



Government of Jammu & Kashmir
Health & Medical Education Department
Civil Secretariat, J&K, Jammu.

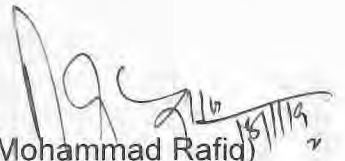
Subject: Guidelines for implementation of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana in Public Hospitals of J&K.

Notification No: 01-HME of 2019

Dated: 19.01.2019

The state specific guidelines for implementation of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Public Hospitals of J&K, forming Annexure hereto are notified for information of all concerned.

This issues with the concurrence of Finance Department conveyed vide U.O.No. FD-VII-17(121)2007-08 dated 17.01.2019.


(Mohammad Rafiq) 15/1/19
Director Finance.

No: SHA/ABPMJAY/Jk/01

Dated:19.01.2019

Copy to the:

1. Principal Secretary to the Government, Finance Department.
2. Principal, Govt. Medical College, Jammu/Srinagar.
3. Principal, Govt. Dental College, Jammu/Srinagar.
4. Mission Director, National Health Mission/Chief Executive Officer, ABPMJAY, J&K, Jammu.
5. Director, Health Services, Jammu/Srinagar.
6. Director, Family Welfare, MCH and Immunization, J&K, Jammu.
7. Pvt. Secretary to Principal Secretary to the Govt., Health and Medical Education Department.
8. Office file.

Annexure No. 01–HME of 2019 dated 19.01.2019

Guidelines for implementation of Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana in Public Hospitals of J&K.

All public hospitals empanelled under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) are required to provide inpatient services to the entitled beneficiaries free of cost. The following is the list of benefits to be provided to the entitled beneficiaries:

- 1 Registration charges.
- 2 Bed charges (General Ward).
- 3 Nursing and boarding charges.
- 4 Surgeons, Anesthetists, Medical Practitioner, Consultants fees etc.
- 5 Anesthesia, Blood Transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances etc.
- 6 Medicines and Drugs.
- 7 Cost of prosthetic devices, implants etc.
- 8 Pathology and radiology tests: radiology to include but not be limited to X-Ray, MRI, CT scan, etc.
- 9 Diagnosis and Tests, etc.
- 10 Food to Patient.
- 11 Pre and Post Hospitalization expenses: Expenses incurred for consultation, diagnostic tests and medicines before the admission of the patient in the same hospital and cost of diagnostic tests and medicines and up to 15 days of the discharge from the hospital for the same ailment/ surgery.
- 12 Any other expenses related to the treatment of the patient in the hospital.

The following guidelines are issued for carrying out seamless operations by the public hospitals:

I. Strengthening of Hospital Drug stores and Laboratories

a) Drugs:

1. To the extent possible only the generic medicines should be prescribed and procured in the public hospitals.
2. To the extent possible medicines shall be provided from the Essential Drug List (EDL) in the hospital store to the AB-PMJAY beneficiaries.
3. If there is shortage in the EDL, medicines shall be procured from Jan Aushadhi stores or any other Government approved store strictly as per procurement guidelines prescribed by state government.

4. A technical committee under the chairmanship of MS/BMO and Nodal Officer AB-PMJAY, Administrative Officer/Accounts Officer & Store Superintendent/PSK as members shall select Non-EDL Drugs and other consumables including surgical items, implants etc to be stored in the Hospital Pharmacy.
5. Select list of Non-EDL Drugs shall be sent to SHA for approval. Purchase of Non-EDL drugs shall strictly be as per procurement guidelines prescribed by state government.
6. Where a drug that is not in the EDL/ Non-EDL list approved by SHA, is to be purchased, the treating doctor must prepare a request stating the reason why the specific drug is needed and get it approved by the Technical Committee which shall record the decisions and get the approvals from SHA subsequently on case to case basis.

b) Investigations:

1. AB-PMJAY requires Standard Treatment Guidelines to be followed and necessary documents leading to the diagnosis are required to be uploaded to the claim server on compulsory and daily basis.
2. All Hospitals shall strengthen the labs inside the Hospital Premises for services not available in the hospital lab.
3. AB-PMJAY funds shall not to be used for unnecessary investigations from outside laboratories but to augment diagnosis and therapeutic facilities inside hospitals.
4. The hospital level Chikitsa Prabandhan Samiti (CPS) / Hospital Management Committee (HMC) / Rogi Kalyan Samiti (RKS) can use the AB-PMJAY funds for purchase of new equipments, improve capacity or features of existing equipment, extend Annual Maintenance Contract (AMC), carry out maintenance not covered by AMC or any other contract, purchase consumables reagents or spare parts, carry out infrastructural modifications for proper use of these equipment and hire technical personnel only after getting express permission from SHA. All hiring should be done as per the NHM rules.
5. Free diagnosis initiative of the NHM shall be utilized at all possible times.
6. If exceptional circumstances, RKS can contract out certain lab services which are not available in the hospital through open tender process to select single firm or empanel certified Labs who are ready to work on CGHS rates, with prior approval of SHA.
7. The hospital shall follow Quality Council of India norms in all lab procurements. All local purchasing must be done by entering into well negotiated rates with the supplier as per the applicable rules in this matter.

8. Expenditure on purchase of drugs/diagnostics in no case shall exceed 50 % of the claim amount.

II. Accounting for Claims

1. MS/BMO/MOIC shall upload claim(s) for all the procedures done in respect of entitled in-patient beneficiaries and shall follow it up till the claim(s) is/are finally settled.
2. MS/BMO/MOIC shall invariably report on monthly basis to State Health Agency (SHA) about the claim settlement through the respective Chief Medical Officer (CMO) and in case of rejected claims shall furnish details including the reasons for rejection/non-settlement.
3. All the procedures followed in getting the claims settled are subject to audit. MS/BMO/MOIC shall facilitate the State Health Agency and Insurance Agency in conducting hospital audits, treatment audits and other verifications at the hospital as prescribed in AB-PMJAY guidelines.

III. Account Maintenance

1. Respective empanelled public hospital shall maintain a dedicated bank account and books for the amount accrued as claim under the scheme. The bank account opening and maintenance shall be as per the general applicable rules in this matter and shall not require any special approval.
2. Receipts from insurance reimbursements are subject to audit and must be properly accounted for and deposited in a separate bank account operated jointly by the Medical Superintendent / Block Medical Officer (MS/BMO) and any other administrative officer. These are not to be deposited directly into the RKS account.
3. The funds shall be utilized by the public hospitals in accordance with the laid down framework for administrative/technical/financial rules besides the guidelines/norms and ceilings of AB-PMJAY.
4. All the withdrawals and reimbursements from the account for all PM-JAY related matters shall be done by approved banking instrument (Cheque/draft/bank order, etc) only. Cash payments should not be done.

IV. Executive committee for insurance funds:

1. The Executive Committee with the following composition be constituted in all the public hospitals:

1.	Hospital Superintendent/BMO/MOIC	Medical	Chairperson
2.	Deputy Superintendent/RMO		Vice Chairperson
3.	Nodal Officer AB-PMJAY (To be nominated		Member-Secretary

	by the Chairperson).	
4.	Administrative Officer/ Accounts Officer	Member
5.	HODs of all Departments & Consultants	Member
6.	Matron/ Nursing Superintendent.	Member
7.	Store Superintendent/PSK.	Member
8.	The Chairperson may co-opt any other officer, as may be deemed necessary	

2. The Empanelled Public Hospitals shall make minor changes, if necessary, in the composition of the committee as per local context.

V. Utilization of Insurance Funds in the Hospitals

1. Insurance Fund shall be credited into the dedicated AB-PMJAY bank account.
2. Insurance fund (settled amount) shall be divided into three heads namely RKS share (75%), Incentive share (20%) and SHA share (5%).
3. The RKS share shall further be divided into Tied and Untied RKS Heads. Tied RKS Head shall bear expenses vis-à-vis routines, like Patient Registration, Bed Charges, Diet and Stationary, Cost of Drugs and diagnostics and Untied RKS Head shall be used for all purposes except mentioned above.
4. Incentive share part is calculated based on the settled claims by Insurance Company on case to case basis.
5. SHA share of 5% shall be on settled claims, calculated on monthly basis. The Empanelled Public hospitals shall deposit the share on monthly basis in the SHA Account. This will remain as a corpus fund in the J&K State Health Agency in a dedicated Account maintained by SHA for the purpose. The funds shall be utilized by SHA in accordance with the laid down framework for administrative/technical/financial rules besides the guidelines/norms and ceilings of AB-PMJAY.

VI. Incentive Share

1. Incentive shall be paid only if expenses of the concerned claim are not above 75% of the package rates.
2. Twenty percent of the Insurance fund (on case to case basis) earmarked as the staff incentive share shall be distributed as per the following general guidelines.

1	Surgeon / main physician / doctor treating the case.	25%
2	Surgeon assisting the surgery / other physician / doctors involved in treating the case.	10%
3	Anaesthetist / doctor of other departments actively involved in the case management of medical cases.	20%

4	MS/BMO/MOIC	5%
5	Consultation / call duty etc.	5%
6	Staff nurses	15%
7	Nursing Assistants / Hospital Attendant	10%
8	Lab Technician	3%
9	X-ray / Ultra sound CT Scan Technician	3%
10	Others if any(Accredited Social Health Activist (ASHA)/Pradhan Mantri Arogya Mitra (PMAM) or involved in ancillary patient care	4%

3. Lab Technicians would be eligible for incentives if lab investigations are done in hospital lab for these cases. Doctors involved in the Ultra sound, CT-Scan, would be covered as consultation component of incentive.
4. In case of any fraud detected, SHA shall have the authority to withhold/release/withdraw the incentive component in part or entirety depending upon the extent of fraud detected.
5. SHA shall have the authority to alter or change the incentive structure on the basis if request made by an Empanelled Public Hospital.
6. Unspent amount in the incentive share shall become part of Untied Head of RKS Share.
7. Executive Committee on insurance funds constituted in the hospital shall act as Grievance Redressal Cell with regard to grievances related to incentives of doctors and other staffs and implementation of AB-PMJAY.
8. The books of account shall be maintained by the public hospital for all the three components as enshrined in the extant J & K Financial Code.

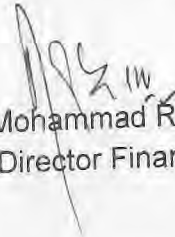
VII. Administrative and service delivery guidelines

A. Beneficiary Admission and Discharge.

1. Respective Empanelled Public Hospitals shall set up a dedicated helpdesk for AB-PMJAY preferably in the reception area of the hospital, which shall forward grievances to Grievance Redressal Cell of the hospital.
2. For LAMA/ referral or similar cases, the admission department of the hospital shall mandatorily inform the AB-PMJAY Helpdesk on daily basis.
3. Help desk shall keep an In Bed (IPD) Register in electronic or hard format.
4. In Patient Daily (IPD) tickets issued to patients shall depict clearly as to whether the patients is entitled to benefits under AB-PMJAY or not.

B. Administrative Guidelines

- 1 State hospitals shall designate an existing MBBS Doctor as dedicated Medical Co-ordinator for submitting the claims as per guidelines.
- 2 Hardware and Software for the Help Desk for use of Ayushman Mitra will be provided by the Implementation Support Agency selected by State Health Agency. Hospitals shall procure Hardware and Software of its own for accounting and other activities of the AB-PMJAY.
- 3 A broadband Connection/ Internet connection with at least 2 mbps speed shall be provided at the helpdesk.
- 4 A telephone connection preferably land line also shall be provided, if not available already using RKS funds.
- 5 In Medical College Hospitals, General Hospitals and Speciality/District Hospitals, AB-PMJAY counters will be functioning round the clock specifically to take care of AB-PMJAY patients. In other major Hospitals and smaller hospitals, after the routine working hours, registration of casualty patients will be done by the staff nurse in charge of the casualty.
- 6 The Medical Officer in charge/ Hospital Superintendent shall ensure that proper records are maintained for all the OPD/IPD cases handled in the hospitals to ensure timely submission of insurance claims to the SHA/insurance Company/ implementation Support Agency along with all the medical records and realization of re-imbusement.
- 7 In State Hospitals/ DH/ SDH/ CHC, NHM/ Regular Hospital staff given additional charge of Ayushman Mitra shall be eligible for incentive as per guidelines issued by SHA in this regard.
- 8 An additional AB-PMJAY incentive recording format will be designed and attached to all case sheets. Individual doctors and other staffs attending AB-PMJAY cases would be putting the date wise signature and staff nurse / head nurse in charge would be responsible for record maintenance signed by unit chief every day.


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