

Participant's Handbook

Sector
Healthcare

Sub-Sector
Allied Health & Paramedics

Occupation
Non Direct Care

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Arogya Mitra

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Prime Minister of India

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HSSC dedicates this book to youth of the country who desire to learn specialized skills, an invaluable asset for making a career in the Healthcare Sector and wish to be part of the most Nobel profession of saving lives

For Healthcare Sector Skill Council

Dr Shubnum Singh

(Chairperson, HSSC Content Approval Committee)

For Healthcare Sector Skill Council

Mr. Ashish Jain

(Chief Executive Officer)



Definitions of Terms Used

1. **Arogya Mitra:** Pradhan Mantri Arogya Mitra is the certified frontline health worker who will be appointed in all the PM-JAY empaneled hospital to streamline the health service delivery to eligible beneficiaries. He/She will be the first contact point for beneficiaries.
2. **Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY):** AB PM-JAY is a health financing scheme introduced by Government of India supported by State Government which provides health insurance coverage for up to 5 lakh rupees per family per annum on a floater basis for selected vulnerable and poor families in the country.
3. **Beneficiary Identification System (BIS):** Beneficiary Identification System is an online software platform developed by National Health Agency to facilitate the verification process of eligible families under AB PM-JAY
4. **Beneficiary:** Beneficiary is an eligible family member under AB PM-JAY as per the eligibility criteria defined by Government of India or State Government from time to time
5. **Cashless facility:** Cashless in PM-JAY refers to a provision where beneficiary need not pay any amount to the health service provider during or after the treatment. The expenses will be paid by the Insurance Provider / Trust directly to the health service provider after receiving the supporting documents and through electronic mode.
6. **Confidence score:** The demographic information of a beneficiary already available in the database of BIS and the input received from the BIS operator is matched and a score is generated by the computer ranging from 0-100. This matching value is referred as Confidence Score.
7. **Demographic authentication:** Authentication of a person's identity based on the demographic information (name, gender, age, address, location) is referred to as demographic authentication
8. **District Implementation Unit (DIU):** District implementation unit is the third institutional structure defined in the implementation structure of AB PM-JAY. DIU is the extended functional unit of State Health Agency responsible for overseeing PM-JAY scheme implementation in the District.
9. **Empaneled Health Care Providers (EHCP):** Empaneled Health Care Providers are those health care providers having a) required infrastructure and other technical facilities to provide AB PM-JAY scheme benefits to the beneficiaries, b) agreed to the terms and conditions of the PM-JAY scheme and c) have been recognized and authorized by State Health Agencies / National Health Agency to provide services under AB PM-JAY as per the scheme guideline.
10. **Entitlement based:** Entitlement refers to inherent privilege provided to an individual in relation to his/her special socio-economic or other status. PM-JAY is an entitlement based scheme where an individual being identified as poor and vulnerable, based on various criteria, is eligible for free of cost treatment care irrespective of his/her prior registration with the Government.
11. **Family Floater Basis:** Family floater in insurance context refers to sum assured can be utilized by any family member/s without any limit for individual member. The total sum assured will remain same for the whole family.
12. **Fingerprint Scanner:** An IT hardware that captures the fingerprint of a person to store or match with a previously captured fingerprint to confirm the authenticity of the person.
13. **Golden Card:** Golden Records are individual records that have transitioned from Silver Records by means of authentication through KYC, established family level tagging in the PM-JAY database and approved by the State or its representative. This authenticated information printed in the form of a card is called Golden Card.

- 14. Grievance:** Grievance is a complaint filed by an aggrieved party on an act against the law, resolution of which requires a third party intervention.
- 15. Health care packages:** Health care package in AB PM-JAY is the bundle of services which includes end to end treatment involving services Medical examination, treatment, and consultation, Pre-hospitalization (3 days), Medicine and medical consumables, Non-intensive and intensive care services, Diagnostic and laboratory investigations, Medical implant services (where necessary), Accommodation benefits, Food services, Complications arising during treatment, Post-hospitalization (15 days) - at discharge medicines.
- 16. Health insurance:** Health insurance refers to financial cover provide to meet the expenses related to treatment arising out of sickness or injury.
- 17. Insurance:** Insurance is an arrangement where one party (insured) is transferring their future probable risk to another party (insurer) who agrees to compensate their loss, damage or death in return for a specific amount (premium) based on pre-agreed terms and conditions
- 18. Mediclaim:** Mediclaim is a health insurance policy which covers the expenses related to treatment of the insured person/s based on a pre-agreed terms and conditions.
- 19. Medico:** Medico is the acronym of “Medical Coordinator”. He/She is a designated medical professional at an EHCP who is responsible for coordinating all medical aspects related to PM-JAY including but not limited to raising pre-authorization, replying to queries raised by the insurer/trust on claims, coordinate with treating doctor & medical audit team and feed in medical information to the TMS etc.
- 20. National Portability:** National portability in AB PM-JAY refers to any eligible beneficiaries recognized by Government of India can avail treatment from any EHCP in the partnering States in the country by default.
- 21. National Health Agency (NHA):** National Health Agency is an autonomous entity formed for effective implementation of PM-JAY at the National level.
- 22. Non-Disclosure Agreement (NDA):** Non-disclosure agreement is a contract signed by any party (including PMAM) that defines the confidential document, knowledge or information that the parties wish to share with one another for certain purposes, but wish to restrict access to or by third parties
- 23. Out Patient Department (OPD):** Department of a health care facility that attends to patients who seek treatment without staying in the hospital overnight
- 24. Pre-authorization:** Pre-authorization or ‘pre-auth’ refers to the process of seeking prior approval from the insurance provider on guarantee of payment for the proposed treatment subject to submission of all supporting information.
- 25. Rashtriya Swasthya Bima Yojana (RSBY):** Rashtriya Swasthya Bima Yojana is a health insurance programme introduced for the unorganized sector laborers by Government of India with the support of States. The scheme provides insurance coverage of Rs.30000/- for a family of up to 5 members per annum on a floater basis using a Smart Card.
- 26. Pradhan Mantri Rashtriya Swasthya Suraksha Mission (PMRSSM):** Earlier name of PM-JAY.
- 27. Secondary and tertiary procedures:** Secondary Healthcare refers to a second tier of health system, in which patients from primary health care are referred to specialists in higher hospitals for treatment. Tertiary Health care refers to a third level of health system, in which specialized consultative care is

provided usually on referral from primary and secondary medical care. Specialized Intensive Care Units, advanced diagnostic support services and specialized medical personnel on the key features of tertiary health care. In India, the health centres for secondary health care include District hospitals and Community Health Centre at block level and tertiary care through medical colleges and advanced medical research institutes.

- 28.Senior Citizens Health Insurance Scheme (SCHIS):** SCHIS is a top-up scheme for RSBY introduced by Government of India in 2016 which provides Rs.30000/- worth of treatment benefits over and above RSBY benefits to Senior Citizens of age 60 years and above, belonging to Below Poverty Line (BPL) and 11 other defined designated categories such as MGNREGA Workers, Construction Workers, Mine Workers, Licensed Railway Porters, Street Vendors, Beedi Workers, Rickshaw Pullers, Rag Pickers and Auto/ Taxi drivers
- 29.Silver Record:** Silver record is the family data which is available in eligible beneficiary list (SECC, RSBY, State category) but not verified through KYC or approved by State.
- 30.Socio-Economic Caste Census (SECC):** SECC is a census exercise carried out by Ministry of Rural Development, GoI in 2011-12 to collect information on various social & economic indicators related to households across the country through door to door enumeration. The SECC report was published in 2015.
- 31.State Health Agency:** State Health Agency is the institution responsible for overseeing all the scheme related activities in the State. This can be an existing nodal agency of RSBY / State scheme or a new body formulated for AB PM-JAY.
- 32.Sustainable Development Goal - 3 (SDG3):** Sustainable Development Goals (SDGs) are a collection of 17 global goals set by the United Nations General Assembly in 2015 covering social and economic development issues including poverty, hunger, health, education, global warming, gender equality, water, sanitation, energy, urbanization, environment and social justice which are to be achieved by 2030. The third goal, SDG3, is "Good health and well-being" and has 13 targets. One of target addressed by AB PM-JAY is "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all"
- 33.TPIN (Telephonic Patient Identification Number):** If a surgery needs to be performed in an emergency situation and the beneficiary identification is not completed, the PMAM may process the claim in TMS after obtaining telephonic approval from the implementation support agency or insurer. The unique number provided by the approver to identify the specific case/request is known as TPIN.
- 34.Transaction Management System (TMS):** TMS is a software application developed for the purpose of capturing and processing all the claim related transactions in AB PM-JAY from registration of beneficiary at hospital, requesting pre-authorization, submission of supporting documents / information, scrutiny of claims by the payer and till payment of claim.
- 35. Turnaround time:** Turnaround time is the time defined for completion of a task.
- 36.Universal Health Coverage (UHC):** Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Symbols Used



Exercise



Notes



Objectives



Learning Outcomes



Summary



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1. Overview of AB PM-JAY

Unit 1.1 - Introduction

Unit 1.2 - Ayushman Bharat Pradhan Mantri - Jan Arogya
Yojna (AB PM-JAY)

Unit 1.3 - AB PM-JAY in the States

Unit 1.4 - Introduction to the Job Role- Arogya Mitra



Key Learning Outcomes

At the end of this module, you will be able to:

1. Describe healthcare system in India
2. Describe Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna
3. Describe the Job Role- Arogya Mitra

UNIT: 1.1 Introduction

Unit Objectives

The participant will be able to:

- Describe the basic structure and function of healthcare facilities available at various levels, hospice care and clinics

1.1.1 Introduction

Over the last 3 decades, India has achieved significant public health gains and improvements in health care access and quality. The health sector is amongst the largest and fastest growing sectors, expected to reach INR 19,138 crores by 2020.

However, at the same time, India's health sector faces immense challenges.

- There is a huge difference in the quality of rural and urban healthcare.
- There is a lack of adequate coverage by public health care system, due to which many Indians turn to private healthcare providers. This option is generally not available to the poor.
- Insurance is available to help pay for healthcare costs, which is often provided by employers. However, most Indians lack health insurance and the undocumented costs make up a large portion of spending on medical treatment in India.

Thus, healthcare in India continues to be characterized by high out-of-pocket expenditure, low financial protection and low health insurance coverage amongst both rural and urban population. It is a matter of grave concern for the whole country.

62.58% of our population has to pay for their own health and hospitalization expenses from their income and savings and are not covered through any form of health protection.

They even have to borrow money or sell assets for their healthcare needs, pushing 4.6% of the population below the poverty line.

The Government of India is committed to ensuring that its population has universal access to good quality health care services without anyone having to face financial hardship as a consequence. The **Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna** is being launched with this purpose, i.e. to provide quality accessible healthcare.

UNIT 1.2: Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna (AB PM-JAY)

Unit Objectives

The participant will be able to:

- Describe the features of Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna
- Explain the purpose and provisions of AB PM-JAY
- State the eligibility criteria for AB PM-JAY
- List the key entities in the AB PM-JAY and describe their role and responsibilities

1.2.1 Introduction to AB PM-JAY

Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna scheme is launched for the following:

- To reduce the financial burden on poor and vulnerable groups arising out of catastrophic hospital episodes.
- To ensure their access to quality health services.
- To accelerate India's progress towards achievement of Universal Health Coverage (UHC) and Sustainable Development Goal - 3 (SDG3).

Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna will provide financial protection (under Swasthya Suraksha) to 10.74 crore poor, deprived rural families and identified occupational categories of urban workers' families as per the latest Socio-Economic Caste Census (SECC) data (approx. 50 crore beneficiaries) which accounts for about 40% of the total population in the country.

The scheme is being implemented either through an Insurance Company or by a Trust formed by the State Government or in a mixed mode where part of the coverage is provided by the Insurance provider and remaining by the Trust.

1.2.2 AB PM-JAY vs Health Insurance

Health insurance covers an insured individual's risk of future expenditure on treatment in return for a small amount that the insured individual pays to the insurer every year.

In health insurance terminology, the "service provider" is a clinic, hospital, physician, laboratory or drug store. The "insured" is the "beneficiary" of the health insurance scheme, the individual with the health insurance coverage and "Payer" or "Insurer" is the institution that bears the risk and agrees to pay to the service provider on behalf of the insurer.

Mediclaime is a kind of health insurance which covers expenditures incurred on hospitalization due to a sickness or an accidental trauma.

Mediclaime can be a cashless facility, which means instead of paying the expenses of hospitalization by the

insured to the service provider and later getting it reimbursed or claimed, the insured or beneficiary gets the procedure “pre-authorized” and then the service provider or hospital will directly “claim” the amount from the insurance company.

In order to make use of this cashless facility, the insured or beneficiary must avail treatment from a service provider who is empanelled with the insurance company.

AB PM-JAY also works in a similar process. However, under AB PM-JAY:

“An insurance cover of 5 lakh per family per year will be provided to all entitled / verified beneficiaries, and no cash from the beneficiary will be taken upto 5 Lakh at any point. There will also be no enrolment fee.”

All registered beneficiaries can access cashless services at any AB PM-JAY empanelled hospital across states which agree to be a part of AB PM-JAY.

Beneficiaries can receive treatment from an EHCP, after a pre-authorization, and that treatment expenditure can be claimed from the trust or the insurance providers selected by the Government upto a limit of 5 Lakh.

In the following sections we shall learn more about the benefits of this scheme and what it covers.

1.2.3 Benefits and Features of AB PM-JAY

Several benefits of the AB PM-JAY have been enlisted below:

- It will offer a benefit cover of INR 5,00,000 per family per year (on a family floater basis, i.e., for the whole family).
- AB PM-JAY will cover medical and hospitalization expenses for secondary and tertiary care procedures.
- It will ensure that nobody is left out there will be no limit on family size and age in the scheme.
- AB PM-JAY will be cashless & paperless at public hospitals and at empanelled private hospitals. The beneficiaries will not be required to pay any charges for the hospitalization expenses.
- AB PM-JAY is entitlement based, i.e., the beneficiary is decided on the basis of family present in the SECC (Socio-Economic Caste Census) 2011 database.
- Pre-existing conditions are covered.
- Patients can avail the benefit from any empanelled hospital across the country.

Some other salient features of the AB PM-JAY are as follows:

- The empanelled hospitals include both public and private hospitals.
- Beneficiaries need to generate AB PM-JAY Golden Card to receive treatment at the hospital.
- Rashtriya Swasthya Bima Yojna (RSBY) and Senior Citizens Health Insurance Scheme (SCHIS) are absorbed under Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna.
- Provision for convergence of existing state sponsored health financing programmes with AB PM-JAY is provided.

1.2.4 Coverage Under AB PM-JAY

AB PM-JAY covers several schemes and beneficiaries under it. They are:

- The families that will be covered under AB PM-JAY (as per SECC data) are 10.74 crores as per SECC and 12.5 crores including State eligibility categories. They will be called 'eligible families'.
- For eligible families:
 - No restriction on family size, age or gender
 - All members of eligible families will get covered
- Other than the list based on SECC 2011 data, families with active RSBY card will also be eligible for AB PM-JAY. State notified categories of population will also be eligible for AB PM-JAY.

Eligibility Criteria

It is State specific and different for rural and urban areas. This has been discussed in detail in unit 3.1.2.

UNIT 1.3: AB PM-JAY in the States

Unit Objectives

The participant will be able to:

- State key State specific information for implementing the Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna.

1.3.1 AB PM-JAY: In Alliance with the States

Several States have been running their own health assurance / health financing programmes. AB PM-JAY has the provision for converging these schemes using a single IT and administrative platform.

States are given the option to use an existing Trust/Society or set up a new Trust/Society to implement AB PM-JAY as a 'State Health Agency'. States are also permitted to implement AB PM-JAY through an insurance company or directly through the Trust/Society/Implementation Support Agency or a mixed approach.

1.3.2 AB PM-JAY: Institutional structure

National Health Agency (NHA) is constituted under Ministry of Health & Family Welfare, Government of India to oversee the program implementation at the National level.

NHA will provide full support and leadership AB PM-JAY and will issue detailed operational guidelines as guiding posts for AB PM-JAY to the States. NHA will continue to work with the States to improve their capacities.

Similarly, State Health Agencies (SHAs) are to be created at State level under the Department of Health & Family Welfare in each partnering State. The State Health Agencies will be governed by State Governing Council and further supported by Implementation Support Agencies (ISA) depending on their mode of implementation.

A District Implementation Unit (DIU) have to be formulated in each district for functional coordination of scheme activities at the District level.

UNIT 1.4: Introduction to the Job Role - Arogya Mitra

Unit Objectives

The participant will be able to:

- Describe the role of an Arogya Mitra in the AB PM-JAY
- State the relationship between the Arogya Mitra and the help desk with the EHCP

1.4.1 Introduction to Arogya Mitra

An Arogya Mitra is a certified frontline health care service professional who shall be present at the Empanelled Health Care Provider (EHCP) and will serve as the first contact for beneficiaries.

The Arogya Mitra is the primary contact for the beneficiaries at every EHCP. The Arogya Mitra will be responsible for focusing on three specific areas:

1. Operating the Beneficiary Identification System to identify and verify the beneficiaries entitled under AB PM-JAY.
2. Undertaking Transaction Management such as submitting requests for Pre-Authorization and Claims.
3. Guiding the Beneficiary about the overall benefits under AB PM-JAY and providing information about receiving prompt treatment at EHCP.

1.4.2 Criteria for Selection

The Arogya Mitra will be selected based on the following criteria:

1. The candidate must have completed 12th standard from a recognized Board.
2. Must have completed the Pradhan Mantri Jan Arogya Yojna Training Course and passed the respective course exam/certification.
3. Must possess fluent communication skills in English and Hindi/Local language.
4. Must have adequate functional computer literacy which shall include understanding of Microsoft Office Suite and navigating through Internet Portals.

Preference will be given to female candidates for the position of Arogya Mitra. Qualified ASHA workers with at least one year experience will be given preference for the position of Arogya Mitra.

1.4.3 Recruitment of the Arogya Mitra

The State Health Agency (SHA) may select/empanel third-party agency/agencies which will be responsible for recruiting Arogya Mitras across the state in public facilities. The SHA, based on the number of Arogya Mitras required shall pay the third-party agency/agencies. In case of requirement of extra Arogya Mitras, the selected agency should have the capability to promptly scale up its capacity and provide the required number of Arogya Mitra.

For Private EHCP, the recruitment and placement of Arogya Mitra should be done by the facility itself. The payment for the Arogya Mitra in that facility should be borne by the Private EHCP.

To become a certified Arogya Mitra, the recruited candidate will have to undergo the Arogya Mitra Training as approved by NHA and then pass an assessment on the same.

1.4.4 Placement of Arogya Mitra

Arogya Mitra will be placed at every public EHCP by the agency selected by the SHA. The exact numbers of Arogya Mitras to be placed shall be dependent on the average case-load per day.

1.4.5 Roles and Responsibilities

For ensuring timely access to medical care, Arogya Mitra is responsible for operating the Beneficiary Identification System (BIS) to identify, authenticate and verify the beneficiaries entitled under the AB PM-JAY. The following are the the role of Arogya Mitra for enrolling a new beneficiary under AB PM-JAY.

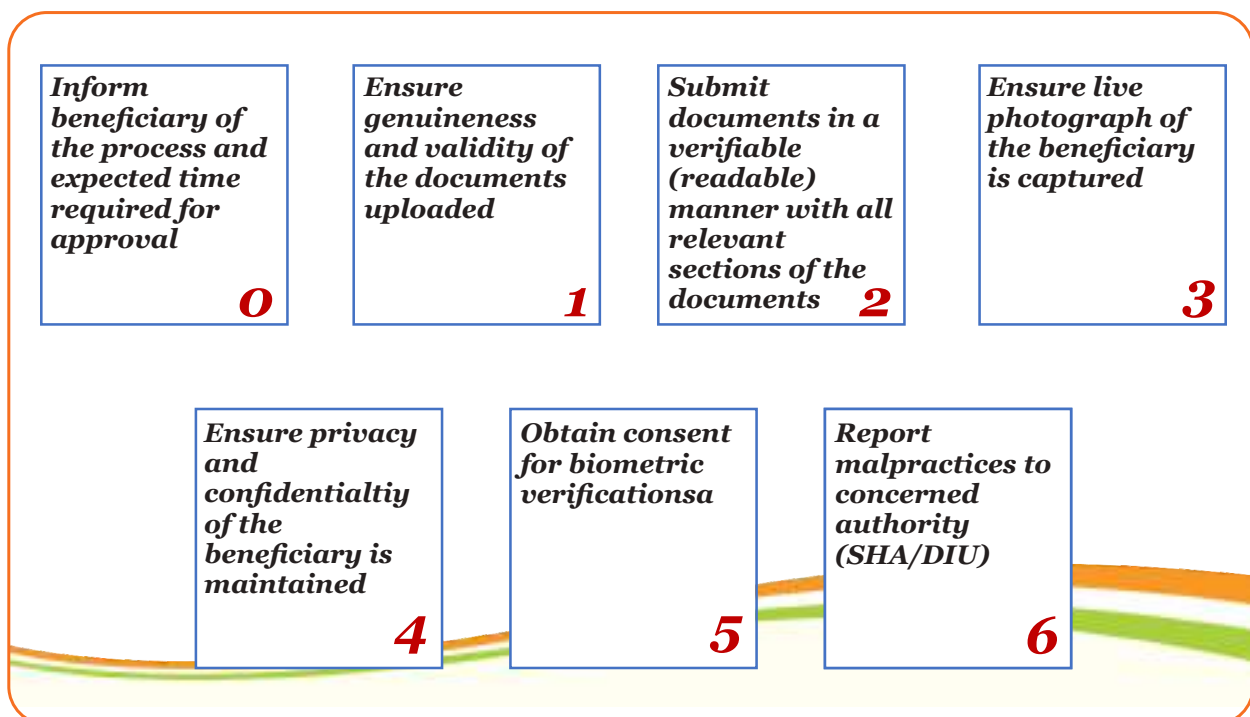


Figure 1.4.1 : Role of Arogya Mitra in operating the BIS system for a new beneficiary

While ensuring a systematic operation of BIS, the Arogya Mitra is also responsible for the following duties:

- In case of OPD: If the ailment does not require hospitalization, Arogya Mitras will have to explain to the beneficiary that the AB PM-JAY card does not cover the OPD treatment and hence any cost incurred for treatment under OPD will be necessarily borne by the patient.
- To ensure that the patient, from the time of pre-authorization to discharge, is getting all the benefits as per AB PM-JAY norms.

The following two diagrams show the duties of Arogya Mitra towards beneficiaries and authorities respectively.

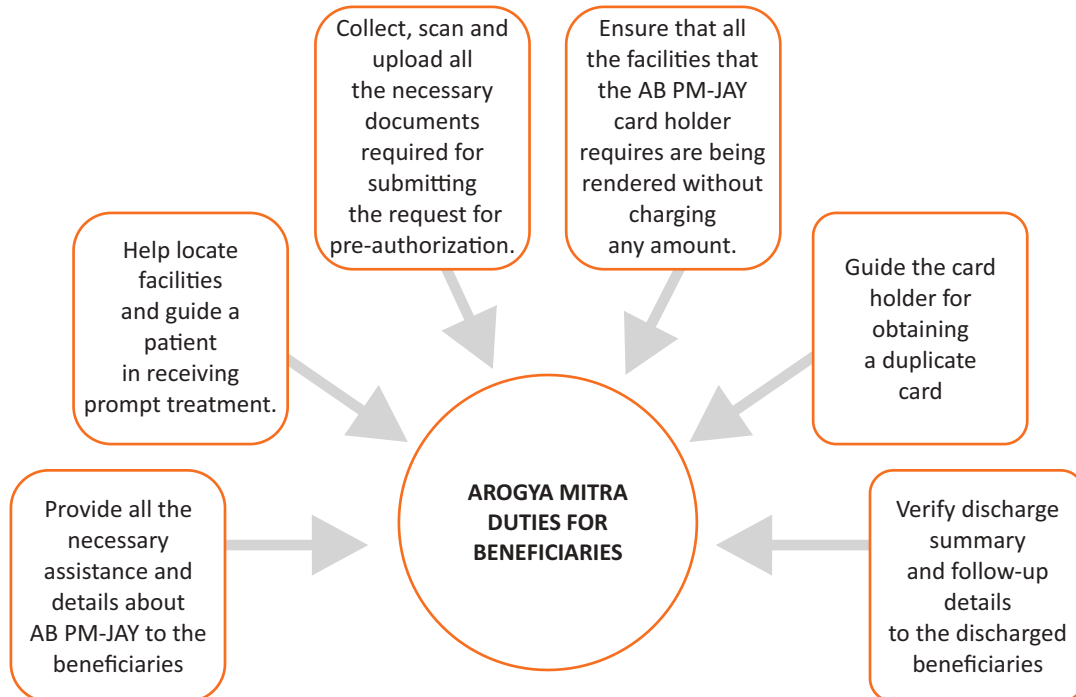


Figure 1.4.2: Arogya Mitra duties towards beneficiaries

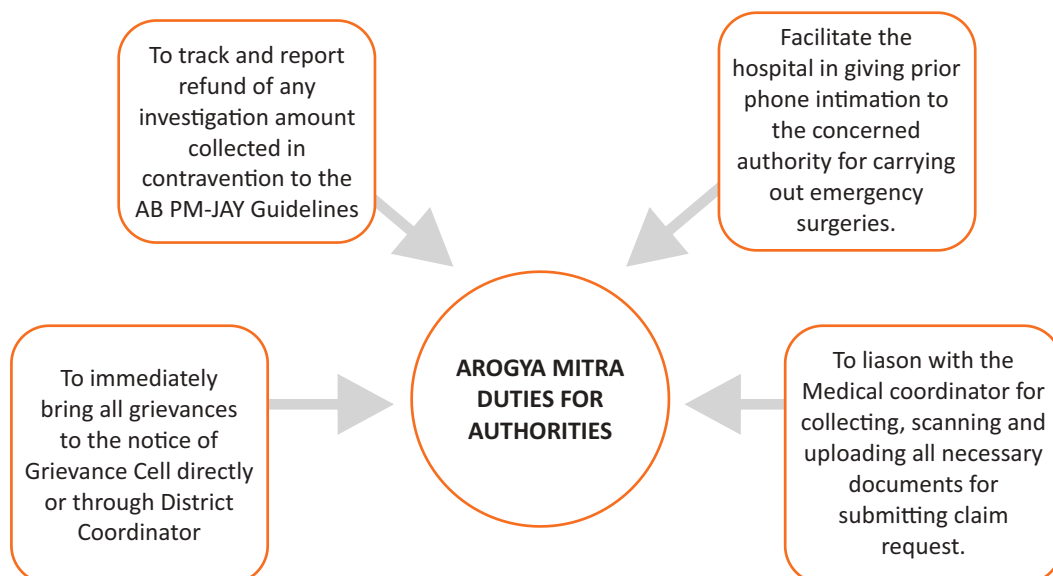


Figure 1.4.3: Arogya Mitra duties towards authorities

The following process flow diagram shows the role of a Arogya Mitra when a beneficiary visits an EHCP.

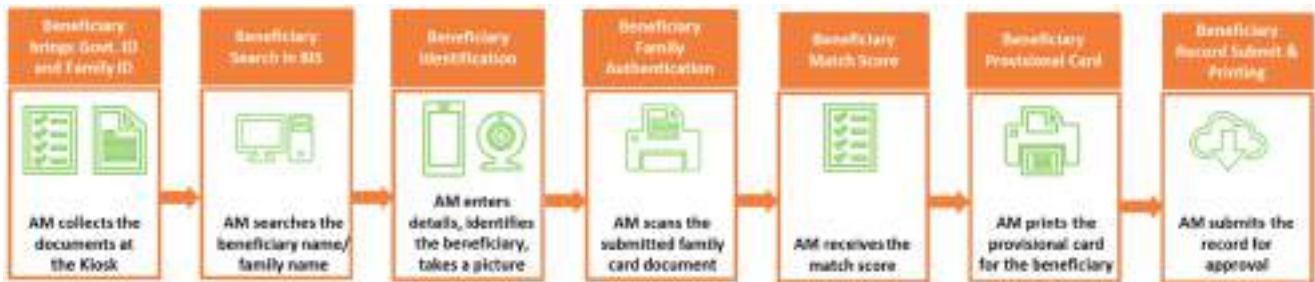


Figure 1.4.4: Role of Arogya Mitra in operating the BIS system for a new beneficiary

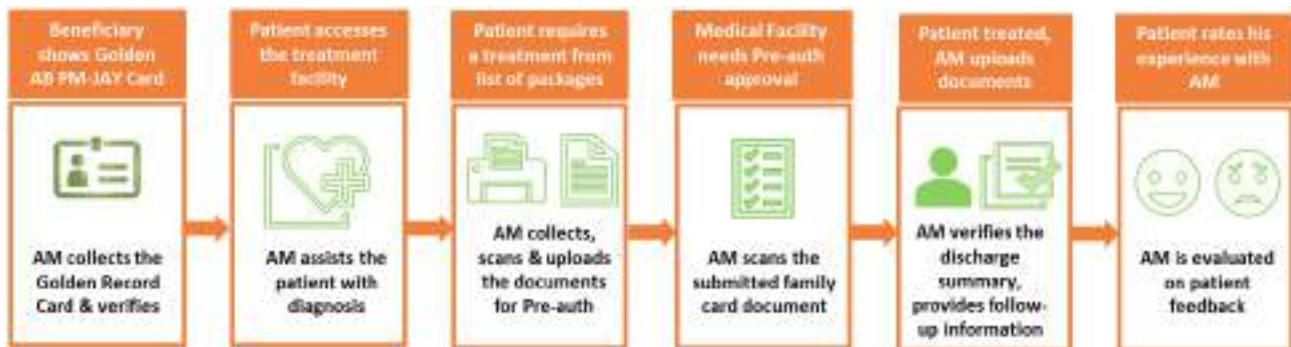


Figure 1.4.5: Role of Arogya Mitra when a beneficiary visits an empanelled health care facility

1.4.6 Commonly Used Acronyms

AB PM-JAY	:Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna
EHCP	:Empanelled Health Care Provider
AM	: Arogya Mitra
UTs	: Union Territories
NHA	: National Health Agency
SHA	: State Health Agency
BIS	: Beneficiary Identification System
RSBY	: Rashtriya Swasthya Bima Yojna
SCHIS	: Senior Citizens Health Insurance Scheme
DIU	: District Implementation Unit
CUG	: Closed User Group
TMS	: Transaction Management system
UHC	: Universal Health Coverage
SDG3	: Sustainable Development Goal – 3
SECC	: Socio-Economic Caste Census
HH-ID	: Household Identity
PPD	: Pre-authorizing Panel Doctor
OTP	: One Time Password
IT	: Information Technology
OPD	: Outpatient Department
MoU	: Memorandum of Understanding
ID	: Identity
PPE	: Personal Protective Equipment
HSE	: Health Safety and Environment
OHS	: Occupational Health and Safety
CO2	: Carbon Dioxide
Medico	: Medical Coordinator
Pre-Auth	: Pre-authorization
IVRS	: Interactive Voice Response System

Summarise

- Healthcare in India continues to be characterized by high out-of-pocket expenditure, low financial protection and low health insurance coverage Arogya Mitra amongst both rural and urban population.
- **Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna** is being launched with the purpose to provide timely access to affordable healthcare.
- It will offer a benefit cover of INR 5,00,000 per family per year and will cover medical and hospitalization expenses for secondary and tertiary procedures.
- AB PM-JAY will be cashless & paperless at public hospitals and at empanelled private hospitals.
- AB PM-JAY is entitlement based, i.e., the beneficiary is decided on the basis of family figuring in the SECC - 2011 (Socio-Economic Caste Census) database.
- Rashtriya Swasthya Bima Yojna (RSBY) and Senior Citizens Health Insurance Scheme (SCHIS) will get absorbed under Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna.
- Beneficiaries can access services at any AB PM-JAY empanelled hospital across states who agree to be a part of AB PM-JAY.
- The Arogya Mitra is the primary contact for the beneficiaries at every EHCP.
- The Arogya Mitra shall be extensively responsible for focusing on:
 - Operating the Beneficiary Identification System.
 - Undertaking Transaction Management.
 - Guiding the Beneficiary about the overall benefits under AB PM-JAY.

Exercise: **A. Fill in the blanks:**

- i. AB PM-JAY will provide financial protection as per _____ data.
- ii. The AB PM-JAY will offer a benefit cover of _____ per family per year
- iii. Empanelled hospitals will include both _____ and _____ hospitals.

B. State true or false:

- i. The Arogya Mitra provides all the necessary assistance and details about AB PM-JAY to the beneficiaries
- ii. The Medico will facilitate the hospital in giving prior phone intimation to the concerned authority for carrying out emergency surgeries.
- iii. Beneficiary Identification System is used to identify, authenticate and verify the beneficiaries entitled under the AB PM-JAY.

C. Answer the following questions:

- i. What are eligible families? List any 2 features of eligible families.

- ii. State functions of Arogya Mitra.

- iii. List the required and desirable criteria of selection of Arogya Mitra?



2. Daily Operation Process

- Unit 2.1 - Importance of Preparing for Help Desk Operations
- Unit 2.2 - Provide Relevant Information to Beneficiaries Regarding AB PM-JAY
- Unit 2.3 - Ensure Patient Services are Delivered as per AB PM-JAY Guidelines



Key Learning Outcomes

At the end of this module, you will be able to:

1. Provide relevant information to beneficiaries regarding AB PM-JAY
2. Communicate information to beneficiaries effectively
3. Provide documented information
4. State Importance of Preparing for Help Desk Operations
5. Communicate Information to Others Effectively
6. Set up the Kiosk/Help Desk
7. List the forms needed in AB PM-JAY registration
8. State the equipment and inventory at the Kiosk
9. Maintain cleanliness and hygiene

UNIT 2.1: Importance of Preparing for Help Desk Operations

Unit Objectives

At the end of this unit you will be able to:

- Prepare oneself for operations
- Prepare the kiosk or help desk for operations
- List the forms, equipment and inventory required at the kiosk
- Ensure cleanliness and hygiene of the kiosk as per set standards

2.1.1 Introduction

Preparing oneself for help desk operations is very important to ensure that there should not be any delay when actual work starts. It saves time and improves efficiency of an individual. It also helps build up confidence because once prepared, a person actually knows how, when and what to do. It makes work easier and more enjoyable.

The diagram in figure 2.1.1 shows some preparation parameters which are then explained in later sections.

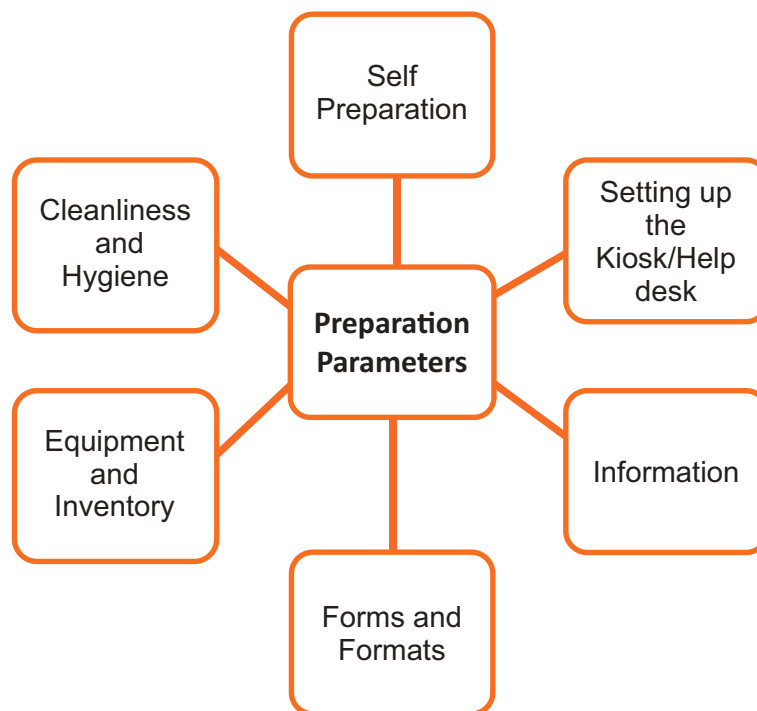


Figure 2.1.1 : Preparation parameters

2.1.2 Self-Preparation

1. Display ID proof and badges as per requirements in the facility. This process is required to ensure that the person present is the Arogya Mitra and nobody else. Due to the involvement of sensitive public

data, ensuring privacy is of utmost importance.

2. Register as an Arogya Mitra on the Beneficiary Identification System (BIS) to become an authorised BIS web user on the portal. The process for registration is given in later section.
3. Use biometric devices and systems correctly to register attendance, in a timely manner every day. This process is required for marking attendance every day and to know that the person coming to work is the registered Arogya Mitra.
4. The Arogya Mitra must position oneself correctly and announce readiness to indicate availability of self for service to the general public.

2.1.3 Setting up the Kiosk/Help Desk

The following steps must be ensured before assigning a designated space for setting up a kiosk/help Desk.

1. Ensure the kiosk/help desk is structurally positioned and set-up as per instructions and is safe for operations. Safety includes taking care of the equipment present in the kiosk along with ensuring that the designated space for the kiosk is moisture free, airy and comfortable and not set up in a dark and damp corner. It also includes ensuring that the kiosk/help desk is positioned correctly in an approved area, and is not causing inconvenience to others, in manner of blocking a passage or any department entrance.
2. Check, Identify and use work flow order, sequence and other guiding factors for determining placement for the positioning of signages and set signages as per policy. The Arogya Mitra needs to ensure that signages related to the help desk are positioned correctly and are visible. They need to be present at all the entrances to the EHCP, along the way, and at strategic locations around the main atrium, leading to the position of the kiosk/help Desk.
3. The Arogya Mitra should take the responsibility for security of premises and kiosk/work station when not in use/unattended. Due to presence of personal and private information in the kiosk/help Desk, it is very important to guard/man the kiosk at all times. The Arogya Mitra should take care to position a reliable staff member or colleague at the kiosk, if one needs to leave the premises for some time. Setting up a kiosk/help desk becomes necessary to ensure that it is placed in an optimum position for people to see and spot it easily. It helps in convenient and increased efficiency of operations for people in need who require the help of the Arogya Mitra.



Figure 2.1.2 : Setting up the kiosk/help desk

2.1.4 Role of Arogya Mitra and Important Information

The Arogya Mitra need to have some information about the AB PM-JAY and other schemes of the government that have been incorporated in it to have some basic idea about his role, functions and importance in AB PM-JAY.

Some of the information required for the role of a Arogya Mitra is listed as follows:

1. Basic structure and function of healthcare facilities available at various levels, hospitals and clinics. This information is required to have an initial idea about what to expect when dealing with the hospital machinery and to deal with day to day situations. It includes:
 - The services offered by the EHCP. Services offer could be limited in specialty hospitals such as cardiovascular centers or cancer treatment centers, or could be a wide range of services as in general hospitals. The basic services that hospitals offer short-term hospitalization; emergency room services; general and specialty surgical services; x ray/radiology services; laboratory services; blood services. There could be a number of other additional services offered by EHCPs such as paediatric specialty care; physical therapy; rehabilitation services; nutritional counselling; mental health care; aftercare; etc.
 - The facilities offered by the EHCP, such as out-patient department (OPD); dental facility; operating theatre; Ayurveda; sample collection from home for tests; ambulance services; cafeteria; various medical tests such as ECG, MRI, Echo cardiograph, X-ray, etc.
 - Layout of the host EHCP, such as the location of the reception, emergency unit, Out Patient Department (OPD), Pharmacy, Intensive Care Unit (ICU), the laboratories, cafeteria, administrative block, etc.
2. Ayushman Bharat Pradhan Mantri Jan Arogya Yojna (AB PM-JAY), its purpose and provisions. This is the main reason behind employment of the Arogya Mitra. It is essential to have all information about the scheme to handle queries of the general public and to understand own role and responsibilities as an Arogya Mitra. It includes:
 - Eligibility criteria for AB PM-JAY scheme.
 - Key entities in the AB PM-JAY scheme, their role and responsibilities.
 - Relationship of Arogya Mitras and help desk with the EHCP.
 - Arogya Mitra's own role, expectations and responsibilities.
3. Legislations related to working with patients including health and safety, confidentiality, provision of services, capacity and consent, relevant mental health legislation and how to interpret and apply legislation to the work being undertaken. The Arogya Mitra should know about the relevant legislation, standards, policies, procedure, and human rights perspective for patients, so the Arogya Mitra doesn't violate any of them by mistake. Such practices may lead to criminal action against the Arogya Mitra. For all the policies and guidelines under AB PM-JAY, visit the link given below:



Figure 2.1.3 : The Arogya Mitra should have the relevant information

<https://www.abnhpm.gov.in/policy-and-guidelines>

4. The Arogya Mitra should follow some professional standards and codes of practice for his area of work. They have been explained in detail in chapter 5.
5. The Arogya Mitra should also know about the policies that have been subsumed within the AB PM-JAY along with inclusions and exclusions of AB PM-JAY for patients/beneficiaries. These have been explained in chapter 1.
6. Process to get an AB PM-JAY Card for the patients.
7. Registration process for patients/beneficiaries.
8. Pre-authorisation process for patients/beneficiaries.
9. Claim process for patient/beneficiaries.
10. Feedback and grievance procedures available to patients/beneficiaries.
11. Documents required for individual and family verification and eligibility.

2.1.5 Guidelines on Grievance

In case a beneficiary has been charged at the hospital, and is later converted into an in-patient (IP), the amount is to be refunded to the beneficiary. There are various other cases of grievance, where the beneficiary wants to bring this to the notice of the District Grievance Nodal Officer (DGNO), but does not have access to the portal, or does not know how to use it. For example if an eligible beneficiary is denied treatment at an EHCP, the Arogya Mitra supports the beneficiaries to register their grievance. The Arogya Mitra registers a grievance on behalf of the beneficiary on the portal at <http://cgrms.pmjay.gov.in/> or calls the call centre to register. The grievance is then looked after and resolved by the DGNO.

2.1.6 Forms Needed in AB PM-JAY Registration

The feedback form and any other form required as per latest operational guidelines should be readily available with the Arogya Mitra for speedy completion of work.

2.1.7 Equipment and Inventory at the Kiosk

1. The equipment which are to be set up at the kiosk/help desk are:
 - Computer
 - Printer

- Internet connection (Modem)
- QR and Document Scanner
- Fingerprint Scanner/Iris Scanner
- Webcam
- Telephone

Ensure the following while setting up equipment at the kiosk:

1. Connect and set-up the required equipment and accessories correctly as per guidelines, which are provided in chapter 4.
2. Ensure supplies are adequate and ready for operations. The required Supplies are:
 - Toner/ink,
 - Paper,
 - Data cards.
3. Ensure all equipment and accessories are in working condition and are safe to operate. This is important for the personal safety of the Arogya Mitra and the equipment that is used.
4. Position and place all equipment and accessories in a manner to ensure safety and security. Store all equipment and accessories in a safe and secure manner, in designated storage, when it is not going to be attended to for an extended period of time such as at night.
5. Test internet and phone signal connectivity and strength to determine adequacy for operations.
6. Report any malfunction, damage, shortage of stock, missing item or sub-optimal performance to appropriate authority as per standard procedure.
7. Organise and lay out documents, stationery, equipment and accessories as per workflow for efficient operations.
8. Carry-out opening inventory procedures to account for available stock, record and report as per procedure.
9. Obtain necessary stock of various supplies including information booklets/pamphlets, forms and formats, stationery, etc. as per inventory level requirements.
10. Position and place documents (technical and troubleshooting manuals reference guides, ready reckoners, etc.) and other sources of assistance conveniently near self, for ease of access when needed.
11. Prepare and get notifications and acknowledgements of inventories, pending/special patient case logs, material consumption and requisitioning, repair and maintenance requirements, clear cut-off at handover/takeover time, special circumstances, etc. for effective shift transitioning.
12. Complete handover/takeover processes when working in successive shifts, as per instructions, so that the person taking over the shift later, doesn't have any trouble understanding the procedure and the data.
13. Shift handover processes include maintaining an inventory, and transferring the same to the Arogya Mitra coming for the next shift.
14. The inventory must include the supplies that are used up and required for operations the next day.
15. The inventory must also include details of patients, special cases and beneficiaries, any pending work left in current shift and the work completed.
16. Carry-out processes and procedures to test equipment for optimal functionality from time to time.

2.1.8 Maintaining Cleanliness and Hygiene

Cleanliness and Hygiene assumes all the more importance for an Arogya Mitra, because being present in a hospital, the presence of germs, pathogens, and other illness causing agents, are more prominent here as compared to other places. Also, cleanliness is necessary to be followed to ensure personal hygiene, because when dealing with people, first impressions become one of the major factors for people to behave and cooperate with each other diligently.

Hence, steps must be followed to ensure proper hygiene standards for the Arogya Mitra.

1. Wear clean and proper attire and follow the appropriate dress code.
2. Ensure own grooming is as per standards. It includes dental and oral hygiene, bathing and grooming every day, clean and healthy hands and feet, hair care, and sanitation.
3. Ensure health and safety considerations in temporary work stations and installations.
4. Tidy up the kiosk/help Desk and ensure cleanliness and hygiene is as per standards.

UNIT 2.2: Daily Operation Process (Helpdesk set up, Patient flow management)

Unit Objectives

The participant will be able to:

- Interpret AB PM-JAY documents, manuals and information sheets accurately
- Provide relevant AB PM-JAY information required by patients/beneficiaries and representatives
- State key success factors of AB PM-JAY and own performance
- Describe organisation structure, roles and responsibilities of others, reporting structures, escalation matrix for various purposes

2.2.1 Introduction

One of the most important part of the job of the Arogya Mitra is to provide information to the patients/beneficiaries related to AB PM-JAY. To achieve this objective, the Arogya Mitra must be well aware of the salient features of AB PM-JAY. This topic has been covered in unit 1.2.

The second step to achieve this objective is to make required and relevant information available to the patients/ beneficiaries. This step has certain features which are shown in the diagram below:

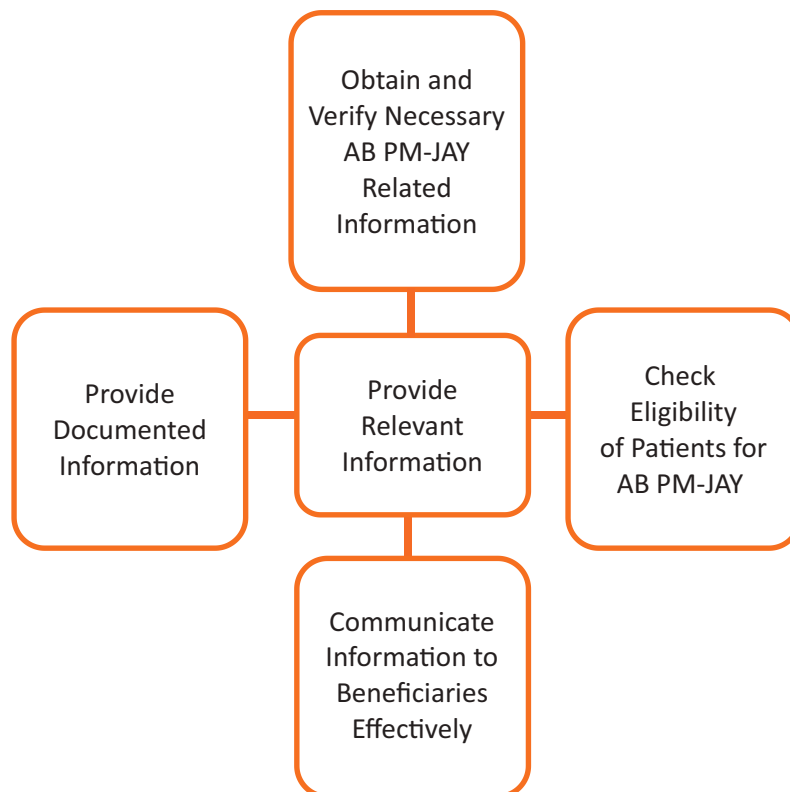


Figure 2.2.1 : Providing relevant information to beneficiaries

2.2.2 Obtain and Verify Necessary AB PM-JAY Related Information

The first step of any task is to collect and verify information. This is necessary due to the fact that the Arogya Mitra is the first point of contact for beneficiaries, and hence should be well versed in the details of the AB PM-JAY so that the Arogya Mitra will be able to provide with correct and relevant information in response to the queries of the beneficiaries.

Listed below are some steps that must be followed in order to collect and verify information.

1. Identify relevant information that is required by patients and their representatives regarding AB PM-JAY. This information is to be provided by the Arogya Mitra to the beneficiaries and their representatives, when enquired about.
2. Identify the relevant information required by authorities. This information is to be provided by the Arogya Mitra to the authorities, at state and district level, when needed.
3. Identify sources of information for various scheme related queries. They can be documents and manuals related to the scheme and all forms and formats enlisted in section 3.1.5. The Arogya Mitra should obtain and keep accessible reference sources for verification of information and clarification of doubts. Also, the Arogya Mitra should keep the contact information of his superiors/trainers handy in case he requires assistance.
4. Identify various categories of beneficiaries. The beneficiaries can be new, already enrolled under SECC data or enrolled under RSBY or SCHIS. New persons, who were not enrolled under SECC, cannot become beneficiaries under the scheme. But, their data must be captured for scheme expansion in phase II. The process to register, verify and claim shall be different for each of the categories.
5. Schemes which are included in the AB PM-JAY are the Rashtriya Swasthya Bima Yojna (RSBY) and Senior Citizens Health Insurance Scheme (SCHIS). Thus, beneficiaries, who are covered under these schemes, shall automatically avail the benefits of Pradhan Mantri Jan Arogya Yojna.

2.2.3 Check Eligibility of Patient/Beneficiary for AB PM-JAY



Figure 2.2.2 : Check eligibility of beneficiaries

This is the first step that the Arogya Mitra has to follow when any patient/beneficiary comes to the Arogya Mitra with intention to avail the benefits of AB PM-JAY.

The eligibility of patients is to be checked by the Arogya Mitra using methods and procedures that have been explained in section 1.4.3.

2.2.4 Communicate Information to Beneficiaries Effectively

As important it is to collect and verify data, similarly important is to communicate information to beneficiaries in a way that is easily understandable by them.

Sometimes, language poses a barrier in communication as the beneficiaries might not understand the language or the regional dialect being spoken to them.

The Arogya Mitra has the following responsibilities towards beneficiaries:

1. Provide information to eligible patients/targeted beneficiaries and their representatives regarding eligibility verification process, documents, benefits, packages, etc. relevant to their eligibility category.
2. Inform ineligible patients and their representatives the criteria for eligibility and their mismatching factors, very politely, after verification and rejection through the BIS web portal.
3. Communicate in an appropriate language and pace as understood by the enquirer.
4. Enquire from patients/targeted beneficiaries and their representatives if they or their family members are aware of and registered for AB PM-JAY.
5. Confirm correct understanding of information by the patient or their representatives.

2.2.5 Provide Documented Information

Providing documented information is necessary as information in written format is easy to remember and refer to than the spoken word.

The Arogya Mitra has the responsibility of explaining matters to the beneficiaries in an easy and understandable language, along with providing them with documented information to hold on to and check on later.

This makes the work of an Arogya Mitra easier as some people will be able to understand the fine details of AB PM-JAY using documented information, and hence is one less task for the Arogya Mitra.

The following pointers will help the Arogya Mitra to visualise his work better:

1. Provide language appropriate, pamphlets/flyers or other documented information to the targeted beneficiaries on AB PM-JAY.
2. Highlight or underline key information on information documents/flyers.
 - a. Key information includes information that addresses direct targeted beneficiary queries; contact information; list of documents required; etc.
3. Provide short item lists of documents or selected information, with visual indicators, to illiterate beneficiaries; ensure the information is repeated verbally for their understanding.
4. Provide information on AB PM-JAY inclusions and exclusions to patients.
 - a. Inclusions: Hospitalisation, surgery, post-discharge care for 15 days but free treatment in case of surgery complications.
 - b. Exclusions: OPD treatment.
5. Provide information on registering as a patient, pre-authorisation, claim process, feedback and grievance procedures, etc.
6. Provide information to the patient/beneficiary about the various processes of AB PM-JAY.
 - a. Processes: Registration, pre-authorisation, claims, feedback and grievance procedures, etc.

2.2.6 SECC 2011

- Socio Economic Caste Census (SECC) 2011 ranks the households based on their socio-economic status.
- State Governments can use this database to prepare the list of families living below poverty line (BPL).
- Combined with UID, this database can be utilized for identification of beneficiaries for various socio-economic welfare schemes.
- SECC census database will provide authentic information to policy makers about caste-wise population breakup in the country (e.g. socio-economic, educational status of a particular caste).
- Based on that, Government can evaluate the performance of its past schemes/policies and update them accordingly.

2.2.7 Frequently Asked Questions (FAQ)

Q1 What is the purpose of AB PM-JAY?

A1. The Government of India is committed to ensure that its population has universal access to good quality health care services without anyone having to face financial hardship as a consequence. The Ayushman Bharat Pradhan Mantri Jan Arogya Yojna (AB PM-JAY) is being launched with this purpose, i.e. to provide quality accessible healthcare.

Q2 What will be the benefit the prime benefit under AB PM-JAY?

A2. It will offer a benefit cover of INR. 500,000 per family per year (on a family floater basis, i.e for the whole family).

Q3 What will AB PM-JAY cover?

A3. AB PM-JAY will cover medical and hospitalization expenses for secondary and tertiary procedures. For details regarding secondary and tertiary procedures, refer annexure1.

Q4 What is the maximum number of family members and their age limit to avail the benefits under AB PM-JAY?

A4. It will ensure that nobody is left out (especially girl child, women, children and elderly), there will be no cap on family size and age in the Scheme.

Q5 What are the immediate charges to be borne by the beneficiary before availing the benefits of AB PM-JAY?

A5. AB PM-JAY will be cashless & paperless at public hospitals and empanelled private hospitals. The beneficiaries will not be required to pay any charges for the hospitalization expenses. The benefit also include pre and post-hospitalization expenses. In fact, there is no enrolment fee for AB PM-JAY.

Q6 How is a beneficiary decided according to AB PM-JAY?

A6. AB PM-JAY is entitlement based i.e. the beneficiary is decided on the basis of family in the SECC database. Rashtriya Swasthya Bima Yojna (RSBY) will be absorbed under Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna.

Q7 Where can the benefits of AB PM-JAY be availed?

A7. Patients can avail the benefits from empanelled hospitals across states who agree to be a part of AB PM-JAY.

Q8 Who will be covered under AB PM-JAY?

A8. About 10 crore families will be covered under AB PM-JAY (as per SECC data). They will be called 'eligible families'. For eligible families:

- a. No restriction on family size, age or gender
- b. All members of eligible families will be covered

Other than the list based on SECC data, families with active RSBY card and State notified eligible categories will also be eligible for AB PM-JAY. State specified categories will be over an above the 10.74 Cr families.

Q9 What will happen to other state insurance schemes?

A9. Other state scheme may either continue to function as before or merge with AB PM-JAY.

Q10 Which hospitals are covered under EHCPs?

A10. The empanelled hospitals include both public and private hospitals. The complete and updated list of which can be found on the link given below:

<https://hospitals.pmjay.gov.in/Search/empnlWorkFlow.htm?actionFlag=ViewRegisteredHosptlsNew>

Q11 What documents should the beneficiaries bring to avail the benefits of AB PM-JAY?

A11. Beneficiaries need to carry any prescribed Photo ID proof to receive treatment at the hospital.

Q12 Will the benefits of AB PM-JAY be lapsed after beneficiary is discharged from the EHCP?

A12. No, there will be post discharge care for 15 days. In case of any complications; treatment provided by the EHCP will be free of cost.

Q13 How do a beneficiary register for PMJAY?

A13. There is no registration for beneficiary but his/her eligibility can be verified by visiting an empaneled hospital or common service centre.

Q14 How do an arogya mitra register himself / herself to carryout the roles?

A14. Arogya Mitra will be appointed by the State / Hospital. His/her registration in the portals will be provided by the SHA through the hospital where he/she is appointed.

Q15 What will happen in case surgery is required urgently? (Emergency cases)

A15. In case of an emergency, when a surgery needs to be done immediately (*emergency cases*), telephonic approval is taken from concerned approvers. Later the Arogya Mitra will register the case into the designated system. (Telephonic Registration)

Q16 What procedure would be followed in case of lost or damaged AB PM-JAY card?

A16. The Arogya Mitra will process card holder's request for duplicate card in case of loss or damage as per laid down procedures.

Q17 What can be done about any complaints or grievances the beneficiaries might have?

A17. Feedback and grievance forms related to the said procedures are available with the Arogya Mitra, where the beneficiaries can register complaints with the higher authority. The Arogya Mitra registers a grievance on behalf of the beneficiary on the portal at <http://cgrms.pmjay.gov.in/> or calls the call centre to register. The grievance is then looked after and resolved by the DGNO.

UNIT 2.3: Ensuring Patient Services are Delivered as per AB PM-JAY Guidelines

Unit Objectives

At the end of this unit you will be able to:

- Facilitate all the services as per AB PM-JAY

2.3.1 Facilitating all the Services as per AB PM-JAY

An Arogya Mitra has an important role in ensuring that the patient gets all the services as promised in AB PM-JAY guidelines. Below given points are a must to-do for the Arogya Mitra.

- The Arogya Mitra must ensure that the patient, from the time of pre-authorisation to discharge, is getting all the benefits as per AB PM-JAY norms.
- The Arogya Mitra should guide the patients to locate correct facilities and receive prompt treatment.
- The Arogya Mitra must ensure that all the facilities and services that are being rendered to AB PM-JAY cardholder are without charging of any amount.
- The Arogya Mitra should process card holder's request for duplicate card in case of loss or damage as per laid down procedures.
- The Arogya Mitra must record and forward all grievances to the notice of Grievance Cell directly or through District Coordinator.
- The Arogya Mitra should proactively report any irregularity or inadequacy noticed to the concerned supervisors.

Summarise

- The Arogya Mitra needs to provide required and relevant information to the patients/ beneficiaries related to AB PM-JAY.
- The Arogya Mitra needs to identify and provide the relevant information required by authorities.
- The eligibility of patients is to be checked by the Arogya Mitra using some methods and procedures.
- It is necessary to communicate information to beneficiaries in a way that is easily understandable by them.
- The Arogya Mitra needs to provide language appropriate, pamphlets/flyers or other documented information to the beneficiaries.
- Socio Economic Caste Census (SECC) 2011 ranks the households based on their socio-economic status.
- State Governments can use this database to prepare the list of families living below poverty line (BPL).
- Combined with UID, this database can be utilized for identification of beneficiaries for various socio-economic welfare schemes.
- Schemes which are included in the AB PM-JAY are the Rashtriya Swasthya Bima Yojna (RSBY) and Senior Citizens Health Insurance Scheme (SCHIS).
- Preparing oneself for help desk operations saves time and improves efficiency of the Arogya Mitra.
- One needs to register as an Arogya Mitra on the Beneficiary Identification System (BIS) to become an authorized BIS web user on the portal.
- Setting up a kiosk/help desk becomes necessary to ensure that it is placed in an optimum position for people to see and spot it easily.
- It helps in convenient and increasing efficiency of operations for people in need who require the help of the Arogya Mitra.
- The Arogya Mitra must have all information about Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna (AB PM-JAY), its purpose and provisions.
- Ensure all equipment and accessories are in working condition and are safe to operate.
- Carry-out opening inventory procedures to account for available stock, record and report as per procedure.
- Carry-out processes and procedures to test equipment for optimal functionality from time to time.
- Tidy up the kiosk/help desk and ensure cleanliness and hygiene is as per standards.

Exercise: **A. Fill in the blanks:**

- i. Schemes which are included in the AB PM-JAY are _____ and _____.
- ii. Patients can receive post discharge care for _____ days.
- iii. Socio Economic Caste Census (SECC) 2011 ranks the households based on their _____ status.
- iv. Complete _____ processes when working in successive shifts.
- v. Test internet and phone signal _____ and _____ to determine adequacy for operations.
- vi. The Arogya Mitra should take the responsibility for _____ of premises and kiosk/work station when not in use/unattended.

B. Answer the following questions:

- I. Enlist AB PM-JAY inclusions and exclusions.

- ii. How is a beneficiary decided according to AB PM-JAY?

- iii. State the purpose of AB PM-JAY?

- iv. Enlist the forms and formats which should be available with the Arogya Mitra?

v. Enlist the equipment which are required to be set up at the kiosk/help desk?

vi. Note down some preparation parameters required for the Arogya Mitra.





3. Software and Systems (BIS, TMS, Support)

Unit 3.1 - Beneficiary Identification System (BIS)

Unit 3.2 - Register AB PM-JAY Beneficiaries as Patients in EHCP

Unit 3.3 - Package Selection

Unit 3.4 - Verify the Pre-authorisation and Submit Cashless
Disbursement Claims



Key Learning Outcomes

At the end of this module, you will be able to:

1. Check for eligibility of prospective beneficiaries
2. List the tasks to be performed by Arogya Mitra at the identification of eligibility stage
3. Register AB PM-JAY beneficiary as in-patients in EHCPS
4. Raise and track pre-authorisation requests (if needed)
5. Ensure cashless service delivery to beneficiaries as per AB PM-JAY guidelines
6. Submit and track EHCP claims
7. Discharge and follow up of the beneficiaries.

UNIT 3.1: Beneficiary Identification System (BIS)

Unit Objectives

At the end of this module, you will be able to:

1. Check for eligibility of prospective beneficiaries
2. List the tasks to be performed by Arogya Mitra at the identification of eligibility stage

3.1.1 Introduction

This unit is about facilitating the patient/beneficiary in registration and checking their eligibility for making use of the benefits listed in AB PM-JAY. Arogya Mitra is the person who provides help in registration and other documentation process to obtain the benefits of AB PM-JAY. Arogya Mitra can determine the eligibility by employing a combination of methods including questioning the beneficiary, verifying physical documents, checking and entering details in BIS web portal, etc.

After ensuring eligibility, the Arogya Mitra must identify the exact record of the person and ensure that the person's identity matches with the record. Then the Arogya Mitra must update the records, bringing them up-to-date through valid documents provided by the beneficiary such as Ration card, Aadhaar card, any other government ID etc.

In the end the Arogya Mitra will submit the details to the insurance company/trust/State authorities for approval, post which a Golden card will be generated for the beneficiary.

3.1.2 Eligibility Criteria for beneficiary

An Arogya Mitra has a crucial role in identifying the beneficiary's eligibility for AB PM-JAY. While doing this, the Arogya Mitra must be very diligent in ensuring that whether the people approaching him are genuine beneficiaries or not.

In order to perform this task the Arogya Mitra should know the following:

- AB PM-JAY which we have already studied in detail in chapter-1,
- the on-going schemes which will be subsumed in AB PM-JAY for different states,
- the eligibility criteria,
- how to access the BIS Web Portal.

The target beneficiaries of proposed AB PM-JAY will be more than 10 crore families belonging to poor and vulnerable population based on SECC database which includes the data collected by ASHA workers who had gone door to door and asked people about their contact details and ration cards. This data is further supported by data from other existing government health insurance run in the states.

Eligibility Criteria:

As we have learnt earlier, AB PM-JAY will be entitlement based with entitlement decided on the basis of deprivation criteria in the SECC database.

The different categories in **rural area** include:

- families having only one room with kuccha walls and kuccha roof;
- families having no adult member between age 16 to 59;
- female headed households with no adult male member between age 16 to 59;
- disabled member and no able bodied adult member in the family;
- SC/ST households; and
- landless households deriving major part of their income from manual casual labour,
- families in rural areas having any one of the following: households without shelter, destitute, living on alms, manual scavenger families, primitive tribal groups, legally released bonded labour.

For **urban areas**, 11 defined occupational categories are entitled under AB PM-JAY:

- Rag picker
- Beggar
- Domestic worker
- Street vendor/ Cobbler/ hawker/ Other
- Construction worker/ Plumber/ Mason/ Painter/ Welder/ Other
- Sweeper/ Sanitation worker / Mali
- Home-based worker/ Artisan/ Handicrafts worker / Tailor
- Transport worker/ Driver/ Conductor/ Helper / Rickshaw puller
- Shop worker/ Assistant/ Peon / Attendant/ Waiter
- Electrician/ Mechanic/ Assembler/ Repair worker
- Washer-man/ Chowkidar

Broad tasks to be performed by Arogya Mitra at the identification of eligibility stage:

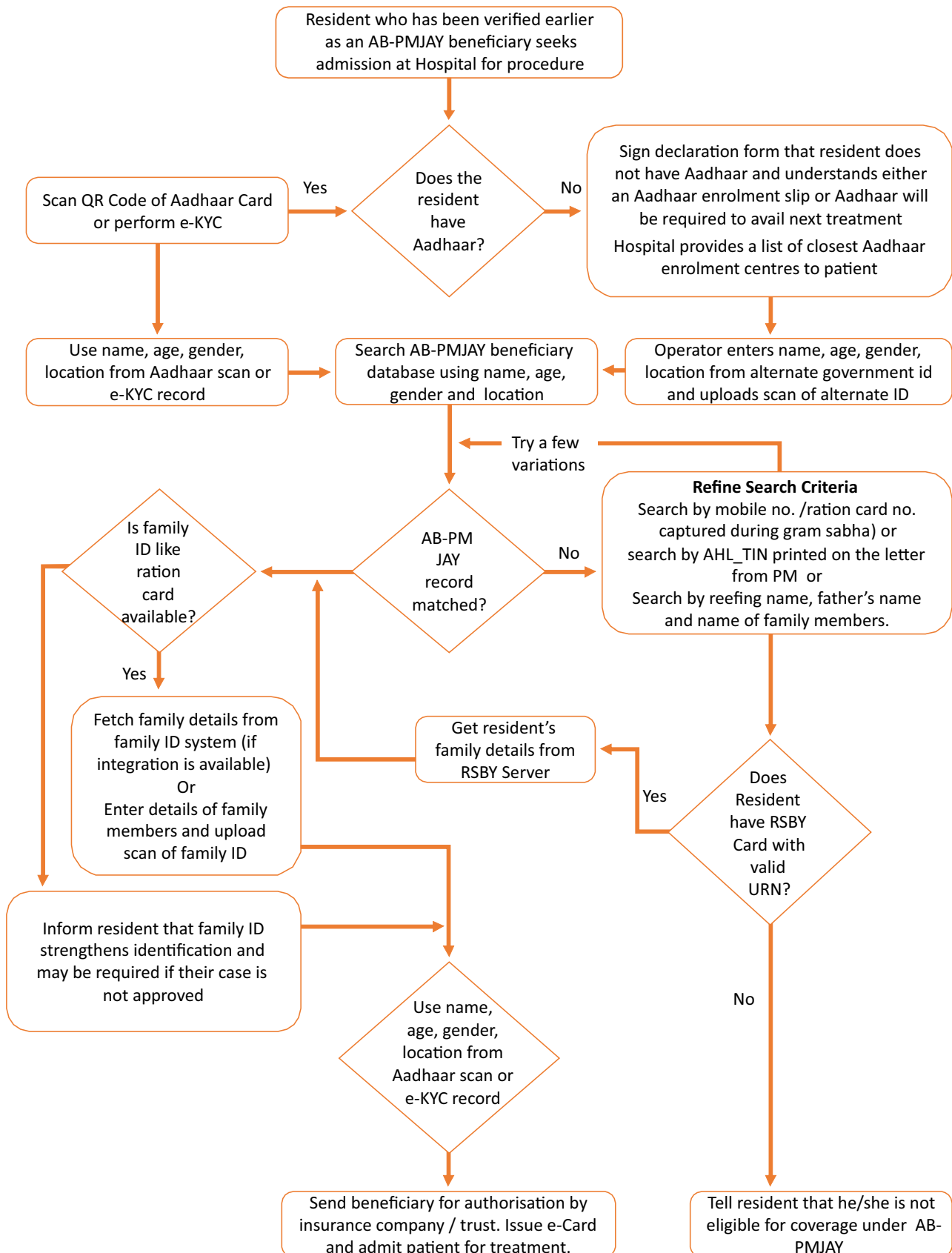


Figure 3.1.1 : Process Flow Chart for Beneficiary Identification

3.1.3 The Overall BIS Process

The following process flow diagram indicates the broad steps required for updating KYC information of the individual and the family in the BIS portal.



Figure 3.1.2 : Updating KYC information of the beneficiary

In the following section each of these steps will be discussed in detail.

3.1.4 Identity Document for a Family Member

Aadhaar will be primary identity document for a family member that has to be produced under the AB PM-JAY scheme. When the beneficiary comes to a contact point, the QR code on the Aadhaar card is scanned (or an e-KYC is performed) to capture all the details of the Aadhaar. A demographic authentication is performed with UIDAI to ensure the information captured is authentic. A live photograph of the member is taken to be printed on the e-card.



*If the AB PM-JAY family member does not have an Aadhaar card and the contact point is a location where no treatment is provided, the operator will inform the beneficiary that he is eligible and can get treatment only once without an Aadhaar or an Aadhaar enrolment slip. *They may be requested to apply for an Aadhaar as quickly as possible. A list of the closest Aadhaar enrolment centres is provided to the beneficiary

The AB PM-JAY family member does not have an Aadhaar card and the contact point is a Hospital or place of treatment then:

- A). A signed declaration is taken from the Beneficiary that he does not possess an Aadhaar card and understands he will need to produce an Aadhaar or an Aadhaar enrolment slip prior to the next treatment
- B). The beneficiary must produce an ID document from the list of approved ids by the State
- C). The operator captures the type of ID and the fields as printed on the ID including the Name, Father's Name (if available), Age, Gender and Address fields.
- D). A scan of the ID produced is uploaded into the system for verification.
- E). A live photograph of the member is taken to be printed on the e-card.
- F). The information from this alternate ID is used instead of Aadhaar for matching against the AB PM-JAY record.

**Points mentioned are subjected to change with change in NHA policies*

3.1.5 Searching the AB PM-JAY Database

The AB PM-JAY database will be searched based on the information provided in the Member Identity document. AB PM-JAY is based on SECC and it is likely that spellings for Name, Fathers Name and even towns and villages will be different between the AB PM-JAY record and the identity document. A beneficiary will be eligible for AB PM-JAY if the Name and Location parameters in the beneficiary identity document can be regarded as similar to the Name and Location parameters in the AB PM-JAY record.

*The Search system automatically provides a confidence score between the two.

Aadhaar or Other Government ID Beneficiary Identity Document		AB PM-JAY Beneficiary Record	
Name	Geetha Bandhopadhya	Name	Gita Banarjee
Age	33	Age	40
Gender	F	Gender	F
Father's Name	<Not Available>	Father's Name	Arghya Banarjee
State	West Bengal	State:	West Bengal
District	Malda	District	Malda
Town / Village	Dakshin Chandipur	Town / Village	Dakshin Chandipur
NAME MATCH CONFIDENCE SCORE: 94%			

The Search system will provide multiple ways to find the beneficiary record.

If there are no results based on Name and Location, the operator should do the following:

A Search by Ration Card and Mobile No (Information captured during the Additional DataCollection Drive)

B Search using the ID printed on the letter sent by post to Beneficiaries (AHL_HH_ID)

C Reduce some parameters like Age, Gender, Sub district, etc & try with variations in the spelling of the Name

D Try adding the name of the father or family members if there are too many results.

The Search system will show the number of results matched

if No. of records are > 5.

The operator is expected to add more information to narrow results.

if No. of records are < 5.

The actual results will be displayed on the screen.

The operator should select the correct record from the list shown.

Figure 3.1.3: How to identify the correct record from BIS system

*Points mentioned are subjected to change with change in NHA policies

3.1.6 Searching the AB PM-JAY Database for Valid RSBY Beneficiaries

The operator is unable to find the person using AB PM-JAY search using Name and other methods described above, then he can search from the valid RSBY database. The RSBY URN printed on the beneficiary card is used to perform the search. The system fetches the record from the RSBY database.

*The operator is presented with the confidence score between the Beneficiary Identity document and the RSBY record.

3.1.7 Linking Family Identification Document with the AB PM-JAY Family

One or more Family Identity Cards can be linked with each AB PM-JAY Family. While Ration cards will be the primary family document, States can define additional family documents that can be used. SECC survey was conducted on the basis of households and there are possibilities where the household could have multiple ration cards.

Linking a family identification document strengthens the beneficiary identification process as we can create a confidence score based on the names in family identification document and AB PM-JAY record.

Ration Card or Other Government Family ID Beneficiary Identity Document		AB PM-JAY Beneficiary Record	
Names of family members	RAM, GEETHA, GOVIND, MEENAKUMARI	Names of family members	GEETHA, MEENAKUMARI, RAM
FAMILY MATCH CONFIDENCE SCORE: 92%			

Linking the family identification document will be mandatory ONLY if the same document is also the ID used by the state to cover a larger base. Operators are encouraged to upload the family document if the name match confidence score is low, but they believe the 2 records are the same

Integration with an online family card database is recommended. In this scenario, the operator will enter the Family ID No (from the IDs mentioned earlier) and will be able to fetch the names of the family members from the online database.

If an integration is not possible, the operator will enter the names of the family members as written in the ID card and upload a scan of the ID card for verification.

**Points mentioned are subjected to change with change in NHA policies*

3.1.8 Approval by Insurance Company/Trust

The State can appoint either the Insurance company or Trust to perform the verification of the data of identified beneficiaries. The team needs to work with a strong Service Level Agreements (SLA) on turnaround time. Approvals are expected to be provided within 30 minutes back to the operator on a 24x7 basis.

The Approver is presented the Beneficiary Identity Document and the AB PM-JAY (or RSBY) record side by side for validation along with the confidence score. The lowest confidence score records are presented first.

If the operator has uploaded the Family Identity document, it is also displayed along with the Confidence Score.

The Approver has only 2 choices for each case – Approve or Recommend for Rejection with Reason

The System maintains a track of which Operator is Approving / Recommending for rejection. The Insurance Company/Trust can analyze the approval or rejection pattern of each of the operators.

Acceptance of Rejection Request by State (applicable only in case of Insurance Company mode of implementation)

The State should setup a team that reviews all the cases recommended for Rejection. The team reviews the data provided and the reason it has been recommended for rejection. If the State agrees with the Insurer, it can reject the case.

If the State disagrees with the Insurer, it can approve the case. The person in the state making the decision is also tracked in the system. The State review role is also SLA based and a turnaround is expected in 24 hours on working hour basis.

3.1.9 Addition of Family Members

The AB PM-JAY scheme allows addition of new family members if they became part of the family either due to marriage or by birth. In order to add a family member, at least one of the existing family members needs to be verified and the identity document used for the verification could be Aadhaar.

To add the additional member, the family must produce:

- A State approved family document like Ration Card.
- A birth certificate linking the member to the family.
- A marriage certificate linking the member to the family.
- Government certified list of members.
- RSBY Card: Document image (RSBY Card) to be uploaded.
- PM Letter: Document image (PM Letter) to be uploaded.
- CG MSBY Card- (valid only for Chhattisgarh).

In order to add a family member, at least one of the existing family members needs to be verified and the identity document used for the verification must be Aadhaar.

C. Monitoring of Beneficiary identification and e-card printing process

Responsibility of – State Government/SHA

Timeline – Continuous

SG/ SHA will need to have very close monitoring of the process in order to ascertain challenges, if any, being faced and resolution of the same. Monitoring of verification process may be based on following parameters:

- Number of contact points and manpower deployed/ Number and type of manpower
- Time taken for issuance of e-card of each member

- Percentage of families with at least one member having issued e-card out of total eligible families in AB PM-JAY
- Percentage of members issued e-cards out of total eligible members in AB PM-JAY
- Percentage of families with at least one member verified out of total eligible families in RSBY data (if applicable)
- Percentage of members issued e-card out of total eligible members in RSBY data (if applicable)
- Percentage of total members where Aadhaar was available and captured and percentage of members without Aadhaar number
- Percentage of total members where mobile was available and capture

3.1.10 Final Approval Process

The process for approval carries on as mentioned below:

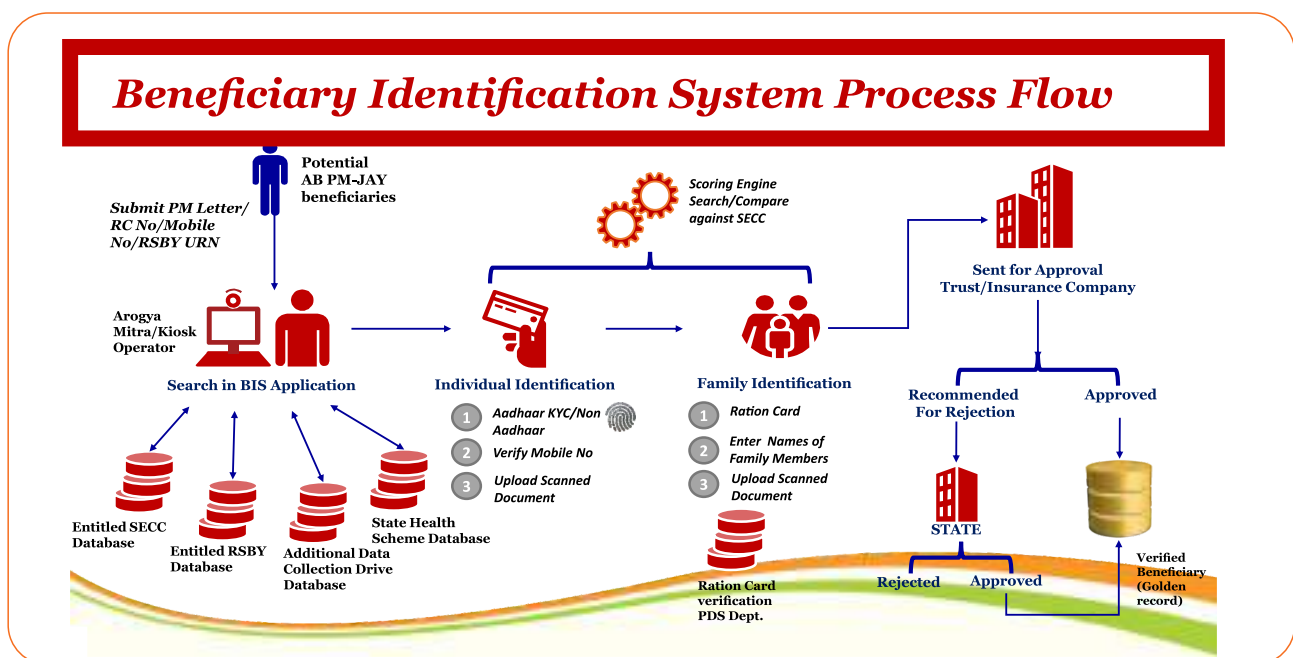


Figure 3.1.4: BIS final approval process

- There can be one of the two approving authorities for each state – 'Insurer' level and 'State Government officer'
- Multiple users for each approving authority will be created based on the workload in the state.
- Allocation to each user will be on the round robin basis.
- Guidelines for approving/rejecting the beneficiaries will be framed and will be made available to the users.
- List of Silver Records will be available to the concerned approving users. Such users will be required to approve/reject beneficiaries on first-come-first-serve basis.
- On clicking, any record, SECC/RSBY data details and read/scanned documents and matching scores will be made available to the approving authority for comparison.
- In case of Rejection, it will be mandatory to specify the reason for rejection.

3.1.11 The Process

A web portal operator can see the reports of the beneficiary identification system which shows two options saying Rejected Documents List & Approved Documents List.

- The **Rejected documents list** is to see the report of the rejected entries of the families with reason (Note: it will open a report in a new tab in PDF format).
- The **Approved documents list** is to see the approved entries of the families.

3.1.12 National Portability

Arogya Mitras can now search the beneficiary from any state other than their Home State and do their KYC.

Arogya Mitras can view the Home State as well as Outside State's Approved Beneficiaries list (All users), Pending Beneficiaries list & Rejected Beneficiaries list (created by them).

“Print Card” option is now available for Arogya Mitras, if they want to print the Golden Record for any other state.

UNIT 3.2: Register AB PM-JAY Beneficiaries as Patients in EHCP

Unit Objectives

At the end of this unit you will be able to:

- Describe the Transaction Management System and information available as well as the processes to be conducted in it
- Register patients/beneficiaries in the transaction management system

3.2.1 Introduction

Before the beneficiary can avail the services under AB PM-JAY, registration in an Empanelled Health Care Provider (EHCP) is important. The process of obtaining the AB PM-JAY card has already been stated in the previous chapter and importance of Arogya Mitra role in the same. The AB PM-JAY card recipient can avail the services after initial diagnosis which will convert him as an in-patient or out-patient. All the process from this point onwards is carried out in Transaction Management System (TMS).

The following process flow diagram explains the process involved after the beneficiary reaches the EHCP.

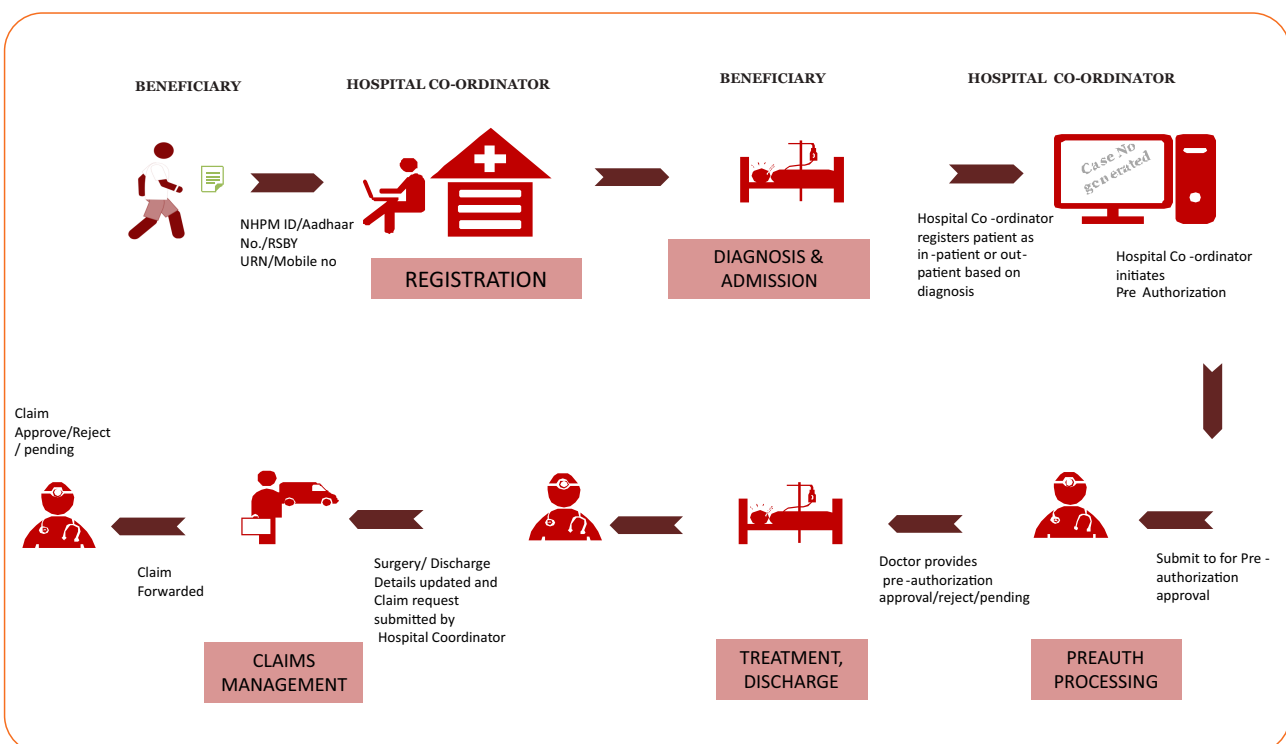


Figure 3.2.1: AB PM-JAY Healthcare Transaction Workflow Summary

3.2.2 Initial Diagnosis and Admission

The following flow diagram shows the process in brief:



Figure 3.2.2 : Initial diagnosis and admission

Initial diagnosis and admission explains how an in-patient and out-patient registration will be done. If any patient wants to avail the benefits under AB PM-JAY he/she must be registered as an in-patient through a medical Coordinator or Medico (network hospital doctor). If admission is not required the beneficiary should be registered as out-patient and treated as per requirement.

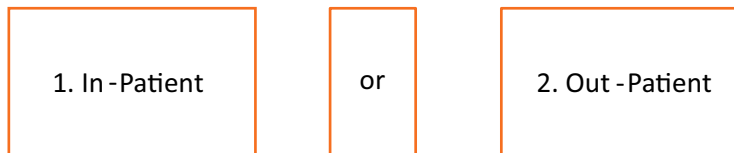


Figure 3.2.3 : Patient registration

In-Patient Registration:

Provisional diagnosis will be done at Empanelled Health Care Provider. The beneficiary will be recommended for certain tests and based on the reports; the Medico will convert the patient as **In-patient**, where patient is admitted in the hospital for medical or surgical management. Procedures and packages covered in AB PM-JAY are attached in annexure 1.

Out-Patient Registration:

The Medico will convert the patient as **Out-patient**, where no admission is required and treatment can be provided without admitting the patients as decided by the examination of the reports of the prescribed tests.

3.2.3 Performing the Tasks in Transaction Management System

The overall process for Performing the Tasks in Transaction Management System is given in the next page. Details for each step can be viewed from the user manuals in the AB PM-JAY website.

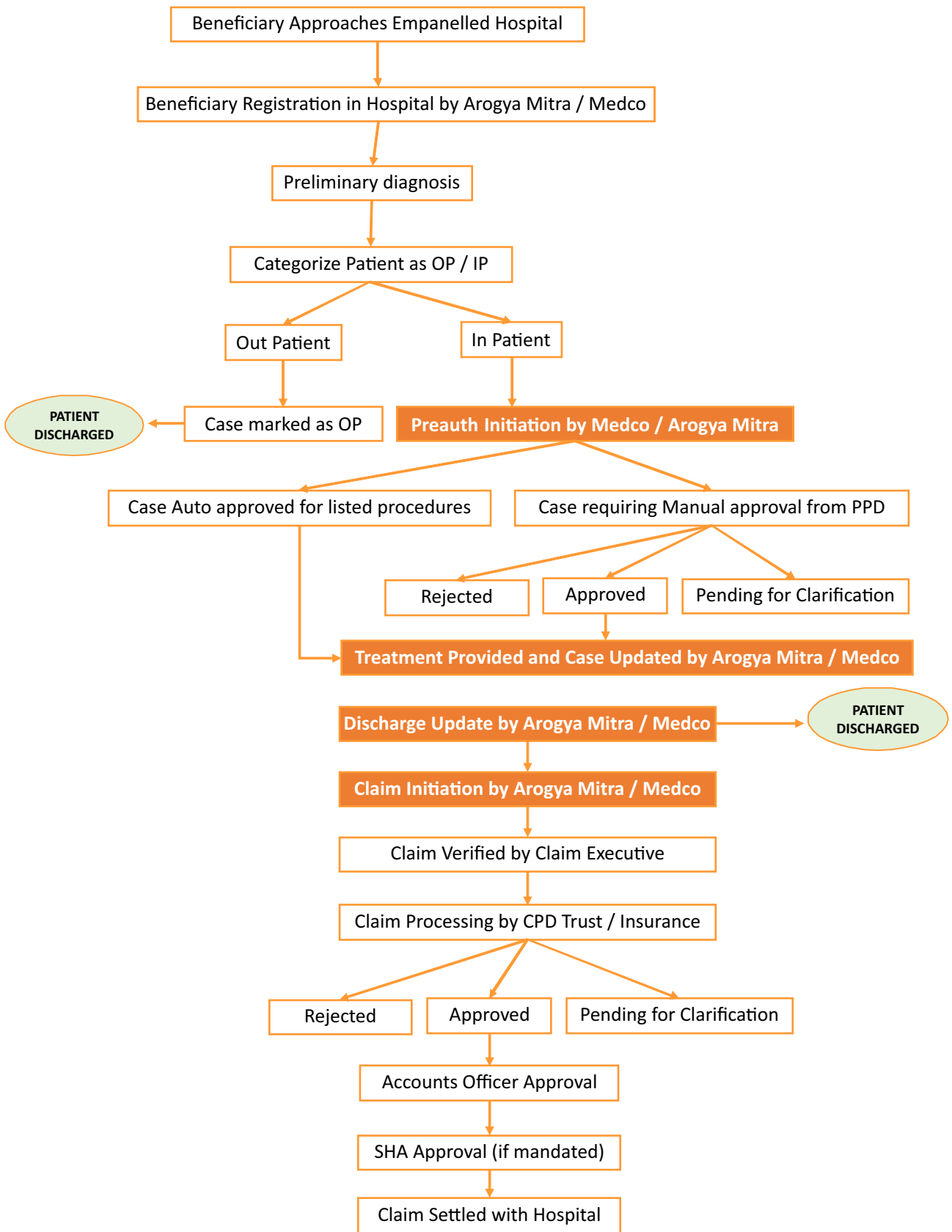
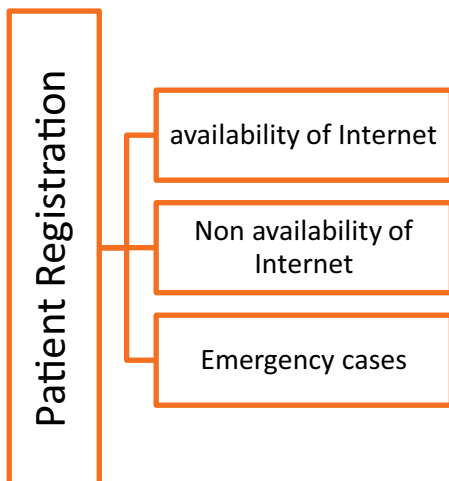


Figure 3.2.4 : Transaction management procedure

3.2.4 Patient Registration in Case of Availability of Internet



Beneficiary Not Verified

- If eligible but not verified, patient will produce Aadhaar Card/ Number/ Ration Card for verification (in absence of Aadhaar).
- Beneficiary mobile number will be captured.
- If Aadhaar Card/Number is available and authenticated online then patient will be verified under scheme and will be issued an AB PM-JAY e-Card for getting the cashless treatment.
- Beneficiary gender and year of birth will be captured with Aadhaar eKYC or Ration Card.

Figure 3.2.5 : Patient registration

Beneficiary Already Verified

- The Arogya Mitra identifies the beneficiary's eligibility and verification status from Arogya Mitra Central Server.
- If beneficiary is eligible and verified under AB PM-JAY, server will show the details of the members of the family with photo of each verified member.
- If verified, beneficiary can be registered for getting the cashless treatment.

3.2.5 Role and Responsibilities under AB PM-JAY TMS

A brief chart about the roles and responsibilities of various personnel in AB PM-JAY Healthcare Transaction are given below:

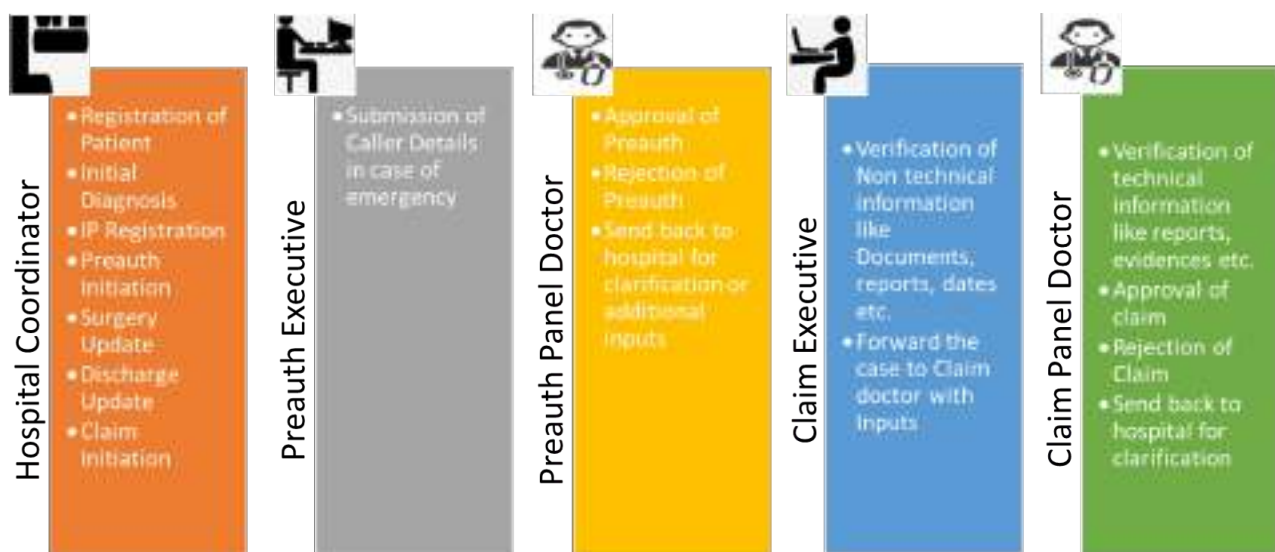


Figure 3.2.6 : Roles & responsibilities of various in AB PM-JAY Healthcare Transaction

The role and responsibilities of an Arogya Mitra in AB PM-JAY Healthcare Transaction are given below:

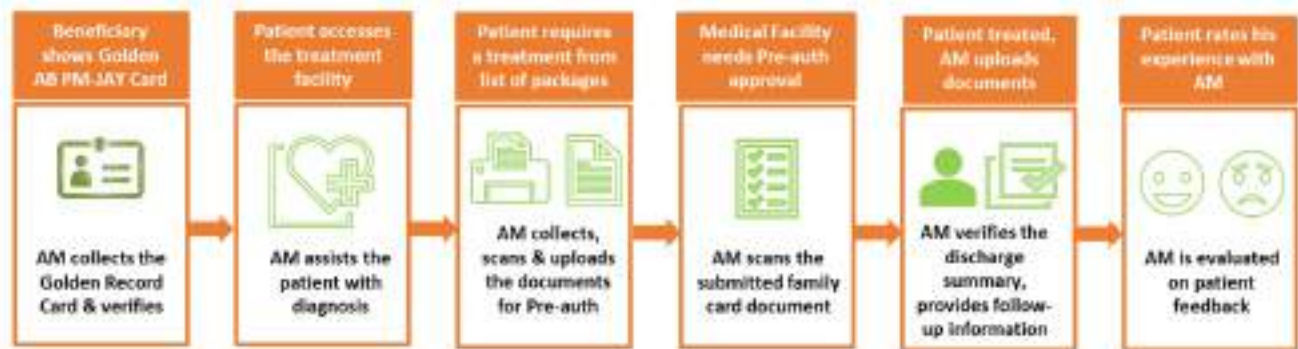


Figure 3.2.7 : Roles & responsibilities of Arogya Mitra in AB PM-JAY Healthcare Transaction

3.2.6 Patient Registration in case of Non Availability of Internet

- The Arogya Mitra at Hospital will call Central Helpline, IVRS (Interactive voice response system) and enter Arogya Mitra ID or Aadhaar number of the patient.

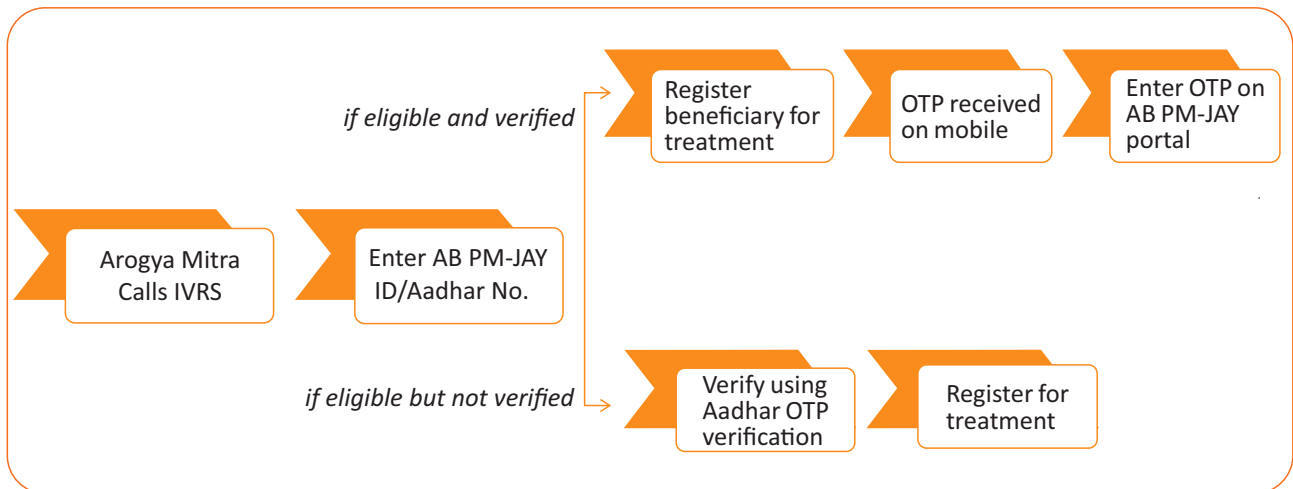


Figure 3.2.8 : Patient registration in case of non-availability of internet

- IVRS speaks-out the details of all beneficiaries in the family and hospital will choose the beneficiary who has come for treatment. It will also inform the verification status of the beneficiary.
- If eligible and verified – beneficiary will be registered for getting treatment by sending an OTP on the mobile number of the beneficiary.
- In case beneficiary is eligible but not verified then she/he can be verified using Aadhaar OTP authentication and can get registered for treatment.

3.2.7 Patient Registration in case of Emergency

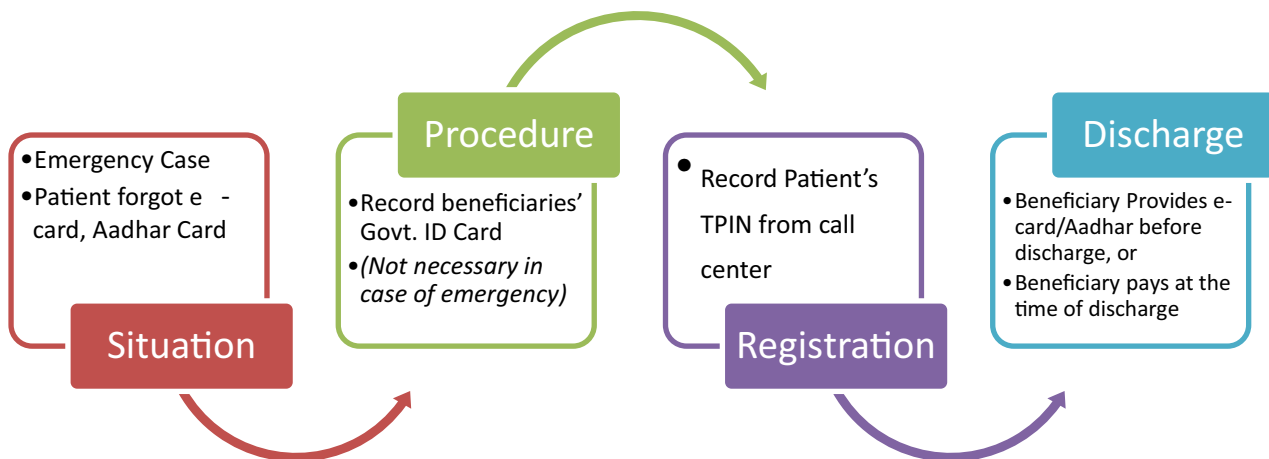


Figure 3.2.9 : Patient registration in case of emergency

- In emergency cases or if AB PM-JAY e-Card/ID or Aadhaar Card/Number missing and patient claims to be Arogya Mitra beneficiary and show some photo ID proof issued by Government
- Beneficiary may get treatment after getting TPIN (Telephonic Patient Identification Number) from the call centre and same will be recorded
- Government Photo ID proof need not be insisted in case of emergency
- In all such cases, beneficiary will provide relevant AB PM-JAY proof within specified time, before discharge, otherwise beneficiary will pay for the treatment to the Hospital

Any patient who wants to take the services through this scheme should be registered either through Direct or Telephonic Registration.

Direct Registration:

Arogya Mitra is present at the hospital for registering patients into AB PM-JAY by entering the Patient details, if patient visits the hospital directly.

Telephonic Registration:

In case of an emergency, when a surgery needs to be done immediately (*emergency cases*) telephonic approval is taken from concerned Approvers. Later the Arogya Mitra will register the case into the designated system.

Note: Always follow this order of Priority-

First patients are to be attended, then beneficiaries who have come for eligibility and register for a card in advance and lastly address the general queries of individuals.

3.2.8 Diagnosis and Package selection

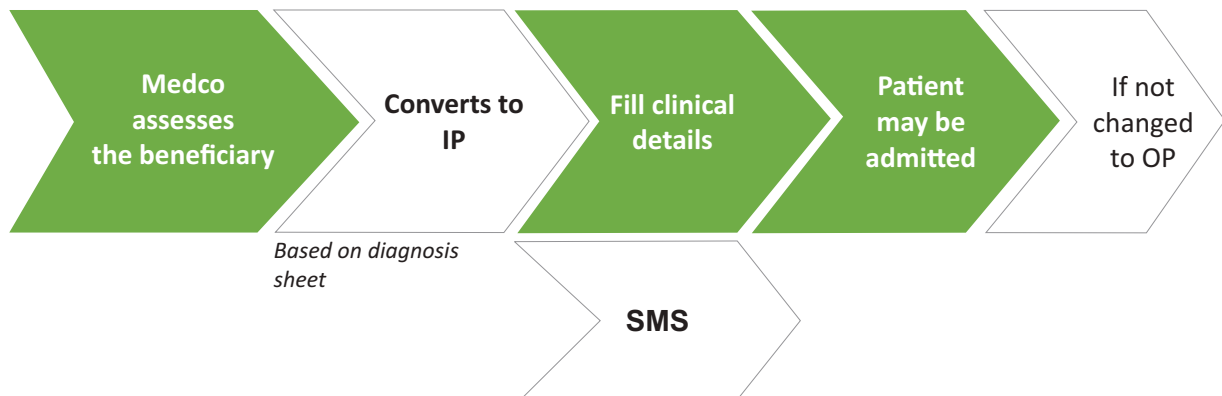


Figure 3.2.10 : Initial diagnosis by Medico

1. EHCP can only view the packages that the EHCP is empanelled to offer under AB PM-JAY
2. Both surgical and non-surgical packages cannot be blocked or combined together.
3. Not more than one package can be selected at a time. Reduced payment shall be made in case of selection of multiple packages – as per in-built logic software (standard insurance payment process).
4. If for any reason treatment is not availed for any package, the operator can unblock the package before patient leaves the hospital.

UNIT 3.3: Package Selection

Unit Objectives

At the end of this unit you will be able to:

- Select the right package for beneficiaries

3.3.1 Package Selection

After registering the patient, the Arogya Mitra has to indicate in the system the patient and investigation details so that the right package may be selected for the beneficiary.

The process for entering the patient and investigation details involves the following:

1. Assessment of the beneficiary by the MEDICO
2. Recommending the beneficiary to become an In- Patient by the MEDICO
3. Entering the clinical details details of the beneficiary in the system by the Arogya Mitra
4. Admission of the beneficiary as a patient in the EHCP

There are some system entries to be done in the TMS for this that are given below.

Step 1: Assessment by the MEDICO

Under “**Patients**” tab, click the “**Registered Patient View**” menu option.

Click the respective “**Registration Number**” to assess the beneficiary.

Step 2: Conversion to In-Patient

In the “**Patient Type**”, select “**IP**” to convert the patient from General OP to IP.

In the pop-up box “**Do you want to convert this patient as In Patient**”, click “**OK**”.

Step 3: Entering of clinical details

This step involves the entering of general findings, personal history, past and family history, symptoms and general investigations.

For “General Findings” enter the diagnosis and therapy details as follows:

Diagnosis

- Select the primary diagnosis from the drop-down menu available.
- Use the scroll bar on right to look for more options.
- The selected diagnosis appears in blue.

Therapy

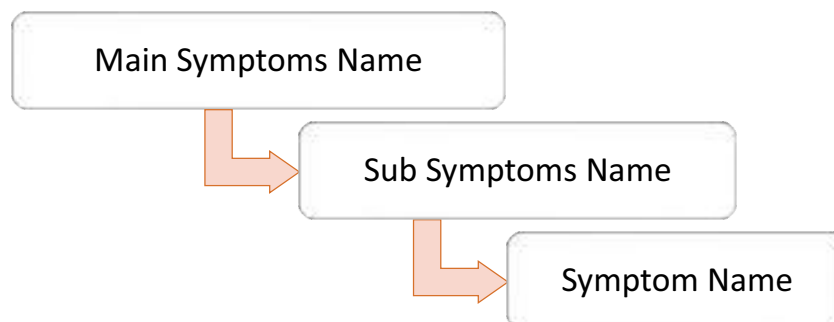
- Select the **Category Name** ⑦ **Procedure** ⑦ **Doctor Details** ⑦ **Investigations** from the drop-down menu.
- Click **Add Speciality** to add the speciality type for the diagnosis. The summary of the added specialities appears on the screen. Click **X** in the **Action** column to delete any specialities, if required.
- Upload the **Investigation Documents** in the **Attachment** column.
- Enter the Admin Details (IP number ⑦ Admission Type ⑦ Proposed Surgery Date ⑦ Remarks ⑦ Patient Diagnosed By ⑦ Doctor Name ⑦ Medico Legal Cases, if any).

For “Personal History” enter all details available for the following by selecting the relevant dropdown menu.

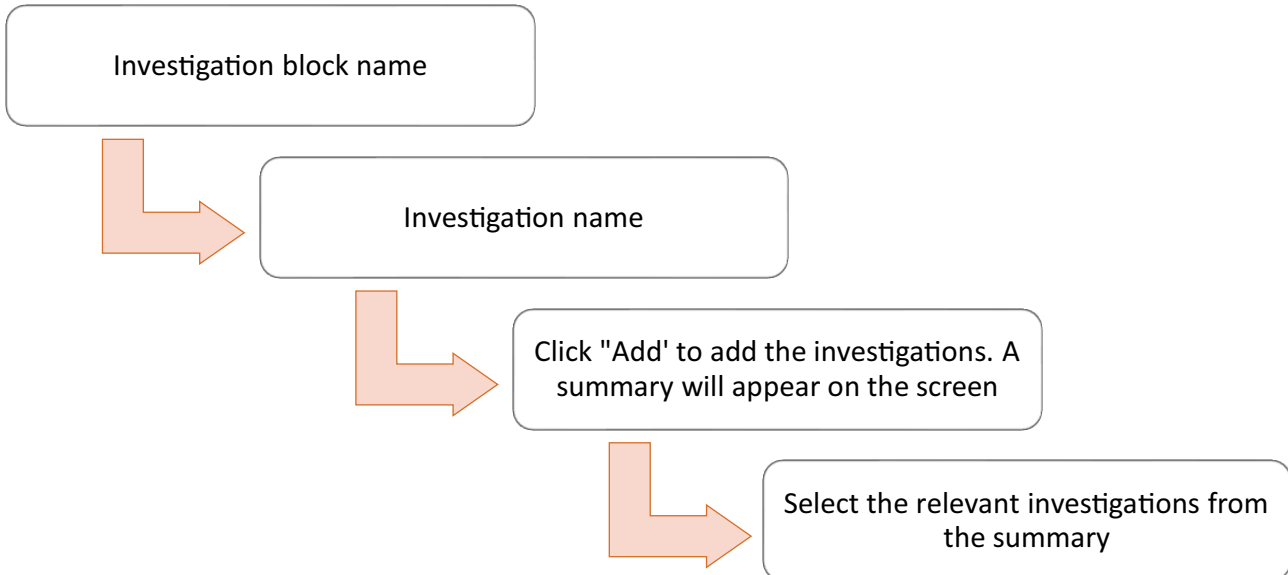


For “Past and Family History” there will be different check boxes and the relevant ones must be checked, and the details for the same can be entered. Multiple options can be selected.

For “Symptoms” , the following must be selected from the drop-down menu, and then the symptoms can be added as provided by the Medico.



For “General Investigations” the following drop-down menu has to be selected and the details have to be added as mentioned.



Step 4: Entering Patient Admission details

For entering the “Patient Admission” details the following actions have to be taken:

Once the Clinical Details are submitted, select “Action Type” as “Submit IP” and click **Submit**.

In the pop-up box “**Do you want to Register Patient Case?**”, click “**OK**”.

UNIT 3.4: Verify the Pre-authorization and Submit Cashless Disbursement Claims

Unit Objectives

At the end of this unit you will be able to:

- Verify pre-authorization process in the transaction management system
- Perform various tasks in the transaction management system

3.4.1 Pre-Authorization

Pre-Authorization process has to be approved by Pre-Auth Panel Doctor for In-patient registered patients. Before performing surgery, Network Hospital has to get approval from higher authorities whether the surgery is required or not. This process is known as Pre-Authorization. It primarily involves the following:

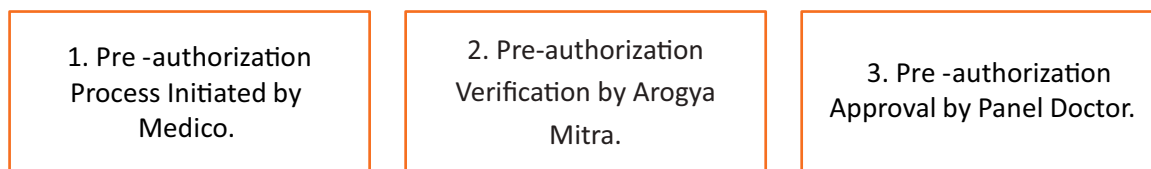


Figure 3.4.1 : Pre Authorization

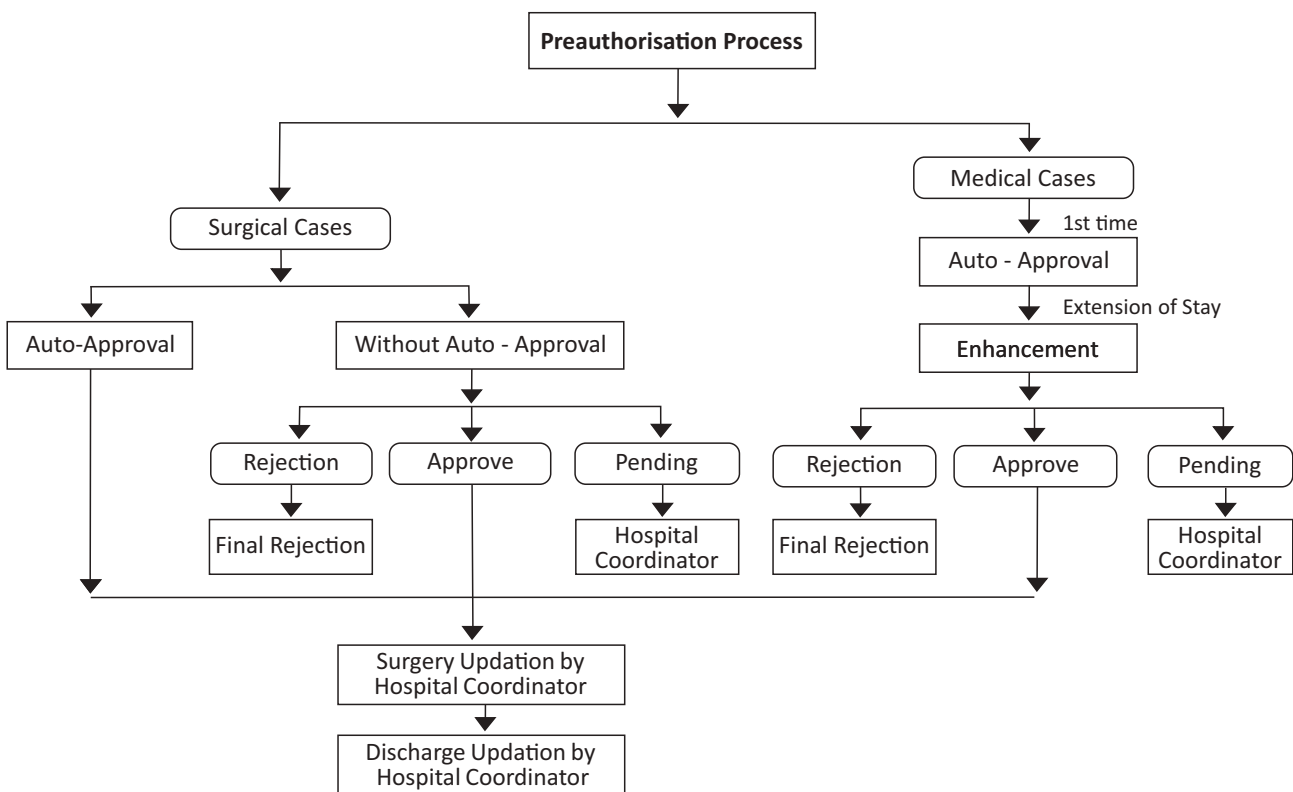


Figure 3.4.2 : Pre Authorization process

- Defined packages will require pre-authorization from SHA.
- In case any IPD treatment is not available in listed packages, hospital can provide treatment up to Rs. 100,000, subject to pre-authorization from SHA.
- Master list of documents to be uploaded for different packages will be available on the server.
- Insurer will approve or reject the request latest by 6 hours. If not processed, it can be considered auto-approved.

1. Pre-authorization Process Initiated by Medico:

Medico (Network Hospital doctor) has to initiate the Pre-authorization process by submitting all mandatory information like illness details, surgery details and total cost estimation etc. After this action, the case status will be changed to **Pre-authorization Medico Initiated**.

2. Pre-authorization Verification by Arogya Mitra:

Arogya Mitra will verify the details submitted by Medico and submit the Pre-authorization to generate a claim number for this case. After this action, the case status will be changed to **Pre-authorization Arogya Mitra Forwarded**.

3. Pre-authorization Approval by Panel Doctor:

The Pre-authorization will be processed by a Panel Doctor. He/she will retrieve the Cases waiting for Approval based on first in first out order. Panel Doctor will choose '**Approve**' / '**Reject**' / '**Pending**' after checking past history and verify the cases he want to approve/reject/keep pending for Pre-authorization by providing fields in the checklist.

NOTE: The cases marked as pending should be accompanied with remarks. Medico has to update the case and Mitra will forward the case and then PPD will approve.

3.4.2 Patient Management and Discharge

Management of a patient is treatment of the patient as per requirement and as per plan decided by the treating specialist. He has to be admitted in the hospital either for surgical management or for medical management after pre-authorization (if required). After completion of the treatment, process will be ended by discharging the beneficiary. The Arogya Mitra has to verify discharge summary and follow-up details to the discharged beneficiaries.



Figure 3.4.3 : Patient management and discharge

1. Patient Management:

Based on treatment plan (and pre-authorization if needed), medical coordinator (Medico) either admits the patient for medical management or for surgical management. After this, case status will be changed in the TMS from pre-Auth to surgery update.



Figure 3.4.4 : Patient management

Flag in case of mortality

- After discharge, claim would be raised to SHA through automated mail – with complete patient details
- SHA will review and release applicable payments – with reason for any applicable deduction or claim rejection
- Upon discharge, patient will receive feedback call from call centre
- Upload all claim documents max. within 24 hours of patient discharge

2. Patient Discharge:

After Surgery update, medical coordinator (EHCP Doctor) may discharge the patient after being satisfied that patient's prognosis is as per expectation. Upon discharge an automated response shall be generated by TMS to hospitals as an acknowledgement of submission of intimation of discharge. This acknowledgement means that the IC/ISA or SHA has received the claim intimation and discharge intimation. Package should include 15 days of post discharge care. In case complications arise due to the procedure performed or for a problem related to the same illness (proved that treatment is not completed), patients could come back to hospital to avail services free of cost and no separate package shall be payable.

3.4.3 Performing the Tasks in Transaction Management System

'User manual' for performing all tasks in the system can be viewed from the AB PM-JAY website.

3.4.4 Raising Claim

The medical coordinator will raise claims within 24 hours of discharge by submitting all the relevant documents such as discharge summary and attachments like post-surgery/therapy special investigation, photo of patient and satisfaction letter. Claim executive will verify and forward the claim. Claim panel doctor of trust or insurance agency has to scrutinize the documents submitted by the hospital and process the claim. Once the claim is processed, the claim amount will be directly credited into the hospital account.

It involves the following steps:

1. Claim initiated by Hospital Coordinator

2. Claim verification by Claim Executive of trust or insurance agency

3. Claim approved by Claim Panel Doctor of trust or insurance agency

Figure 3.4.5 : Raising claims

Step 1: Claim Initiated by Hospital Coordinator – Within 24 hours of discharge of the patient, Medical Coordinator (Medico) raises claims by selecting the Discharge updated cases. He has to submit remarks and initiate the claim. After initiation, claim will come to Claim Executive.



Figure 3.4.6 : Claim approval/rejection procedure

- SHA will approve or reject a claim within 15 calendar days (Turnaround Time) from the date of claim submission.
- Delay beyond 15 days (claim rejection/ approval/ investigation) will lead to imposition of 1% penalty per week delay.
- SHA may collect diagnostic reports from EHCP, at its own cost, for audit purposes, without any impact on claim.
- EHCP can appeal to District Grievance Committee (DGC) to review the claim, within 30 days of claim rejection.

Step 2: Claim Verification by Claim Executive of trust or insurance agency - After initiation, claim will come to Claim Executive where he will verify check list and provide his remarks and update the claims. Once the claim is verified, it is forwarded to Claim Panel Doctor of trust or insurance agency.

Step 3: Claim Approved by Claim Panel Doctor of trust or insurance agency - After verification, claim will come to the Claim Panel Doctor of trust or insurance agency where he will verify the checklist and provide his remarks and update the claims. He can approve, mark as pending and reject the claims. He can keep pending option as per state guidelines. Then hospital has to provide additional information. Once the claim is processed, the claim amount will be directly credited into the hospital account. For Reject cases, SHA can review and take final decision.

3.4.5 Role of Arogya Mitra in Cashless Disbursement Process

The Arogya Mitra is responsible for verifying patient discharge summary, provide follow-up information to the beneficiaries, to liaison and coordinate with the Medical officer for collecting, scanning and uploading all the necessary documents required for submitting claim request and to report any irregularities or inadequacy noticed to the concerned supervisors.

3.4.6 Additional features of TMS

Additional features added to TMS are as follows:

- TMS will have a common menu at the Login Page for easy accessibility to Mera PMJAY, BIS, NTMS, all state TMS, HEM, Support and Insights URL(s)
- For all public hospitals, Doctor Registration Number and Qualification have been made non-mandatory
- Remarks field has been made non-mandatory across all logins under TMS and NTMS Applications
- System will prompt MEDCO/AROGYA MITRA while Initiating Pre-Auth that Pre-Auth Authorisation Request Form (PRF) is not required and a note with the same message has also been added at the bottom of page
- System will allow to directly Initiate Pre-Auth in MEDCO login without clicking 'Save' action type.
- System will not accept Discharge/Death Date & Follow up Date prior to Surgery Date

For detailed TMS release notes please refer to <https://support.pmjay.gov.in/>

3.4.7 Handling of Some Exceptions

For most of the cases the Arogya Mitra will have to provide routine services as indicated above. However, there may be some cases where an exception or a different process may have to be followed. Some of the exception cases that an Arogya Mitra may face are as follows:

1. **There may be different family members reflecting in SECC data against HHID/Ration card presented.**
Process to be followed:
Ensure all relevant checks are done to make every beneficiary entitled to the treatment. If this doesn't work, raise it with the relevant stakeholders and ensure a ticket is raised.
2. **The beneficiary may not be able to come to kiosk for BIS photo.**
Process to be followed:
If the beneficiary is admitted in the hospital, the Arogya Mitra should go to the IPD and click a picture there.
3. **The BIS Approval could be pending from approver/SHA for extended period of time**
Process to be followed:
The Arogya Mitra should coordinate with relevant stakeholders to ensure timely approval.
4. **Beneficiary could have incurred out of pocket expenses**
Process to be followed:
Beneficiary can get it reimbursed from the hospital. In case the hospital doesn't reimburse, the beneficiary can lodge a grievance directly on the portal or through PMAM. The process is mentioned in the grievance section.
5. **Instead of cashless treatment the beneficiary may have paid and would like to claim Reimbursement**
Process to be followed:
Each hospital has its own reimbursement process and the Arogya Mitra can help the beneficiary understand and follow the process.

6. The beneficiary may require Emergency Medicine & Diagnostics

Process to be followed:

The Arogya Mitra needs to ensure that the emergency treatment and medicines are provided immediately.

7. The beneficiary may require Consumables that are not available with the hospital or require internal approval

Process to be followed:

The Arogya Mitra should facilitate this in coordination with the EHCP to ensure availability of the consumables.

8. Diagnostic tests/medicines may not be available in Hospital

Process to be followed:

The Arogya Mitra can encourage the hospitals to foster partnerships to make the medicines available at the earliest.

3.4.8 Ticketing Process

The Arogya Mitra may face technical issues with the TMS or BIS system, or may have feedback to give to the authorities. In such a case the Arogya Mitra must raise a ticket for the same in the system.

In order to raise a ticket the Arogya Mitra will have to go to the following website and “Create an account”.

<https://support.pmjay.gov.in/>

The first step will be to create or update the contact information given below:

- Email Address
- Full Name
- Phone Number
- Time Zone - Asia / Kolkata
- Create and confirm a Password – For First time login default password is '123456'

Then click on “Register”

Now go to “Open a Ticket” and login using the email id and password and start opening tickets. These will get assigned to the appropriate teams for BIS, TMS and HEM.

Please note that each user can only see the tickets that they have raised. If any Arogya Mitra raises issues from the registered id – he or she will be able to view only the tickets that were raised by him or her.

Summarise

- Arogya Mitra is the person who provides help in registration and other documentation process to obtain the benefits of AB PM-JAY.
- To establish the eligibility of the prospective beneficiary, the Arogya Mitra has to obtain an appropriate identification document and fill the required KYC form.
- Record will be inserted into the database as a 'silver' record (yet to be approved)
- The Operator then submits the 'record' to the Approving authorities for further verification and approval. There will be one Approving Authority either Insurance company/Trust as the case may be.
- The record can then be approved or recommended for rejection by these authorities.
- Approved beneficiary record gets inserted into the AB-NHPM database under a 'verified' beneficiary list. This will get treated as a 'golden' record.
- Before the beneficiary can avail the services under AB PM-JAY, registration in an Empanelled Health Care Provider is important.
- If any patient wants to avail the benefits under AB PM-JAY he/she must be registered as an in-patient through medical coordinator.
- An **In-patient** is a patient who is admitted in the hospital for medical or surgical management.
- An **Out-patient** is a patient with a minor problem who requires no admission in the hospital.
- A patient can be registered in case internet is available, internet is not available and in cases of emergency.
- Any patient who wants to take the services through this scheme should be registered either through Direct or Telephonic Registration. EHCP can only view the packages that the EHCP is empanelled to offer under AB PM-JAY
- Both surgical and non-surgical packages cannot be blocked together
- Medico (Network Hospital doctor) has to initiate the Pre-authorization process by submitting all mandatory information.
- Arogya Mitra will verify the details submitted by Medico and submit the Pre-authorization to generate a claim number.
- The Pre-authorization will be processed by a panel doctor.
- Based on treatment plan (and pre-authorization if needed), medical coordinator (Medico) either admits the patient either for medical management or for surgical management.
- After Surgery update, medical coordinator (EHCP Doctor) may discharge the patient after being satisfied that patient's prognosis is as per expectation.
- Package should include 15 days of post discharge care. In case complications arise due to the procedure performed or for a problem related to the same illness (proved that treatment is not completed), patients could come back to hospital to avail services free of cost and no separate package shall be payable.

- Medical coordinator will raise claims within 24 hours of discharge by submitting all the relevant documents such as discharge summary and attachments.
- Claim executive will verify and forward the claim.
- Claim Panel Doctor of trust or insurance agency has to scrutinize the documents submitted by the hospital and process the claim.

Exercise:

A. Fill in the blanks:

- i. Arogya Mitra receives the prospective Beneficiary visiting a _____ Provider at the designated kiosk.
- ii. Household Health ID (HH ID) will route to _____ database of the selected state.
- iii. The Approved documents list is to see the _____ entries of the families.
- iv. The Arogya Mitra, after uploading Government ID and Family ID receives a _____ score and 'family match' score on the BIS application.
- v. Patient will be recommended for certain tests and based on the reports Medico will convert the patient as _____.
- vi. Pre-Authorization process has to be approved by _____ for In-patient registered patients.
- vii. After completion of the treatment, process will be ended by _____ after Preauthorization.
- viii. Medico will raise claims after _____ days from the date of discharge of the patient by submitting all the relevant documents.
- ix. After initiation, claim will come to _____ where he will verify check list and provide his remarks and update the claims.

B. Answer the following:

- i. Name the two centrally sponsored schemes which will be subsumed in AB PM-JAY.

- ii. List the occupational categories entitled for the benefits under the scheme.

- iii. List the identification proofs required for authenticating the beneficiary identity in their order of preference.

- iv. Name the two types of cards issued to the beneficiary under the scheme.

v. What do you understand by in-patient Registration?

vi. How can a patient be registered for the scheme in case of emergency?

vii. What is the role of Arogya Mitra in Pre-authorization verification?

viii. What happens in patient discharge?



**Healthcare
Sector
Skill Council**

4. Hardware

Unit 4.1 - Use Basic Computer Functionalities

Unit 4.2 - Use Computer Accessories and Electronic Peripheral
Devices



Key Learning Outcomes

At the end of this module, you will be able to:

1. Use basic computer functionalities
2. Use web, phone and digital cameras
3. Use computer accessories and electronic peripheral devices

UNIT 4.1: Use Basic Computer Functionalities

Unit Objectives

At the end of this unit, you will be able to:

- Identify and describe the main parts of a computer
- Install and set up various peripheral devices
- Setup the computer as per the standard process
- Explain cyber security guidelines

4.1.1 Introduction

Computers are a necessity these days and an important equipment to ease out documentation processes. An Arogya Mitra has to register and issue provisional cards to the patients and maintain a whole lot of reports and documents for this purpose. Computers serve as a medium for the Arogya Mitra to complete these processes for every visitor. In this chapter, we will study about the following:

- An overview of the basic design of a computer system.
- How the different parts of a computer system are organized.
- Various operations performed to perform a specific task.
- Computer components, namely, hardware and software.
- Hardware, the machine itself and its connected devices such as monitor, keyboard, mouse etc.
- Software that makes use of hardware for performing various functions.

The following table specifies some basic requirements regarding hardware, software and manpower that are required for an Arogya Mitra at his kiosk/helpdesk.

Hardware Requirements	Manpower Requirements	Software/ Financial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Computer	<input type="checkbox"/> Nominated Medical Officer as Nodal Officer	<input type="checkbox"/> Adoption of software provided by the State Health Agency (SHA)
<input type="checkbox"/> QR Scanner	<input type="checkbox"/> Appoint Required Number of Arogya Mitras	<input type="checkbox"/> Dedicated bank accounts and books for AB PM-JAY
<input type="checkbox"/> Document Scanner	<input type="checkbox"/> Supporting Staff	
<input type="checkbox"/> Printer		
<input type="checkbox"/> Web-cam		
<input type="checkbox"/> Fingerprint Scanner/ IRIS		
<input type="checkbox"/> Internet Connectivity		
<input type="checkbox"/> Telephone		

Table 4.1.1 : Basic requirements at a help desk

4.1.2 What is a Computer?

Computer is a device that transforms data into meaningful information. Data can be anything like marks obtained by students in a class. It can also be name, age, sex, weight, height, etc. of all the students in a class.

A Computer can also be defined in terms of functions it performs.

A computer can:

- i. store information/data
- ii. process information/data as desired
- iii. use information/data for performing tasks
- iv. retrieve the stored information/data as and when required
- v. display/print the result in desired format.

The major characteristics of a computer are high speed, diligence, accuracy, versatility and storage.

4.1.3 Operations of Computer

A computer carries out following operations:

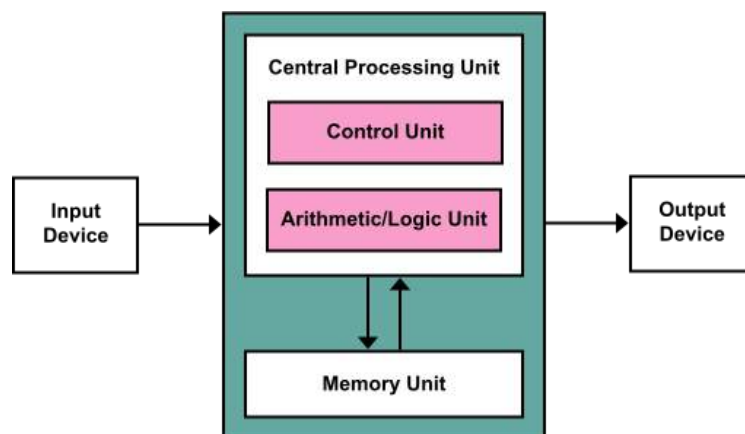


Figure 4.1.2 : Components of a computer

- i. **Input:** This is the process of entering data and programs into the computer system.
- ii. **Control Unit (CU):** The process of input, output, processing and storage is performed under the supervision of a unit called 'Control Unit'. It decides when to start receiving data, when to stop it, where to store data, etc. It takes care of step-by-step processing of all operations inside the computer.
- iii. **Memory Unit:** It stores data and instructions.
- iv. **Arithmetic Logic Unit (ALU):** The major operations performed by the ALU are addition, subtraction, multiplication, division, logic and comparison.
- v. **Output:** This is the process of producing results from the data for getting useful information. The ALU and the CU of a computer system are jointly known as the central processing unit (CPU). CPU is the brain of a computer system.

4.1.4 Hardware - Peripheral Devices



Document Scanner



Web-cam



Iris scanner



Fingerprint Scanner



QR Scanner



Telephone



Speakers

Figure 4.1.3 : A computer system with peripheral devices

Peripheral devices are connected to the computer externally. These devices are used for performing some specific functions. Peripheral devices are as follows:

1. **Input Devices:** Input devices accept data and instructions from the user. Following are the examples of various input devices, which are connected to the computer for this purpose.
 - Keyboard
 - Mouse
 - Light Pen
 - Optical/magnetic Scanner
 - Touch Screen
 - Microphone for voice as input
 - Track Ball
2. **Output Devices:** Output devices return processed data that is information, back to the user. Some of the commonly used output devices are:
 - Monitor (Visual Display Unit)
 - Printers
 - Scanners
 - Plotter
 - Plotter
 - Speakers
 - QR Scanner
 - Document Scanner
 - Web-cam
 - Fingerprint Scanner/ Iris scanner
 - Telephone

4.1.5 Installation and Set Up

Setting up a desktop computer

Step 1: Unpack the computer and all its components from the box. Remove the protective covering from it. Place the monitor screen and the components on a desk or work area. Ensure to keep the computer in a well-ventilated area to avoid it from overheating.

Step 2: Identify the monitor cable. There are many kinds of monitor cables; it might look like the cable in figure 13.

If there's any difficulty, have a look at the instruction manual that comes with the computer assembly.



Figure 4.1.4 : A monitor cable



Figure 4.1.5 : Attaching the monitor cable

Step 3: Connect one end of the cable to the port at the back of the CPU and the other at the back of the monitor screen. Make sure the plug aligns with the port, and then connect it. Avoid applying force or the connectors might get damaged.

Step 4: Take a look at the keyboard and find if it uses a USB (rectangular) or a PS/2 (round) connector. If it uses a USB connector, connect it with any of the USB ports on the back, or the front of the CPU. In case, it uses a PS/2 connector, plug it into the purple port at the back of the CPU.



Figure 4.1.6 : Attaching the keyboard



Figure 4.1.7 : Attaching the mouse

Step 5: Now, check the connector of the mouse and find whether it uses a USB or PS/2 connector. If it has a USB connector, insert it in a USB port at the front or back of the CPU. If it has a PS/2 connector, insert it in the green port at the back of the CPU.

Step 6: Locate the two power supply cords that came with the computer assembly. Insert the first power supply cable at the back of the CPU and then into a UPS (Uninterrupted power supply). Now, connect the monitor to the UPS using the second cable.



Figure 4.1.8 : Attaching the UPS



Figure 4.1.9 : Powering on the main supply

Step 7: Finally, plug the UPS into a wall socket. Now, turn on the main power switch, the UPS, the CPU, and the monitor (in this sequence) to turn on the computer system.

Step 8: Connect the printer, scanner, webcam, or other peripherals, with the computer. Many peripherals are plug and play, which means they will be recognized by the computer as soon as they are plugged in.

Other peripherals may include software that needs to be installed before one can begin using them. Use the instructions included with the device to install it if necessary.

Generally, peripherals are optional and one can add new ones at any time; there's no need to add all peripherals during the initial setup of the computer itself.



Figure 4.1.10 : A printer

4.1.6 Maintenance

Not only dust looks unappealing, but it can also damage or seriously harm parts of the computer. Cleaning the computer and its assembly regularly will help to keep it in good working condition and avoid costly repair work.

i. Keyboard:

- Unplug the keyboard from the computer port.
- Moisten a cotton cloth or paper towel with rubbing alcohol or water and use it to softly clean the tops of the keys. Never pour alcohol or any other liquid directly on the keyboard.
- Reconnect the keyboard to the computer once it is dry. Make sure to connect it before turning on the computer.

ii. Mouse :

- Unplug the mouse from its port. Make sure to shut down the computer before unplugging it.
- Moisten a clean soft cotton cloth with cleaning solvent (rubbing alcohol), and use it to clean the mouse.
- Allow all of the parts to dry before reconnecting the mouse. Make sure to connect it before turning on the computer.

iii. Monitor:

- Shut down the computer.
- Unplug the monitor from the power source.
- Use a soft clean cloth moistened with water to wipe the screen clean.

4.1.7 Position at a Computer Workstation

An acceptable and well supported seated position means:

- Having feet flat on the floor or footrest.
- Having knees at a height lower or level with the hips.
- Ensuring a gap of 2-3 finger widths between the front of the chair and the back of the knees.
- Having an open angle of 100-120 degrees (slightly more than a right angle) at the hip. This can be achieved by adjusting the seat pan tilt and the backrest.
- Sitting with the body close to the desk.
- The back is supported by the chair backrest. The curved lower part of the backrest should fit into the lower back or the lumbar curve.
- The head and neck are in a forward facing and midline position (i.e. No backward arching of the neck or forward extension of the chin).
- The shoulders are relaxed and symmetrical and elbows slightly closer to the side of the body.

The workstation should have the following features:

- A flat smooth surface for the keyboard and mouse so they can be used on the same level.
- Space to position all the equipment so that posture or vision is not compromised when completing tasks.
- A suitable height (e.g. 680-720 mm when measured from the top of the workstation to the floor).
- Adequate clearance for legs under the desktop.
- Sufficient space under the desk to comfortably stretch legs.

4.1.8 How to Connect to Internet

Connecting to the internet requires two key ingredients:

- A device capable of connecting to the internet.
- Access to an internet service that will allow that device to get connected.

Two types of internet connection services

There are two key types of service that can provide you with internet access. They are:

- Fixed internet: Three most common types of fixed internet connection are: ADSL broadband, Cable broadband and Fibre broadband.
- Mobile internet: Mobile internet is currently offered at three different speeds and capability levels: 2G, 3G and 4G mobile internet.

Nowadays, workspaces have Wi-Fi internet for their devices. The following steps help to get connected to the internet via Wi-Fi.

Step 1: Locate in a property or public space that has a wireless router, i.e. where a Wi-Fi signal is being transmitted.



Figure 4.1.11 : A router

Step 2: Make sure that the device is capable of connecting to the internet and capable of connecting to Wi-Fi.

Step 3: Find out the name of the Wi-Fi network that the router is transmitting.

Step 4: Use the chosen device to find it. This will vary between devices (depending on whether one is using a Windows or Mac computer or a mobile device). However, the process for connecting to Wi-Fi is broadly similar: navigate to Wi-Fi settings > turn Wi-Fi on > click on the name of your Wi-Fi network > click "connect".

Step 5: Many Wi-Fi networks are made private, with access restricted via a password. If the chosen Wi-Fi network is password protected, at this point it will ask to enter that password. Make sure to have the password at hand and enter it.

The device is now connected to Wi-Fi.

4.1.9 How to use an Email ID

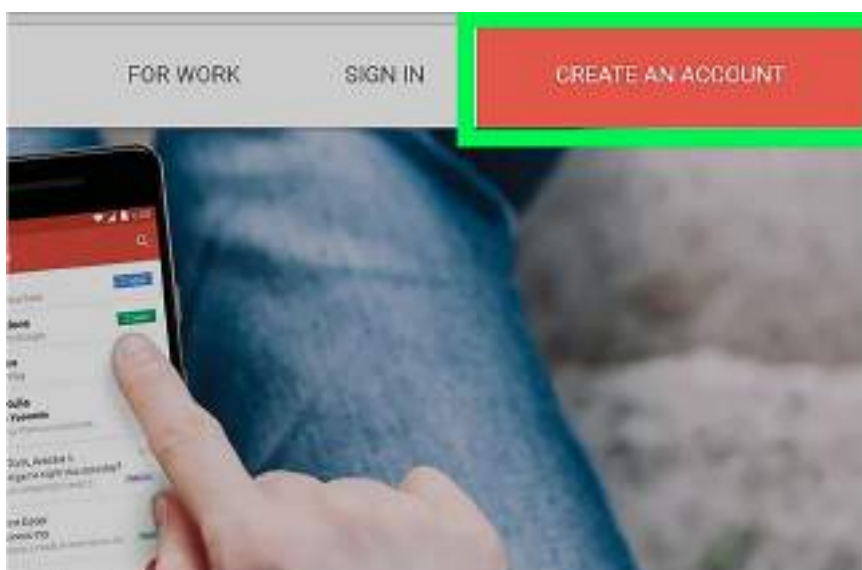
Steps to Create a Gmail Id

The steps to create a Gmail id are as follows:

- Visit the Gmail account creation website: This will allow you to know about Gmail.



- Then go to CREATE AN ACCOUNT: This section helps you to set your own Gmail id along with your own desired password. It is a red button on the top right corner of the window which will take you to the first page in the Account Creation Section.



Google

Create your Google Account

to continue to Gmail

First name: Stefania

Last name: Taylor

Username: _____ @gmail.com

You can use letters, numbers & periods

Available: [st543419](#) [taylorstefania647](#)

- Enter your First name and Last Name: Type your first name into the 'First name' textbox near the top of the page followed by the last name in the 'Last name' box next to it.

- Create a unique username which resembles your name but is not existing already in the database. You can check for the availability of the username before you create one.

Stefania Taylor

Username: wikihowstefania @gmail.com

You can use letters, numbers & periods

Available: [st543419](#) [taylorstefania647](#)

Username: wikihowstefania @gmail.com

You can use letters, numbers & periods

Available: [st543419](#) [taylorstefania647](#)

Password: *****

Confirm password: *****

Use 8 or more characters with a mix of letters, numbers & symbols

[Sign in instead](#) [NEXT](#)

- Enter password twice: After your username is selected, type the password in the "Password" textbox and then type the same password in the "Confirm password" box to the right of the first password box. Both the passwords must match.

Username
 wikihowstefania @gmail.com

You can use letters, numbers & periods

Available: st543419 taylorstefania647

Password: Confirm password:

Use 8 or more characters with a mix of letters, numbers & symbols

Sign in instead **NEXT**

- Click NEXT: Click on NEXT which is a blue button at the bottom of the page.

- Enter account recovery options: Even if it is not mandatory, you can add up to two types of account recovery options to your Gmail profile:
 - (1) Phone Number: Type your phone number in the “Phone Number” text box near the top of the page.
 - (2) Recovery email address: Type any other email address into the “Recovery email address” text box near the top of the page.

Google

Ish, welcome to Google

chauhan.ish7@gmail.com

Phone number (optional)
 +91 8800

We'll use your number for account security. It won't be visible to others.

This won't make your number visible to others

Recovery email address (optional)
 wikihowstella@gmail.com

We'll use it to keep your account secure

Month	Day	Year
January	31	1987

Your birthday

Gender

- Add your date of birth: From the month drop-down box select the month of your birthday followed by the “day” and “year” respectively.

- Select a Gender: Select the gender from the "Gender" drop-down box.

Month: January, Day: 31, Year: 1987

Your birthday

Gender: Female

Why we ask for this information

Back NEXT

Verify your phone number

For your security, Google wants to make sure it's really you. Google will send a text message with a 6-digit verification code. *Standard rates apply*

797

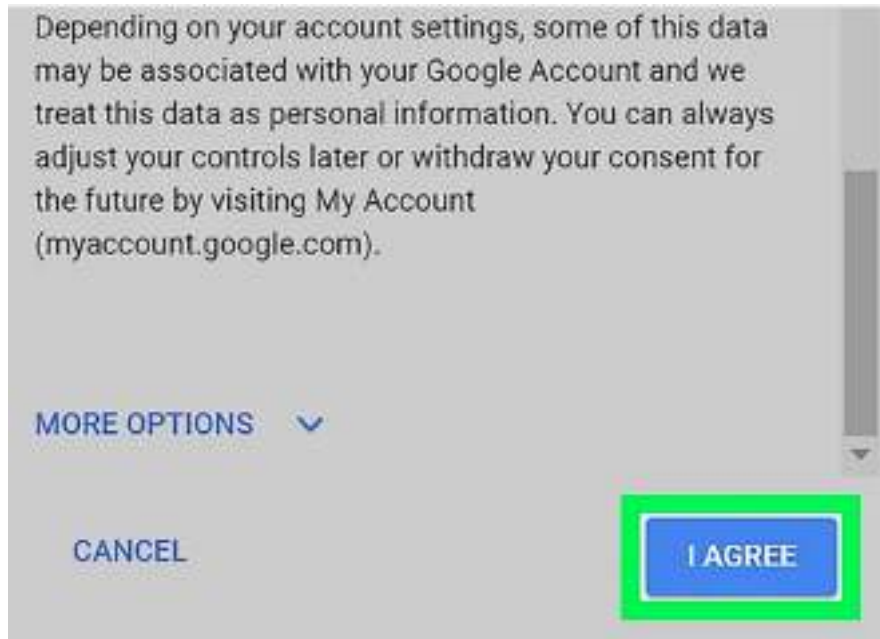
Enter verification code

G- |

Back Call instead VERIFY

- Click Next: It is a blue button at the bottom of the page.
- Verify your phone number: If by any chance you have added your phone number as an account recovery option, you can verify it now by doing the following:
 1. Click SEND when prompted.
 2. Open your phone's text messages.
 3. Open the message from Google (usually a 5-digit number) and review the 6-digit number in the message.
 4. Enter the 6-digit number into the text box on the Gmail page.
 5. Click VERIFY.
 6. You can also click the Not Now link to skip verifying the account recover options for now.

- Scroll down and click I AGREE: This is at the bottom of the terms of service list on the left side of the page. By doing so it will accept the terms of service and sign you into your Gmail account.

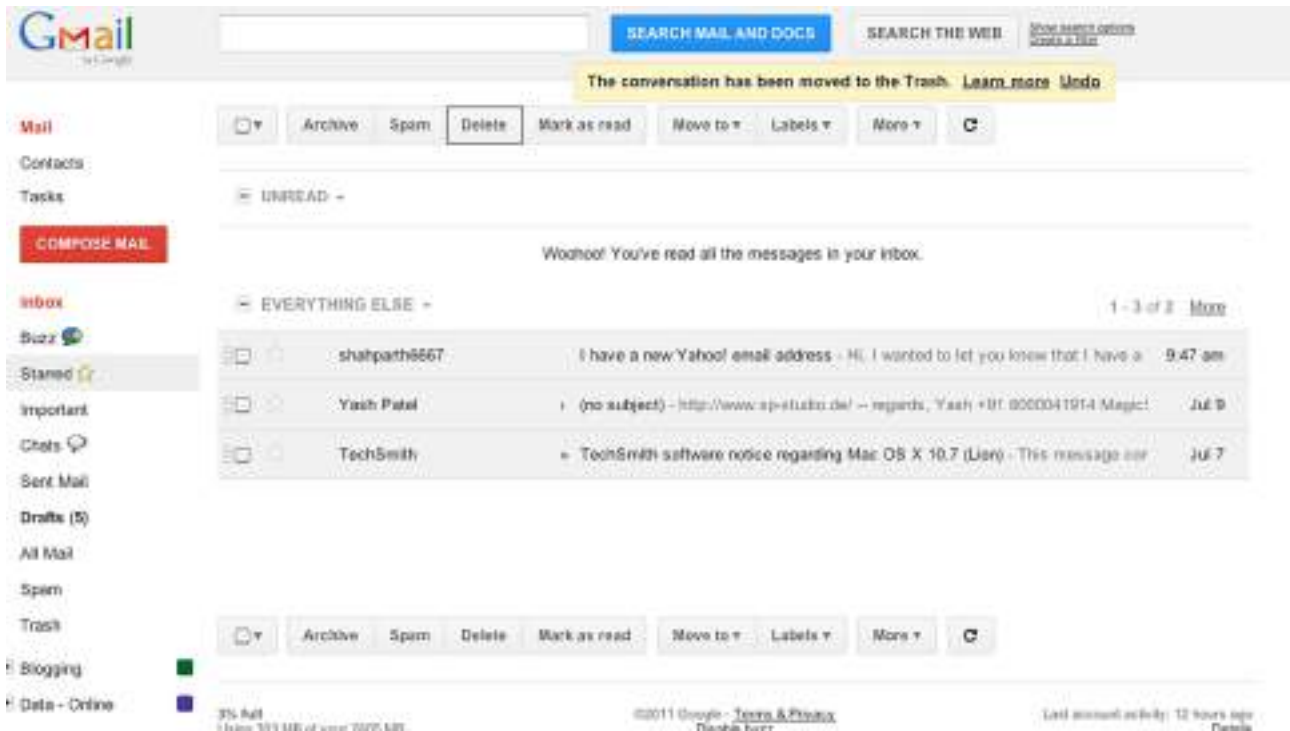


Steps to receive an e-mail

- Log into your G-mail account



- Type the user Id and password you used to create your gmail account.
- Click on Login
- After you are logged in to your gmail account and the window is open, click on “Inbox”.
- After clicking inn “Inbox” you will be able to find the new messages.



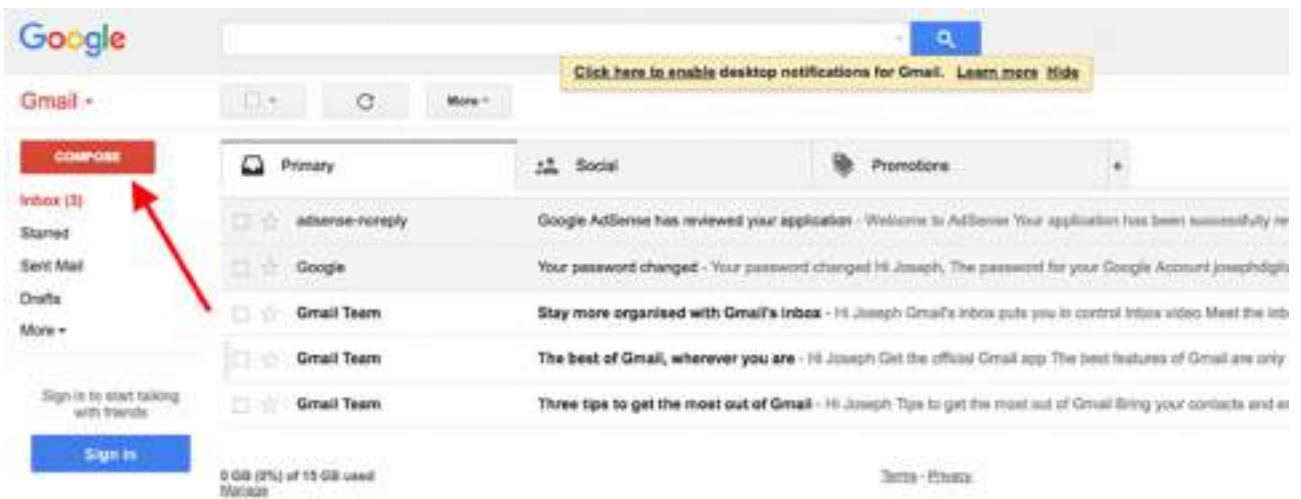
Steps to send an E-Mail

The instructions to be followed to send an E-mail

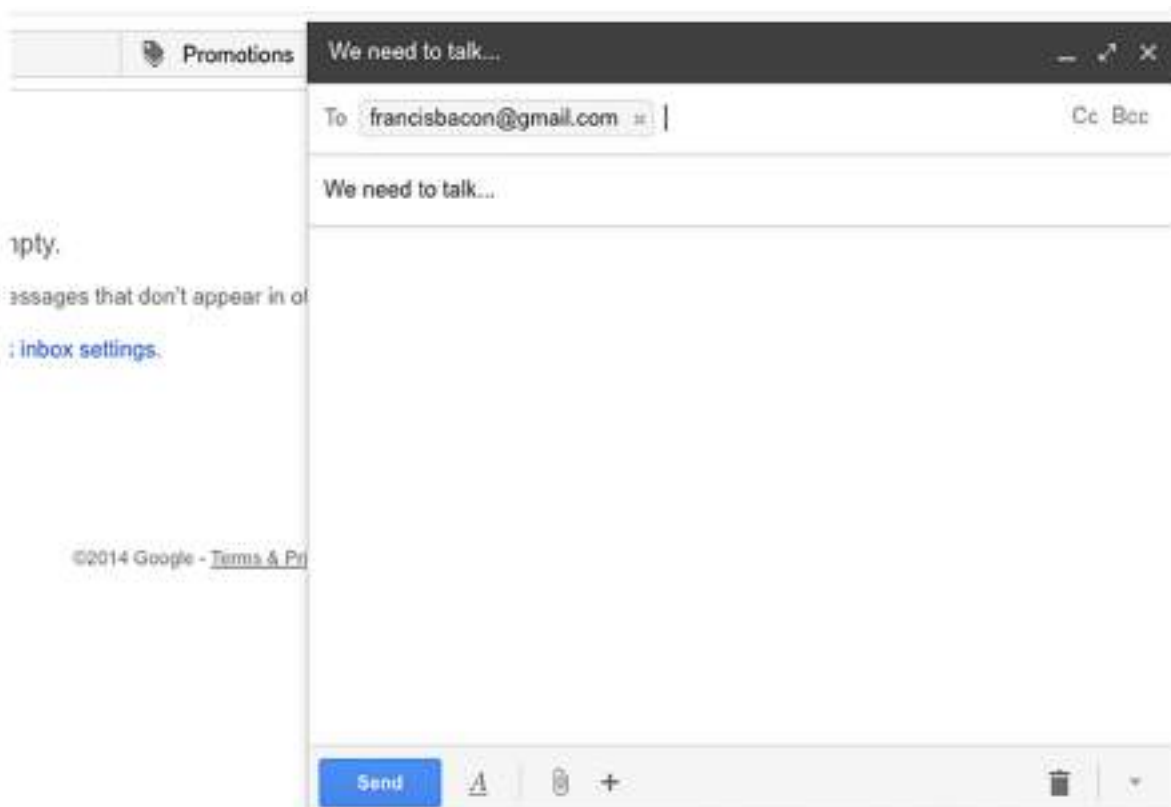
- First log in to your G-mail account with your Gmail username and password so that you are on the main page of the Gmail account.



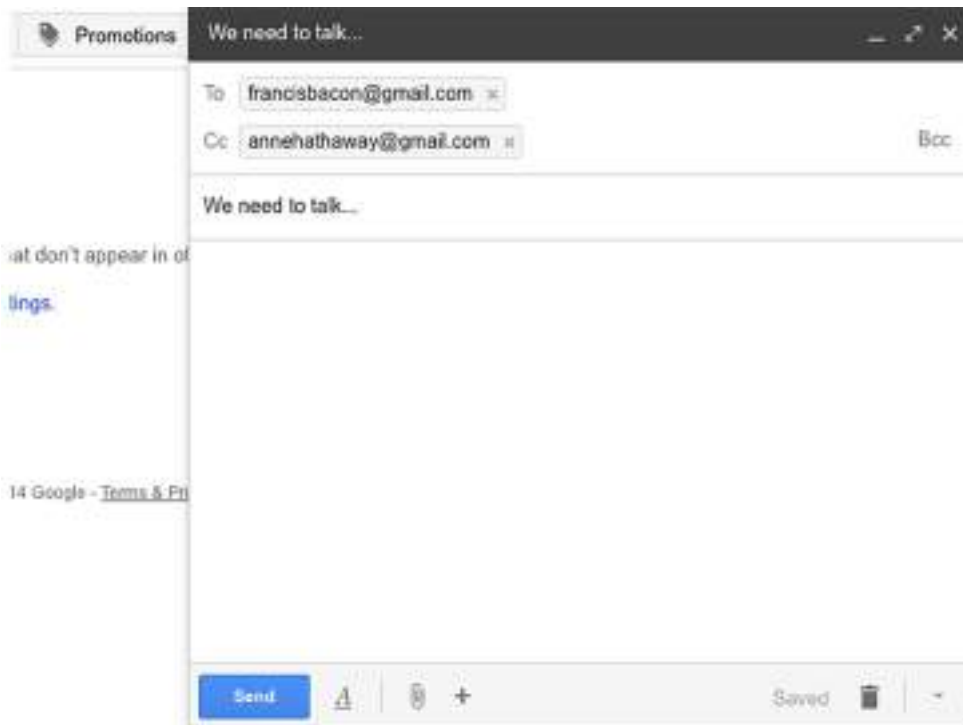
- The next step is “Click on Compose”



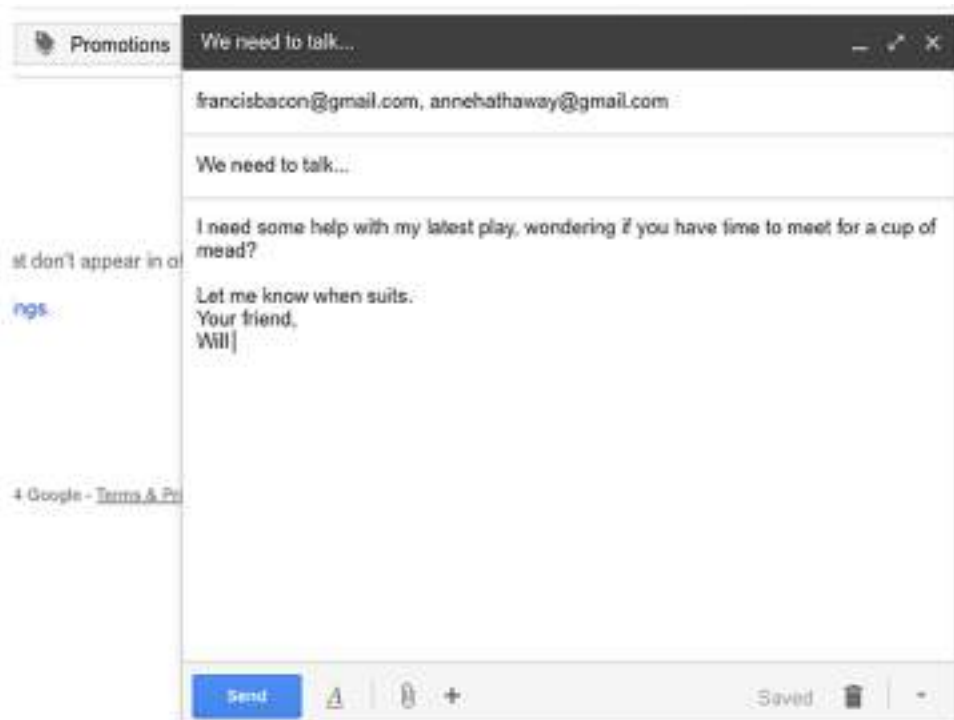
- A new window will open where in the “To” box you need to write the username of the recipient to whom you want to send the mail.



- You can also add other recipients by clicking on Cc or Bcc which will open another field. By adding someone in Cc, it means that that person will receive a copy of the mail and other recipients will see the mail. And if an E-mail Address is sent to the Bcc field, a copy of the mail will be sent to the person but no one can see that E-mail Address



- The subject field helps to specify the content of the mail by giving a title. Write the title in the subject box which will help to sort the mail.
- Next you need to compose the mail you need to send in the text box.



- After writing the message click on the blue button "Send".

4.1.10 Cyber Security Guidelines

Cyber security covers physical protection (both hardware and software) of personal information and technology resources from unauthorized access. It deals with the protection of computing systems from theft or damage to the hardware, the software, and the data that they store or access. Computer Security is important for every one because it allows one to learn how to:

- protect the desktop /Laptop from malware
- protect personal and sensitive information from a desktop /Laptop
- stay safe from viruses and other unwanted harmful software when accessing the internet

To implement above points follow the guidelines given below:

- Create Strict Guidelines for accessing the Computer such as who can access or who cannot with time schedules.
- A continuous uninterruptible power supply should be provided to the computer lab systems in order to prevent loss of unsaved data during power failures.
- Always have a separate back up for the system and application data.
- Always secure the external hard disks as they are easy to access, tamper or remove.
- Keep strong and hard to guess passwords.
- Lock the room properly in which PC is kept before leaving the workspace.
- Report anything unusual - Notify the supervisor or senior if suspected security incident occurs.
- Secure key computers containing sensitive data. They need an extra protection like secure booting as boot can be set with a password for additional security.
- The PC keys should be secured and not left unattended.
- Ignore unsolicited emails. Be wary of attachments, links, and forms in emails that come from people you don't know, or which seem "fishy." Avoid untrustworthy (often free) downloads.
- Use system's screen locking functionality to protect against physical access, such as a screen saver that won't deactivate without a password or just log out of everything so anyone who wants access has to log in again.

4.1.11 Some Useful Applications

Applications are programs that are installed on computers to give users the ability to do specific tasks. For example, Microsoft Word® is a program that gives the user the ability to write documents. Application software use the operating system software and provide real usability of a computer.

Applications include:

- Word Processing (MS Word, WordPerfect, Ami...)
- Spreadsheets (Lotus 123, MS Excel...)
- Database (DBase, Fox Pro, Oracle...)
- Presentation (MS PowerPoint, Persuasion...)
- Internet Browsers (Netscape Navigator, MS Internet Explorer)
- Games

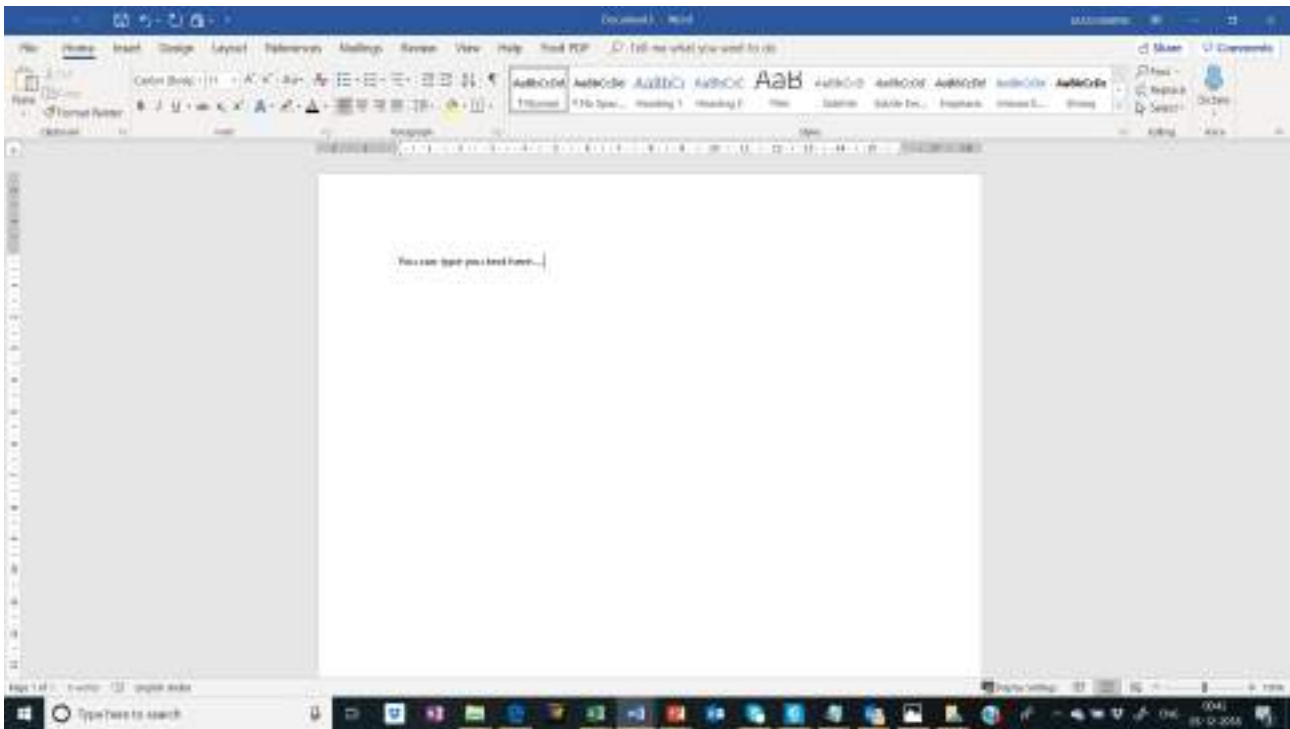
Microsoft Word

Microsoft Word is a word processing software package. You can use it to type letters, reports, and other documents.

It is important to know how to perform **basic tasks with text** when working in a word processing application.

This lesson will explain the basics of working with text including how to

- Insert
- Delete
- Select
- Copy
- Paste
- Drag and drop text



To Insert Text:

- Move the mouse to the location where the text should appear in the document.
- Left-click the mouse. The **insertion point** appears.
- Type the text.

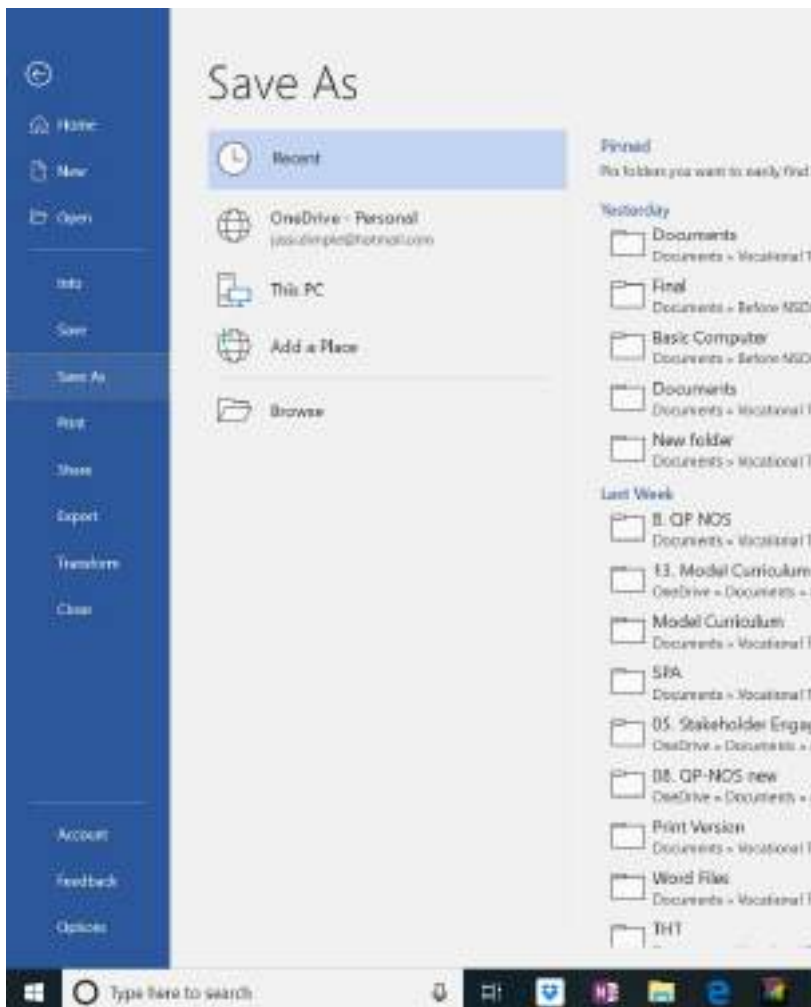
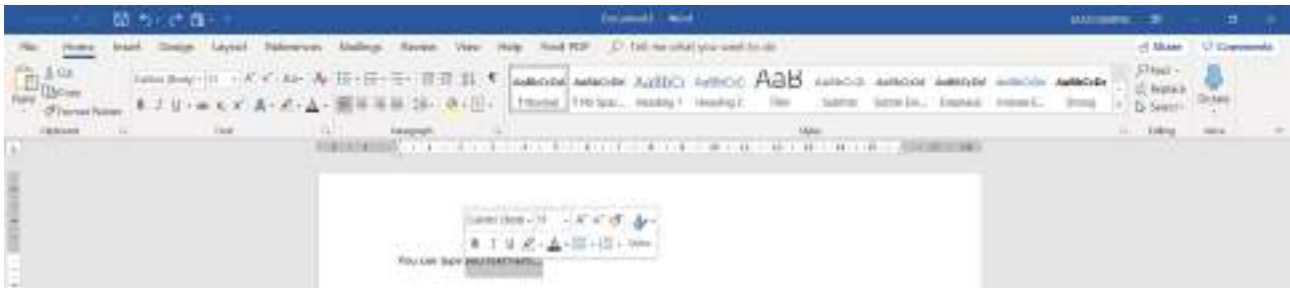
To Delete Text:

- Place the cursor next to the text that is to be deleted.
- Press the **Backspace** key on your keyboard to delete text to the left of the cursor.
- Press the **Delete** key on the keyboard to delete text to the right of the cursor.

To Select Text:

- Place the **insertion point** next to the text that is to be selected.

- Left-click the mouse and while holding it down, drag the mouse over the text to select it.
- Release the mouse button. The text would be selected. A **highlighted box** will appear over the selected text.

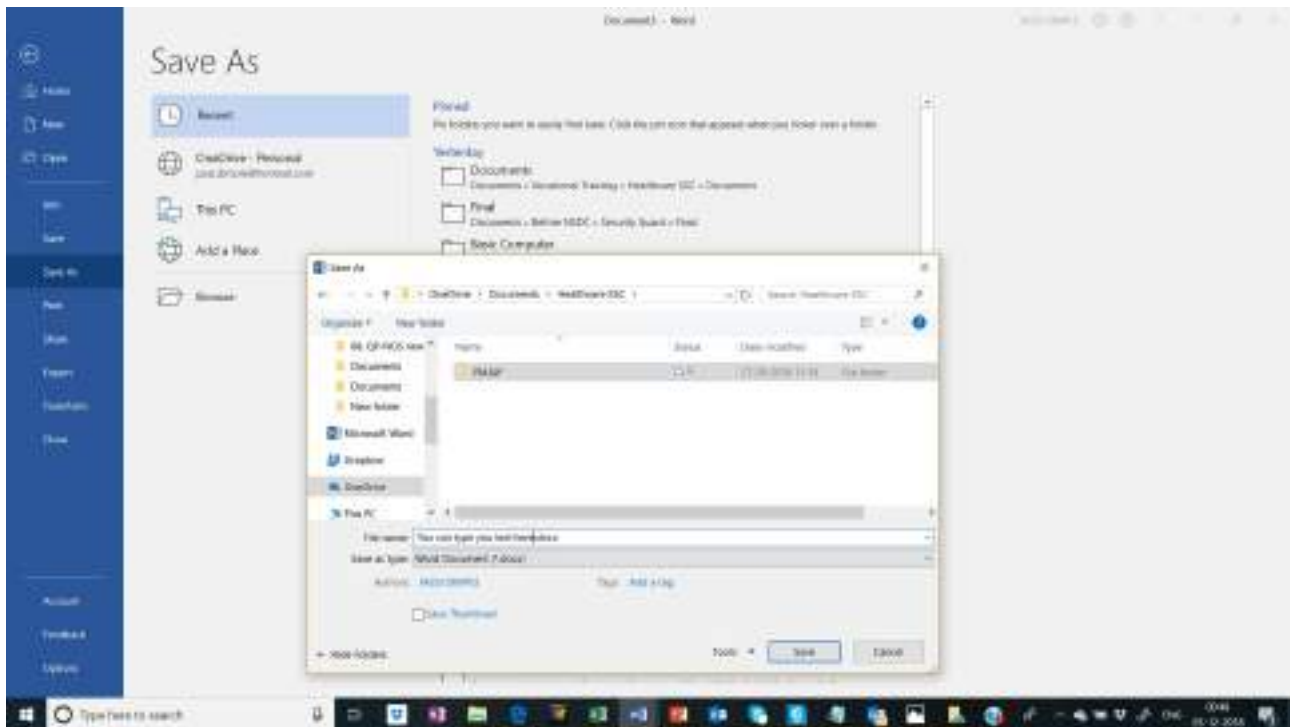


To Copy and Paste Text:

- Select the text that is to be copied
- Click the **Copy** command on the Home tab.
- Place the insertion point where the text should appear.
- Click the **Paste** command on the Home tab. The text will appear.

'Save As' Command:

- Click the Microsoft Office Button.
- Select Save As Word Document. The Save As dialog box appears.
- Select the location you wish to save the document using the drop-down menu.
- Enter a name for the document.
- Click the Save button.



Save Command:

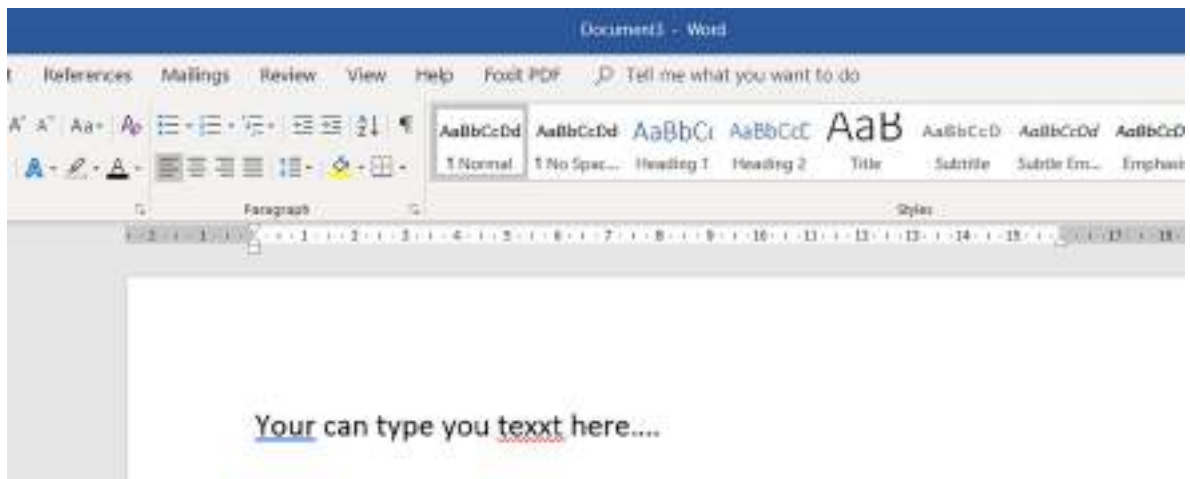
- Click the Microsoft Office Button.
- Select Save from the menu.

Using the Save command saves the document in its current location using the same file name. If saving for the first time and select Save, the Save As dialog box will appear.

Various Line Colors:

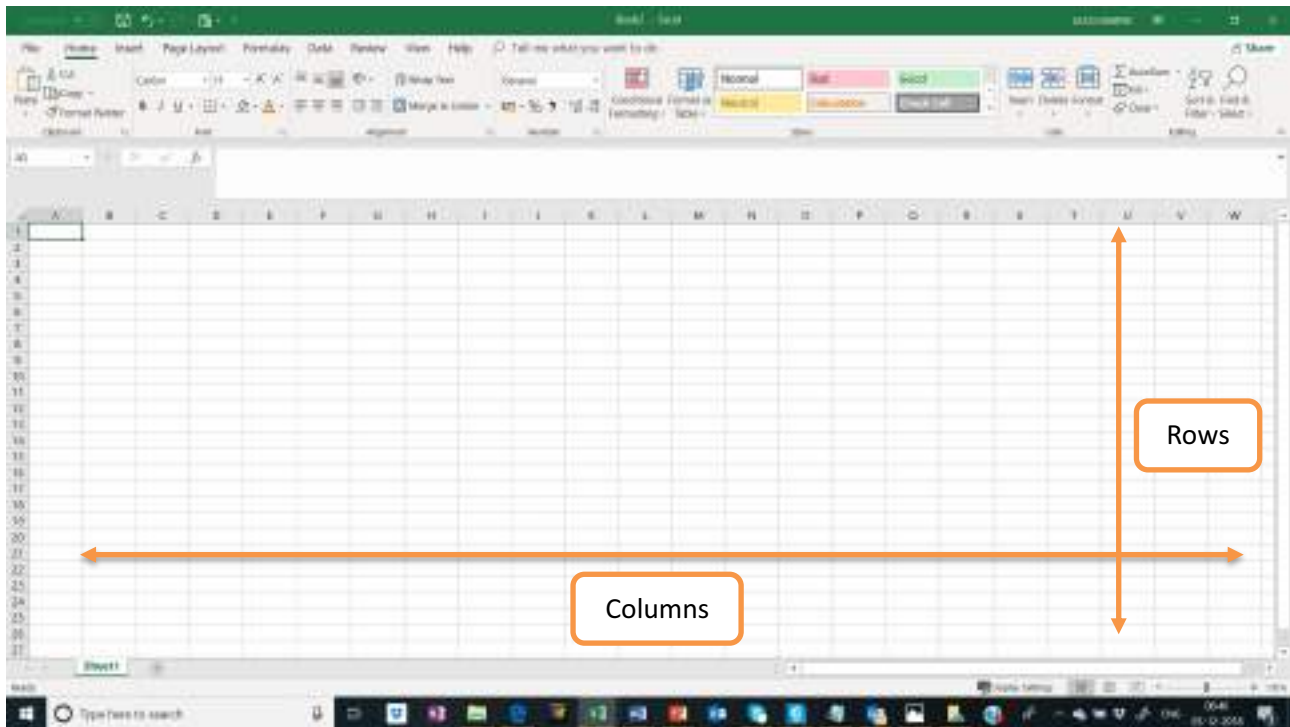
By default, Word automatically checks the document for spelling and grammar errors. These errors are indicated by coloured wavy lines.

- The blue double line indicates a grammar error.
- The wavy red line indicates a misspelled word.



Microsoft Excel

Microsoft Excel is an electronic spreadsheet that runs on a computer. It is used to organize data into rows and columns. It can also be used to perform mathematical calculations quickly.



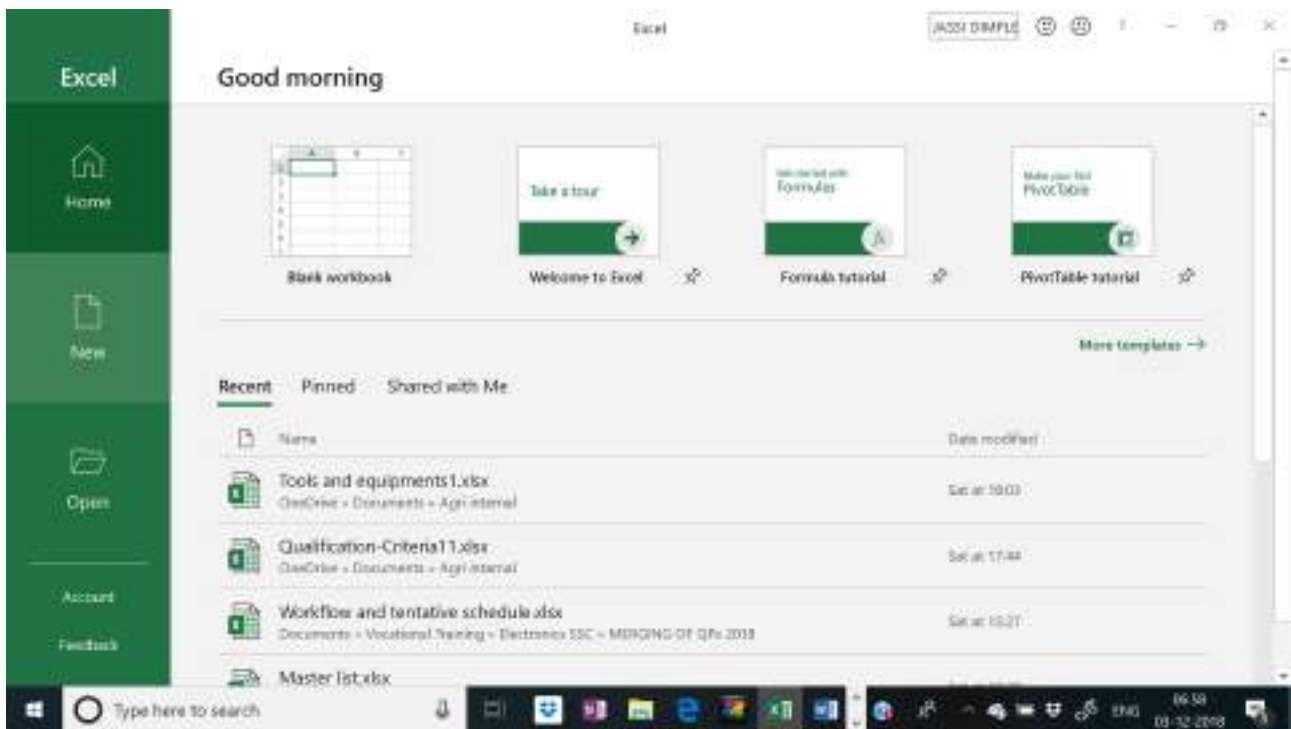
To be able to use an Excel spreadsheet to store, calculate, analyze, and organize data, one will need to know how to **insert text** and **numbers** into Excel workbooks.

Here, we will learn how to do the following:

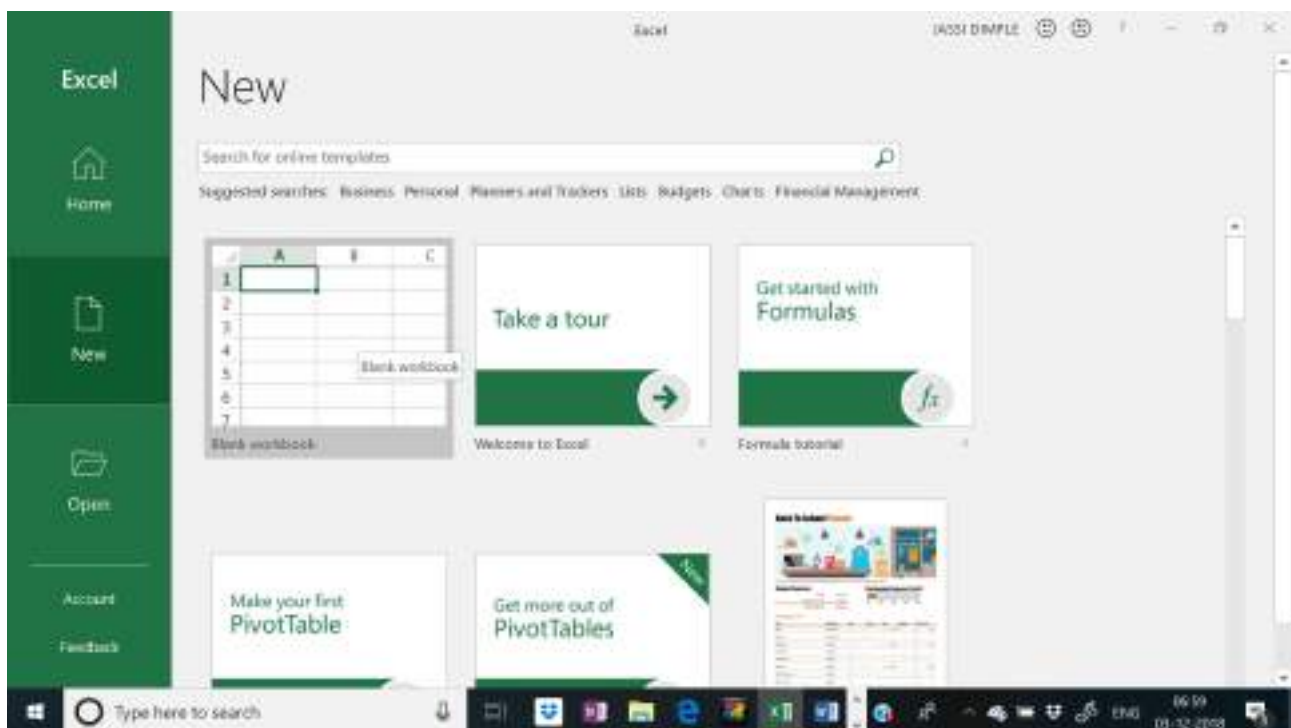
- Create a new workbook
- Insert and Delete text
- Navigate a worksheet
- Save an Excel workbook

Creating a New, Blank Workbook:

- Left-click the **Microsoft Office Button**.
- Select **New**. The New Workbook dialog box opens and Blank Workbook is highlighted by default.



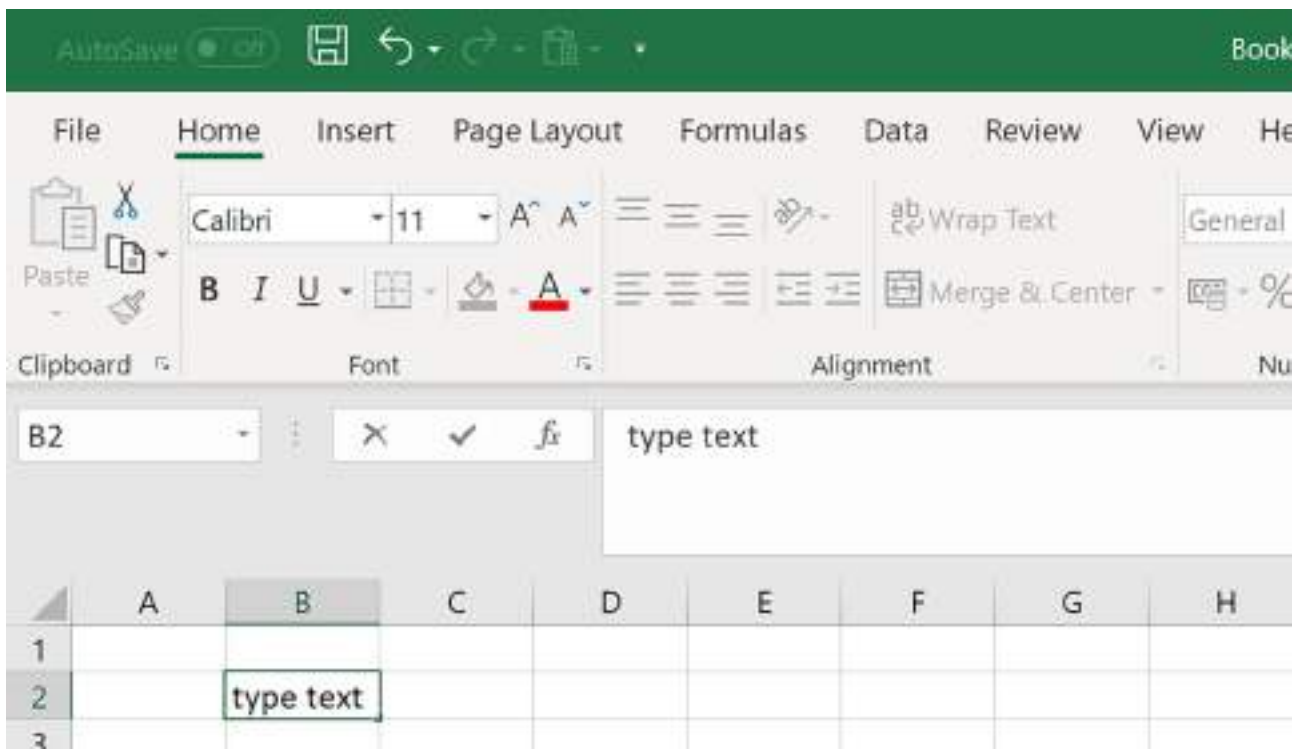
- Click **Blank Workbook**. A new, blank workbook appears in the window.



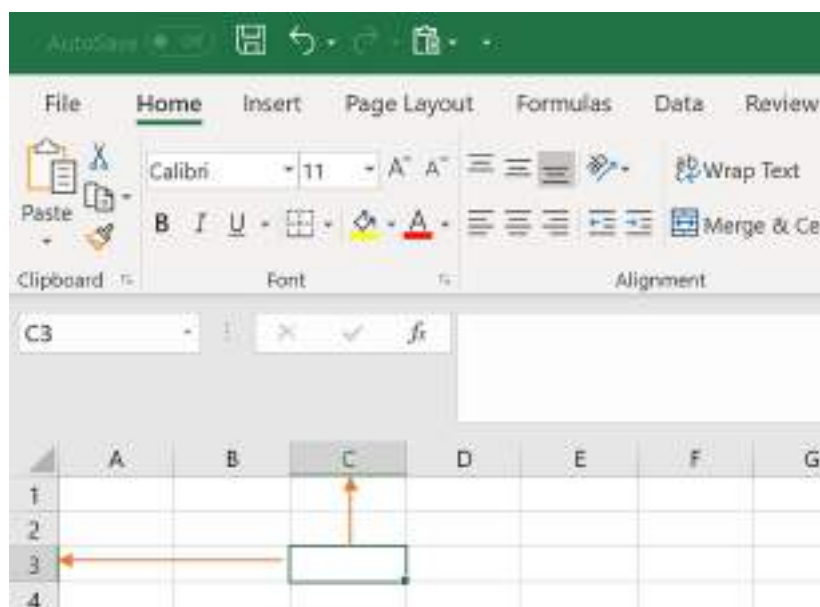
When one first opens Excel, the software opens to a new, blank workbook.

To Insert Text:

- Each **rectangle** in the worksheet is called a **cell**. When a cell is selected, the **cell address** appears in the **Name Box**.
- Click on a cell with the mouse to select it.
- Enter **text** into the **cell** using the keyboard. The text appears in the cell and in the **formula bar** as well.



- Each cell has a name, or a **cell address** based on the **column** and **row** it is in. For example, this cell is C3 since it is where column C and row 3 intersect.



To Edit or Delete Text:

- Select the cell.
- Press the **Backspace** key on your keyboard to delete text and make a correction.
- Press the **Delete** key to delete the entire contents of a cell.

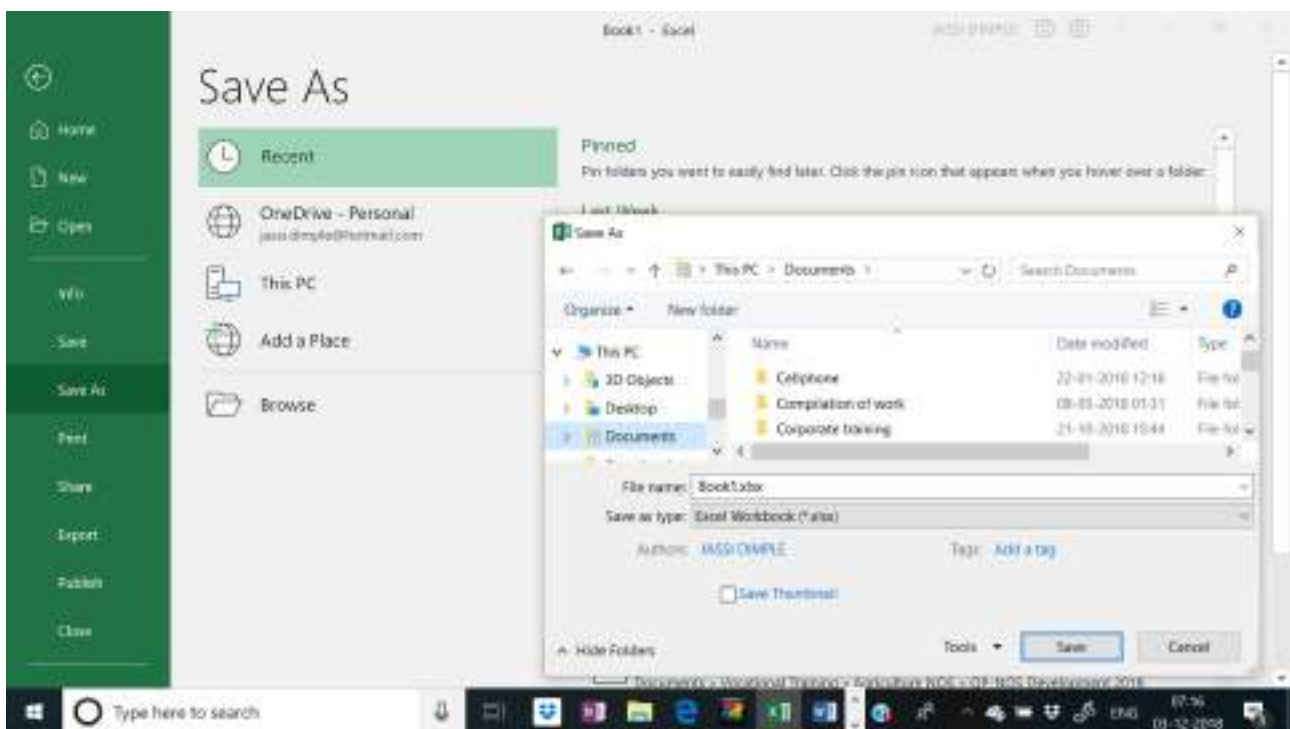
One can also make changes to and delete text from the **formula bar**. Just select the cell and place your insertion point in the formula bar.

To Move Through a Worksheet Using the Keyboard:

- Press the **Tab** key to move to the **right** of the selected cell.
- Press the **Shift** key and then the **Tab** key to move to the **left** of the selected cell.
- Use the **Page Up** and **Page Down** keys to navigate the worksheet.
- Use the arrow keys.

To Save the Workbook:

- Left-click the **Microsoft Office Button**.
- Select **Save** or **Save As**.
- Click on **Browse**. A window will open showing various folders in the computer. Select the folder in which the file has to be saved and give it a name.



- **Save As** allows you to name the file and choose a location to save the spreadsheet. Choose **Save As** if you'd like to save the file for the **first** time or if you'd like to save the file as a different name.
- Select **Save** if the file has already been named.

UNIT 4.2: Use Computer Accessories and Electronic Peripheral Devices

Unit Objectives

At the end of this unit, you will be able to:

- Use computer accessories and electronic peripheral devices
- Use webcams and phone devices
- Follow safety procedures of self and machines

4.2.1 Guidelines to Use Computer Accessories and Electronic Peripheral Devices



Figure 4.2.1 : A photocopier

- Using a photocopier:
 - Use photocopier machines to photocopy documents clearly.
 - Use the designated feature on photocopier machines to adjust output quality and size.

- Attend to paper jams quickly and remove any paper stuck inside the photocopier.



Figure 4.2.2 : Correct usage of a photocopier



Figure 4.2.3 : A scanner

- Using a scanner:
 - Use a scanner to scan documents and photographs clearly.
 - Transfer scanned files between devices using various methods.
 - Store the documents safely and securely.
 - Get the documents ready. It includes pulling out staples, paperclips, pressing down loose edges and post-it notes or anything else that might get stuck in the document feeder.
 - Stack the paper bundle neatly and feed them into the scanner. This step is important because if the paper bundle is not proper, then the scanner needs to be opened up to remove small bits of paper and staples etc.
 - A "Save As" dialog box will appear to scan and save files one at a time.
 - Watch the screen to make sure the images aren't too light or dark to be legible.
 - Enhance the images by straightening, colour adjustment, cropping, removing stray marks etc.

- Using a printer:
 - Use a printer to print documents from a computer or an external storage device.
 - Connect printers to computer and load them with paper.
 - Test printer output, ink/toner and connectivity.
 - Replace toner/ink/cartridges in printers correctly.
 - Attend to paper jams quickly and remove any paper stuck inside the printer.
 - Verify that the paper being used does not exceed the recommended weight and size as mentioned on the printer.



Figure 4.2.4 : Replacing cartridges in a printer



Figure 4.2.5 : Correct paper weight and size

- Paper weight indicates the thickness of the paper and can be found on the manufacturer's packaging.

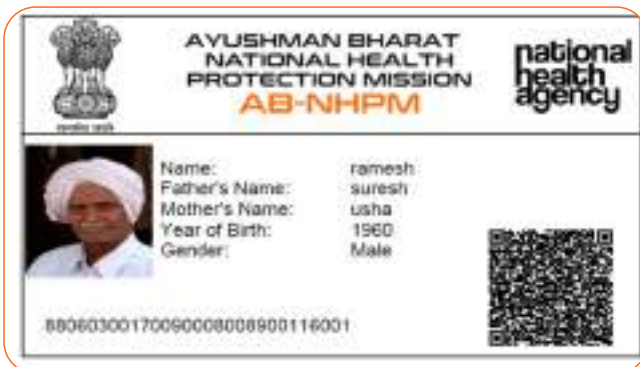


Figure 4.2.6 : A model AB PM-JAY card

- Using a QR Scanner/Bar Code Reader
 - Switch on the QR Scanner or the Bar Code reader.
 - Open the required software on the computer.
 - Press the ON button on the device.
 - Hover over the QR code or the Bar code available on the HH-ID card and the letter issued by the PM.
 - The file will be saved in the computer. Rename the file accordingly so it can be found later.

- Using a Fingerprint /Iris Scanner
 - Switch on the device.
 - Open the required software on the computer.
 - Capture the required biometrics of the beneficiary by pressing thumb/any finger on the fingerprint scanner and capturing the retina of the eye for Iris scanner.
 - The required scan is captured and appears on the computer screen.
 - Rename the file accordingly so it can be found later.

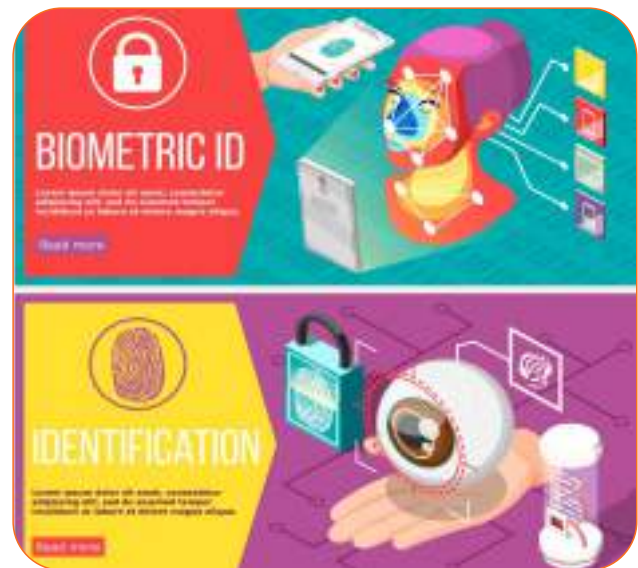


Figure 4.2.7 : Biometric identification

4.2.2 Guidelines for Using Webcam and Phone

- Use web cameras by switching it on, off and clicking photos through built-in applications.
- Use the webcam to click clear and well composed identification photographs, in a safe manner.
- Load and unload data cards to computers, phone, and other electronic devices securely.
- Learn to locate picture files on storage medium, download, upload, save, name, rename, delete and transfer files from one device to another.
- Use basic image modification features such as brighten and crop to manipulate and edit images to be used in registration and other documentation processes.
- Seek permission before clicking someone else's photographs.
- Follow data protection and privacy laws and guidelines when dealing with personal photographs of others.

4.2.3 Common Guidelines for Safety of Self and Machines

Operate electrical/electronic devices following principles and practices of electrical safety (mentioned in chapter 8) at times.

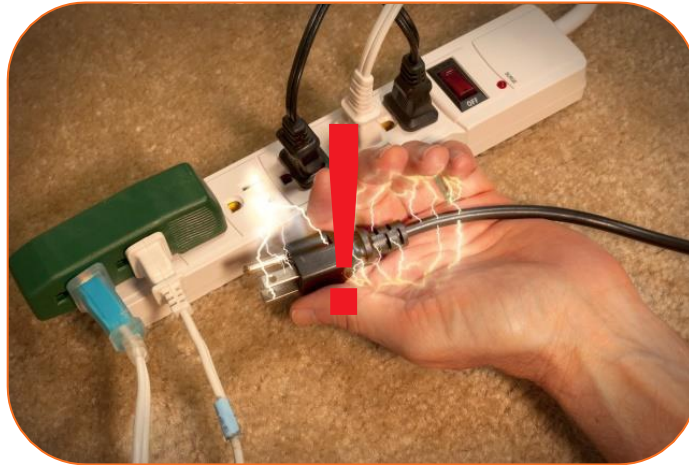


Figure 4.2.8 : Safety hazard while using electric devices

- Assess safety of electronic device and related accessories by observing for damage, wear and tear, etc.

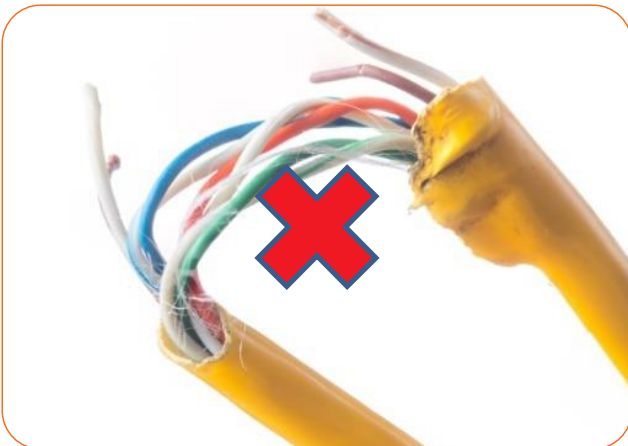


Figure 4.2.9 : Assessing safety of wires and cables



Figure 4.2.10 : Assessing risk in using power outlets

- Act on any electric safety risk immediately with suitable action and report the same for maintenance and repair to the right authority.
- The position of equipment can increase their usable life, so keep them in upright position, on a flat surface and away from areas which make them prone to physical damages.
- Keep them clean and avoid keeping things like files or documents on top of machines.

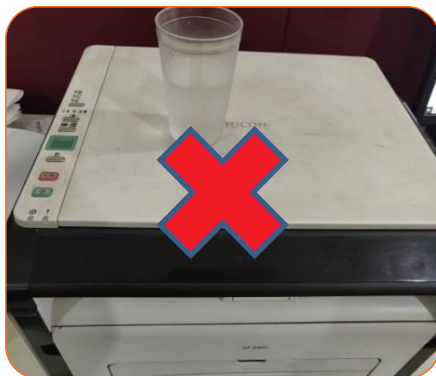


Figure 4.2.11 : Correct usage of a printer

- Conduct regular maintenance for these devices to keep them in working order for a long time. Keep a maintenance record register and update every repair and maintenance activity in it.



Figure 4.2.12 : Regular maintenance

Summarise

- A computer is a device that transforms data into meaningful information. It is a necessity these days and an important equipment to ease out documentation processes.
- A computer carries out the functions of Input, control unit, arithmetic and logic unit, memory and output.
- Peripheral devices are connected to the computer externally. These devices are used for performing some specific functions.
- Input devices accept data and instructions from the user.
- Output devices return processed data that is information, back to the user.
- Not only dust looks unappealing, it can also damage or seriously harm parts of the computer. Cleaning the computer and its assembly regularly will help to keep it in good working condition and avoid costly repair work.
- A person should have an acceptable and well supported seated position and posture.
- Make sure that the computer is capable of connecting to the internet and to Wi-Fi.
- Cyber security covers physical protection (both hardware and software) of personal information and technology resources from unauthorized access.
- It deals with the protection of computing systems from theft or damage to the hardware, the software, and the data that they store or access.
- The Arogya Mitra should know how to use computer peripherals correctly.
- The Arogya Mitra should be familiar with handling biometric devices and equipment.
- Assess safety of electronic device and related accessories by observing for damage, wear and tear, etc.

Exercise:

A. Fill in the blanks:

- i. The ALU and the CPU of a computer system are jointly known as the _____.
- ii. _____ devices accept data and instructions from the user.
- iii. _____ are programs that bridge the gap between the functionality of an OS and the needs of users.
- iv. _____ packages are developed using high-level computer language.
- v. The curved lower part of the backrest should fit into the lower back or the _____ curve.
- vi. Mobile internet is currently offered at three different speeds and capability levels:
_____ mobile internet

B. Answer the following questions:

- i. List the operations carried out by a computer.

- ii. Expand the following-

- a. CU- _____
- b. ALU- _____
- c. CPU- _____

- iii. List the output devices of a computer.

- iv. Give 2 examples for each of the following-

- a. Spread sheets- _____
- b. Database Management System- _____
- c. High level language- _____

- v. State any 5 points for an acceptable and well supported seated position at a computer workstation.

vi. What are the steps to connect internet via Wi-Fi?

vi. State the principles of Information Security

vii. What are the guidelines to use a photocopier?





5. Soft skills

Unit 5.1 - Soft skills

Unit 5.2 - Maintain Professional Personal Standards of Grooming
and Conduct



Key Learning Outcomes

At the end of this module, you will be able to:

1. Identify needs and limitations when dealing with others
2. Deal with others empathetically
3. Maintain personal grooming and hygiene standards
4. Conduct one-self in a professional manner
5. State the dos and don'ts

UNIT 5.1: Soft Skills

Unit Objectives

At the end of this unit you will be able to:

- Identify needs and limitations when dealing with others
- Deal empathetically with patients
- Act according to situation and requirement

5.1.1 Introduction

As an Arogya Mitra, a person will have to interact with various patients and their families. He/she is usually busy with many tasks and looking after multiple patient accounts, but taking extra care to connect can be vital to a patient or a distressed family member. At this time, they go through a range of emotions that may impact their behaviour and frame of mind and need a polite and empathetic assistance. An Arogya Mitra must act with sensitivity to reduce stress and comfort the patients or the beneficiaries.

5.1.2 Identify Needs and Limitations When Dealing With Others

Even the most conservative estimates suggest that emotional distress almost always accompanies hospitalization. Patients as well as their family members have more emotional needs while in the hospital. This type of situation will be encountered by an Arogya Mitra every day. So, he/she should try to take care of the following:

- Try to identify range of emotions that one may go through as a patient or when in ill-health, that may impact behaviour and frame of mind. Patients and their families frequently go through depression, anxiety, posttraumatic stress disorders and negative emotions such as anger, fear, loneliness, sadness and hopelessness. So, he has to deal empathetically and calmly with people who visit the kiosk for assistance.
- Think about the Kind of losses related to health and healthcare that one may suffer on account of ill-health of self or that of a family member/loved one and act accordingly.
- Identify various sources of stress in context of health that may cause one to behave in unexpected ways. There are many causes of stress but the health issue of a loved one or a person going through ill-health himself are the most stress inducing situations encountered by an Arogya Mitra.
- Recognize stress and identify various reasons for it, among health care workers. The employees themselves deal with work related stress which leads to emotional problems such as anger, guilt, low self-esteem, depression, etc.
- Identify various types of needs that one may have when suffering from own ill-health or that of a family member/loved one. Knowing when to talk and what to say, is the key. Do your best not to interrupt and try not to anticipate what the person is about to say.

5.1.3 Deal Empathetically

Any type of interaction includes two main things - communication and actions. Not just talking but showing concern through actions is also important. The emotional situations that an Arogya Mitra goes through are to be dealt with taking care of the patients in all aspects.

➤ How to communicate?

- Communicate politely and respectfully with others at all times in a hospital environment and in an ill-health context.
- Communicate empathetically and patiently, displaying sensitivity to others, recognizing the need for time and space they may need to deal with other priorities.
- Listen actively and carefully in a two-way communication.

After a family member has finished speaking, summarize it. Repeating their communication back to them in own words is a great way to let them know that the person understands what they were saying. It also helps to solidify that information in own memory.

- Ensure to avoid negative questions and statements to the visitors and be careful with advice. Most people who are ill do not want advice; they want to talk things out to come to their own decisions. Sometimes, giving advice inhibits conversation.
- Acknowledge and normalize the patient's concerns. Try to identify customer dissatisfaction, reason for dissatisfaction and address to their complaints effectively. Allow the visitors to complete what they have to say without interrupting them while they talk.
- The following statements can be used for empathetic Communication:
 - "This must have been a very (fill in appropriate word: frightening, painful, upsetting) experience for you"
 - "We want to make you as comfortable as possible"
 - "Is there anything else I can do for you?"
- Present best wishes for recovering and recovered patients.

➤ How to act?

- Identify opportunities for positive actions, within limits of authority and organizational policy guidelines, to achieve customer satisfaction.
- Act with sensitivity to reduce stress and comfort patients/beneficiaries.
- Ensure to maintain proper body language, dress code, gestures and etiquettes towards visitors.
- Take in not only words, but also visual cues from the facial expressions or body



Figure 5.1.1 : Communication skills



Figure 5.1.2 : Correct conduct

language of the patients. Nonverbal communication, such as body language and tone of voice, are just as important as verbal communication.

- Make eye contact when speaking. Eye contact is perceived as the second most important nonverbal cue, after body language.

5.1.4 Safeguarding Beneficiaries Information

The privacy and protection of Beneficiaries personal information is of utmost importance and Arogya Mitra should take reasonable security measures to maintain the confidentiality, integrity and availability of the information.

- **Informed consent**

Obtain Beneficiaries consent either on paper or electronically informing clear about the usage, the data being collected, and its usage. It should be provided to the Aadhaar number holder in local language as well. Consent shall be obtained for both KYC data & health data.

- **Respect Privacy of others**

Do not disclose any information to any unauthorized person/entity. Example, if beneficiaries/ any unauthorized entity seek information on, obtain copies, or modify files belonging to other users, restrict them.

- **Non Disclosure Agreement(NDA)**

Arogya Mitra would be required to sign Non Disclosure Agreement(NDA) with SHA.

- **Unauthorized Sharing of Beneficiaries Data is prohibited**

Do not share personal data of beneficiaries over personal e-mail.

- **Protect your Login Credentials**

Only use your own account and password ; Do not share your password; Do not store them locally on desktop or on the Internet ;

- **How to act in case of any security Incidents**

In case you find any unauthorized/ suspicious activities occurring, report it immediately to the hospital authority to bring it into the notice of SHA for necessary action. Example : The equipment used for authentication is lost or theft.

- **Avoid Unauthorized Storage of Documents**

Do not store any personal data of beneficiaries in any unprotected endpoint devices, such as PCs, laptops or smart phones or tablets or any other devices.

No document containing beneficiaries personal data shall lie unattended and properly shredded if unused.

UNIT 5.2: Maintain Professional Personal Standards of Grooming and Conduct

Unit Objectives

At the end of this unit you will be able to:

- Maintain personal grooming and hygiene standards
- Conduct yourself in a professional manner

5.2.1 Maintaining Personal Grooming and Hygiene Standards

Usually the first thing people notice about a person is how he looks. If one looks professional, people will be more likely to treat the person with respect. To achieve this objective, one must follow these guidelines:

1. Display appropriate professional appearance for the workplace. Professional appearance includes proper attire, neat and combed hair, polished footwear, well-manicured nails, etc.
2. Wear masks and head gears in sensitive areas, to avoid chances of any infection to oneself and to others. Sensitive areas include operation theatre and wards where people with communicable diseases are treated.
3. Ensure one is free from any foul body odour or bad breath by maintaining proper oral hygiene by bathing and brushing teeth twice daily, rinsing mouth after every meal, and avoiding chewing gums and tobacco.
4. Maintain clean hands by regular washing.



Figure 5.2.1 : Dental care



Figure 5.2.2 : Personal hygiene

5.2.2 Conducting One-self in a Professional Manner

Conducting oneself in a professional manner while on the job is very important. It makes work easier to do and takes away half the pressure, if done properly.

It can be achieved by following the guidelines regarding professional communication skills, behaviour and attitude.



Figure 5.2.3 : Guidelines for professional conduct

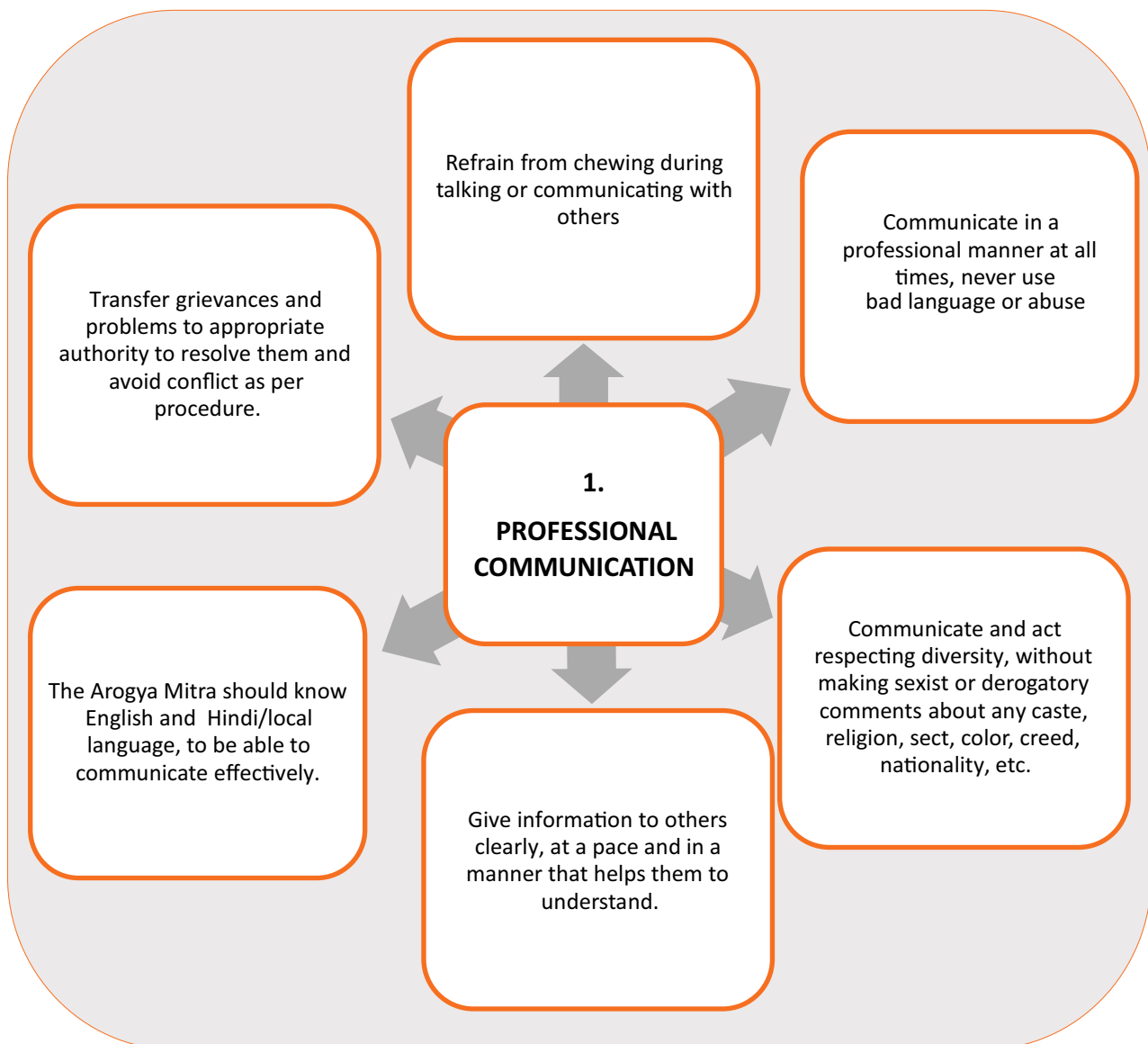


Figure 5.2.4 : Maintaining Professional communication

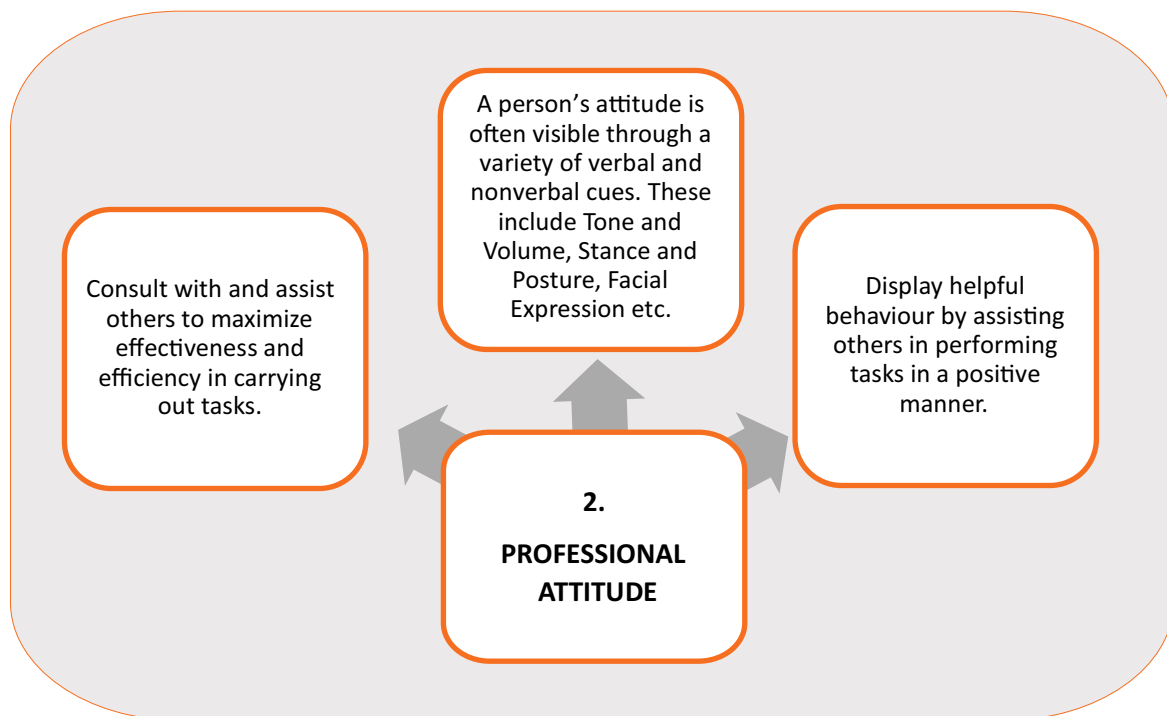


Figure 5.2.5 : Maintaining professional attitude

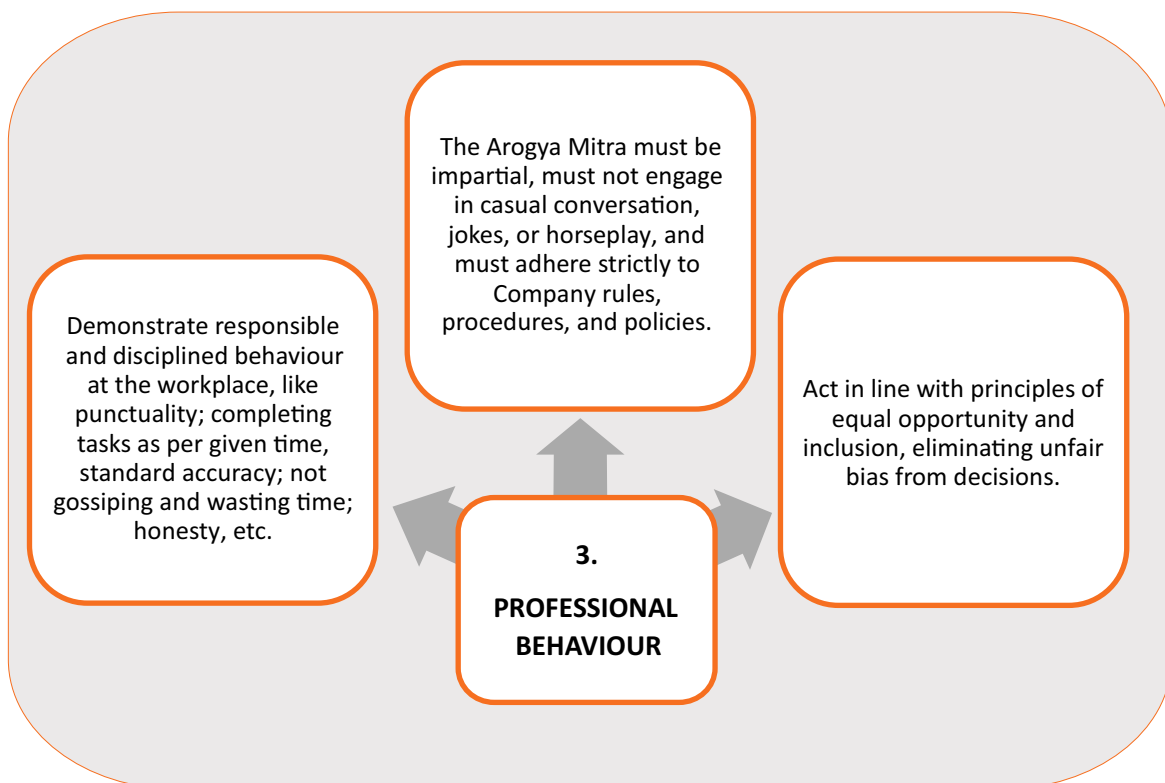


Figure 5.2.6 : Behaving responsibly

5.2.3 Dos and Don'ts

Do	Don't
Show a sincere desire to help. Be truthful if you cannot help and try to find someone who can help	Ignore or dismiss people. Don't tell people you will help them or take care of something if you are not going to do anything
Use a polite, calm approach	Show signs of impatience, anger, dislike, sarcasm
Be friendly - smile and make eye contact	Become too familiar, casual
Be business-like and confident	Be cold or bossy
Be open-minded in evaluating the facts	Be closed-minded, judgmental
Be courteous at all times, especially when dealing with difficult people and situations	Lose your temper with difficult people
Respect the privacy of the beneficiary and never share their details with unauthorised persons.	Never share personal or medical details of the beneficiaries with any unauthorised person
Delete photos or documents from personal phone after the work is done.	Do not leave the documents, photos unattended on the kiosk or in the computer or phone.
Be honest and sincere in all dealings.	Do not follow any unethical practice such as entering wrong details in the system to favour anyone
Report any instance of wrong doing to the higher authorities.	Do not allow anyone to force you to perform any unethical act.

Table 5.2.1 : Do's and don'ts'

Summarise

- Arogya Mitra must act with sensitivity to reduce stress and comfort the patients or the beneficiaries.
- The Arogya Mitra has to deal empathetically and calmly with people who visit the kiosk for assistance.
- Any type of interaction includes two main things-communication and actions.
- Communicate politely and respectfully with others at all times.
- Listen actively and carefully in a two-way communication.
- Ensure to avoid negative questions and statements.
- Identify opportunities for positive actions, within limits of authority and organizational policy.
- Ensure to maintain a proper body language, dress code, gestures and etiquettes.
- Make eye contact when speaking.
- Display appropriate professional appearance for the workplace.
- Wear masks and head gear in sensitive areas.
- Ensure one is free from any foul body odour or bad breath.
- Maintain clean hands.
- Conducting oneself in a professional manner can be achieved by following the guidelines regarding professional communication skills, behaviour and attitude.
- Refrain from chewing during talking or communicating with others
- Communicate and act respecting diversity, without making sexist or derogatory comments about any caste, religion, sect, colour, creed, nationality, etc.
- Communicate professionally, without using slang, or casual expletives, foul words, etc.
- Consult with and assist others to maximize effectiveness and efficiency in carrying out tasks.
- Display helpful behaviour by assisting others in performing tasks in a positive manner.
- Act in line with principles of equal opportunity and inclusion, eliminating unfair bias from decisions.
- Demonstrate responsible and disciplined behaviour at the workplace.

Exercise: **A. Answer the following:**

- i. What are the various types of needs of people at the time of hospitalization?

- ii. State any two ways to communicate empathetically.

- iii. Name any two types of non-verbal communication

- iv. List any 2 ways by which one can demonstrate professional behaviour?

- v. List any 4 practices that must be done in the workplace.

B. Fill in the blanks:

- i. Wear _____ and _____ in sensitive areas.
- ii. The Arogya Mitra should know _____ and _____ of the area. (languages)
- iii. The Arogya Mitra should follow the principle of equal opportunity and _____.

B. Multiple choice questions:

- i. Which of the following is NOT included in the elements of conducting oneself in a professional manner?
 - a. Professional Communication skills
 - b. Correct Attitude
 - c. Right Behaviour
 - d. Mismanagement
- ii. Which of the following is NOT a verbal or nonverbal cue?
 - a. Tone and Volume
 - b. Cleanliness
 - c. Facial Expression
 - d. Stance and Posture



6. Health and safety practices

Unit 6.1 - Health and safety practices



Key Learning Outcomes

At the end of this module, you will be able to:

1. Apply relevant health and safety practices at the workplace
2. Maintain a healthy and hygienic environment
3. Deal with emergency situations
4. Follow fire safety requirements

Unit 6.1: Health and Safety Practices

Unit Objectives

At the end of this unit you will be able to:

- Maintain cleanliness of self and the workplace
- Maintain correct posture while working
- Identify hazards and evaluate risks
- Deal with emergency situations

6.1.1 Introduction

Arogya Mitra will be working with people in a hospital and there will be certain hazards that he/she might come across. An Arogya Mitra should ensure that his/her actions do not create any health and safety hazards and that one does not ignore hazards which present risks in his/her workplace.

Health and safety responsibilities at work include making sure that one's actions protect the health and safety of oneself and others, meet all the legal responsibilities and follow workplace instructions.

6.1.2 Own and Workplace Cleanliness

It is important to be alert and careful about spreading of any infection. Be careful about the following.

Hands and Hygiene:

An Arogya Mitra will be interacting with many patients and will have to take care not to contact diseases and subsequent infections. If hands are not washed or hand sanitizers are not used at regular intervals, the person will be putting himself at a great risk.



Figure 6.1.1 : Wash hands with an antibacterial soap

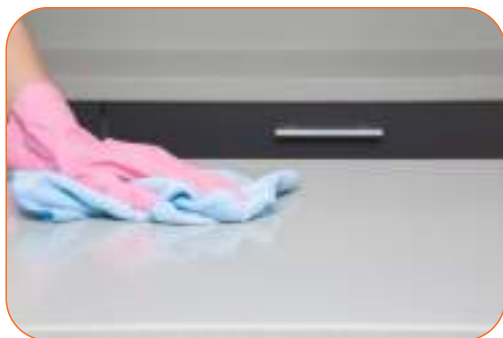


Figure 6.1.2 : Clean and tidy work surface

Work desk/Kiosk

It is important to keep work surfaces clean. Use professional products and not cheap products that can not only be ineffective but would serve no purpose. Hard surface disinfectant available in the market should be used to clean the surfaces. Alternatively, one can use a spray product for cleaning glass surfaces.

Floors

Floors should be kept clean as a matter of routine. If there's a hard surface, use a good quality floor disinfectant.



Figure 6.1.3 : Clean floors

6.1.3 Identifying the Hazards and Evaluating the Risks in the Workplace

Always make sure that one's actions do not create a health and safety risk. In the workplace, many things can cause accidents, injury or illness if they are not recognised and made safe.

Risk assessment and control

Risk assessment and control are the responsibility of everyone and any health and safety risks should be reported immediately. For one's own safety, he/she cannot always act upon the risk and in such cases one will have to inform a higher authority so that it can be dealt with.

It is crucial that one understands the terms 'hazard', 'risk' and 'control'.

- A hazard is something with the potential to cause harm; something that could cause an accident or injury.
- A risk is the likelihood that the hazard will actually cause harm; the threat of something dangerous happening because of the hazard.
- Control refers to the measures that one puts into place to remove risks or to reduce them to acceptable levels.



Figure 6.1.4 : Hazards in a workplace

Almost anything may be a hazard, but may or may not become a risk. Some hazards could be thought of as 'accidents waiting to happen', as they pose such a high risk. Other hazards are less of a risk, but need to be identified and controlled nevertheless.

For example, if some boxes of products were delivered and set down on the floor beside reception, these boxes would be a hazard. The risk would be the chance that someone could trip over the boxes and hurt themselves. The risk would be high if the boxes were in the middle of

the floor, directly in the path of the staff and patients in the hospital, but the risk could be controlled by moving the boxes to a place where they are less likely to be in the way of people who are moving about in the area.

A person needs to be aware of the hazards that may exist in a workplace and one needs to be able to spot hazards, identify the risks that they pose and take steps to make sure that they do not cause a problem to anybody.

Hazard	Risk
Electrical leads trailing on the floor	Tripping over leads
A light bulb that has blown	Accidents because of poor light
Highly polished floors	Slipping
Badly fitting carpet	Tripping up
Trolleys and desks overloaded with equipment and documents	Furniture tipping over
Plugs that have loose or frayed leads	Possible electric shock or risk of fire
Rushing about too much, without concentrating	Bumping into people and causing an injury
Carrying too much at once	Can't see where one is going which results in an accident or a bad back
Breakages or spills that are not cleared up instantly	Cuts or slipping over

Table 6.1.1 : Some common hazards and risks

6.1.4 Common Workplace Threats

Few common workplace security threats and their responses are detailed below:

Threats	Responses
<p>Fire: Fire is a significant hazard for most businesses.</p> <p>There are three main causes:</p> <ul style="list-style-type: none"> • It is started deliberately. • It occurs because people are not alert to fire hazards. • It occurs because people are careless. 	<ul style="list-style-type: none"> • Safe storage of materials. • Maintain fire exit routes. • Routine checks/end of day checks. • Fire fighting/protection equipment.
<p>Electric Shock: There are hazards presented by the electrical installation (the fixed wiring, plug sockets, distribution boards, etc.) and portable electrical equipment (any equipment that plugs into the electrical installation).</p>	<ul style="list-style-type: none"> • Routine inspection of equipment. • Routine inspection of installation. • Inspection, maintenance and testing carried out by competent person. • Effective defect reporting system.
<p>Violence: May be either verbal or physical and could arise during robberies, terrorist activities or customer complaints</p>	<ul style="list-style-type: none"> • Provide panic alarms, training etc. • Cameras. • Immediately report to police/authorities.

Table 6.1.2 : common workplace threats

This is a list of common threats that affect workplace security; there are a number of other situations that might impact workplace security like theft by staff, aggressive people, vandalism and even terrorist activities. An employee has to be vigilant all the time and also report any threats/ situations immediately to the supervisors or to authorities. For instance, in case of fire the employee should immediately inform the fire department or in case of any violence/ theft/ robbery/ terrorist act the police have to be informed. Also, if the situation involves physical harm to a person, hospital or emergency, medical services should be informed.

6.1.5 Fire Safety

In a work area, there are a variety of hazards that can become the reason of a fire. To be safe from these hazards, one should be aware and try to avoid a mishap.

Types of fires

The first thing that is of great importance while learning about fire safety is to know that all fires are not the same. The classification is based on fuels that trigger a type of fire. There are following classes:

Class A	It is triggered by ordinary combustibles like wood, paper, cloth, trash and plastics. This type of fire can be easily extinguished by water.
Class B	It is caused by flammable liquids such as oil, gasoline, petroleum, paint, paraffin and gases such as propane and butane. It should be extinguished by methods which cut the oxygen supply.
Class C	These fires involve energized electrical equipment like motors, transformers and other appliances. Cut the power off and use a non-conductive agent such as carbon dioxide to put off this fire.
Class D	It involves combustible metal fires. POTASSIUM, SODIUM, ALUMINIUM, MAGNESIUM and TITANIUM cause this type of fire. Dry powder should be used to extinguish it rather than water as it works by absorbing the heat and smothering it well.
Class K	They are commonly kitchen fires ignited by cooking oils, greases, animal fat, vegetable fat, etc. It can be put off by using Purple K which is found in kitchen extinguishers. Wet chemical extinguishers can also be used.

Table 6.1.3 : Types of fire

Types of fire extinguishers

Different kinds of fuels create different types of fires, which require different types of fire extinguishers. The extinguishers form an integral part of fire safety provision and thus, it is necessary to install and maintain them correctly. There are three important elements for the fire to ignite, which are **heat**, **oxygen** and **fuel**. The fire extinguishers work by eliminating one or two of these elements.

There are primarily following types of fire extinguishers:



Figure 6.1.5 : Types of fire extinguishers

1. **Water and foam:** Water works by eliminating the heat element. It is better to use water only for class A fires because it can create hazards in case of other fires. If used for class B, it can spread the flammable liquid and in case of class C fire, it can lead to shock. Foam can be used for class A and B fires and not at all for class C.
2. **Carbon Dioxide:** It works by taking away two components, cutting off oxygen supply and heat by cold discharge. It is used in case of class B and C fires and is ineffective in case of class A fires.
3. **Dry Chemical:** It is effective for class A, B and C fires, which gives it another name of being a multipurpose dry chemical extinguisher. It creates a barrier between oxygen and fuel and hence puts off the fire. In case of an ordinary dry chemical extinguisher, it should be used only for class B and C fires.
4. **Wet Chemical:** They work on class K fires (fires caused by cooking oils, fats, etc.). They work by eliminating the heat and creating a barrier between oxygen and fuel. Some of these can be used on class A fires as well.
5. **Clean Agent:** It uses halon and halocarbon agents to interrupt the combustion. They are used for class B and C fires and some of the larger extinguishers of this type can be used for all three classes A, B and C.
6. **Dry Powder:** It creates a barrier between oxygen and fuel and extinguishes the fire. They are effective only for class D fires and won't work on any other type of fire.
7. **Water Mist:** They remove the heat element and can be used as an alternative to clean agent. They are mainly used for class A fires but can be used in class C fires as well.
8. **Cartridge Operated Dry Chemical:** Mainly for class A fires, it cuts off oxygen supply to the fuel and extinguishes the fire.

6.1.6 Electrical Safety

An Arogya Mitra needs to be careful while working with electrical equipment. When a person comes in contact with a voltage high enough to cause a current flow, he/she experiences a shock and when it causes death, it is called electrocution. The minimum current which can be endured by a human body is 1mA and if it experiences a current of 100mA or more it can be fatal for a human.



Figure 6.1.6: Be careful with exposed cables

Keep in mind the following points:

1. Extension cords cause the maximum accidents as they are underestimated and often overloaded and mishandled. Keep an eye on them and replace when they are damaged or the wiring wears out. Pull the plug only after turning off the switch.
2. Electric appliances always need to be kept away from water. Do not keep or use any appliance near sinks and never spill water on them. Do not touch any device with wet hands.
3. Make sure all the circuits are grounded.
4. Do not try to repair any appliance on your own. Let the electrician handle the repair works.
5. Do not insert the fingers in the sockets or try to insert wires without a plug in the socket. Do not touch a wire with bare hands, it may be conducting current.
6. Keep the appliances unplugged when not in use and at the time of power cut.
7. All electrical appliances must be checked regularly. These checks must be carried out either by a qualified electrician or a skilled person who is trained and experienced in the use of that particular appliance, for example, a person employed by the company who supplies the equipment.



Figure 6.1.7 : Overloaded extension cords

6.1.7 Posture, Lifting and Carrying

People who work in wrong posture for prolonged periods of time are at a risk for repetitive strain injuries that include musculoskeletal disorders, especially in the neck and shoulders. Also, the constant sitting and bending over can result in pain in the lower back.

Injury can be caused by:

- Wrong lifting methods
- Poor posture
- Regular and continual strain on the same part of the body
- Moving objects by force that may be too heavy

Adopt following methods to avoid problems related to posture:

- Use height-adjustable chairs
- Move and stretch the body regularly if there's a need to remain in the same position for a long time
- Maintain good posture
- Try and avoid continual strain over a particular part of the body
- Move and stretch the body between services or after every half an hour
- Do exercises to keep the body flexible

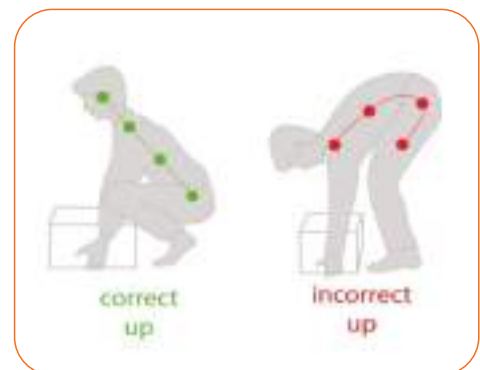


Figure 6.1.8 : Safe lifting procedure

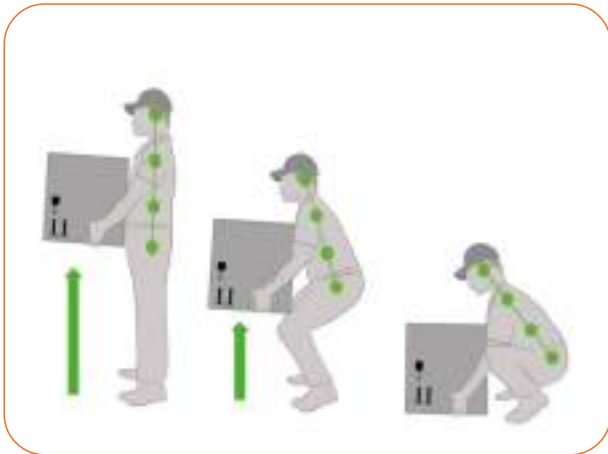


Figure 6.1.9 : Follow these steps while lifting the weight

Safe Lifting Method

The safe lifting method is shown below; make sure that it is followed properly.

Adopt following methods to avoid problems while lifting and carrying loads:

- Get help while carrying heavy and large loads.
 - While lifting, bend at the knees to sit, use both the hands to hold the load, use the strength in legs to lift, hold the load near the body and stand up straight without bending at the waist.
 - While turning, move the legs and feet, avoid twisting at the waist.
- Always use the leg and buttocks muscle while lifting a load as they are very powerful. Lower back muscles are weak and thus, avoid straining them while lifting.

6.1.8 Dealing with Emergency Situations

An emergency can occur at any given time and needs someone to act quickly and carefully. People are often hesitant to step into an emergency situation. It is not because they don't want to help but because they don't know what to do in such a case. It is important to learn some basics of dealing with an emergency. Some common situations are given below:

1. In case of fire

- Stay low to the floor and exit as quickly as possible
- Do not open any windows and don't hide inside the building
- If on fire, stop, drop, cover and roll to put off fire on clothes
- Dial to fire service immediately (101)
- Make way to nearest assembly point/designated area in case of emergency
- Use the stairs to evacuate the building and never the lift
- Inform the firemen if someone is trapped inside the building and do not re-enter the building under any circumstance

2. Stop a bleeding

- Clean affected area with water
- Keep the injured part high
- Call for medical assistance
- Bend the affected leg or arm

3. Treating minor burns

- Remove any jewellery or tight clothing
- Call for immediate help
- Put the burn under running water for 10 minutes

4. Fainting individual

- Call for medical assistance immediately
- Do not gather around the person

5. Choking

- Let them cough to dislodge something from the airway
- Call for medical assistance immediately
- Give them abdominal thrusts

6. Seizure

- Get away from them to avoid any injury
- Don't try to put anything in their mouth
- Watch the clock -- how long the seizure lasts
- Call for medical assistance immediately

Evacuation:

At the time of emergency, the first line of defence is escaping. Be careful of the surroundings when looking for a way out and while trying to save someone. Follow these steps for a safe rescue:

Evacuation plans

Evacuation plans are written statements describing exit routes from the premises and what response is expected from the personnel to the alarm or direction to evacuate.

- Make way to nearest assembly point/designated area in case of emergency. Follow the exit signs.
- If a person is on a floor other than the ground floor, then he/she should use the stairs to evacuate the building and never the lift.
- If someone has been trapped inside, inform the Firemen/Safety Officer and do not re-enter the building under any circumstance.
- Look out for the nearest escape, be it a door or a window. Be careful that the jambs aren't burning or falling.
- While making way through a fire, call out if anyone is trapped inside.
- If there's a casualty along, protect him from falling debris using a blanket or a sheet.
- Be careful how to remove the debris to make a path for escape, it can trigger a collapse.
- Touch the doors with the back of the hand as palm is very sensitive and can easily burn. If a door feels warm, do not open it.
- Move quickly and safely through the building and proceed to the nearest stairway.

Rescuing steps

- Do not touch a person being electrocuted. Try to separate him from the source.
- Rescue is safe when power has been cut off.
- Call emergency numbers immediately and get help.

- Careful judgement and planning to rescue a person is very important.
- Do not try to move the injured unless there is an immediate danger.
- Stay calm and monitor the status of the victim.

Some important points during evacuation

- If an emergency alarm sounds, all occupants are required to evacuate the premises immediately.
- Evacuation plan in emergency-
 - Horizontal evacuation: People from the site should be moved a safe distance away from the area of immediate danger, preferably assembly area.
 - Vertical evacuation: Stairs should be used to evacuate occupants from the site whenever possible.
 - Stay in a place of refuge: Unless there is immediate danger, people unable to evacuate should be asked to find a place of refuge.

Evacuation of people with difficulties

- People with movement related, vision and other disabilities are faced with significant obstacles during an evacuation. Assist them while evacuating.
- People with disabilities may not be able to evacuate without help. The use of a “buddy” system is recommended.

Summarise

- Wash hands with an antibacterial soap.
- Keep work area clean.
- Floors should be kept clean.
- A hazard is something with the potential to cause harm; something that could cause an accident or injury.
- A risk is the likelihood that the hazard will actually cause harm; the threat of something dangerous happening because of the hazard.
- Control refers to the measures that one puts into place to remove risks or to reduce them to acceptable levels.
- There are three important elements for the fire to ignite, **heat, oxygen** and **fuel**. Fire extinguishers work by eliminating one or two of these elements.
- When a person comes in contact with a voltage high enough to cause a current flow, he/she experiences a shock and when it causes death, it is called electrocution.
- Extension cords must be replaced when they are damaged or the wiring wears out.
- Electric appliances always need to be kept away from water.
- People who work in wrong posture for prolonged periods of time are at a risk for repetitive strain injuries that include musculoskeletal disorders, especially in the neck and shoulders.
- Do regular exercises to keep body flexible.
- Move and stretch the body between services or after every half an hour
- An emergency can occur at any given time and it is important to learn some basics of dealing with it.
- Evacuation plans are written statements describing exit routes from the premises and what response is expected from the personnel to the alarm or direction to evacuate.
- Do not touch the victim being electrocuted. Try to separate him from the source.
- Call emergency numbers immediately and get help.
- If an emergency alarm sounds, all occupants are required to evacuate the premises immediately.
- People with disabilities may not be able to evacuate without help. The use of a “buddy” system is recommended.

Exercise:

A. Fill in the blanks:

- i. _____ fire is caused due to oil, gasoline, paints, gases, etc.
- ii. _____ fire involves metal fires.
- iii. A _____ is something with the potential to cause harm.
- iv. _____ refers to the measures that one puts into place to remove risks or to reduce them to acceptable levels.
- v. There are three important elements for the fire to ignite, heat, _____ and fuel.
- vi. _____ work on class K fires
- vii. While turning, move the legs and feet, avoid _____ at the waist.

B. Answer the following:

- i. What are safe lifting methods?

- ii. List some common workplace threats.

C. Match column 'A' with column 'B'

Column 'A'	Column 'B'
1. Dry Chemical	a. Protects hands from getting contaminated
2. Clean agent	b. Extinguishes Class A, B and C fires
3. Gloves	c. Contains halocarbon agents

Annexure I

CHECKLIST FOR AROGYA MITRA

Setting up the ABPM-JAY helpdesk

1	Display ID proof and badges as per requirements in the facility
2	Register as a Arogya Mitra on the Beneficiary Identification System (BIS)
3	Use biometric devices and systems correctly to register attendance, in a timely manner every day.
4	Position self correctly and announce readiness to indicate readiness and availability.
5	Ensure the kiosk/Help desk is structurally positioned and the set-up is safe and as per instructions.
6	Ensure that the placement for the positioning of signages is as per policy.
7	Ensure security of premises and kiosk/work station when not in use or unattended.
8	Ensure that all relevant forms and formats are readily available.
9	The equipment which are to be set up at the kiosk/help desk are: 1. Computer, 2. Printer, 3. Internet connection (Modem), 4. QR and Document Scanner, 5. Fingerprint Scanner/Iris Scanner, 6. Webcam, 7. Telephone
10	Ensure health and safety considerations in temporary work stations and installations
11	Ensure own grooming is as per standards.

Operating the BIS System for a New Beneficiary

1	Receive the potential Beneficiary visiting an EHCP at the designated kiosk.
2	Collect the AADHAAR Card, Family ID Card or any other Government ID Card from the beneficiary.
3	Search the beneficiary name/family using different parameters
4	On identification in database, proceed for beneficiary authentication through the Government ID card.
5	Either do online authentication using Aadhaar or enter details in case of Non-AADHAAR document and validate beneficiary mobile number.
6	Take a digital photo of the beneficiary.
7	Scan the family card submitted by the beneficiary for establishing the beneficiary relation in the family.
8	After uploading Government ID and Family ID receive a 'name match score' and 'family match' score.
9	After record gets inserted into the database as a 'silver' record and print a Provisional Card.
10	Submit the 'record' to the Approving authorities for further verification and approval.
11	If beneficiary gets approved, the data is stored as a "golden record" and notification is received.
12	Print the AB PM-JAY e-Card as "golden record" and give it to the beneficiary.

When a Beneficiary visits an empanelled health care facility

1	Provide all the necessary assistance and details about the scheme to the beneficiaries.
2	In case of OPD: If the ailment does not require hospitalization, explain to the beneficiary that the AB PM-JAY card does not cover the OPD treatment and cost incurred will be borne by the patient.
3	Collect, scan and upload all the documents required for submitting the request for preauthorization.
4	Ensure that the patient, from pre-authorization to discharge, gets all the benefits as per AB PM-JAY.
5	Liaison with the EHCP for timely admission and availability of bed to patient.
6	Help locate facilities and guide a patient in receiving prompt treatment.
7	Liaison with Medical Officer for collecting, scanning and uploading documents for claim request.
8	Ensure that all the facilities under AB PMJAY are being rendered without charging any amount.
9	Verify discharge summary and follow-up details to the discharged beneficiaries.
10	In an unlikely scenario of e-card being lost or damaged, guide the cardholder for obtaining a copy.
11	Immediately bring all grievances to the notice of Grievance Cell directly or through District Coordinator.
12	Facilitate the hospital in giving prior phone intimation to the concerned authority for carrying out the emergency surgeries.
13	Track and report refund of any investigation amount collected in contravention to the Scheme Guidelines
14	Report any irregularities or inadequacy noticed to the concerned supervisors.



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