



Ayushman Bharat
(Niramayam)
Government of Madhya Pradesh



STANDARD OPERATING PROCEDURES FOR PORTABILITY OUTSIDE THE STATE OF MADHYA PRADESH

APRIL 2019

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1. Scope and Application

State Health Agency, established under the Madhya Pradesh Society Registrarian Adhiniyam, 1973, seeks to provide cashless health facility to select surgical and medical packages under the Scheme, implemented by the Public Health and Family Welfare Department, Government of Madhya Pradesh to the identified Beneficiaries. In order to improve access to treatment, it offers to provide portability of health care services across the country through public and empanelled private hospital. Accordingly, SHA has executed MoU's with various private hospitals i.e; Empanelled Health Care Providers. In addition to the above, all public health care providers, medical colleges are deemed to be Empanelled Health Care Providers. Similarly, other participating/treatment states have entered into arrangements with hospitals in their jurisdiction. It creates a network of hospitals across participating states for beneficiaries to choose from such network any hospital to avail the benefits under the scheme.

IT MAY BE NOTED THAT THESE SOP'S ARE TO BE ALWAYS READ IN CONGRUENCE WITH GUIDELINES ISSUED BY NHA AND SHA FROM TIME TO TIME. IN ADDITION TO THE ABOVE, THESE SOP'S ARE TO BE READ TOGETHER WITH OTHER PARTICIPATING/TREATMENT STATES DIRECTIONS IN RELATION PORTABILITY OR OTHER GUIDELINES PERTAINING TO THE SCHEME.

2. Glossary of Terms

- 2.1. **Beneficiary** means a member of the AB-Madhya Pradesh Niramayam Beneficiary Family Units who is eligible to avail benefits under the Scheme under Madhya Pradesh. Similarly, beneficiary for another shall mean to include such individuals as defined under respective State's scheme.
- 2.2. **Beneficiary Family Unit** under MP Scheme means those families including all its members figuring in the socio- economic caste census (SECC) database under the deprivation criteria of D1, D2, D3, D4, D5 and D7, automatically included category (vis households without shelter, destitute-living on alms, manual scavenger families, primitive tribal groups and legally released bonded labour) and broadly 11 (eleven) defined occupational un-organized workers (in urban sector) of the SECC 2011 database of the State along with families who are beneficiaries under National Food Security Act 2013 as adopted by the State of Madhya Pradesh and Sambal scheme beneficiaries as defined by the Government of Madhya Pradesh(enrolled as workers from the unorganized sectors) Each state might have a different eligibility criteria for ascertainment of

Beneficiary. Similarly, BFU for another state shall mean to include such members of a beneficiary family as defined under respective states's scheme.

- 2.3. **BIS** means Beneficiary Identification System, software which deals with validation of beneficiaries as specified under State Health Agency and National Health Agency guidelines.
- 2.4. **EHCP** means Empanelled Health Care provider, Hospitals empanelled under the Ayushman Bharat scheme for providing cashless treatment to the beneficiaries. Similarly, each state shall have a list of empanelled hospitals that will be displayed under NTMS.
- 2.5. **ISA** means implementation support agency appointed by the State Health Agency through bidding process;
- 2.6. **NIE** means National Institutes of Excellence.
- 2.7. **National Portability** means that a beneficiary will be able to get cashless health facility under the Scheme outside Madhya Pradesh in any empanelled hospital of any other state which has signed as MoU with National health Agency. Similarly, a beneficiary from any other State will be eligible for cashless treatment in Empanelled Health Care Providers under Ayushman Bharat Madhya Pradesh Niramayam Scheme. Any empanelled hospital will not be allowed to deny services to any beneficiary within or outside the State for the Packages approved under the State of the beneficiary.
- 2.8. **Packages** means Medical Packages and Surgical Packages as specified/approved under the Scheme and Guidelines issued by State Health Agency (SHA). The Packages have been published on the website <http://www.ayushmanbharat.mp.gov.in/>., which may be updated from time to time SHA.
- 2.9. **Package Rates** means all costs, charges, taxes of the Packages as specified under the Scheme and Guidelines issued by SHA . The Packages Rates have been published on the website <http://www.ayushmanbharat.mp.gov.in/>., which may be updated from time to time.
- 2.10. **State Health Agency** means the society formed by the State Government of Madhya Pradesh, for implementation and governance of Ayushman Bharat Madhya Pradesh, Deen Dayal Swasthya Suraksha Parishad also known as the Deen Dayal Swasthya Suraksha Parishad.
- 2.11. **TMS** means transaction management system, software which is related to preauthorization and claims.
- 2.12. **Scheme** means the Ayushman bharat Madhya Pradesh Niramayam yojana.

3. How Portability will be Enabled

To enable Portability under the scheme, each of the State participating in PMJAY will sign MoU

with Central Government and each other, which will allow any hospital empanelled under PMJAY 'Ayushman Bharat' to provide services to beneficiaries from across the country. This will also enable participating insurance companies/trusts to make payment to hospitals empanelled outside Madhya Pradesh where they are providing services.

4. BIS (Beneficiary Identification System) process: -

- 4.1. If Beneficiary of Madhya Pradesh needs treatment in other State or vice versa then entitlement of the Beneficiary will be as per the guidelines of his/her home state.
- 4.2. In the BIS, EHCP shall select the State to beneficiary's home State from the dropdown menu.
- 4.3. Further process flow will be as per the standard Beneficiary Identification System.
- 4.4. This information will be sent to home State of the beneficiary for further validation.
- 4.5. Once the process for validation is done, the PMJAY (Golden Card) ID will be generated.

5. NTMS (National Transaction Management System) process : -

- 5.1. EHCP /NIE must access the National Transaction Management System (NTMS) to facilitate the care for ported patient i.e. patients from other states (<https://abtms.pmjay.gov.in>)
- 5.2. EHCP will select its own state at the time of login into the NTMS from the dropdown menu.
- 5.3. Once EHCP enters into the NTMS system, it has to select the Beneficiary's state from the dropdown in Register Patient tab.
- 5.4. The beneficiary's PMJAY (Golden Card) ID has to be entered to find beneficiary details. After the beneficiary details are fetched in NTMS, EHCP will be able to register the patient.
- 5.5. Once the beneficiary gets registered with the NTMS, further process flow is as per the standard TMS system.
- 5.6. Only packages from the National Package Masters will be available.
- 5.7. Package rates of the treating state will be applicable under National Portability system.
- 5.8. Regarding reservation of packages for public facilities, the rules of reservation of home states shall apply.
- 5.9. All approvals regarding the beneficiary treatment including preauthorization, claims settlement would have to be obtained from the beneficiary's home ISA (and further from SHA in case ISA isn't able to do so) for the treatment.
- 5.10. Upon completion of treatment, treating EHCP will raise the claim using NTMS through with same case ID.

- 5.11. Pre-Auth and Claims approval by the ISA from beneficiaries' home state would also need to be done in NTMS.
- 5.12. Treating EHCP will get the payment from beneficiary's home SHA/ISA as per the guidelines.

6. Patient Registration

Patient ported from other States, who need to avail the services through AB PM-JAY scheme should be registered through Direct Registration. Arogya Mitra/MEDCO will register the Beneficiary/Patient entering the Patient details by selecting patient/beneficiary home State using NTMS.

7. Preauthorization:

- 7.1. Pre-authorisation will be mandatory for all portability cases.
- 7.2. Documents submitted by treating hospital for pre-authorization for each package will be as per NHA/SHA guidelines.
- 7.3. ISA and/or SHA of Madhya Pradesh can however ask for additional documents from the treating hospital for specific cases in case of shortfall.
- 7.4. Unspecified packages cannot be selected by treating state EHCP without specific approval from the home state.
- 7.5. Pre-authorization will need to be provided within a 6-hour timeframe after receipt of all the relevant information and documents in case of elective treatments. All related queries on a request should be completed within this time-frame and approvals must be issued not later than 6 hours.
- 7.6. NIEs will need to send defined information and accompanying documentation (as indicated) through the AB-PMJAY portal. Supporting information, such as a request form, pre/ postoperative investigations etc. would be used for this purpose. For certain conditions like Cancer the whole treatment plan will be pre-approved by a medial/ tumor board on the best course of patient management (relevant formats can be found in the AB-NHPM benefits manual)
- 7.7. In such areas where there is issue of internet connectivity, approval can be taken through the assigned hotline number

8. Claim Settlement:

- 8.1. A claim raised by the empanelled hospital through NHTMS will be received directly by the Trust/Insurer of the Beneficiary's State.
- 8.2. Beneficiary's State SHA/IC/Trust shall settle the claim with the hospital within 30 days of receipt of the claim and required documents.

9. Anti fraud mechanism:

- 9.1. In case the Trust/Insurer of the home State of beneficiary has identified fraudulent practices by the empanelled hospital, the Trust/Insurer should inform the SHA of the treatment State of EHCP along with the supporting documents/information.
- 9.2. The SHA of the Treatment State shall undertake the necessary action on such issues and resolution of such issues shall be mediated by the NHA during the monthly meetings.
- 9.3. Portability related cases will be scrutinized separately by the SHA for suspicious transactions, fraud and misuse.
- 9.4. Data for the same shall be also available with the respective agencies for necessary action. The SHAs, on their part, must have a dedicated team for conducting real time checks and audits on such flagged cases with due diligence.
- 9.5. ISA/Insurance Company/SHA of treating state should ensure that their empanelled network hospitals are not misusing the packages or performing any fraudulent activities or aberrations in packages (such as using Unspecified Packages for claiming higher rates for procedures already existing in the package master).
- 9.6. Treating state should not allow empanelled network hospitals to use procedures which are government reserved in Madhya Pradesh, should not let hospitals use Unspecified Packages.
- 9.7. In case of emergencies, NIE need not wait till pre-authorization to initiate treatment. However, it shall necessarily obtain a regular pre-authorization retrospectively within 6 hours.
- 9.8. NHA has enshrined fraud deterrence and detection as one of the main principles under the scheme. All SHA's are advised to prepare anti fraud and audit mechanism for efficient implementation of the scheme. Accordingly, SHA-MP has devised mechanisms for fraud deterrence and detection.
- 9.9. In case SHA feels to investigate/enquire into transactions of any stakeholder of a treatment state, SHA shall request the treatment state SHA to provide all assistance in such investigation. SHA shall provide all documents/information to the treatment State SHA for such enquiry/investigation. Similarly, SHA may request treatment state SHA to carry out audits of any stakeholder.

10 Redressal of disputes/grievances

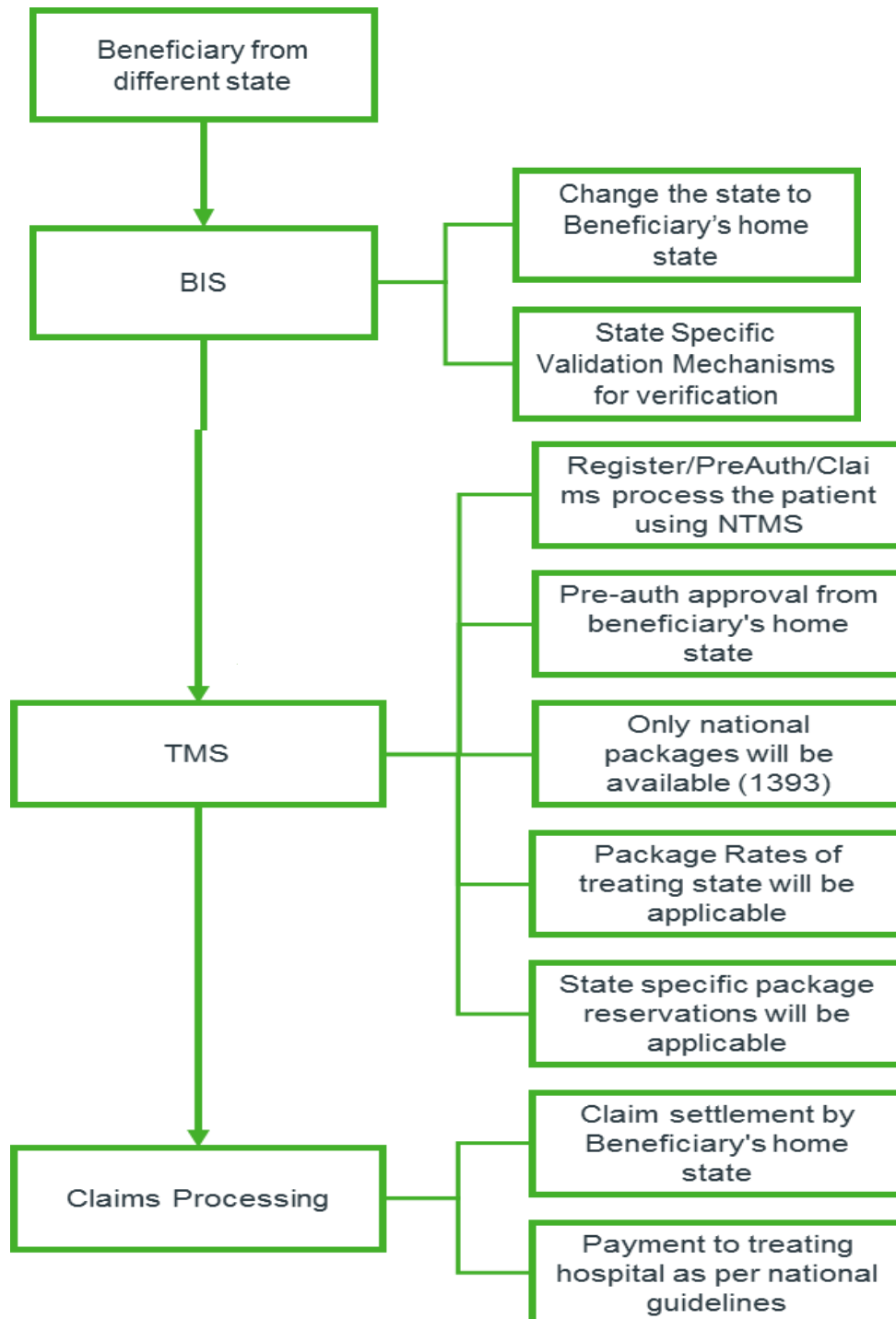
- 10.1 In case of any dispute/grievance related to portability matters raised by treatment states SHA, the same shall be addressed by SHA, MP. All disputes shall be sent to SHA, MP. The SHA shall endeavour to resolve the disputes in a timely manner and in lines with principles of natural justice.

- 10.2 In case of any dispute/grievance raised by SHA, MP the same shall be redressed in line with the policy set out by the treatment state.
- 10.3 In case of MP, SHA shall be the nodal agency for processing all dispute matters relating to stakeholders in MP or from other state.
- 10.4 All stakeholders from other states are advised to raise their disputes through their SHA only.

11 **Amendment:**

SHA is entitled to amend, suspend or rescind this document at any time. Whilst, SHA has made best efforts to define detailed procedures for implementation of portability matters, there may be occasions when certain matters are not addressed or there may be ambiguity in the procedures regarding portability. Such difficulties or ambiguities will be resolved in line with the broad intent of the Scheme and NHA guidelines regarding portability. SHA may also establish further rules and procedures, from time to time, to give effect to the intent of portability policy and further the objective of Scheme.

Process Flow:-



Note:- WITH RESPECT TO PORTABILITY MATTERS AT NATIONAL INSTITUTE OF EXCELLENCE (NIE) THE NATIONAL HEALTH AGENCY GUIDELINES SHALL PREVAIL.