



ISSUE March, 2021

AROOGYA SAMVAD

The monthly newsletter of Ayushman Bharat PM-JAY bringing news, stories, and analysis from the world's largest public health insurance scheme.



**AYUSHMAN BHARAT
PM-JAY SEHAT
scheme launched in
J&K and Ladakh**

**Healthcare
stewardship
in Haryana**

**More than 1.65Cr.
hospitalisations done
under the scheme**



**New CEO appointed
for National Health
Authority**



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CEO'S MESSAGE



Dr. Ram Sewak Sharma

Dear Readers,

I am pleased to join as the Chief Executive Officer of National Health Authority (NHA), to spearhead country's flagship public health assurance scheme Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY).

The success trajectory of the scheme and its milestones have been remarkable. The past two years have provided a great impetus to Ayushman Bharat PM-JAY for achieving the Universal Health Coverage (UHC). The scheme has transformed itself from being a mere dream to provide affordable healthcare to the vulnerable citizens, to a reality which has positively touched lives of over 1.6 crore citizens already.

After dedicatedly setting up, consolidating and further strengthening the health systems, now the country has

a solid foundation upon which NHA has built a network of hospitals and health services to protect health of all beneficiaries.

I must acknowledge that IT has played a key role in roll out of the scheme till now. We are working on further improving the IT infrastructure of the scheme. To make people more aware about the scheme and empower beneficiaries we have taken concrete steps in past couple of months, to increase awareness. A campaign called 'Aapke Dwar Ayushman' has been launched. It has also been decided that plastic card will be provided to each beneficiary free of cost upon registration. However, the card will not be mandatory to get treatment under the scheme.

NHA is committed towards making the service delivery more effective and further enhance the scheme's impact on health seeking behaviour. For this, the National Digital Health Mission (NDHM) is already working towards building several layers of security to protect sensitive personal patient data to prevent misuse of the data collected and used.

Capitalising on the significant acceleration of digitisation in the country, it is envisaged that the country will soon be able to transform the health ecosystem and will move towards creating a federated architecture ensuring data privacy.

I hope to take forward the legacy that Dr. Indu Bhushan has left behind under his erudite leadership and to build upon it.

I look forward to working with a team of enthusiastic, dedicated and sincere members and hope to take the scheme to new heights in the coming months with their support.

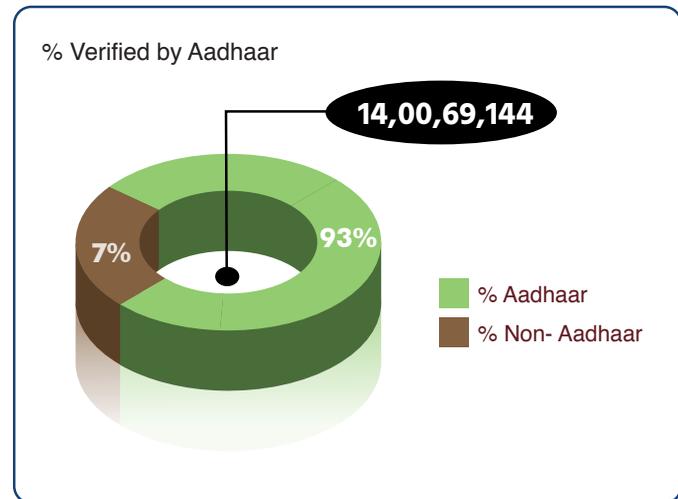
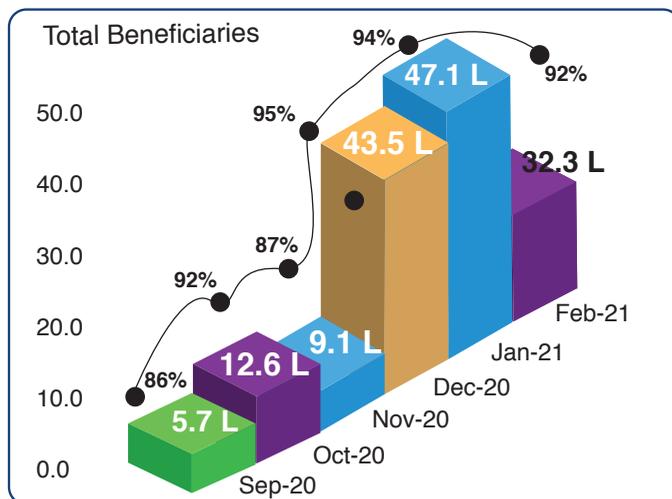
“ I hope to take forward the legacy that Dr. Indu Bhushan has left behind under his erudite leadership and to build upon it.”

STATUS OF THE SCHEME: FEB. 2021

BENEFICIARY IDENTIFICATION

MONTHLY PROGRESS (LAST 6 MONTHLY)

> 47 LAKH E-CARDS GENERATED IN THE MONTH OF FEB. 2021



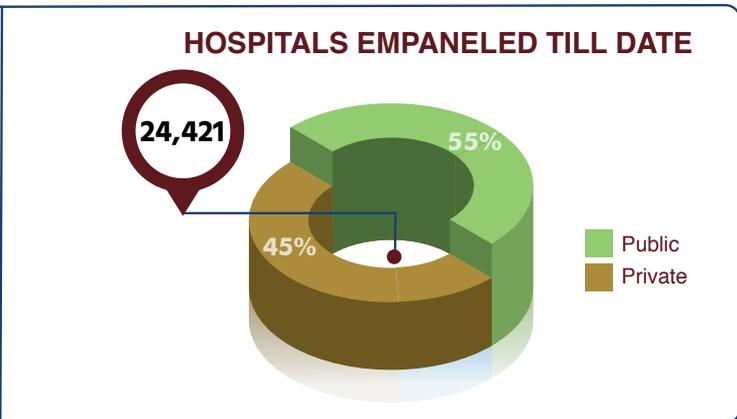
Pre-auths Requested & claims Submitted | Monthly Progress (Last six Months)

Month	Pre-auths Requested (Cr.)	Claims Submitted (Cr.)
Sep-20	8.5	6.0
Oct-20	7.2	5.6
Nov-20	6.1	5.5
Dec-20	7.0	6.6
Jan-21	7.1	7.1
Feb-21	7.5	7.0

KEY HIGHLIGHTS

- More than 47 lakh e-cards were generated in month of Jan'2021
- Over 93% of beneficiary verification has been done using Aadhaar
- In total 24K hospitals empanelled (45% Private)

- Top 5 Tertiary Specialties**
1. Orthopaedics
 2. Cardiology
 3. Cardio-thoracic & Vascular surgery
 4. Radiation Oncology
 5. Urology



Note: Total count of beneficiaries verified contains 4.68Cr. state of schemes converging with AB PM-JAY

NHA's Capacity Building Team launches new initiative, "Nirantar Shiksha"

National Health Authority (NHA) is a dynamic organisation, that involves constant change and evolution across various working verticals of AB PM-JAY, may that be policy, guidelines or manpower. Hence, it requires to keep all its stakeholders updated about the relevant changes with in/outside the institution so that they can perform their role with utmost efficiency and knowledge. For this, NHA had come up with an idea of conducting continuous training sessions for all the stakeholders of AB PM-JAY ecosystem.

"Nirantar Shiksha" – the new initiative is a series of virtual weekly training programmes that provide continuous training to the stakeholders including state and district level functionaries, IC, ISA, Hospitals etc. on different topics of AB PM- JAY such as insurance, health financing gender work-life balance etc. The objective of the initiative is to provide a platform to all the relevant stakeholders of AB PM-JAY to be updated about the changes that have taken place so far along with the ones in the pipeline for the future. Also, it has been planned to integrate this initiative with the Arogya Shiksha Platform (NHA capacity building IT platform), in the form of virtual training, online and offline training modules, through which any relevant stakeholder of the scheme (PMAM, SHA, ISA, NHA) may get the desired trainings and certifications as and when required and on the go.

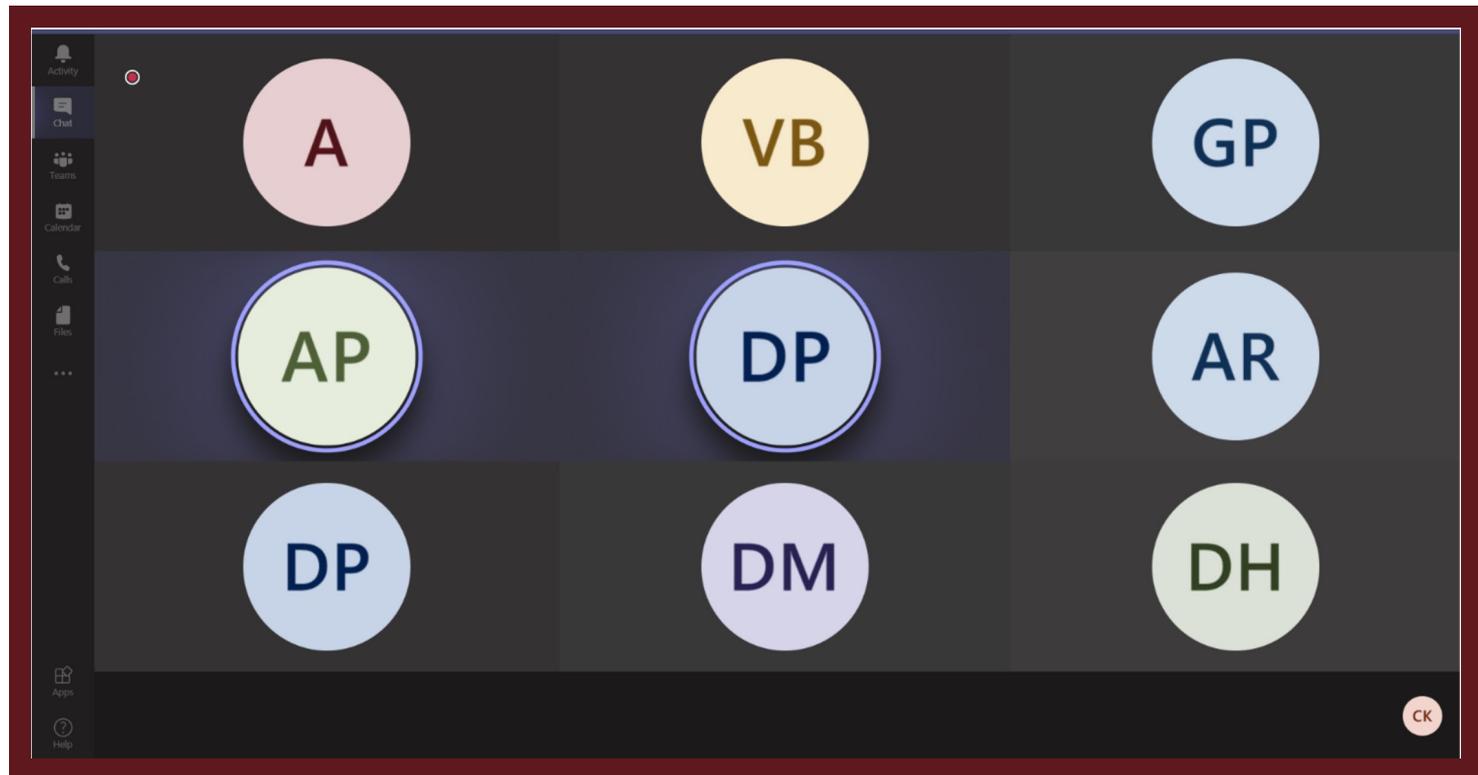
The key construct of this programme includes one hour training session to be held every Saturday. The authorities like divisional heads and state heads will review the programme progress and will ensure participation. Some mandatory trainings are also envisaged which will include induction of NHA, basics of all platforms of AB PM-JAY etc. While the elective topics will include some of the AB PM-JAY related topics as well as the topics not strictly

related to AB PM-JAY. Since its launch in August, several sessions have been conducted including –

- Grievance Redressal
- Anti-fraud tools
- Data visualization
- Global Health Insurance Eco-system under the Nirantar Shiksha which has benefited over 400 participants across the AB PM-JAY implementing states.

The programme has received very encouraging response from the participants. In fact, some States have expressed their interest for extending this programme to the State level wherein exclusive sessions on State specific training needs are designed. The capacity building division is planning to do so through integrating Nirantar Shiksha with Arogya Shiksha – the online learning management system (LMS) of AB PM-JAY.

Capacity Building Team at NHA in its weekly training programme series 'Nirantar Shiksha' organized an hour long online session on Hospital Empanel Management (HEM) on 2nd January 2021. The number of participants in the session were 73 from all the stakeholders of AB PM-JAY scheme such as SHAs, Hospitals, ISAs etc. The faculty started with a general induction to Hospital Empanelment function under PM-JAY followed by HEM business processes and associated operational procedures particularly for HEM portal user role. There was emphasis on quality of data that should be entered on HEM portal as part of empanelment process; besides its usage in other integrated IT systems of the scheme. Further, live demonstration through learning platform was conducted in the form on hands-on training for participants



on HEM portal with the guided triggers that should be taken care while collecting the information. A range of queries from participants were answered after the presentation.

The training objectives were as follows:

- I. To impart understanding to the participants of:
 - A. The background and structure of the Empanelment criteria for Health Care Providers under AB-PMJAY,
 - B. To deploy the Empanelment criteria, leading towards successful empanelment.
- II. To create awareness among the participants regarding:
 - A. Performing an internal assessment of the organization (Health Care Providers),
 - B. Technique of internal assessment,

C. Role and responsibilities of various people (empanelment committees) in implementing the criteria.

On 16th January 2021, the Nirantar Shiksha initiative, organized Demonstration on State Data Ware-House (SDWH) with 42 participants from NHA and various other States.

In the one hour session, the resource person from the National Data Warehouse team took a detailed session for SHAs on the concerned thematic area. The topics covered during the session included - i) Overview of the data warehouse, ii) requirement to set up, iii) how to get required data from the warehouse, Queries of the States related to the DWH.

The training program received active participation and the states also shared the recommendations and expectations from the upcoming sessions.

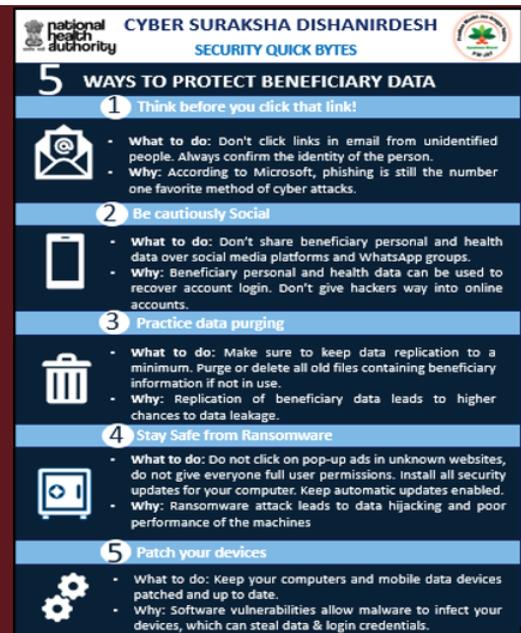
Cyber Suraksha Dishanirdesh vol. 24

Cyber Security Awareness Month (CSAM)

October is globally marked as Cyber Security Awareness Month (CSAM) with a view to educate public and private sector to increase cyber resilience of the nation as recommended by National Security Council Secretariat (NSCS). NHA in its second year, as a continual effort to raise awareness about the importance of cyber security across AB PM-JAY ecosystem celebrated Cyber Security Awareness Month (CSAM). The theme for occasion was chosen as “Own IT. Secure IT. Protect IT”. The entire month of October was marked full of security advisories and quizzes imparting the importance of both information security and data privacy to all AB PM-JAY personnel.

Goal 1: Ways to protect beneficiary’s data

Beneficiaries’ information is a valuable asset that needs to be secured, while processing/handling information at rest and in transit, and protect it from unauthorized use, disclosure or modification. 5 ways to protect beneficiary’s data was shared all across AB PM-JAY ecosystem via email.



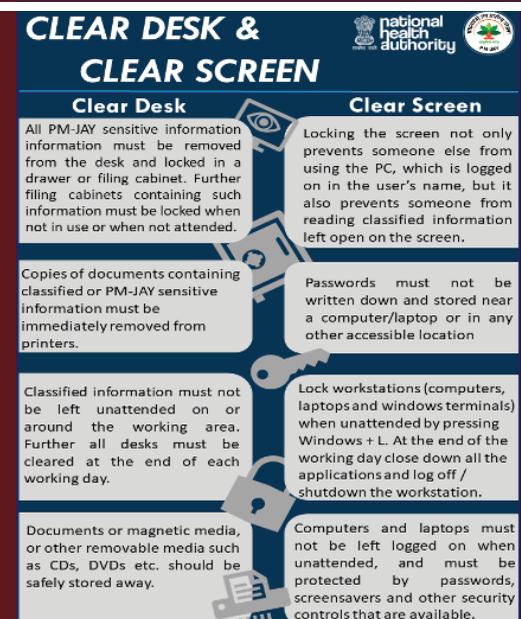
CYBER SURAKSHA DISHANIRDESH
SECURITY QUICK BYTES

5 WAYS TO PROTECT BENEFICIARY DATA

- 1 Think before you click that link!**
 - What to do:** Don't click links in email from unidentified people. Always confirm the identity of the person.
 - Why:** According to Microsoft, phishing is still the number one favorite method of cyber attacks.
- 2 Be cautiously Social**
 - What to do:** Don't share beneficiary personal and health data over social media platforms and WhatsApp groups.
 - Why:** Beneficiary personal and health data can be used to recover account login. Don't give hackers way into online accounts.
- 3 Practice data purging**
 - What to do:** Make sure to keep data replication to a minimum. Purge or delete all old files containing beneficiary information if not in use.
 - Why:** Replication of beneficiary data leads to higher chances to data leakage.
- 4 Stay Safe from Ransomware**
 - What to do:** Do not click on pop-up ads in unknown websites, do not give everyone full user permissions. Install all security updates for your computer. Keep automatic updates enabled.
 - Why:** Ransomware attack leads to data hijacking and poor performance of the machines
- 5 Patch your devices**
 - What to do:** Keep your computers and mobile data devices patched and up to date.
 - Why:** software vulnerabilities allow malware to infect your devices, which can steal data & login credentials.

Goal 2: Clear Desk & Clear Screen Awareness

To help reduce the risk of security breaches within the AB PM-JAY workplace, clear desk and clear screen awareness was shared all across NHA ecosystem via email. It covered areas like locking of workstations (computers, laptops) when left unattended, removing all AB PM-JAY sensitive information and keep it locked in a drawer or filing cabinet at the end of work day, etc.



CLEAR DESK & CLEAR SCREEN

Clear Desk

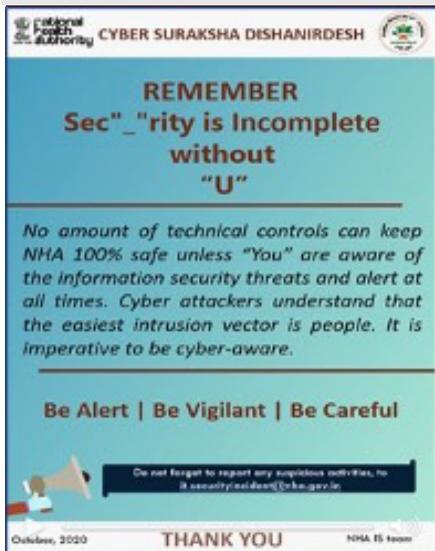
- All PM-JAY sensitive information must be removed from the desk and locked in a drawer or filing cabinet. Further filing cabinets containing such information must be locked when not in use or when not attended.
- Copies of documents containing classified or PM-JAY sensitive information must be immediately removed from printers.
- Classified information must not be left unattended on or around the working area. Further all desks must be cleared at the end of each working day.
- Documents or magnetic media, or other removable media such as CDs, DVDs etc. should be safely stored away.

Clear Screen

- Locking the screen not only prevents someone else from using the PC, which is logged on in the user's name, but it also prevents someone from reading classified information left open on the screen.
- Passwords must not be written down and stored near a computer/laptop or in any other accessible location
- Lock workstations (computers, laptops and windows terminals) when unattended by pressing Windows + L. At the end of the working day close down all the applications and log off / shutdown the workstation.
- Computers and laptops must not be left logged on when unattended, and must be protected by passwords, screensavers and other security controls that are available.

Goal 3: Safe Internet surfing habits

Digital technologies provide us lot of possibilities at our fingertips, but at the same time we must be vary of security risks. It is vital to protect our online activities and be aware of the ways in which technology may compromise AB PM-JAY security. On ‘International Internet Day’ celebrated on 29 October, 2020, safe Internet surfing habits such as visit only trusted sites, never activate save password feature on browser, etc. was shared with all NHA personnel.



Goal 4: Video cyber security message

Aiming to educate everyone and to collectively build cyber conscious culture across AB PM-JAY, a video message with anecdotes showcasing cyber security awareness guidelines was shared will all personnel. This was to encourage everyone in taking proactive steps to enhance cybersecurity and own their role in protecting a part of AB PM-JAY cyberspace.

Goal 5: Knowledge quiz for all

To mark the ending of Cyber Security Awareness Month at NHA, and to evaluate the learnings through the month, a cyber security awareness knowledge quiz was circulated among all NHA personnel. There were 10 multiple choice questions carefully presented to AB PM-JAY personnel to choose one correct answer. There were 11 personnel who got all answers correct.



Hon'ble PM Narendra Modi formally launches AB PM-JAY SEHAT scheme in J&K and Ladakh

AB PM-JAY was launched on 23rd September 2018 in the erstwhile state of J&K as a part of nationwide launch. Recently, J&K formally e-launched AB PM-JAY SEHAT scheme on 26th December 2020, by Hon'ble Prime Minister Narendra Modi, giving coverage to all the residents of the Union Territory of Jammu & Kashmir irrespective of his/her economic and social background.

The scheme will ensure Universal Health Coverage and focus on providing financial risk protection and ensuring quality and affordable essential health services to all individuals. Jammu and Kashmir have become only the second state/union territory after Maharashtra, Uttarakhand and Chhattisgarh to provide free and cashless health insurance cover to the entire population.

In Jammu and Kashmir, the scheme covered 5,97,801 eligible families. As on 23rd December 2020, 56.5% eligible AB PM-JAY families have atleast one member in the family having one Ayushman-card and 99,440 hospital admissions worth Rs 58 crore have been authorized under

the scheme. In Ladakh, the scheme has covered about 10,904 eligible families. As on 25th December 2020, 70% eligible AB PM-JAY families have atleast one member of the family having one Ayushman-card and 869 hospital admissions worth Rs 79 lakh have been authorized under the scheme.

The AB PM-JAY Sehat provides free of cost insurance cover to all the residents of the UT of J&K. It provides a financial cover of upto Rs 5 lakh per family on a floater basis to all residents of the UT of J&K. It provides for operational extension of PM-JAY to 15 lakh (approx) additional families, hence covering Approx. 21 lakh families of the UT. UT has also ensured inclusion of missing families from SECC 2011 database via deployment of data entry portal. The scheme will operate on insurance mode in convergence with AB PM-JAY. The benefits of the scheme will be portable in all the empanelled hospitals across the country. The hospitals empanelled under AB PM-JAY scheme shall provide services under this scheme as well.

The comparative chart of implementation status of AB PM-JAY in the country and J&K is as follows:

Key Indicators	National	Jammu & Kashmir	Ladakh
# PM-JAY families	13,11,86,069 (PM-JAY+ extension)	5,97,801	10,904
# e-cards generated	12.78 Crs e-cards have been issued*	11.4 Lakhs e-cards have been issued	31,707 e-cards have been issued
# Hospital Admissions	1.5 Crore (18,040 Crore)	99,440 (58 crore)	869 (79 Lakhs)
Amount - Claim Submitted (Rs.)	16,336 Crore (9,604 Crore paid)	53 Crore (42 Crore paid)	72 Lakhs (56 Lakhs paid)
# Empaneled Hospitals	24,797	219 (Private - 34)	10

* 12.78 cr e-cards includes 4.68 cr e-cards issued by state
For implementation of UHC, following activities have been undertaken:



Increased Beneficiary Base

- Increased eligible beneficiaries under the scheme (21 Lakh families)
- For Universal Health Coverage 100% of residents of Jammu & Kashmir will be covered with same benefits under AB PM-JAY



Customized IT Platform

- Customized IT platform designed for implementing UHC
- Data Entry portal is deployed for inclusion of missing families in the database under UHC
- Deployment of new wallet before launch



Extensive IEC & Ayushman card

- Customized IEC creatives, launch video and beneficiary montage
- Extensive IEC campaigns
- E-card geberatuib drive

NHA GETS A NEW CEO



Dr. Ram Sewak Sharma has been appointed as the Chief Executive Officer (CEO) of the National Health Authority (under the Ministry of Health & Family Welfare) that implements Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) and the National Digital Health Mission (NDHM), two flagship health missions of the Government of India. He is also the Chairman of Empowered Group on Vaccine Administration for Covid-19 and a member of the National Expert Group on Vaccine Administration for Covid-19.

Dr. Sharma is a member of the Indian Administrative Service (IAS 1978 (Rtd.) Jharkhand cadre). Before his appointment as the CEO of National Health Authority from 1 February 2021, he served as the Chairman of the Telecom Regulatory Authority of India (TRAI) from August, 2015 to September 2020. Prior to this assignment, he served as the Secretary of the Department of Electronics and Information Technology (under the Ministry of Communications and Information Technology, Government of India) and Chief Secretary of Jharkhand

Dr. Sharma was founding DG and Mission Director of UIDAI and was a part of leadership team that built and launched Aadhaar, the world's largest Digital Identity Platform. He has captured the experience of building Aadhaar in his recently published book, 'Making of Aadhar: World's largest Identity Platform'.

Dr. Sharma has a deep interest on using technology for governance and has led a number of Governance projects at the State level. His contributions in this area have been recognised both in India and outside.

Dr. Sharma is an alumnus of the prestigious Indian Institute of Technology (IIT), Kanpur where he earned a Masters in Mathematics and of the University of Allahabad from where he completed his Bachelors in Science. While on leave from the Government of India, he earned a Masters in Computer Science from University of California, Riverside in 2002 and subsequently a PhD from the Indian Institute of Technology (IIT), Delhi.

NHA's Market Access Programme supports AB PM-JAY focused innovations

The National Health Authority has designed and developed the NHA Market Access Programme (MAP), to support market-ready AB PM-JAY focused innovations with a set of systematic offerings and facilitate market access and adoption in the AB PM-JAY ecosystem.

Through the adoption of innovative products and solutions, healthcare providers get an opportunity to leapfrog challenges in delivering high quality care to AB PM-JAY beneficiaries. MAP was launched on 22nd September during Arogya Manthan 2.0, by the Hon. Union Health Minister, Dr. Harsh Vardhan. Fourteen market-ready PM-JAY focused start-ups (winners and runners up of the Ayushman Bharat PM-JAY Grand Challenge) have been selected to participate in the first cohort of the Market Access Programme.

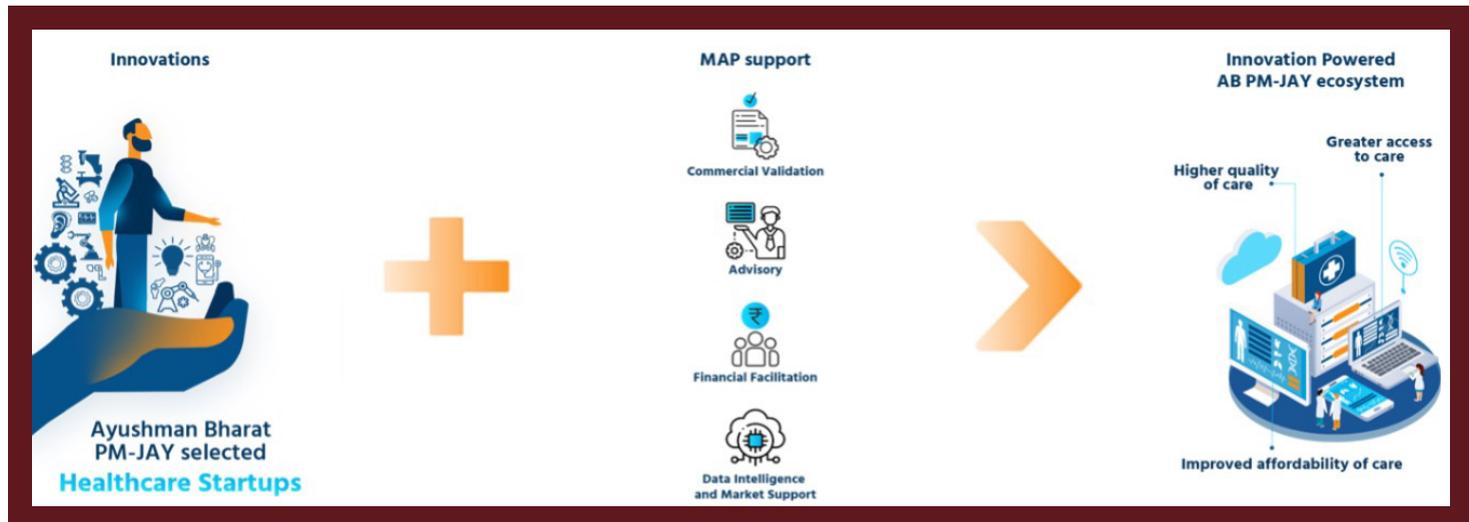
MAP is designed to systematically help startups overcome challenges to market access such as lengthy validation timelines, limited financial liquidity, restricted access to contextual advisory, and challenging procurement processes. The programme's four support structures – Commercial Validation, Advisory, Financing Facilitation, and Data Intelligence and Market Support – allow startups to address these challenges systematically. These support

structures are delivered in close partnerships with 7+ global health organizations, 13 healthcare leaders and multiple government agencies.

Following the launch of the programme, as part of Commercial Validation support, startups in the cohort have been matched with MAP's technical partners to conduct comprehensive analysis of their gaps and challenges. Being leaders in their fields, our technical partners and experts bring expertise in several areas such as global validation protocols, procurement in public and private healthcare, digital health etc. Through their help, gap analysis reviews have commenced, and startups are identifying missing pieces of evidence required for demonstrating commercial viability and functional effectiveness. Based on these reviews, Proof of Concepts (PoCs) are being designed to demonstrate efficacy and value addition of these innovations in the existing clinical process. Further, the technical partners are also supporting the digitally smart start-ups to align closely with NDHM and other national digital health standards.

Identifying public procurement and fundraising as common challenges across start-ups, MAP conducted two interactive masterclasses on "Business Pitch and





Fundraising” and “Government e-Marketplace (GeM)” as a part of Advisory support. The startups are also receiving 1-1 mentorship via the pool of global healthcare leaders in the MAP network.

As part of Financing Facilitation, NHA has enabled MAP start-ups to access innovative financing tools of SAMRIDH – an innovative financing facility hosted by FITT, IIT Delhi. Aligned with AB PM-JAY priorities, this facility provides blended capital for innovations to undertake commercial validation and scale. In addition, the NHA Innovation Unit is also liaising with networks of investors to inform them of AB PM-JAY’s priorities and enable them to support MAP startups.

NHA is also facilitating support to the selected startups to nudge their adoption in the AB PM-JAY ecosystem through Data Intelligence and Market Support. Through data insights about the needs of the AB PM-JAY network and under-served geographies, MAP is enabling startups to design their go-to market strategy for AB PM-JAY hospitals. In addition, NHA is also sensitizing the AB PM-JAY ecosystem with information about the selected startups to enable greater information symmetry for innovation adoption. The NHA has released guidelines for encouraging public hospitals to utilize upto 10% of the AB PM-JAY reimbursement amount for procuring innovations.

In addition to implementing the Market Access Programme, the NHA Innovation Unit will also focus on broader innovation focused efforts to identify ecosystem needs and promote an innovation culture.

An Innovations Needs Assessment Survey will be facilitated across PM-JAY empanelled hospitals to uncover the innovation-related needs and priorities of PM-JAY hospitals. The survey will enable a clear understanding of the specific considerations of PM-JAY hospitals to adopt innovative products and services to delivery better care. In addition, an Innovation Toolkit is being developed to distill the key learnings from NHA’s journey of designing and operationalizing an innovation unit and guide other national and international organizations who want to replicate this approach.

In all, MAP has the potential to serve as a model for national and international networks of government, academic institutions, NGO’s, and private sector organizations, to accelerate adoption of innovations required for increasing the access to quality care. This will further strengthen our resolve and efforts towards carving an Atmanirbhar Bharat.

For more details, please visit <<https://pmjay.gov.in/MAP/>> and write to us at <niu@nhaindia.in>

NHA organizes Claims Adjudication course with Insurance Institute of India

Capacity Building Team at National Health Authority conducted a 10 day certification course on Claims Adjudication in collaboration with the Insurance Institute of India (III). The pedagogy of the course included the topics that covered principles and practices of health insurance claims with reasonable mix methodologies of moderated virtual sessions and case studies discussion. The course started on 04th Jan'21 and ended on 18th Jan'21. There were a total of 85 participants nominated by State Health Agencies from across the country. Other than SHAs there were nominations from other stakeholders of the scheme that include Implementation Support Agencies (ISAs/TPAs), Insurance Companies etc. The participants were shortlisted basis their Medical educational background besides experience in claims process under PM-JAY.

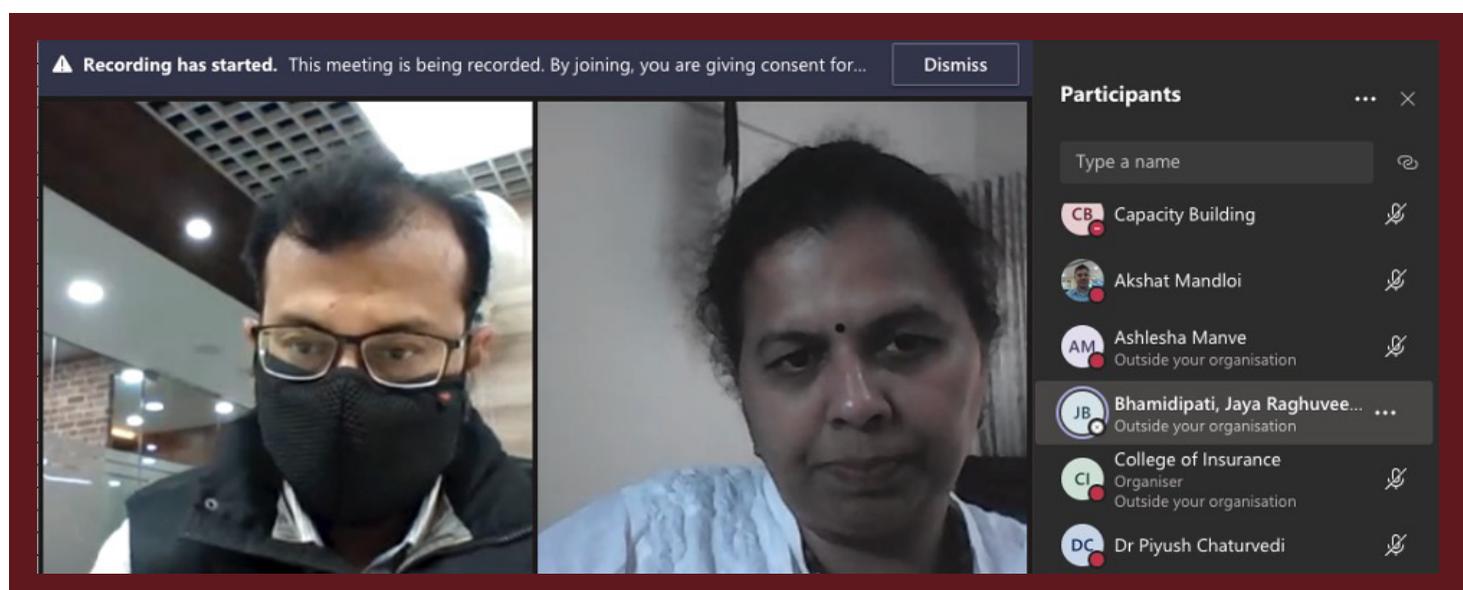
The inaugural session of the course was held by learned faculty from Insurance Institute of India (III) and experienced professional from health insurance field. Additionally, there were lines of skilled faculty having hands on experiences in dealing with Claims under the

scheme at NHA. The participants of the course received a certificate of participation provided they meet the required attendance and evaluation criteria of the course.

The training objectives were as follows:

- Claim adjudication as per AB PM-JAY guidelines
- Adherence to mandatory documents and Standard Treatment Guidelines from the perspective of accurate claim adjudication
- Overcoming common mistakes and key challenges

Claims Adjudication of health insurance schemes like AB PM-JAY is the key activity which actually delivers the insurance benefits to beneficiaries, providers as well as adds to the growth and sustainability of the scheme. The process is just, and ensures that the claims are rightly addressed. Claims adjudication is a long and complex process that requires dedicated time and specialised skills to process records, bills, medical files, etc. This training course is designed with an objective to ensure timely and



Cancer Care under AB PM-JAY: Focus on Radiation Specialty Packages Access and Utilization

Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana (AB PM-JAY), the world's largest health assurance scheme fully funded by the Central and State government of India, aims to provide quality secondary and tertiary care to the poor and vulnerable families as identified by SECC 2011 data. With the ongoing demographic and epidemiological transition, cancer is emerging as a major public health concern in India and thus the scheme has included oncology packages in its scope. Utilisation of oncology packages under AB PM-JAY is broadly covered under three categories medical, surgical and radiation oncology. Recently, a study was conducted to understand the beneficiary access to radiation treatments and preliminary trends observed the utilization of radiation oncology packages under AB PM-JAY across public and private hospitals.

For poor underprivileged households, the primary challenge in access to radiotherapy treatment is high cost in private institutions and limited availability of advanced technology in public health facilities. AB PM-JAY addressed this problem by empaneling both public and private healthcare providers. With a number of radiation therapy options available under the scheme we choose to include the complete bouquet cancer care therapies including Cobalt 60, 3D CRT, IMRT and IGRT. This enables clinicians to choose the most appropriate treatment for the beneficiary. Overcoming these barriers of accessibility will help our beneficiaries to get diagnosed and avail care in a timely manner.

The finding from this study point out the importance of harnessing the potential of the private healthcare sector by empaneling more oncology facilities especially for radiation therapy. Since there are already only limited

hospitals with radiation facilities. States should target to saturate and empanel all oncology hospitals to improve access to radiotherapy for the beneficiaries. Further, public private partnerships and viability gap funding for private sector in States and districts which do not have cancer care facilities needs to be explored.

Another important result is the criticality to monitor the quality and appropriateness of care and having a clear set of standard treatment guidelines for hospitals to prevent waste and abuse especially in booking of high-end radiation therapy packages for palliative cases. There is also a requirement to spread awareness amongst beneficiaries about avoidable risk factors especially the use of tobacco. Adequate screening through the National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS) programme has to be enhanced so that life-saving treatment can start in time.

This paper highlights an urgent need to scale up availability of radiation facilities and specialists especially in public hospitals across the States in proportion to the cancer burden and upgrade the radiation facilities to more advanced technology which provide better precision and less damage to surrounding normal tissues.

Much improvement is needed in the quality of patient health outcome data being collected regarding treatment provided. This will ensure better monitoring and tracking of results and follow-up care can be provided to cancer patients especially in their end stage. The study also noted the sensitization of hospitals to register in the National Cancer Disease Informatics and Research Centre (NCDIR) and Hospital Registry Portal so that all patient level and treatment data are captured.

The study also recommends that to reduce the burden of non-medical expenses on the low- and middle-income people, accommodation allowance and travel charges should be included as part of the health benefit package for patients availing radiation therapy under AB PM-JAY outside their usual place of residence. The health assurance scheme should make efforts to empanel

additional centres to provide better access to beneficiaries. The Transaction Management System of AB PM-JAY needs to ensure that data is collected as per National Cancer Disease Informatics Registry (NCDIR) format to generate better insights and effective monitoring. The study is a good reference point for radiation oncology procedures being utilized and way forward.

Haryana: Stewardship in healthcare strategic purchasing

AB PM-JAY world's largest health assurance scheme is single most important catalyst for the potential transformation of healthcare. The scheme can spawn new business models but needs a strong quality framework to prevent the scheme costs from going out of control. This would necessitate the development of a mechanism to monitor healthcare quality.

Public-Private Partnership (PPP) in healthcare is the solution for all challenges. Keeping that in mind, it is recognized that "strategic purchasing" of secondary and tertiary care from the private sector is key to fill various critical gaps in public services.

In Haryana, a unique mode of implementation is being followed under AB PM-JAY wherein the entire servicing of the scheme is being done by an internal team of doctors with the support of an IT team and without taking any support from any Insurance Company or Implementation Support Agency. The experience gained from Rashtriya Swasthya Bima Yojna (RSBY) is the rationale for choosing

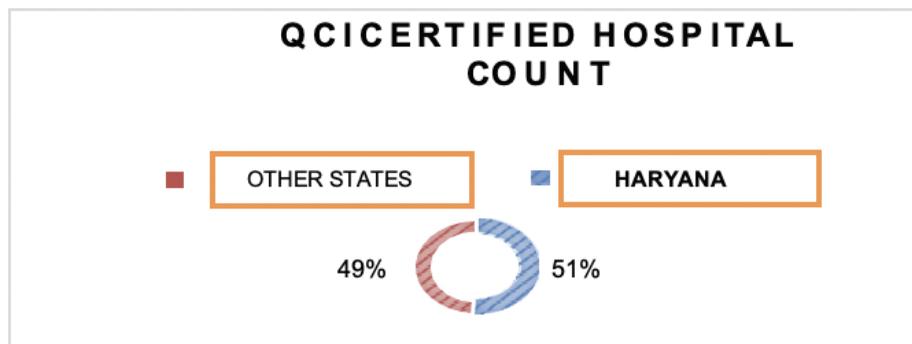
this unique mode in Haryana. Haryana has taken a big leap through this mode and has also made the processing of claims time-bound.

The scheme completed 2 years on 23rd Sept, 2020. If the implementation was done through insurance mode, an amount of approx. Rs. 342.55 cr. (15.5 lakh families x avg. cost per family Rs. 1,105 x 2 years) would have been provided to the insurance company. However, the financial expenditure for claims processed in Haryana under the scheme till September 2020 is only Rs 174.45 cr, thus saving almost Rs. 141.9 cr of the State fund.

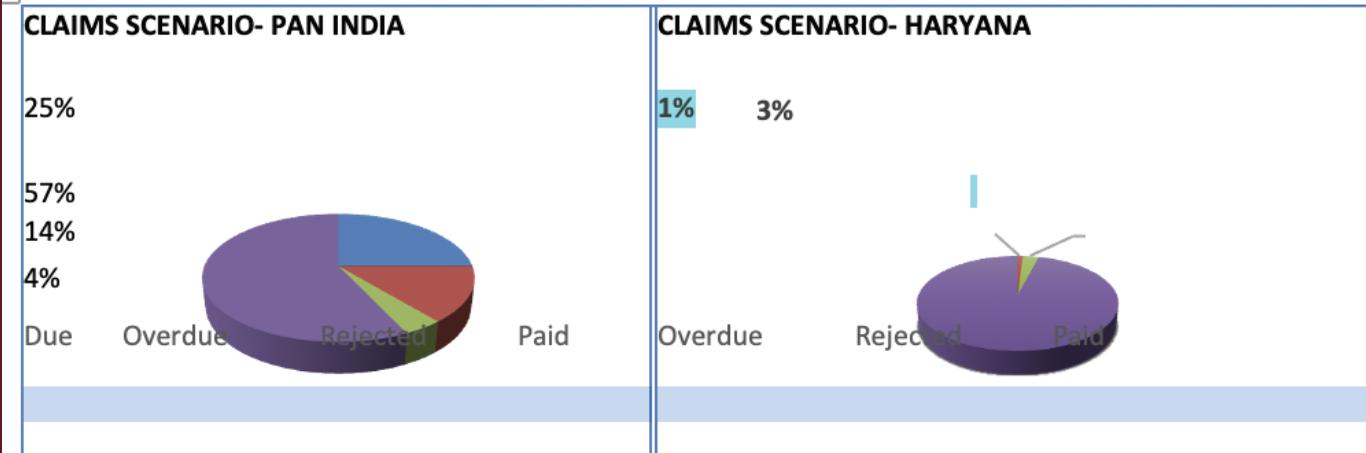
Govt. of Haryana has humongous focus on the quality of healthcare services being provided to the beneficiaries. Haryana holds the highest number, that is out of 178 certificates issued by NHA-QCI across India, 79 (Gold:35, Silver:39, Bronze:5) have been given to empanelled hospitals in Haryana, which amounts to 50% of the total certifications Pan-India.

As the scheme is maturing, challenges being encountered are increasing too. There is an increase in financial liabilities through rising hospitalizations and number of claims. In order to meet the challenges that lie ahead, a

parallel concerted push towards quality assurance, appropriate governance, and appropriate referral pathways in both public and private healthcare providers is needed to contribute in rising Economic growth enabling enhanced fiscal capacity.



National Health Authority, GOI has recognized Haryana as one of the fastest claims processing State in the country.

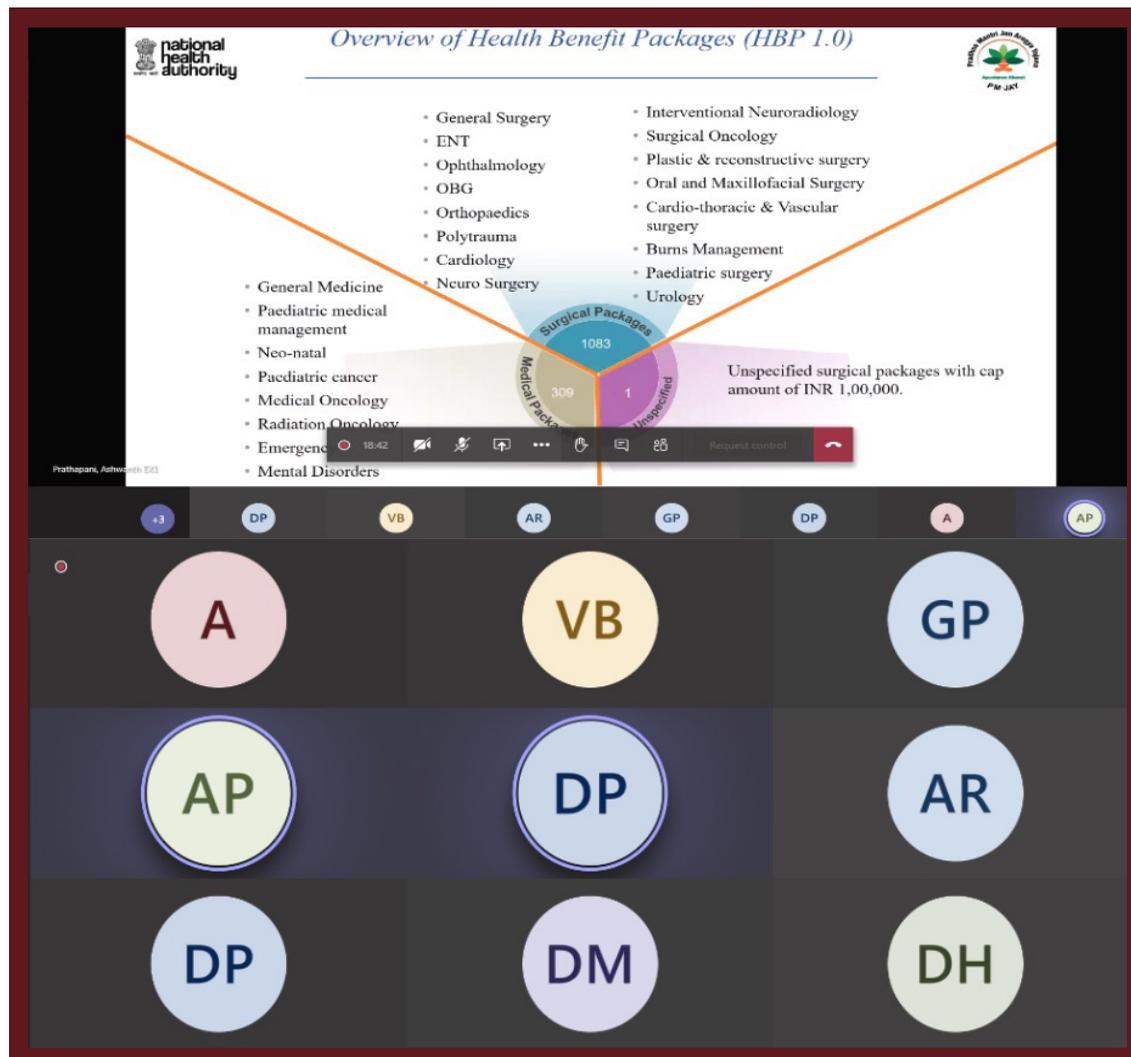


NHA organizes capacity building training for three states

NHA Capacity Building team organised a 10 days workshop specifically for State Health Agencies of Gujarat, Haryana and Madhya Pradesh. The workshop covered all the thematic areas of AB PM-JAY ecosystem, that included Beneficiary Identification System (BIS), Transaction Management System (TMS), grievance, National Anti-Fraud Unit (NAFU), Hospital Empanellment Management (HEM), Public Financial Management System(PFMS) & Health Benefit Packages (HBP). Duration of each session varied from 1-2 hours and was hosted by CB team in collaboration with the resource persons from the respective divisions. Over 150 officials from the above-mentioned states attended the sessions

altogether. The training objectives were as follows:

- To develop the capacity of the newly hired and re-shuffled staffs at SHA,
- To re-orient the states on the recent changes in the AB PM-JAY ecosystem
- To address the State, specific issues and challenges during the implementation of the scheme.
- To empower the State officials to share their learnings from the workshop with the human resources that would be joining SHA/DIU in days to come.



PM-JAY in News

Ayushman Bharat-PMJAY Beginning of a New Era

The article was published in The Daily Excelsior on 3rd January 2021

Dr. A. S. Bhatia

26th of December 2020 will be remembered in the medical history of Jammu and Kashmir as the Golden Day when Prime Minister of the Country Narendra Damodardas Modi launched Ayushman Bharat Jan Arogya Yojana (AB PM-JAY) SEHAT via video conferencing to extend health insurance coverage to all residents of J&K. As per the official hand out, this scheme will ensure universal Health coverage and focus on providing financial risk protection and ensuring quality and affordable essential health services to all individuals and communities. AB PM-JAY assumes more significance in the present scenario when the cost of medical care has become very high especially for those suffering from life threatening diseases and requiring repeated hospitalization like cancer patients.

Many of these patients never recover from the economic trauma and very sad to note that many of them had to sell their lands and many villagers were forced to sell their domestic animals to bear the sky roaring cost of treatment. The plight of poor and elderly in getting medical treatment has been very well described by Rosemary Stevens, an American historian and sociologist at the university of Pennsylvania who wrote that, "In the early 1960s, the choices for uninsured elderly patients needing hospital service were to spend their savings, rely on funding from their children, seek welfare (and the social stigma this carried), hope for Charity from the hospitals or avoid care altogether" That is a miserable emotional condition for anyone who had lived his life with dignity. But here in Jammu and Kashmir with the launch of this health guarantee the AB PM-JAY, scheme will be able to absorb the blow and will go a long way in preventing the catastrophic economic effect caused by unexpected medical expenses".

PM-JAY in News

In order to get the best out of the scheme, there is urgent need to strengthen the private health care sector in the union territory, which is still in its infancy stage, forcing many of our patients to flee to the neighboring states to get the high tech Medicare. The present existing private health care infrastructure of the UT is not able to cope up with the emergency medical or surgical cases. These health care stakeholders in the private set up are so far playing a very safe game. It is a horrible experience for anyone, even for those who can afford the medical expenses, when they are referred to Government hospitals, in case of deterioration of their health during treatment in a private nursing home. The important aspect is total absence of private emergency services in the UT.

It does not matter, what is your economic status, what is your political status, what is your bureaucratic status, whether you are a chief secretary, an MP, an ex minister or chief minister, it doesn't matter whether you are poor or rich, You, as the resident of Jammu and Kashmir have no choice in case of medical emergency rather than to go to the Emergency of a Government hospital and wait for the hour till your condition becomes stable and then get yourself shifted to higher centers outside the union territory for high end Medicare.

The Covid pandemic has also given us a wakeup alarm to focus on strengthening the existing health care system. It has proved beyond doubt that the present Private health care infrastructure is far behind to fight against a pandemic. Ironically there was total absence of private stakeholder in this fight against the Covid pandemic.

Despite of many drawbacks the public health care system with its weak resources have proved themselves in blunting the effect of pandemic but ironically the private set up which constitutes about 70% of health care system in the country has a negligible role during this crisis. As many may not know, privatization of government district hospitals was on cards a few months back, but on contrary several state governments have moved temporarily to "nationalize" the private health sectors to overcome the corona pandemic. In our UT also, the government had to take over many private nursing homes to accommodate the covid patients. Even the corporate hospitals of the UT failed miserably in contributing to rein the pandemic. I was surprised to learn that one of the reputed healthcare centers was giving the results of covid tests after three days after getting it done from a private lab from Delhi!! With such type of private set up, I really wonder if the goal of Mr Narendra Modi will be fulfilled! It is not mandatory now, with the launch of this wonderful people friendly scheme, to force a patient to get treated from government system. And this is going to decrease the burden on already overburdened and overstretched public health care system. To make the scheme really successful, there is need to call the big names to invest in the UT, bring them to the door steps of the poor with the financial guarantee of AB-PMJAY, so that the real benefit is given to the patient at grass root level.

Another Important thing which the policy makers and the enforcement agencies need is to be very vigilant in preventing the misuse of the scheme by the private sector. The private sector needs to be regulated to play a greater

PM-JAY in News

public role like it is being forced to play at this time of pandemic although reluctantly. There is urgent need for developing an effective mechanism to monitor the health care delivery system by the private parties. Lack of accountability is plaguing the private health care delivery system. Hence it becomes imperative to develop State health advisory committee with experts from the different field of medicine, business management, NGO/ individuals involved in Right to information act, to monitor the working of private stakeholders. A WHO survey of nine countries , including India, China, Japan, Nepal and Sri Lanka during 2007-08, reported the proportion of caesarian sections births had gone up beyond the recommended level of 15 percent- not ” because of an immediate medical emergency for it but due to financial gains.

Therefore the safety of patients in private sector hospital needs to be monitored by high powered health committee, unless it is found to be adversely affected. Unnecessary surgeries for the removal of fibroids and gall bladder and deliveries through caesarian sections are to be monitored in upcoming big corporate hospitals, if any.

With the rolling down of this dream project of PM Narendra Modi, it is again important to think the question of banning the private practice by government Doctors. As the experience of this pandemic has revealed it were only government doctors who came to the rescue of covid patients and the Government. All private clinicians of the region closed their clinics and nursing homes for the fear of corona, but the government doctors took the fight on

their shoulders and played their role very well. Hence a comprehensive policy needs to be evolved regarding their private practice rather than thinking of putting a blanket ban on their practice!

During the launch of the AB-PMJAY, Narendra Modi interacted with the beneficiaries of Ayushman Bharat scheme and it was heart rendering to see one of the cancer patient, in response to PM remark that your Nasseeb (Destiny) has done you a favour and to the utter surprise of everyone the poor cancer patient, a driver by profession with tears in his eyes said, “Sir Scheme (Ayushman Bharat) Nahi Hoti, Toh Nasseeb Kaya Karta!!(If the scheme had not existed, what the destiny could have done!). Very true it is the political will which can bring the smile and relief to its citizens and it’s the duty of scheme enforcing agencies to see that the project is implemented in letter and sprit and the actual benefit is brought to the poor people for which the scheme was launched. The beginning has been done by the Government of India. Now it is for the implementing agencies to see that all benefits of AB-PMJAY -SEHAT are expressed at grass root levels or otherwise as Mirza Ghalib said,

“Mulakate jaroori hai agar rishte bachane hai,
Laga kar bhool jane se to poudhe bhi sukh jate hai”

(The author is Vice President Indian Academy of Biomedical Sciences, India and Professor and Head Department of Biochemistry, Government Medical College Jammu.)

PM-JAY IN SOCIAL MEDIA

National Health Authority (NHA) @AyushmanNHA

.@HMOIndia & NHA launched #AyushmanCAPF - an integrated healthcare scheme for all CAPF jawans & their families. They can avail cashless health services at PMJAY & CHGS empaneled private hospitals.

For more, 14588 or visit pmjay.gov.in/ayushmancapf/

#HumaraJawanAyushman



Dr Harsh Vardhan @drharshvardhan

आज का दिन जम्मू-कश्मीर के लिए बहुत ऐतिहासिक है।

PM श्री@narendramodi जी द्वारा जम्मू-कश्मीर के सभी लोगों के लिए 5 लाख रु तक का स्वास्थ्य सुरक्षा कवच #AyushmanBharat #PMJAY का शुभारंभ दर्शाता है कि यह सरकार वहां के लोगों के भविष्य को लेकर कितनी संवेदनशील है।

#PMJAYSEHAT

Translate Tweet



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National Health Authority (NHA) @AyushmanNHA - Jan 13

#AyushmanBharat #PMJAY- ESIC योजना अथ MP, महाराष्ट्र, छत्तीसगढ़ व कर्नाटक के 113 जिलों में लागू है।

इन जिलों में रहने वाले ESIC के पामार्थियों को देशभर में PMJAY के किसी भी सूचीकृत अस्पताल में कैशलेस इलाज की सेवा मिलेगी।

दोस्रो श्री हेल्पलाइन 14588 पर कॉल करें।



National Health Authority (NHA) @AyushmanNHA - Jan 25

जो रखते हैं हमें सुरक्षित, हम करते हैं उनकी बेहतर स्वास्थ्य सेवाओं को सुनिश्चित।

#CAPF जवान व परिवार को #AyushmanBharat #PMJAY और CGHS के सभी सूचीकृत सरकारी और निजी अस्पतालों में कैशलेस उपचार मिलेगा। 14588 पर कॉल करें।



Dr. Indu Bhushan @ibhushan

Take a leap forward towards ease of accessing your health records. #NDHM #HealthID joins hands with @digilocker_ind. Now citizens can create their Health ID, link existing Health ID & access Health ID card using their Digi-Locker accounts.



Anil Swarup @swarup58

Phenomenal work done by @AyushmanNHA team under inspired leadership of @ibhushan. Successful implementation of schemes, like Ayushman Bharat and Swachh Bharat, of the Government can be lesson for other schemes as well.

Dr. Indu Bhushan @ibhushan - Dec 31, 2020

I thank our partner States hospitals insurance cos. & @AyushmanNHA team for working so hard throughout the year & overcoming all challenges. Thanks for staying committed & resolute in our mission to take #AyushmanBharat to the doorsteps of 53 Cr poorest citizens.

PMO India @PMOIndia

PM @narendramodi to launch Ayushman Bharat PM-JAY SEHAT to extend coverage to all residents of J&K on 26th December.

nm-4.com/UDqasl

via NaMo App

PM to launch Ayushman Bharat PM-JAY SEHAT to extend coverage to all residents of J&K on 26th December



Prime Minister Shri Narendra Modi will launch Ayushman Bharat PM-JAY SEHAT to extend coverage to all the residents of the Union Territory of Jammu & Kashmir on 26th December 2020 at 12 noon via video conferencing.

National Health Authority (NHA) @AyushmanNHA

In Bihar, 'Vishesh Abhiyan' was enacted for faster beneficiary identification.

To control fraud, mandatory audits are done of cases above Rs 30,000.

District Implementation Units (DIU) were formed for effective implementation of the #AyushmanBharat #PMJAY Scheme.#PMJAYExtraMile



National Health Authority (NHA) @AyushmanNHA - Jan 6

Treatment of non-Covid cases pick up under #AyushmanBharat #PMJAY since the lockdown.

As on January 4, 2021, the total hospital admissions under #AyushmanBharat #PMJAY have crossed 15 crores.



Ayushman Bharat crosses 1.5-cr mark in hospital admissions as non-Co... With Covid cases on the decline and people resuming treatments for other ailments, Ayushman Bharat, the flagship health insurance scheme...
@theindusbusinessline.com



NATIONAL HEALTH AUTHORITY (NHA)

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Tower-I, Connaught Place, New Delhi 110001

pmjay.gov.in  [/AyushmanBharatGOI](https://www.facebook.com/AyushmanBharatGOI)  [/AyushmanNHA](https://www.twitter.com/AyushmanNHA)