AYUSHMAN BHARAT- PMJAY

Core features:

- A cover of Rs. 5 Lakh per family per year
- Over 10 Crore poor and vulnerable families eligible
- States given flexibility to decide on mode of implementation
- Benefits will be portable across the country
- Entitlement based scheme

Overview

Patient hospitalization>Beneficiary Identification & Registration> Pre- Authorization Request & Approval > Treatment> claim request & Approval > Discharge

- Cover uptoRs. 5Lac/family/ year
- <10.74 crore SECC++ beneficiaries
- Completely cashless & paperless
- 1,350+ medical packages at empanelled hospitals
- Integrated IT systems based Ecosystem
- Privacy & confidentialiality ensured

Service Coverage

Inclusions

- 1350 treatment packages
- Family deductible bucket of INR 5,00,000
- Secondary & Tertiary care IP services including day care procedures
- Pre-existing conditions
- New born care
- Pre- authorization for defined packages
- Provision to cover 'unspecified surgical conditions', on pre-authorization p to a limit of INR 1,00,000

Exclusion

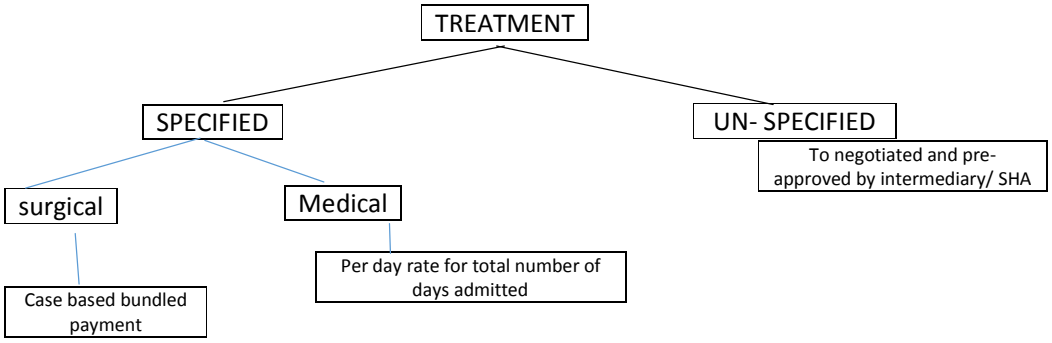
- Out- patient care
- Individual diagnostics (for evaluation)
- Drug rehabilitation program
- Cosmetic related
- Fertility related
- Transplants involving organs etc.

What constitutes treatment package?

End to end coverage for entire episode of care

- Medical examination, treatment and consultation
- Pre- hospitalization (3 days)
- Medicine and medical consumables
- Non- intensive and intensive care services
- Diagnostic and laboratory investigation
- Medical implant services (where necessary)
- Accommodation benefits
- Food services
- Complication arising during treatment
- Post- hospitalization (15 days) – at discharge medicines

Provider payment mechanism



- AB PMJAY would be cashless & paperless at any of the empanelled health Care providers (EHCP)
- Claim management will be paperless at all stages- claim registration, intimation, payment, investigation by EHCP/ SHA
- Beneficiaries shall not be required to pay any charges for the hospitalization expenses
- All transactions need to be maintained online in order to ensure real- time claim management and reporting

Pre Authorization process

Special package requiring pre authorization

1.>Upload docs (online)> ISA/ Insurer (within 6 hours) > Approved/ Rejected > if Approved> Admission

Treatment not listed in defined packages

2. FAX/ Mail reports/ docs (offline)

3. call SHA call center (emergency) > ISA/ Insurer > Providers pre- authorization code over call > Upload documents

- Clinical and surgical notes to be uploaded at the time of claims submission- TMS has a feature
- All packages are subject to pre- authorization in the event of portability
- Master list of documents to be upload for different packages will be available on the server

Claim settlement process

EHCP raises claims> claims management team review claims >claim approved> claims payment on weekly basis- transfer to bank account

Claims rejection > share reasons for rejection

Further inspection > review on fortnightly basis

(within 15 days, inter state within 30 days)

- SHA will approve or reject a claim within 15 calendar days (Turn Around Time) from the date or calm submission
- SHA may collect diagnostic reports from EHCP for adult purpose
- EHCP can appeal to district grievance (DGC) to review the claim, within 30 days of claim rejection

AYUSHMAN MITRA

- The AyushmanMitra is the primary contact for the beneficiaries
- Numbers of AMs shall be dependent on the average case –load per day
- The AM shall be responsible for focusing on three broad areas.

Operating the Beneficiary identification system to identify and verify the beneficiaries entitled under AB – NHPM

Undertaking transaction Management such as submitting request for Pre- Authorization and Claims

Guiding the beneficiary about the overall benefits under AB-NHPM and providing information about receiving prompt treatment at EHCP

Payment Assurance

- shall be no longer than 30 calendar days (irrespective of the number of working days).
- EHCP is expected to upload all claim related documents within 24 hours of discharge of the beneficiary (this will be relaxed for NHCP)
- The Trust/State shall make claim payments to each NHCP against payable claims on a weekly basis through electronic transfer to such NHCP's designated bank account
- Penalty on delay in settlement of claims
    - Beyond the turnaround time of 30 days. A penalty of 1 % of claimed amount per week for delay beyond 15 days to be paid directly to the hospitals by the state trust
    - Trust/ IC will need to update the claim settlement data on the portal on a daily basis and this data will need to be updated within 24 hours of claim payment
    - Any claim payment which has not been updated shall be deemed to have been unpaid and the interest, as applicable, shall be charged thereon.