



World Largest Health Insurance Scheme

Agenda

- **Ayushman Bharat – Key Features & Public Health Perspectives**
- **Conceptual Framework for Ayushman Bharat**
- **Ayushman Bharat – In times of Pandemic -COVID 19**
- **Future of Ayushman Bharat**

PMJAY (NHPS)- Positive step towards achieving SDG & UHC under NHP (2017)

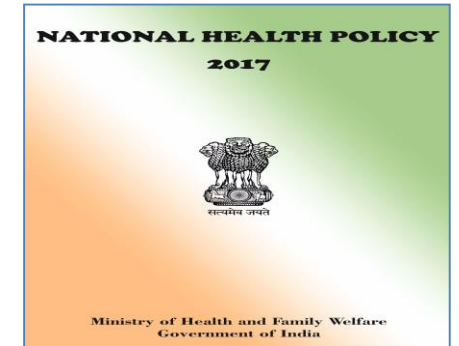
- Health Insurance in India- huge market but penetration low (Sujatha Rao ,2011)
- No access to health care financing: 86% of rural and 82% of urban households
Nearly 70% healthcare expenses are out of pocket in India(NSSO 71st)
- This pushes nearly 7% of Indian population into poverty every year
- For those who have some cover, 75% covered by Government sponsored health schemes, only 25% by commercial insurers (NFHS-4,2015-16)

Health Expenditure-Global 6%, India <1% (145 rank in 190)

Health Care Financing Challenges

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World bank &
WHO- 2018
GAME CHANGER



Ayushman Bharat



HWCs

Comprehensive
Primary Health
Care through
Health and
Wellness Centers

Referral
↔
Follow-up

Secondary and
Tertiary Inpatient
Care through
Empanelled
Hospitals



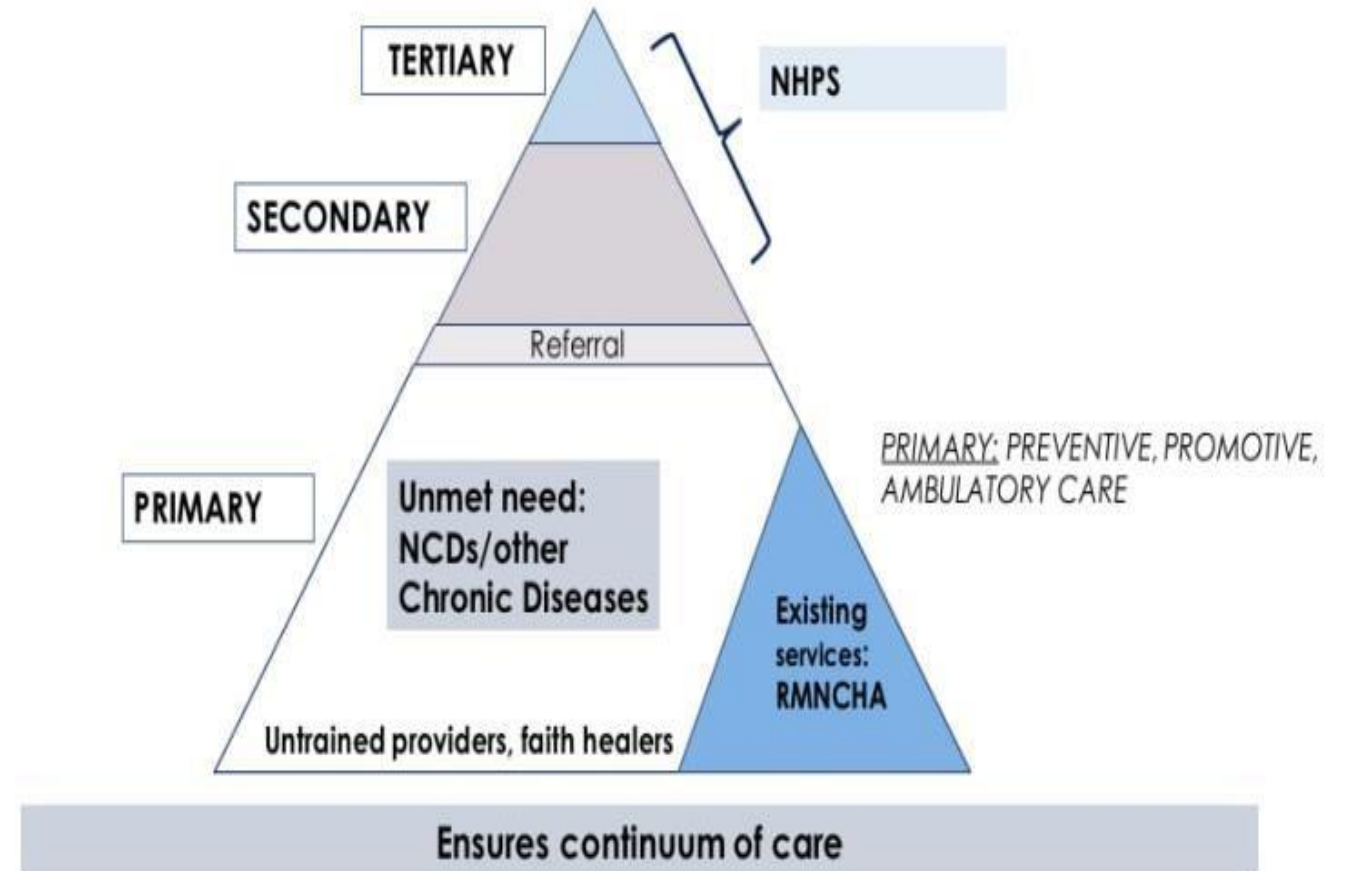
PM-JAY

CONTINUUM OF CARE – HWCs & PM-JAY

Ayushman Bharat: A continuum of care

Part-1 Health and Wellness Centre

1. Convergence -Central as well as State Health Insurance Schemes
2. Alliance with State Scheme-Kerala and Chhatisgarh





Budget Announcement, 2017: Conversion of 1.5 lakh sub Centres into Health and Wellness Centres (HWCs) by 2022



स्वास्थ्य कल्याण केन्द्र



राजस्थान सरकार का उपहार

स्वास्थ्य सेवायें आपके द्वार स्वस्थ जीवन का अधिकार



स्वास्थ्य कल्याण केन्द्रों के द्वारा 30 वर्ष की आयु से ऊपर के नागरिकों को गैर संक्रामक रोगों (डायबटीज, रक्तचाप, हृदय रोग एवं कैंसर) के लिये स्क्रिनिंग एवं दवा की उपलब्धता

चिकित्सा, स्वास्थ्य एवं परिवार कल्याण सेवाएं एवं
राष्ट्रीय स्वास्थ्य मिशन, राजस्थान

(अधिक जानकारी के लिए संपर्क करें - गांव की आशा/ए.एन.एम./सामुदायिक स्वास्थ्य अधिकारी से)

Part-2 An Overview-Core Features of AB PM-JAY



A cover of INR 5 lakh per family per year



Over 10 crore poor and vulnerable families eligible



States given flexibility to decide on mode of implementation- NHA vs SHA



Portability-Benefits will be portable across the country



SECC Census 2011-Entitlement based scheme

Data Source: www.pmjay.gov.in

Ayushman Bharat – Background

Scheme Structure

- Group Health Insurance Scheme – 5 lakhs floater cover
- Key stakeholders- NHA, SHA, Families covered, Hospitals, Insurers, TPAs
- Operates in 3 modes - Trust, Insurance, Hybrid
- Contribution - State and Central in a ratio based on State

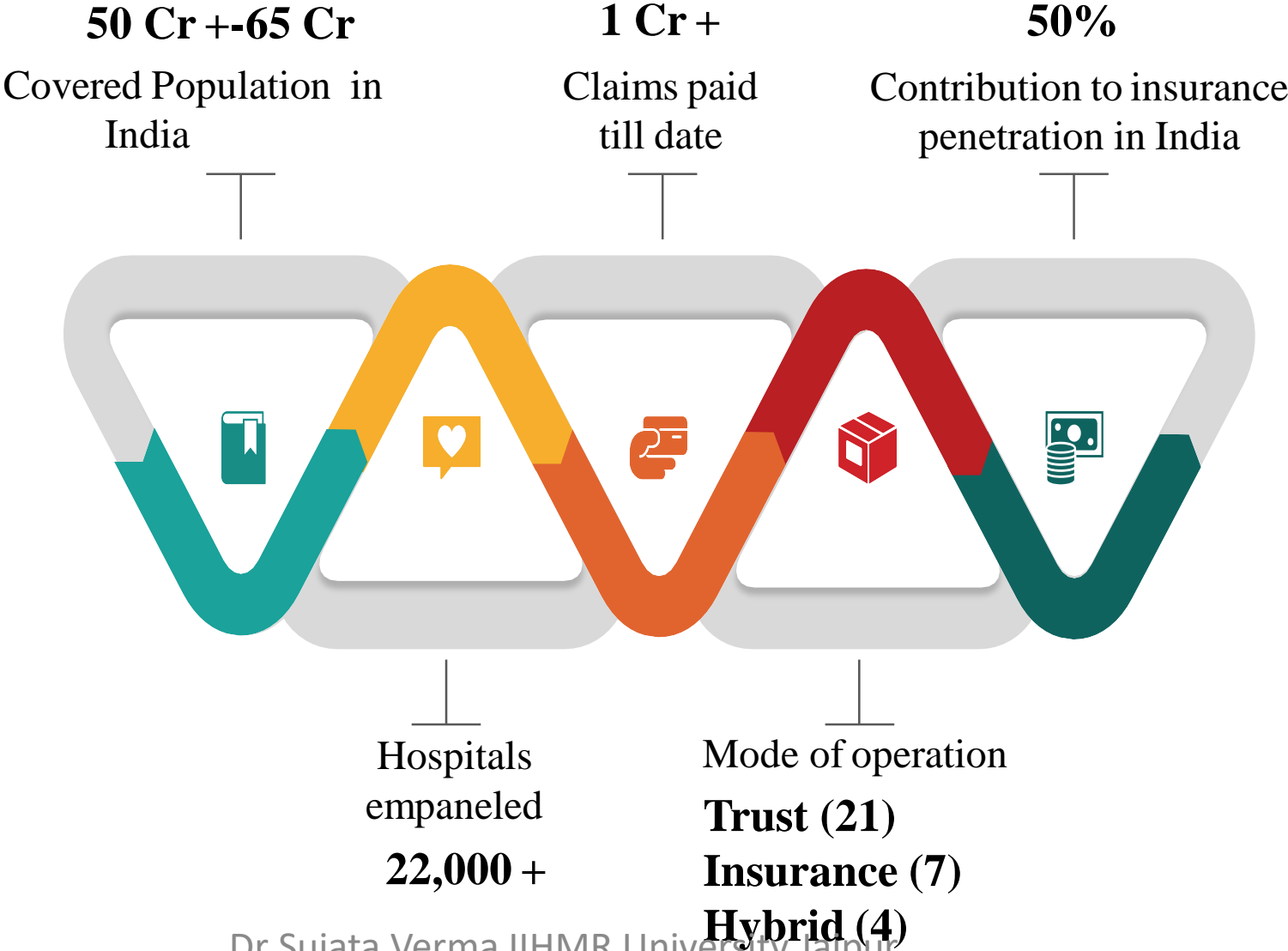
Package Rate Structure

- Tertiary care with 2500+ procedures and surgeries
- Categorized into 24 specialities
- Pre-authorized packages
- Include all costs associated with treatment
- Additional incentives for hospitals

Key Clauses

- Expense clause
- Loss cap clause
- Enrollment of new members
- Empanelment of new hospitals
- Portability of scheme
- Claim investigation and settlement
- Fraud Prevention Measures

Contd.-Ayushman Bharat in numbers





65 Crore people

Poor and Vulnerable people across 10.74 crore families

5 Lakh

Cover per family per year for serious illnesses (hospitalization)

Portable

Benefits can be availed in all empaneled hospitals across the country

No Cap

On Family Size, Age or Gender and covers pre-existing diseases

Target Beneficiary Families : SECC Database, 2011

Eligibility-The following have been approved by Cabinet

Rural		Urban	RSBY Leftout Families	Total
Families in Deprivation Criteria D1, D2, D3, D4, D5 & D7	Automatically Included Families	Families belong to 11 Occupational Criteria	Mainly in States of Karnataka, Himachal, Kerala, Chhattisgarh etc.	In line with budget announcement
8.03 cr	16 lakh	2.33 cr	22 lakh	10.74 cr

Target Group for Rural

Total deprived Households targeted for AB PM-JAY who belong to one of the six deprivation criteria amongst D1, D2, D3, D4, D5 and D7:

- D1: Only one room with kucha walls and kucha roof
- **D2: No adult member between age 16 to 59**
- **D3: Female headed households with no adult male member between age 16 to 59**
- D4: Disabled member and no able-bodied adult member (D4)
- D5: SC/ST households (D5)
- D7: Landless households deriving major part of their income from manual casual labour

Automatically included-

- Households without shelter
- Destitute/ living on alms
- Manual scavenger families
- Primitive tribal groups
- Legally released bonded labour

Target Group for Urban

Occupational Categories of Workers

1. Rag picker
2. Beggar
3. **Domestic worker**
4. Street vendor/ Cobbler/hawker / Other service provider working on streets
5. **Construction worker/ Plumber/ Mason/ Labour/ Painter/ Welder/ Security guard/ Coolie and another head-load worker**
6. Sweeper/ Sanitation worker / Mali
7. Home-based worker/ Artisan/ Handicrafts worker / Tailor
8. Transport worker/ Driver/ Conductor/ Helper to drivers and conductors/ Cart puller/ Rickshaw puller
9. Shop worker/ Assistant/ Peon in small establishment/ Helper/Delivery assistant / Attendant/ Waiter
10. Electrician/ Mechanic/ Assembler/ Repair worker
11. Washer-man/ Chowkidar

Mode of Implementation

- **Insurance Mode**

- States / UTs will do the open tendering process for selection of Insurance Company

- **Trust / Assurance Mode**

- Through Society / Trust of State Health Department

- **Mixed Model (Insurance + Assurance)**

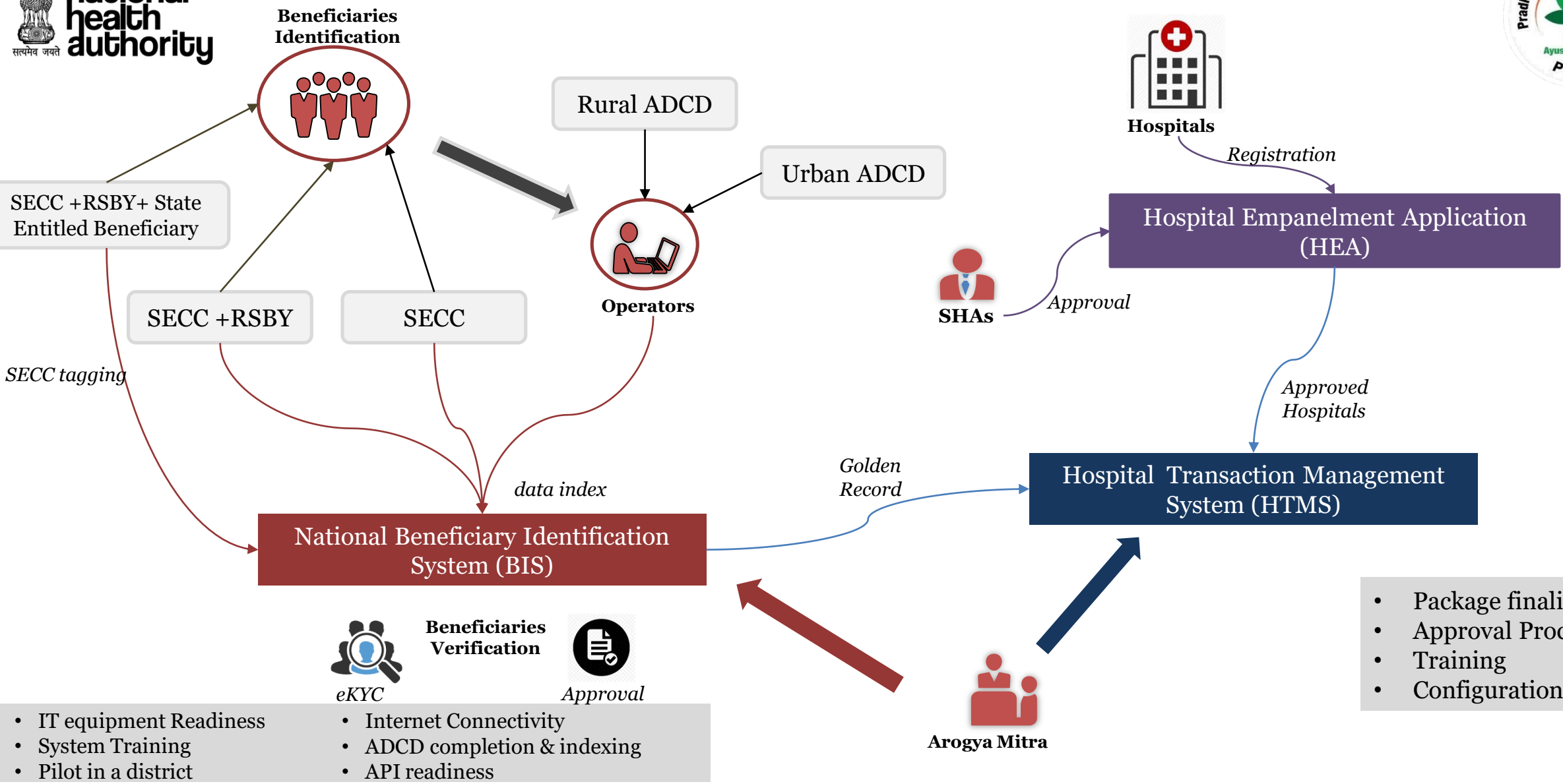
- States / UTs has complete freedom to decide the bucket division
- Benefit cover can be either based upon:
 - ✓ Insurance v/s Assurance coverage
 - ✓ Secondary v/s Tertiary care treatment



(Under any mode, the Central Government's Share of Premium shall be actual cost or maximum ceiling as decided by GoI, which ever is less)



State Activities-Additional Data Collection Drive (ADCD)



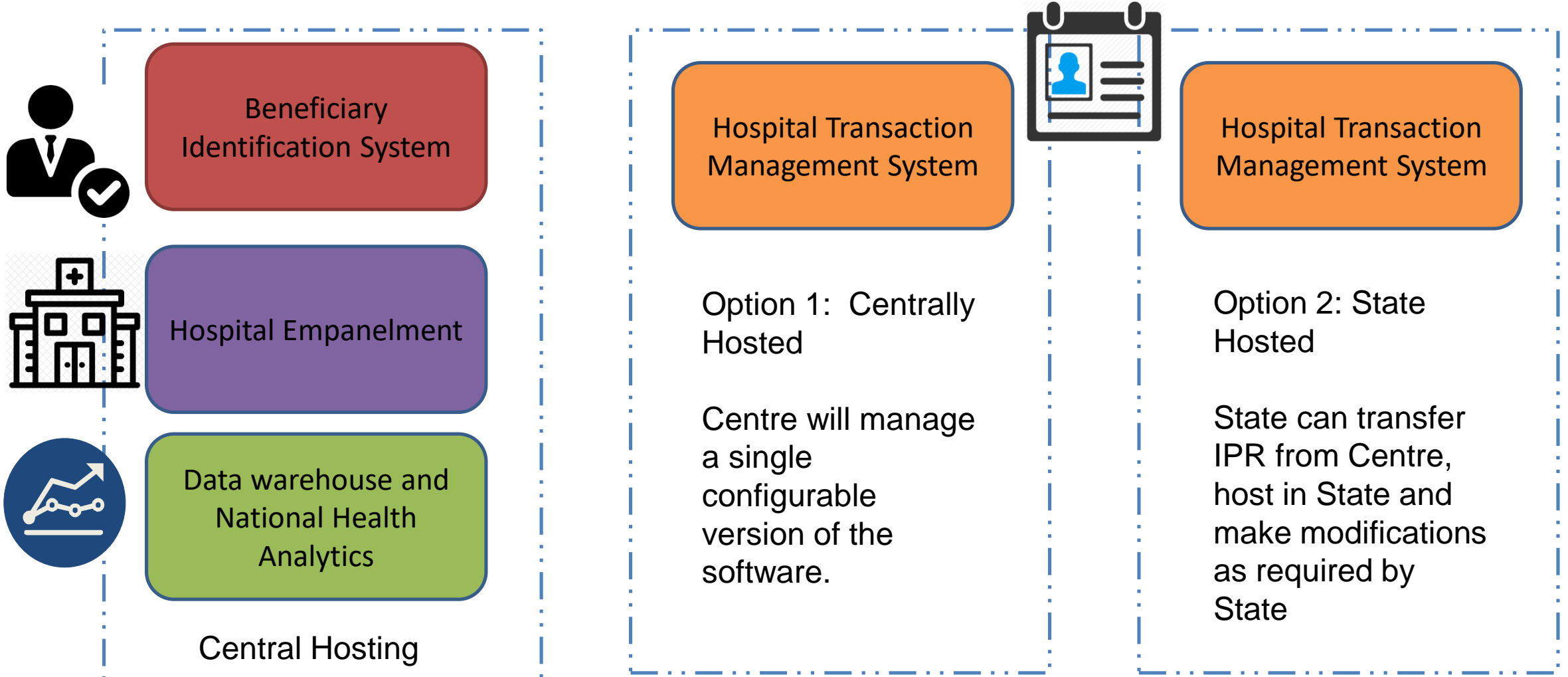
- IT equipment Readiness
- System Training
- Pilot in a district
- Beneficiaries Verification (eKYC)
- Approval
- Internet Connectivity
- ADCD completion & indexing
- API readiness

- Package finalization
- Approval Process
- Training
- Configuration

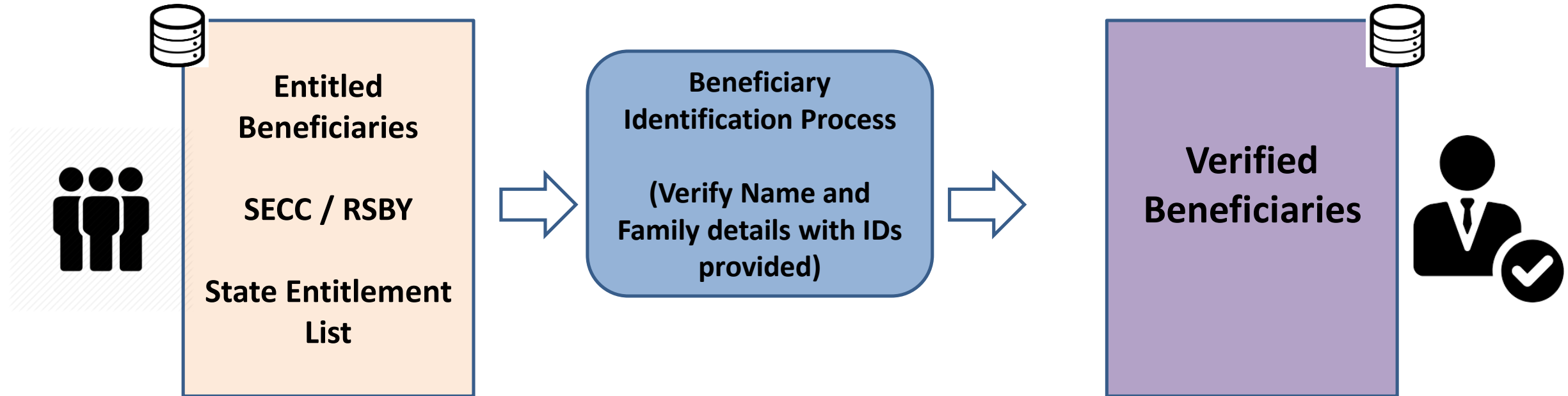
PRADHAN MANTRI AROGYA MITRA (*Selection, Placement and Training*)

- 1 Completed 12th from a recognized Board of Education
- 2 Completed the Arogya Mitra Training Course and passed the respective course exam/certification
- 3 Possessing fluent communication skills in English/Hindi and Local language
- 4 Having adequate functional computer literacy which shall include understanding of Microsoft Office Suite and navigating through Internet Portals.
- 5 Qualified Female Candidates and ASHAs to be given preference

Deployment Approach – IT Modules



Beneficiary Identification System



- This process is required only once for each beneficiary.
- It can be carried out just before they get admitted for the first time
- Verification can also be enabled at other locations at PHCs, CSCs etc

PMJAY: Salient Features

- **No change in package rates for first two policy years**
- Benefits include Hospitalization cover, Day care treatment, Follow up care benefit, Pre-Post hospitalization expenses, New born child/children benefit
- **Pre-authorization must for all tertiary care treatments and listed secondary care treatments**
- Reducing entitlement for second and third surgical treatment
- Surgical and medical package not allowed at the same time

PMJAY: Salient Features: Exclusions

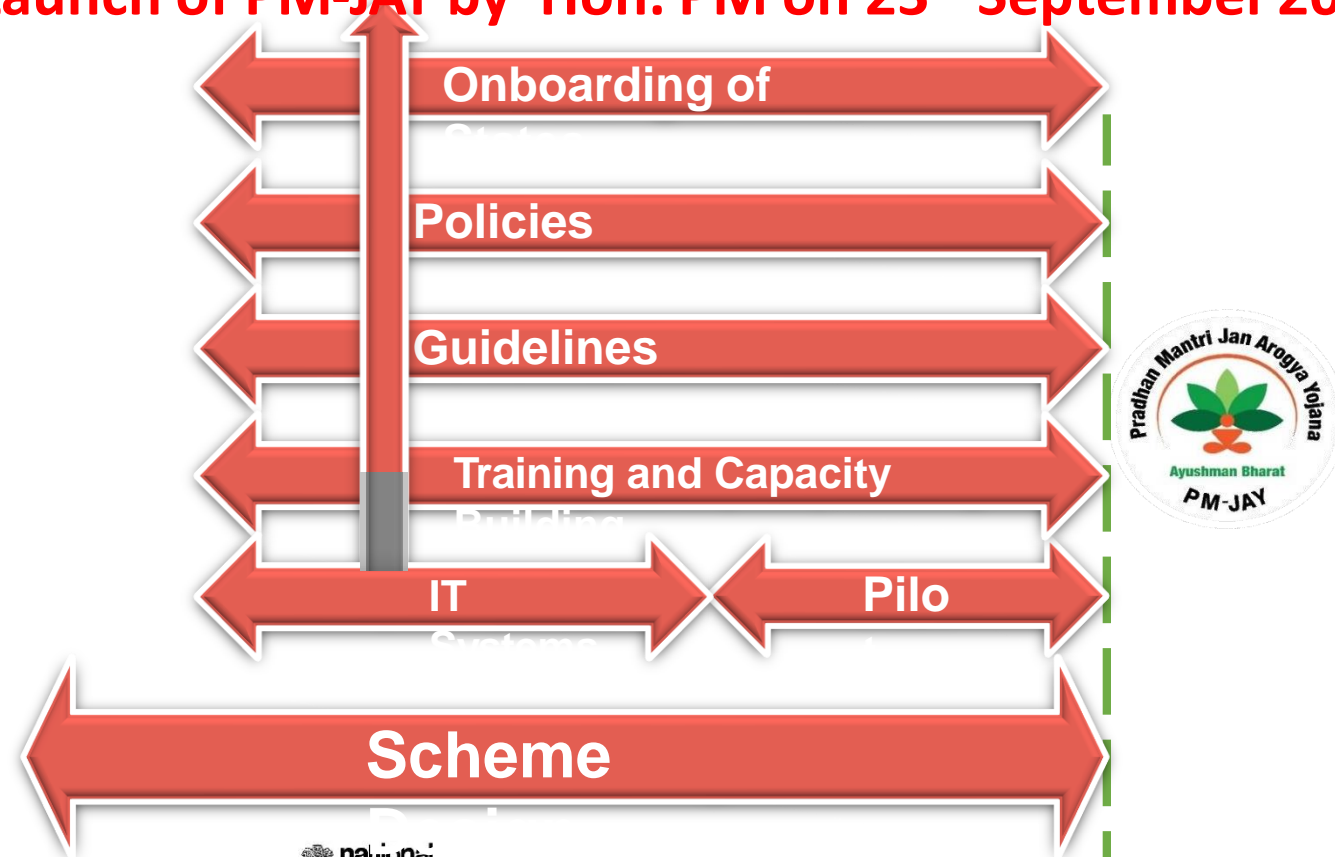
- **Conditions that do not require hospitalization:** Unless necessary for treatment of a disease covered under Medical and Surgical procedures or treatments or day care procedures
- **Dental: Treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal etc**
- **Congenital external diseases:** Or defects or anomalies, Convalescence, general debility, “run down” condition or rest cure.
- **Fertility related procedures:** Hormone replacement therapy for Sex change or treatment which results from or is in any way related to sex change.
- **Drugs and Alcohol Induced illness:** Diseases, illness or injury due to or arising from use, misuse or abuse of drugs or alcohol or use of intoxicating substances, or such abuse or addiction
- **Vaccination**
- **Suicide:** Intentional self-injury/suicide

PMJAY: Eligibility of Insurers

- Company incorporated under Companies' Act 1956/2013
- Registered with IRDAI to transact Health Insurance business for at least **three completed financial** years
- Should have written group health cover of at least **50000/100000** families in states
- Health Insurance business of at least **100 cr/200 cr** from states
- **Should unconditionally accept terms and conditions of tender document**

Part-2 Conceptual framework

Nation-wide Launch of PM-JAY by Hon. PM on 23rd September 2018



01 February,
18



21 March,
18



11 May,
18

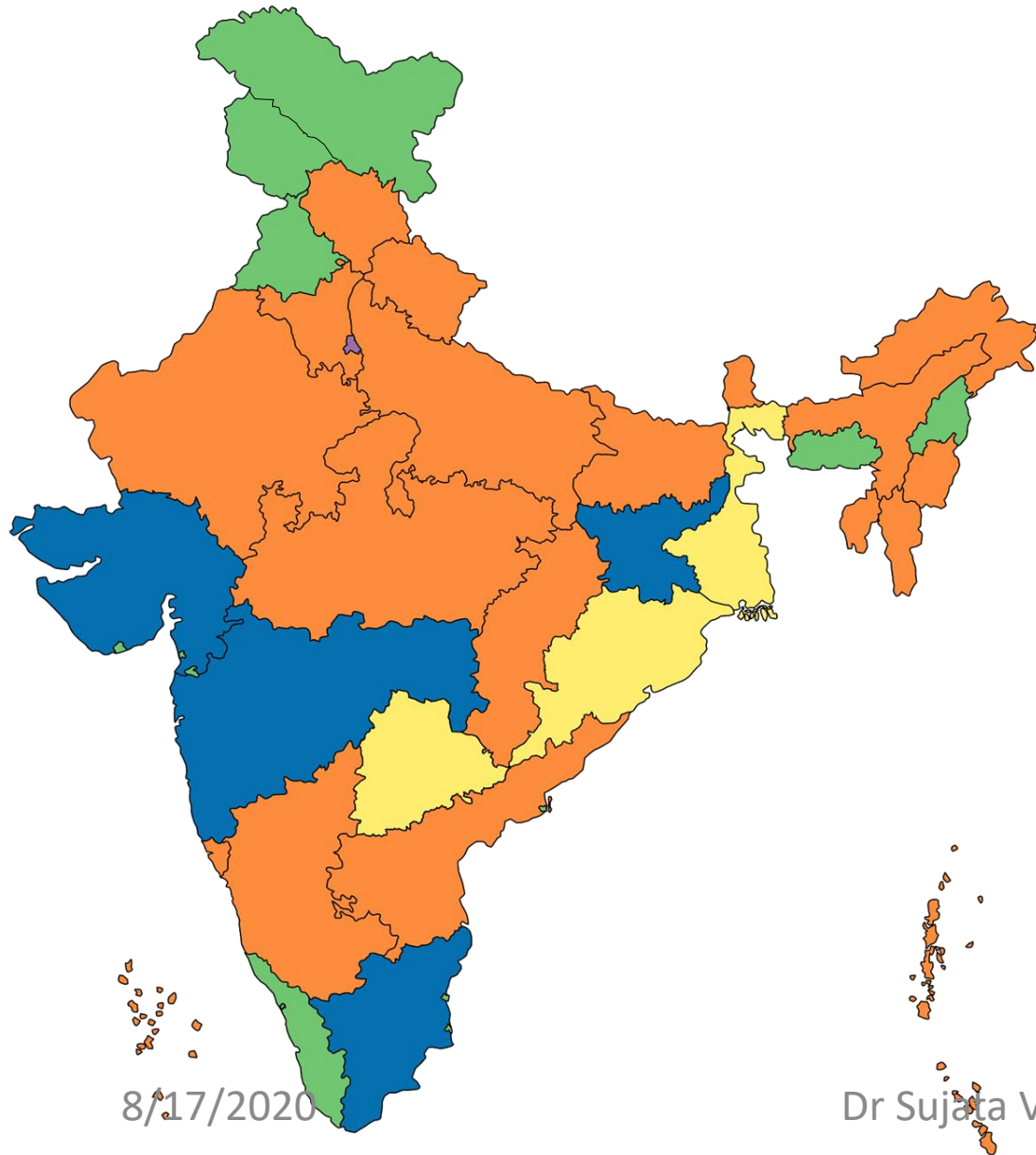


15 August,
18



23 September,
18

States & UTs implementing PM-JAY



Andaman & Nicobar	Madhya Pradesh	Nagaland
Arundh Pradesh	Manipur	Puducherry
Arunachal Pradesh	Mizoram	Punjab
Assam	Rajasthan	Kerala
Bihar	Sikkim	Gujarat
Chandigarh	Tripura	Jharkhand
Chhattisgarh	Uttar Pradesh	Maharashtra
Goa	Uttarakhand	Tamil Nadu
Haryana	DNH & DD	Delhi
Himachal Pradesh	Jammu and Kashmir	Odisha
Karnataka	Ladakh	Telangana
Lakshadweep	Meghalaya	West Bengal

PM-JAY has expanded access



**Hospitals
empanelled across
the country**



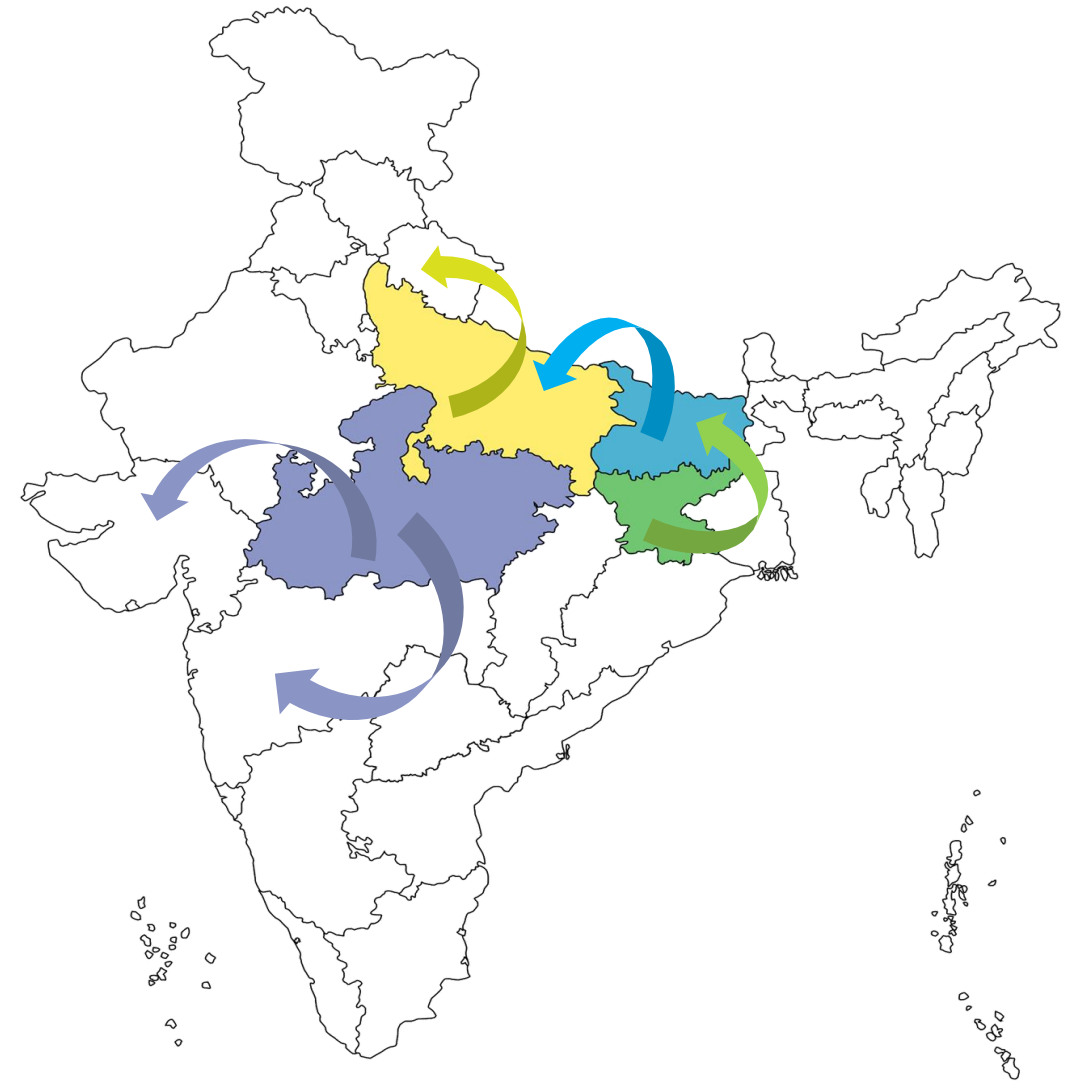
11,241
Public hospitals
(52.1%)

9,495
Private hospitals
(44%)

824
NHA empanelled hospitals
(3.9%)

Portability has expanded access

Patient State	Treatment State	Number of Treatments
Madhya Pradesh	Gujarat	16,141
Uttar Pradesh	Uttarakhand	6,481
Madhya Pradesh	Maharashtra	5,498
Bihar	Uttar Pradesh	4,664
Jharkhand	Bihar	4,105



Top Portability Specialities

- Cardiology
- Cardio-thoracic & Vascular surgery
- Orthopaedics
- Radiation Oncology
- General Medicine
- General Surgery
- Medical Oncology

Claim Analytics

PM-JAY has helped crores



1 Crore +
treatments
worth
13.5K Crore +



**54% spent on
tertiary care**

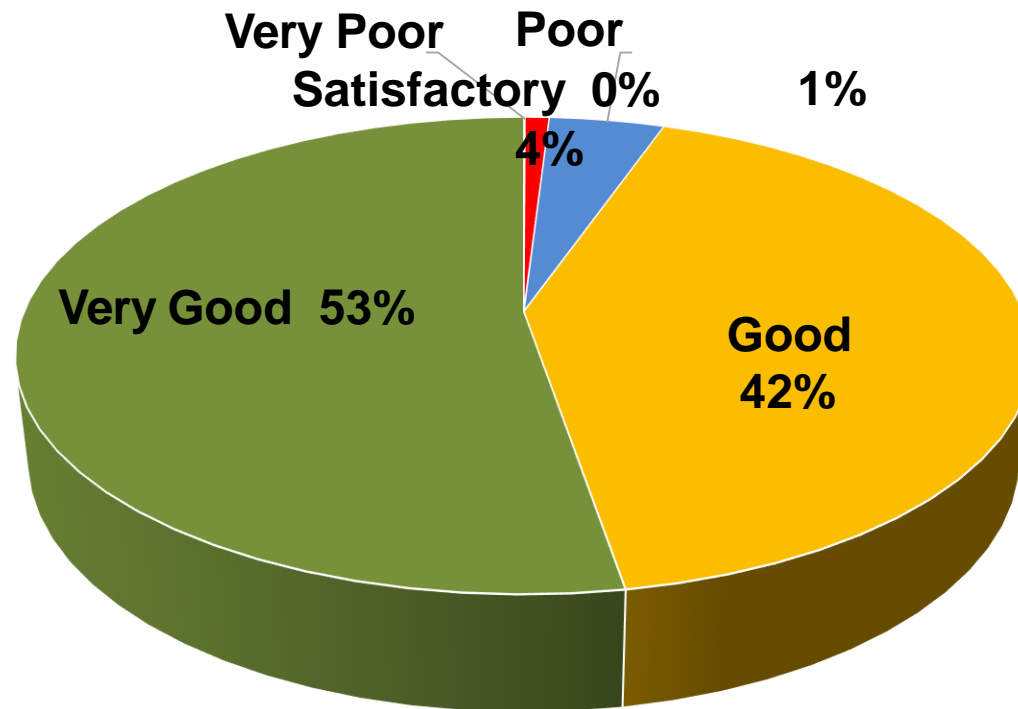
**64% spent in
Private hospitals**

**48% spent on
treating females**

**70% treatments for
age group (18-60yrs)**

Beneficiary feedback – Overall experience

Total calls connected & concluded- **6,02,094***



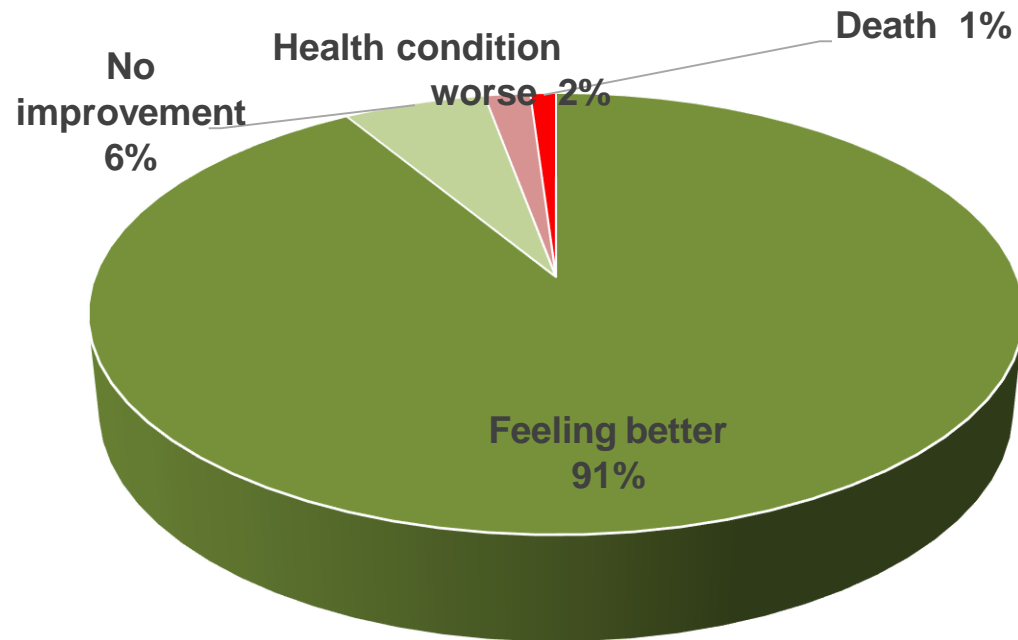
Additional Feedback

98% of the beneficiaries received help from PMAMs

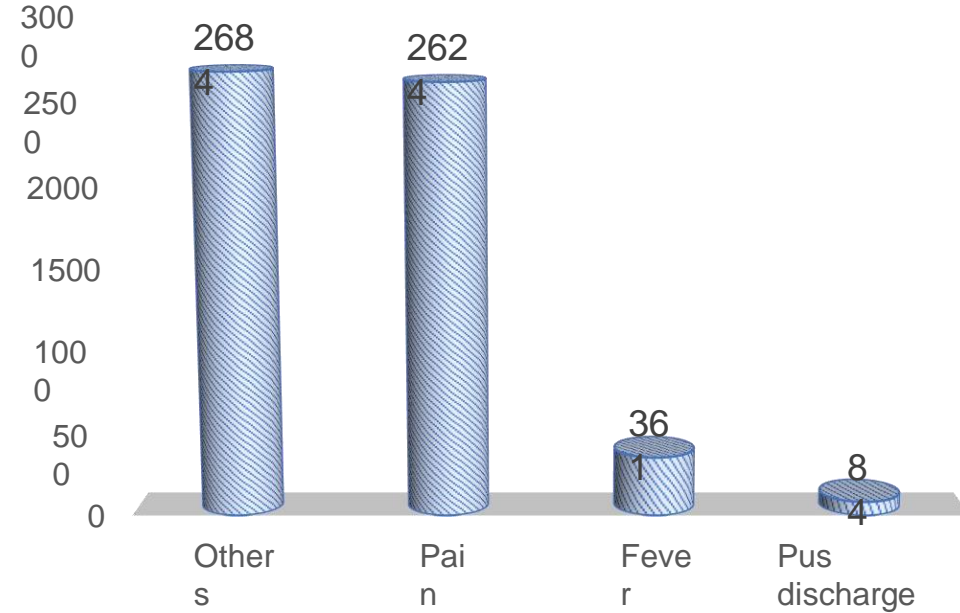
95% of the beneficiaries did not pay any money

*Period: 01-04-2019 to 20.03.2020 with more than 15.04 lakh attempted calls

Beneficiary Health Status feedback



Reasons for worsened health condition



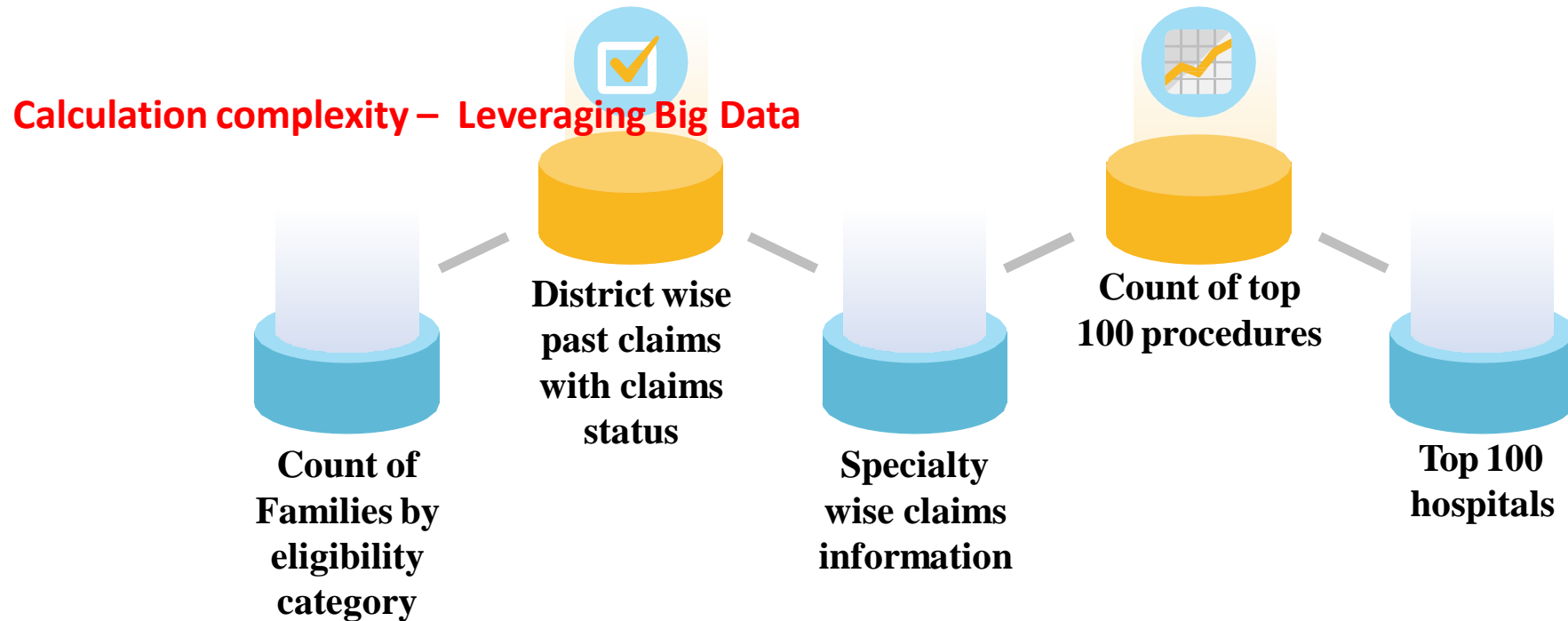
*Period Nov'19 to March '20 with more than 9.77 lakh connected calls

8/17/2020

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NB: Due to lockdown and COVID related campaign, the Outbound calling campaigns are on hold from 20-03-2020 onwards

Big Data - Analysis of Available Information



Data Sources to explore AB Pricing

- ABPMJAY official website
- SHA Tender documents

8/17/2020

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Monitoring and Tele-Consultations tracking treatments

Focus on empanelment of more hospitals

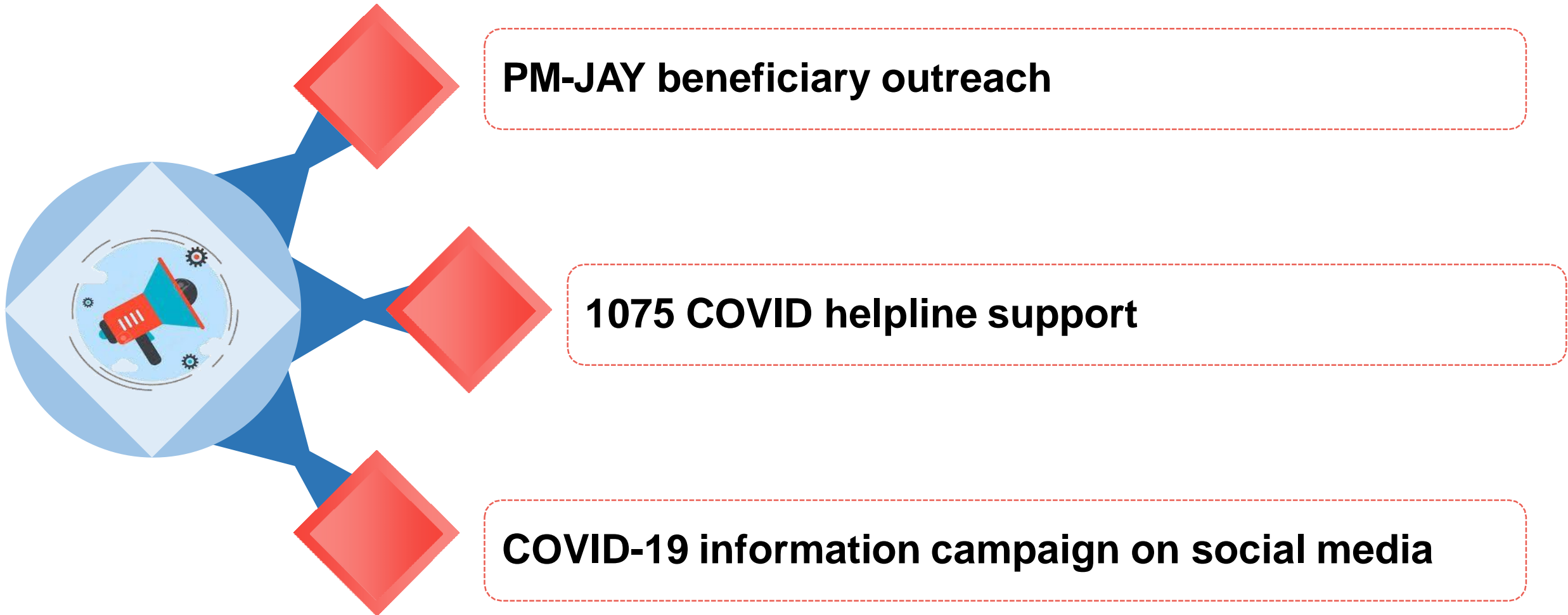
Inclusion of COVID-19 testing and treatment packages

Tele-Consultation for PM-JAY high risk beneficiaries

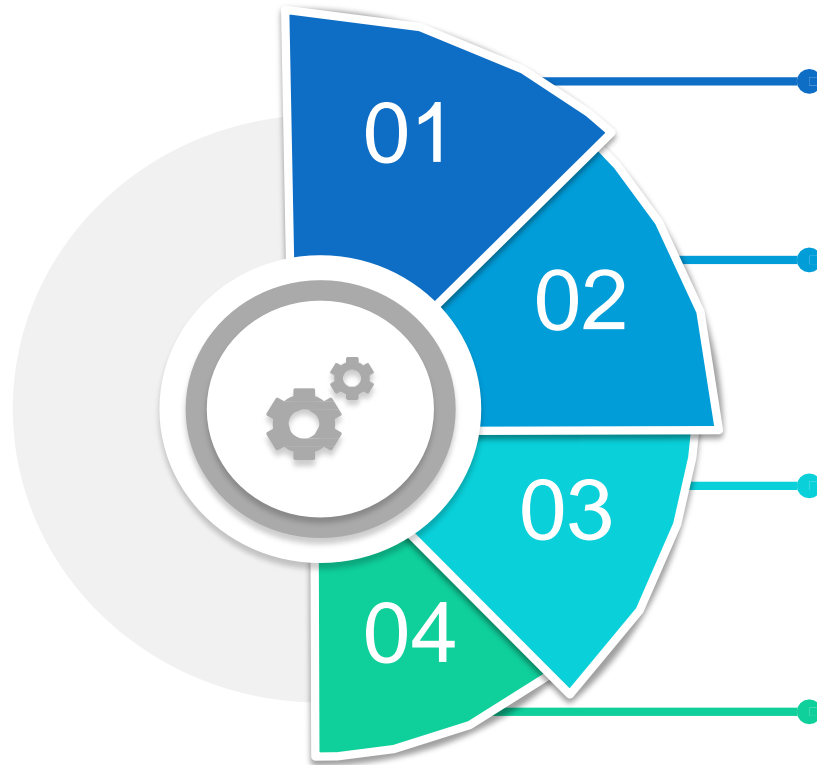
Transportation support for health workforce

Aarogya Setu Tele-Consultation

Strengthening Awareness



COVID-19 Impact on PMJAY Claim Analysis



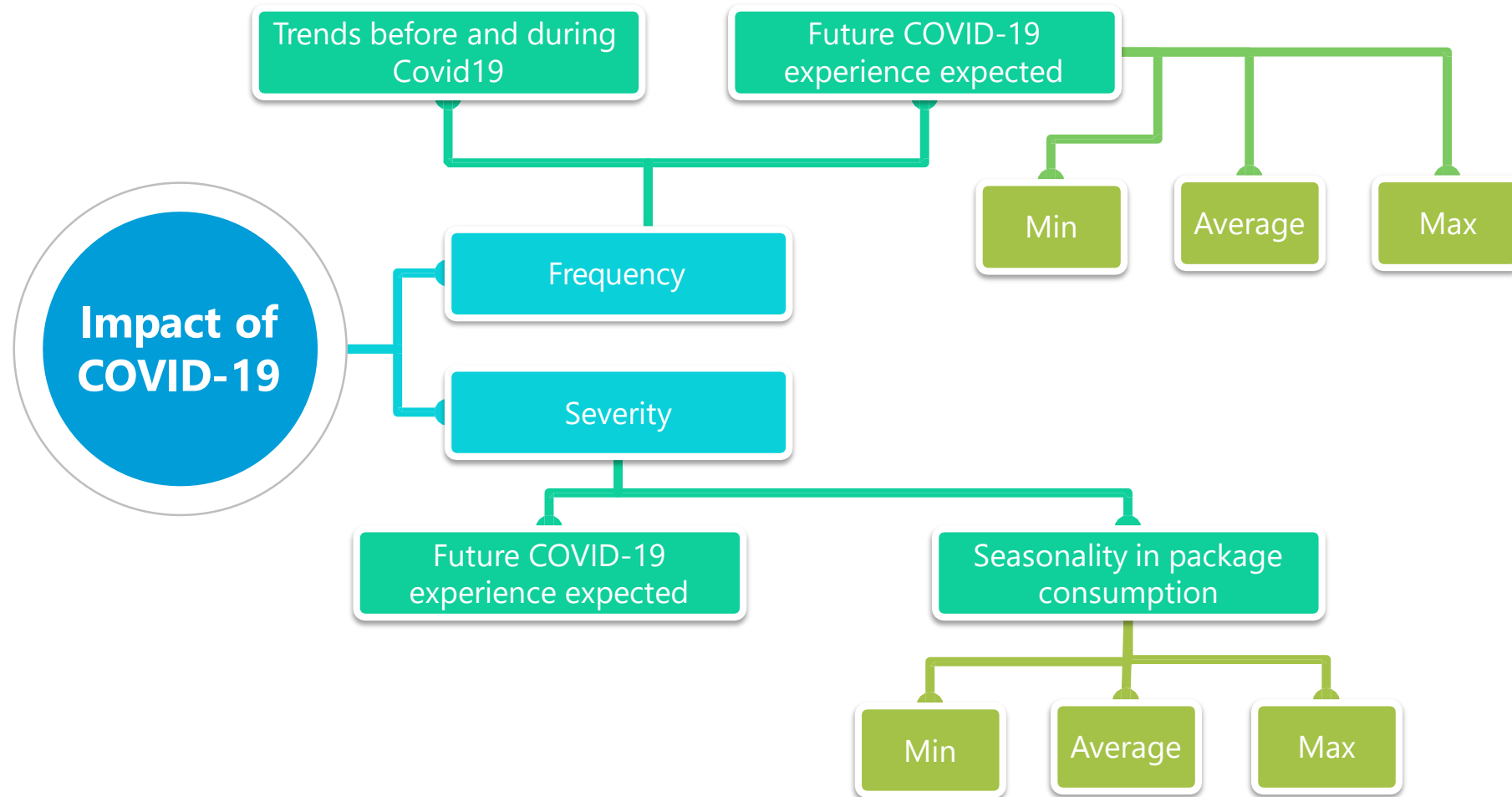
Changes in package consumption patterns

Upcoming period impact

Packages for COVID-19

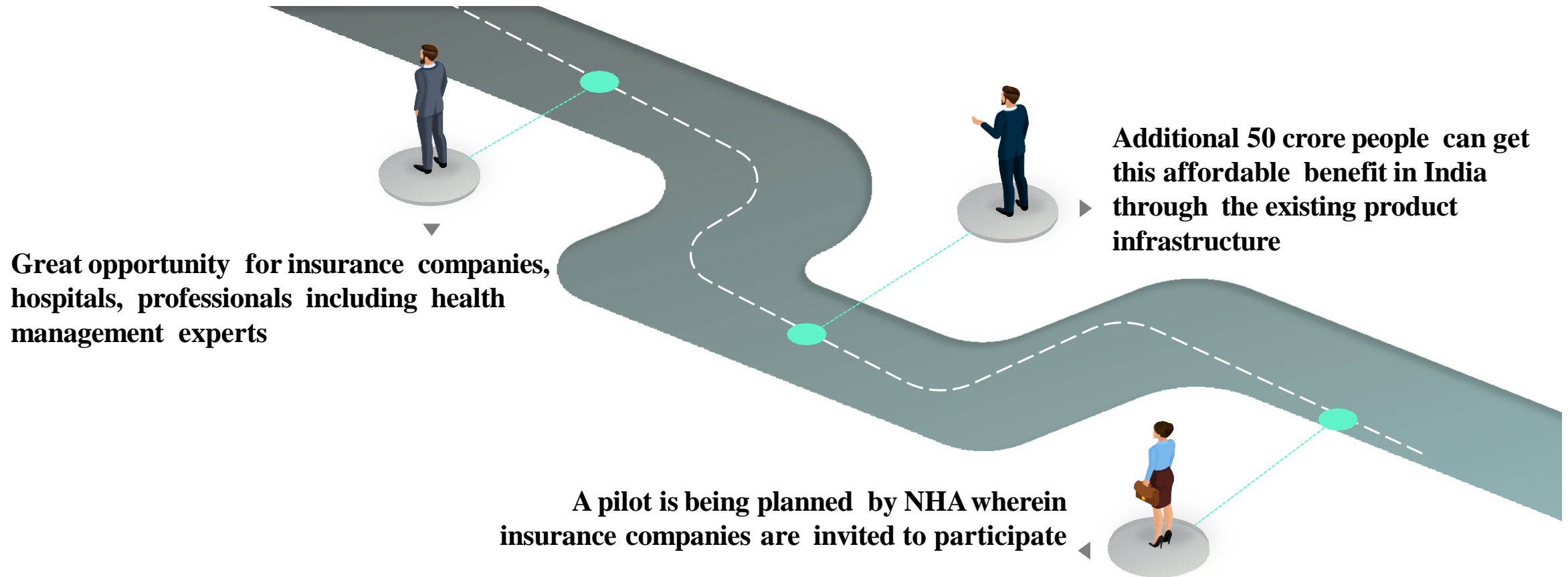
Scope of claims investigation

COVID-19 Impact contd....



Part-4 Future of Ayushman Bharat

PM-JAY: Enabler for a larger reform in health care



Challenges for Effective Implementation

- OoPHE not reduced much- major on primary care out patient so NHA should upgrade OPD cover (III, Mumbai 2016-17)
- Coverage- always not possible for poor to go hospital for admission (covered only in-patient/secondary and tertiary)
- Major Private players not in list where majority goes (NIA,2013)
- Medical package list- Maharashtra is different from Haryana- disease burden is different
- **Health being a state subject** - differences in the political ideologies. real focus of the schemes to provide quality and affordable healthcare get lost during implementation either due to lack of adequate monitoring or at times over regulating the healthcare market. (RSBY,2012)

Private Hospitals are not interested to work with Government due to low package rates and inflation

Q- What needs to be done?-

A- Enhance role of State/Community/PPP (medical package state wise)

Health Management/Insurance Professionals Opportunity and Risk



Benefits of involving

- Opportunity to work for a flagship scheme
- Be part of the team of professional implementing world's largest health insurance scheme

Risks of not involving

- Lost opportunity of implementing advanced techniques on big data
- Other professionals such as data scientists / economists / statisticians/health professional filling for the skill needed for the scheme

Risks of involving

- Task demands knowledge of data science, public health, surgeries / medical procedures and implementation of actuarial techniques in a non traditional area
- This needs greater commitment and involvement to acquire multi-disciplinary knowledge than traditional standard tasks.

Ayushman Bharat Bhav
Thanks !!!