waiting time = 10.5 hours) (Figure 4).

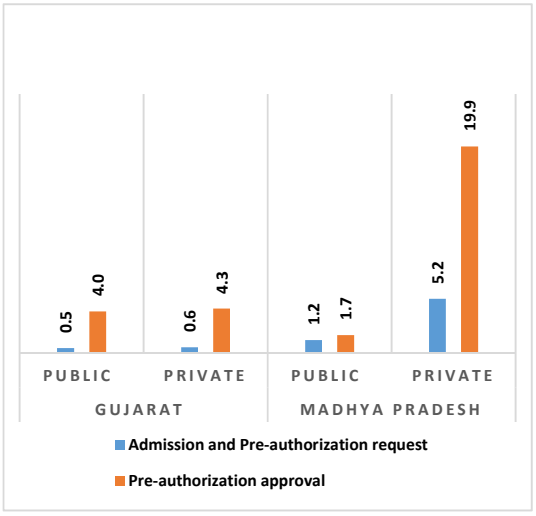


*Figure 3: Time implications (in hours) in PMJAY hospitalization*

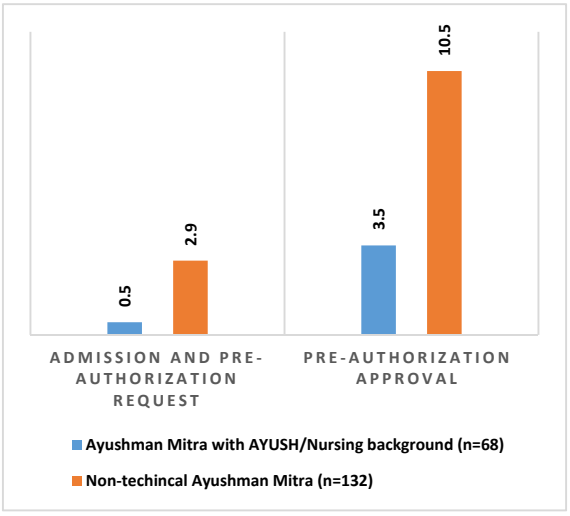


*Figure 3: Time for hospitalization (in hours) v/s qualification of AM*

### E. Discharge and Out of pocket (OOP) payments

Guidelines for discharge, state that the operator should fill the online discharge summary form and the patient should be discharged with a discharge summary. This was being followed in all the hospitals. In case the PM-JAY portal was running slow or there were particularly high number of patients to discharge, the AM scanned and stored all the documents in his/her computer and patients were physically discharged from the hospital. Later, these scanned documents were uploaded along with discharge request on the PM-JAY portal. According to the patient survey, hospitals in Gujarat took around one hour to discharge them, compared to 3 hours in Madhya Pradesh. The discharge process was relatively less time-consuming in hospitals with technical AMs (1.5 hours), as compared to the ones with non-technical AMs (2.1 hours).

Almost all hospitals raised concerns about rates and content of various packages and hoped that they would be revised soon through a consultative process. Although the PMJAY scheme offers free treatment to patients, certain hospitals indicated that they charged their patients. In some cases these were lump-sum payments to be paid at the hospital counter and in some other, these were expenses incurred in purchasing certain medicines or consumables.

Payments were asked for in three instances viz. a) to cover pre-hospitalization expenses for pre-operative investigations, b) to provide for full or partial treatment of government-restricted packages, which were not covered under PMJAY for private hospitals, and c) to part pay the difference in PM-JAY package and provider's preference for treatment (e.g. choice of medicine or implants). While some hospitals indicated that they cover the cost of pre-operative investigations, certain hospitals in MP

> *… Breast cancer is one of the common cancers here. Cancer treatment uses multimodality treatment and requires team work from surgical, medical, and radiation oncology teams. Surgery for this condition is covered under PM-JAY for private hospitals like ours, but the chemotherapy is reserved for government hospital. When we tell this to the patient, they refuse to go to government hospital, which by the way doesn't even have a medical oncologist. This way the patients have to pay for services that are supposed to be covered.*
>
> - Healthcare provider at a private hospital in Madhya Pradesh

mentioned that they do not cover the patients. In Madhya Pradesh, 472 packages (mostly non-surgical procedures) are reserved for/restricted to government hospitals. These procedures are not covered in empaneled private hospitals. So, patients who prefer using private hospitals or those needing multimodal treatment when admitted to a private hospital, end up paying for services that are included in packages reserved for government hospitals.

**Table 2: Incidence of OOP payments during hospitalization (In %)**

| Hospital type | Gujarat | Madhya Pradesh | Total |
|---|---|---|---|
| Private | 13 (n=56) | 63 (n=43) | 34 (n=99) |
| Public | 9 (n=44) | 28 (n=57) | 20 (n=101) |
| Total | 11 (n=100) | 43 (n=100) | 27 (n=200) |

This out of pocket (OOP) payment was corroborated from the findings of the household survey of beneficiaries. As can be seen from Table 2, around one-fourth of the beneficiaries (27%) reported that they paid out of pocket payments either before, during or after hospitalization. A higher proportion of beneficiaries who reported 'zero payment' were from Gujarat (89%) as compared to Madhya Pradesh (57%), and from public hospitals (80%) as compared to private hospitals (66%). There was a higher incidence of OOP payments among patients of private hospitals in Madhya Pradesh.

In terms of the magnitude of OOP payment, there was a significant difference across states and type of hospitals, as can be seen in Table 3. Patients who availed treatment in public hospitals in Gujarat had the lowest OOP payment at Rs. 1550 (n=4). Patients who used private hospitals in Madhya Pradesh paid highest OOP (Rs. 40,996 (n=27))

**Table 3: Average payment during hospitalization (In Rs.)**

| Hospital type | Gujarat | Madhya Pradesh | Total |
|---|---|---|---|
| Private | 5558 (n=7) | 40996 (n=27) | 31341 (n=34) |
| Public | 1550 (n=4) | 5123 (n=16) | 4409 (n=20) |
| Total | 4100 (n=11) | 27648 (n=43) | 22851 (n=54) |

Most beneficiaries indicated that they were asked to make payments for medicines, reports, blood etc. that they were told are not covered under the PM-JAY. Around one-fifth of the beneficiaries - mostly from private hospitals in Madhya Pradesh - indicated that they were asked to make a lump sum payment on top of the coverage amount, with information that the coverage was insufficient. It is important to note that the OOP payment was around three times higher for those patients who were asked by the hospitals to make 'part-payment' on top of the coverage (Mean expenses- INR. 47840, Median expenses- INR. 42,500), as compared to those who reported spending on medicines/tests/blood etc. (Mean expenses- INR. 17172 Median expenses – INR. 3250). The high OOP payment was one of the reasons for poor satisfaction among beneficiaries.

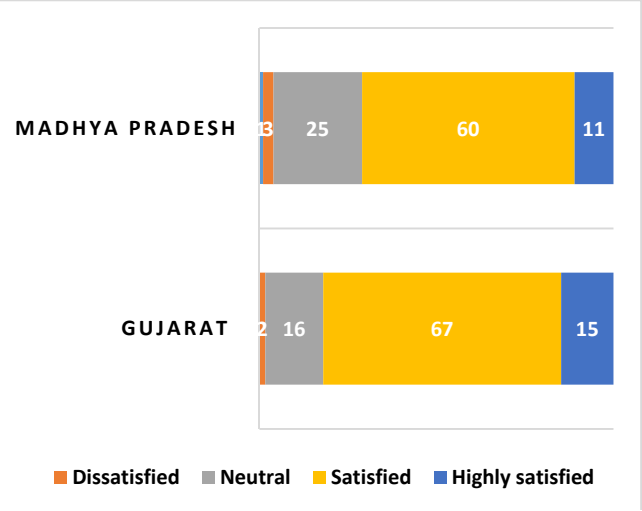


*Figure 4: Level of satisfaction with hospitalization (in %)*

As can be seen from Figure 5, three—fourths of beneficiaries were either 'satisfied' or 'highly satisfied' with their hospitalization experience. This was higher in Gujarat (82%) as compared to Madhya Pradesh (71%). Dissatisfied beneficiaries were those who also reported problems in the form of a) poor quality services in the form of the bad behavior of healthcare providers, b) long waiting time during preauthorization and admission, and d) out-of-pocket expenses. Certain hospitals also mentioned instances of patient-provider disputes owing to various reasons, including over out of pocket payments.

### F. Claim Payment and Turn-around Time

PM-JAY guidelines for hospital-based processes indicate that the turn-around time for claim payment should be 15 days for within state and 30 days for interstate claims. According to the tender documents of the PM-JAY hospital empanelment process, the turn-around time is 45 days in Gujarat. However, hospitals in both states reported an average turn-around time of more than 90 days for full payment of their claims. The reasons for the delay are different in the two states.

In the hybrid model of Gujarat, the insurance company makes the part or full payment up to Rs. 50,000 and the rest of the payment, if any, is to be made by the trust. The first tranche of the claim was reported as having been processed well in time before 45 days, but the remaining payment by the trust is often delayed. Thus, hospitals in Gujarat have indicated delayed receipts of their full payment. Also, hospitals in Gujarat indicated that they received a lump sum amount without sufficient claim-specific information from the purchaser making it difficult for them to match the claims against the payment received. On the other hand, they noted that the payment system in existing state-scheme MA was relatively better streamlined.

> *…Unlike MA scheme, we do not receive payment information in a proper format. So it becomes very difficult for us to verify the sum of amount with the number of patients and track their payment details... We know that certain proportion of total pending funds have been paid, but cannot tally them.*
>
> - Nodal officer of a private hospital in Gujarat

In Madhya Pradesh, the long turnaround time has a dimension of delay in the processing of the claims. As described earlier, hospitals indicated the issue of a large number of queries raised at the time of preauthorization approval or later at the claim settlement stage. Some hospitals also expressed dissatisfaction regarding the full or partial rejection of claims, without being given a reason for the rejection, and the lack of redressal thereof.

> *…for a case recently, a query asking for a post-operative MRI came after 3 months. Luckily, for my own satisfaction, I had done a post-operative MRI and I was able to submit a report. Otherwise, where would we search for the patient?*
>
> - Healthcare provider at a private hospital in MP

## G. Experience of receipt of SMS during and feedback call after hospitalization

During the household survey, information was sought about the SMS and telephone calls that the patient/relative may have received about registration, preauthorization, and discharge. This was to assess the implementation of the integrated feedback system for communication with patients through calls and SMSs.

As can be seen from Figure 6, in Gujarat, more than half the patients reported receiving an SMS during the verification step, while lower proportions of patients reported receiving SMSs for preauthorization, admission and discharge. In Madhya Pradesh, a significantly lower proportion of patients reported receiving SMSs across processes. Nearly fifty percent of beneficiaries in MP and sixty percent of beneficiaries in Gujarat reported having received a post-discharge feedback call.

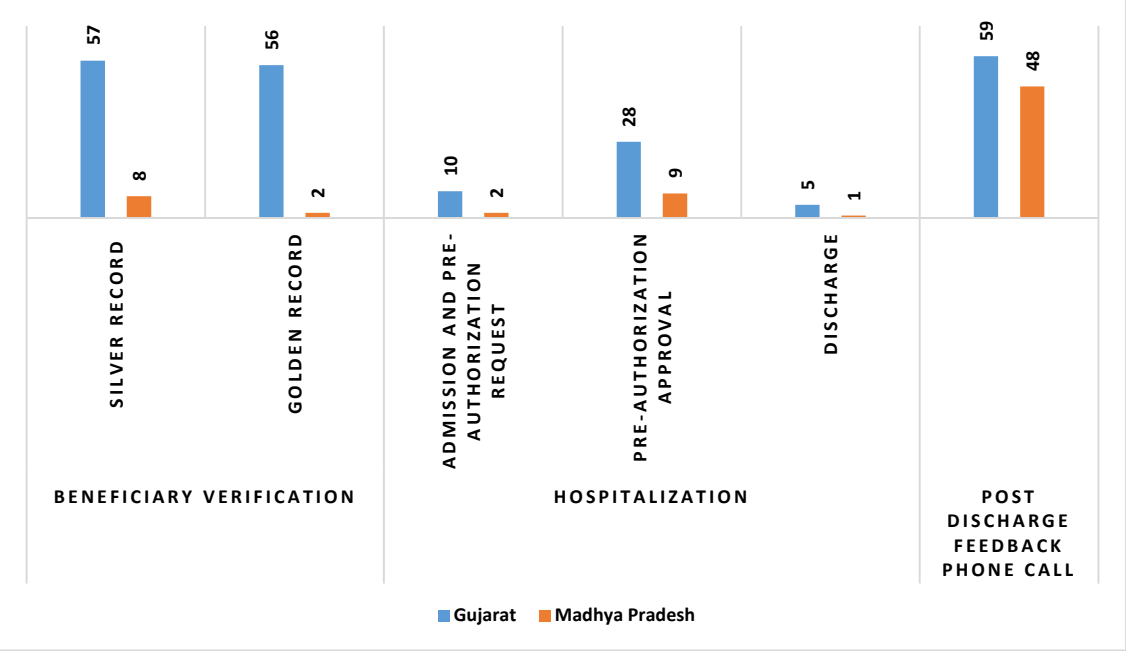


*Figure 5: Proportions of beneficiaries who received SMS/call about specific processes (in %)*

### Conclusion

The above-mentioned findings indicate that hospitals and patients are not dissatisfied with the implementation of PMJAY scheme, in general. It was also found that in most cases, hospital-based processes are being followed as per the guidelines. While there is an ongoing need for enhanced

consultation of healthcare providers in designing and implementing the scheme, there are specific lessons from the early stages of implementation. First, AYUSH/Nursing and MHA qualified AM improves interactions between patients, providers, and insurers, and thus enables improved patient satisfaction as well as efficiency in the processes in the hospitals. Second, there remain possibilities for improved compliance with respect to guidelines around a) preauthorization approvals, and b) processing and payment of the claims. This can be done by ensuring adherence to the guidelines on time limits for approvals, payments etc. through strict monitoring Similarly, there is a possibility for improved compliance in the information exchange with patients i.e. timely provision of SMSs and calls for various hospital-based transactions. Lastly, as the success of any health insurance programme lies in ensuring financial protection to its beneficiaries, the high extent of OOP payment, especially in Madhya Pradesh needs urgent attention. Many hospitals insist on payment of pre-operative diagnostic procedures fearing that there is a possibility that the patient may not be hospitalized based on the negative results. Certain private hospitals insist that patients get these done at public hospitals before admitting the patients. This affects financial and physical coverage and ultimately affects user satisfaction.

**Suggestions**

Hospital-based processes under PM-JAY are evolving and can be strengthened further. The following are some facility-level suggestions for hospitals and policy level suggestions for planners and programme managers at the state and central levels.

**Facility level suggestions for hospitals**

First, at the hospital level, the Ayushman Mitra (AM) is a key position that can contribute to the enhancement of effective coverage and administrative efficiency. An empowered AM is key to efficient hospital-based processes under PM-JAY. The hospital can ensure empowered AM through a) recruitment of personnel with clinical and hospital administration background, and b) active and ongoing capacity-building efforts of existing AMs. Second, the use of mobile-based technology for local data transfer and coordination was a local innovation that brought efficiency. The hospital authorities may encourage identification, exploration, and development of local operation-level innovations for patient-centric efficient and secured processes for enhanced user satisfaction. Third, while the insurance literacy remains a roadblock in the penetration of health insurance in general, being a new scheme, there remains a lack of clarity around entitlements of coverage under PMJAY. The hospitals can introduce patient-level efforts for insurance education to enable them to make informed choices through increased awareness. Informed patients will ensure fewer patient-provider disputes and enhancement of administrative efficiency.

**Policy level suggestion for NHA and SHA**

The most important and urgent need is to reduce OOP expenses. To that end, policymakers may revisit and streamline the existing guidelines and provisions. One reason for OOP is the payment for pre-hospitalization diagnostics. Strategic purchasing options need to be explored for the payment of these procedures. Policymakers also need to revisit and streamline the treatment guidelines, as per the latest standards, and payment packages in accordance with prevailing standard market rates. This will not only help in enhancing the quality of care but will also contribute to enhanced allocative efficiency. Lastly, the policy of restricting procedures to public hospitals affects physical as well as financial access to coverage as patients do not get care in one place, and thus pay (often significant) OOP expenses. This restriction of packages to government hospitals needs to be rationalized and information on the list of procedures reserved for government hospitals needs to be communicated effectively to the patients so that they are not caught unaware. This is especially important for conditions like cancer where there is a need for customizing treatment by a team of doctors using multiple treatment modalities.

There is a need to introduce refresher training to identify and encourage operation-level innovation and learning from the analysis of claim-related queries in the documentation. The trainings could be a) in the form of online video tutorials inbuilt into the software, and b) in-person interstate or intrastate

training through experience sharing among staff from different facilities. Such inputs will help in further streamlining processes and enhanced efficiency.

Lastly, in the early stages of the implementation of the scheme, there remains a huge scope to further build trust among stakeholders. This can be done through a regular two-way communication process for discussing issues, sharing experiences and devising solutions, through consultative decision making. The experience of implementation of the MA scheme in Gujarat points to the need for establishing and maintaining a formal two-way communication system between providers and the SHA in PMJAY. Such inputs will eventually lead to enhanced administrative efficiency.

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