



## KEY HIGHLIGHTS

More than 36 lakh hospitalisations done

Hospitalisation worth more than Rs. 6,000 crore done

New Deputy CEO joins National Health Authority

API Integration between PM-JAY and Ration card started

- More than 47 Lakh e-cards were generated in the month of July
- Over 90% of beneficiary verification has been done using Aadhaar
- 55% of total 35.1 Lakh admissions happened in private hospitals
- More than 16k hospitals empanelled (50% private)

## TOP 5 TERTIARY SPECIALITIES

Cardiology  
Orthopaedics  
Cardio-Thoracic & Vascular Surgery  
Radiation Oncology  
Urology



## FROM CEO'S DESK



**Dr. Indu Bhushan**  
CEO, National Health Authority (NHA)

Dear readers,

As Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) nears completion of one year, it is time to reflect on the past year as we celebrate our achievements, and envision and plan the journey ahead. Close to 40 lakh admissions have taken place and cashless treatment worth over Rs. 6,500 crore has been provided. More than 9 crore e-cards were generated, with 47 lakh e-cards generated in the month of July alone.

We plan to refine the scheme design as we learn from its implementation. We have started a review of our benefit packages with the objective of removing any aberrations and anomalies. The exercise is expected to be completed soon. We believe that more rational benefit package will make our scheme more effective and will also encourage greater number of tertiary care hospitals to join us. In another development, Haryana has started biometric authorisation for TMS for all hospitals. We will make it mandatory for all states soon. Maharashtra is this month's focus state of Arogya Samvad. Implementing PM-JAY along with its State Health Scheme and serving nearly 91% of its population, Maharashtra has established certain best practices that deserve serious consideration by other States. These practices in the areas of beneficiary empowerment and quality of care have leveraged existing IT and telecom technologies. Its clinical protocols developed for 872 packages and 1020 different conditions have helped doctors take appropriate decision and prevent misuse of procedures. This best practice won Maharashtra Government the Department of Administrative Reforms and Public Grievances Award of the Government of India and the Computer Society.

It has also been a time of transitions for National Health Authority (NHA). We bade farewell to our beloved former Deputy CEO, Dr. Dinesh Arora, who worked with utmost passion and diligence to effectively launch and implement PM-JAY in the country. Joining NHA in February last year, Dinesh helped to develop the overall design of the scheme and its operational model. With his rich experience of driving the National Health Mission and RSBY in Kerala and being a medical doctor himself, Dinesh brought his keen insight into facilitating the development of health benefit packages and supervising the overall operational framework of the scheme. With his infectious energy, enthusiasm and positivity, He worked with the NHA team and the States to ensure that the scheme takes off smoothly and gains a good momentum. While we dearly miss him here, I'm very happy that Dinesh has joined the Masters in Public Health Programme at the prestigious Johns Hopkins University, my alma mater, as a Sommer Scholar. On behalf of the NHA family, I wish him all the best in all his future endeavours. In the same breath, I heartily welcome Dr. Praveen Gedam (IAS:2002 MH) the new Deputy CEO, of NHA. Praveen has joined us from the Ministry of Railways where he served as the Private Secretary to the present Minister of Railways. Within less than a month since his joining, Praveen has not only picked up the open threads but has also started making his presence felt through his innovative ideas and attention to details, and has quickly become an indispensable member of the team.

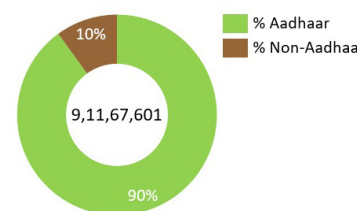
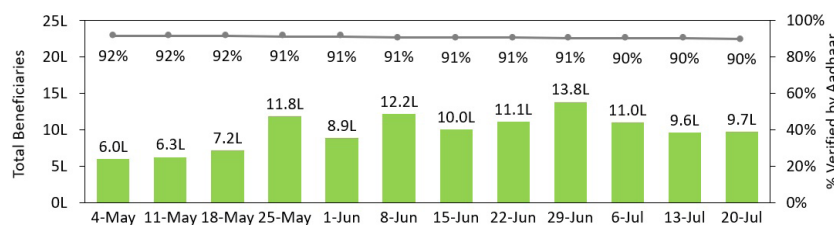
Here's wishing you all health and well-being, always.



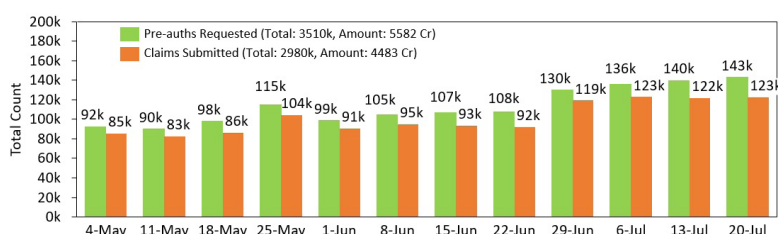
Jai Hind, Jai Bharat

## PM-JAY Status Update

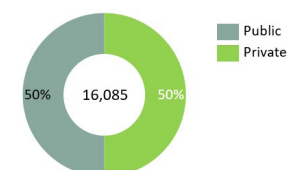
Beneficiary Identification || Weekly progress (last 12 weeks) || > 47 Lakh e-cards generated in the month of July



Pre-auths Requested & Claims Submitted || Weekly progress (last 12 weeks)



Hospitals Empanelled | Till Date



BIMAR NA HOGA AB LACHAR, BIMARI KA HO RAHA HAI MUFT UPCHAR



## STATE IN FOCUS: Maharashtra

Maharashtra, one of the western states of India launched Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) on 23rd September 2018 in all its 36 districts of the State. The Scheme was inaugurated by the Chief Minister of Maharashtra Shri Devendra Fadnavis. The scheme roughly covers 83.72 (3.6 Cr. People) Lakh families, 34% of total families of the state and 4.2% of the total households of the country. Among the beneficiaries covered 49% are females and 51% are males. Majority of these beneficiaries (52%) belongs to the age group of 20-64 years. Apart from SECC target population under PM-JAY, state has its own health insurance scheme. The State is covering 91% of the total families under PM-JAY and state scheme. In Maharashtra, SHA is implementing PMJAY in a hybrid model where up to Rs.1,50,000/- is on Insurance and above Rs.1,50,000/- is on assurance. The National Insurance Company is the insurer & MD India Healthcare TPA Pvt. Ltd., Paramount and Medi Assist are the three TPAs in the state working under PM-JAY. Maharashtra has 492 hospitals empaneled under the scheme of which 82 are public and 410 are private. In addition, 80 % of the empaneled hospitals are multi specialties hospitals under the scheme. Altogether, more than 11% hospitals are either NABH, NQAP, JCI or other accreditations.

Till date more than 188,276 pre-auths worth of Rs. 467 Cr. has been raised. The Scheme has not only benefited the state beneficiaries but has also provided services to more than 2,500 patients from various states like Madhya Pradesh, Uttar Pradesh, Bihar, Chhattisgarh, Jharkhand, Karnataka, etc. to take benefits in Maharashtra. Regular Workshops & Training for the all Stake holders are organized and has been made a part of HR strengthening activity. So far, 22.09 Lakh Golden cards have been generated and out of this 98% of beneficiaries are verified using Aadhar which shows that the scheme is being well accepted among the hospitals but also among the population. State has 1,300 packages with well-defined pre and post investigations follow ups & rates.

### Best Practices in the State

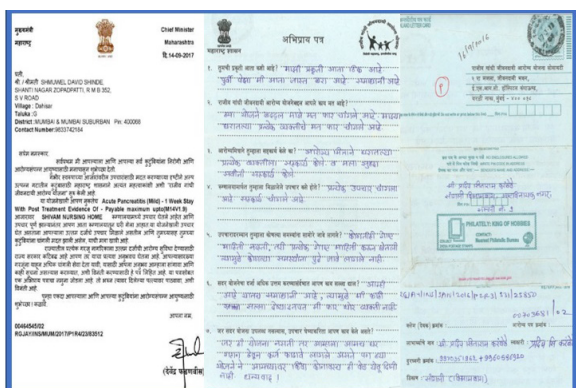
**1. Feedback from beneficiaries on quality of services** - A letter in local language from Hon'ble Chief Minister is dispatched directly to the address of the beneficiary after the discharge from hospital. The letter is sent to gauge patient's satisfaction on- Quality of services provided, behavior of PMAM & Hospital staff and opinion and suggestions about the scheme etc. A self-addressed postage prepaid inland letter is attached to this letter to get feedback from beneficiary about the quality of services, behavior of Arogya-Mitra and Hospital staff and his opinion and suggestions about the scheme etc. This feedback letter is being made available to the claim processing team on real time basis.

**2. Beneficiary empowerment** audio message by Chief Minister is sent to patients registered mobile number once the pre-auth approval is done which provides information related to free treatment under the scheme. State also has a toll-free number 1800-233-2200 where beneficiaries can register grievances like money asked by staff etc.

**3. SMS gateway for informed stakeholders**- To empower beneficiaries and stakeholders like Pradhan Mantri Arogya Mitra (PMAM), Medical coordinators (MCO), District Coordinators (DC) etc. Transaction Management System sends SMS triggers at eight different points to inform the mentioned stakeholders about the process. This increases the awareness regarding the transaction process and reduces chances of malpractices. The SMS triggers at the time of registration of beneficiary, emergency cases, pending pre- auth, approval or rejection of pre-auth, discharge, follow-up procedures and claims rejected.

**4. Clinical protocols** integrated with TMS-State has made clinical protocols for 872 packages and 1020 different conditions. The protocols help doctors to take appropriate decision and prevent misuse of procedures under the scheme. This best practice won the state Department of administrative reforms and public grievances award by Central Govt. & Computer Society Award.

**5. Clinical guidelines for packages** - The state has clinical guidelines for Dialysis cases, Medical Oncology, Cardiology Surgery, Urology and Multiple Packages for Hospitals, PPDs and CPDs to help them in correct blocking of packages and claim adjudication. Guidelines are developed for complicated, high end and abuse prone packages. Guidelines answers questions like -when to use the package , how to use the package, how to process pre-auth/claim for that package, how to decide on how much to pay for that package etc.



Registration-Beneficiary	ETI- PMAM, CMO,DC, DMO	Pending Pre-auth-MCO	Pre-auth approved-Beneficiary
म.ज.अ.पु.ज.अ.पी.अंमलगत आरोग्य सेवेसाठी दाखल असताना नोंदणी करू शकता. यासाठी निवृत्त/सुनिश्चिती दिवशी दाखल करावी. संपर्क क्र. 18002332200 वर संपर्क करावा.	म.ज.अ.पु.ज.अ.पी.अंमलगत आरोग्य सेवेसाठी नोंदणी करू शकता. यासाठी निवृत्त/सुनिश्चिती दिवशी दाखल करावी. संपर्क क्र. 18002332200 वर संपर्क करावा.	Pre-Auth of case no. _____ is kept pending by TPA. Please expedite immediately. SHA- MJPAY	म.ज.अ.पु.ज.अ.पी.अंमलगत आरोग्य सेवेसाठी दाखल असताना नोंदणी करू शकता. यासाठी निवृत्त/सुनिश्चिती दिवशी दाखल करावी. संपर्क क्र. 18002332200 वर संपर्क करावा.
Pre-auth rejected-Beneficiary, PMAM, MCO	Discharge- Beneficiary	Follow up procedures-Beneficiary	Claims Rejected -CMO,DC, DMO
म.ज.अ.पु.ज.अ.पी.अंमलगत आरोग्य सेवेसाठी नोंदणी करू शकता. यासाठी निवृत्त/सुनिश्चिती दिवशी दाखल करावी. संपर्क क्र. 18002332200 वर संपर्क करावा.	म.ज.अ.पु.ज.अ.पी.अंमलगत आरोग्य सेवेसाठी नोंदणी करू शकता. यासाठी निवृत्त/सुनिश्चिती दिवशी दाखल करावी. संपर्क क्र. 18002332200 वर संपर्क करावा.	आपण म.ज.अ.पु.ज.अ.पी.अंमलगत आरोग्य सेवेसाठी दाखल असताना नोंदणी करू शकता. यासाठी निवृत्त/सुनिश्चिती दिवशी दाखल करावी. संपर्क क्र. 18002332200 वर संपर्क करावा.	Claim raised for the case no. _____ is rejected by TPA. If you are not satisfied, kindly appeal through repudiated claims within 20days. SHA- MJPAY

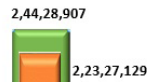


BIMAR NA HOGA AB LACHAR, BIMARI KA HO RAHA HAI MUFT UPCHAR



**Overview of Maharashtra State**

Total families as per Census 2011 2,44,28,907  
 PM-JAY eligible families 83,72,321  
 State scheme eligible families 13,95,4808  
 Total covered families under PMJAY and state scheme 2,23,27,129



- PM-JAY was launched in Maharashtra on 23-September 2018
- Apart from SECC target population under PMJAY state has its own health insurance scheme - Mahatma Phule Jan Arogya Yojana
- The State is covering 91% of the total families under PMJAY and state scheme
- State is implementing hybrid model

**PM-JAY Coverage**



51% Covered

49% Covered

Families covered under PMJAY and Mahatma Jyotiba Phule Jan Arogya Yojana out of total families as per census 2011

**Beneficiary Information**

# Golden Records:

15,69,759



% Golden Records (out of total PMJAY eligible families)

4%

# Families with golden cards:

7,47,633



% of families with Golden cards

9%

**Utilisation of Scheme**



Pre-Authorisation raised

In No.s 1,85,974

₹ 440 Cr



Claims Submitted (#)

1,46,618

Claims Submitted (INR)

₹ 338.7 Cr

Average claims Submitted (INR)

24,030



Claims Paid

Claims Paid (INR): 287 Cr

- Total 1,85,974 pre-auth were raised and claim amount of Rs 440 crores were submitted till July 2019; out of which Rs 287 Cr have been paid

Pre-auths/Lakh Pop (Avg Last 3 Weeks) (Expected > 38): 10

**Hospital Empanelment**

Total no. of empanelled Hospital



Public	Private	Total
87	402	489

Hospital with atleast 4 Pre-auths in last one month

Public	Private	Total
84%	90%	89%

**Top 5 tertiary specialities (By Pre-Auth and Enhancement amount)**

- PTCA - single stent (medicated, inclusive of diagnostic angiogram), (6846), 39.6Cr, ( 13%)
- Internal Fixation Lateral Epicondyle, (10988), 18.7 Cr), (31 %)
- 3DCRT-Up To 30 Fractions In 6 Weeks, ( 2313), (17.3Cr) , ( 6 % )
- CABG On Pump Without IABP,( 1314), ( 16 Cr), ( 4%)
- Unlisted RegimenPalliative CT- Max 6 cycles (Per cycle), ( 30479), ( 15.1Cr), ( 27%)

**Top 5 Secondary specialities (By Pre-Auth and Enhancement amount)**

- Haemodialysis/Peritoneal Dialysis (only for ARF) - per session , (27859),(25.7 cr) , (8%)
- Submandibular Mass Excision + Reconstruction, ( 902),( 5.3 Cr) , ( 12%)
- Acute Respiratory Failure (Without Ventilator) 10 Days Stay, ( 1343), 3.01 Cr, 25%
- Acute Pancreatitis (Mild) - 1 Week Stay With Post Treatment Evidence Of - Payable maximum upto ( 391), 2.6 % , ( 2.68 % )
- Respiratory failure due to any cause (pneumonia, asthma, COPD, ARDS,



## Dr. Dinesh Arora bids adieu to NHA family to pursue higher studies



**Dr. Dinesh Arora**

Hailing from the scenic city of Chandigarh, Dr. Dinesh Arora completed his bachelor's in medicine in 1999 and has been an Indian Administrative Service (IAS) officer (Kerala-2002). Following his initial assignment of working as the Sub-Collector, Dr. Arora was posted as the Mission Director at National Health Mission Kerala. Along with managing all the NHM programmes, he led the RSBY implementation in the State, during which, Kerala was lauded with 'Best RSBY Implementing State' for three consecutive years.

He continued his administrative journey with several posting thereafter including serving as the District Collector for Kannur District, PS to Hon. Union Minister of IT and Executive Director at the Rural Electrification Corporation. Post these assignments, Dr. Arora was deputed at NITI Aayog as Director (Health) to lead the health vertical and oversee the implementation of National Health Policy and SATH programme. It was during this time that Dr. Arora extensively got involved in supporting the conceptualization of the National Health Protection Scheme (NHPS). As the Hon. Union Minister of Finance announced Ayushman Bharat NHPS, Dr. Arora was assigned the role of the Deputy CEO for National Health Agency. Taking charge as the Deputy CEO, Dr. Arora, extensively worked with Dr. Indu Bhushan, CEO, NHA to effectively implement the scheme in the states and to develop the overall scheme design and operational model. Dr. Arora was instrumental in designing various modes of implementation, facilitating development of IT systems and benefit packages and supervising the overall operational framework of the scheme. Dr. Arora worked diligently to ensure timely launch of the scheme. Post-launch, Dr. Arora focused on stabilizing the implementation across States through formulating operational guidelines and facilitating adequate support to States in all aspects. He actively worked on strengthening the organization by helping transition National Health Agency to National Health Authority and was a key driver behind chalking out the vision for the evolution of PM-JAY.

After serving more than 8 years in the Union Government, Dr. Arora wanted to further pursue academic excellence in managing health systems and hence decided to join the Master's in Public Health Programme at the Johns Hopkins University as a Sommer Scholar. Biding adieu to the entire NHA family, Dr. Arora left a huge void to fill and innumerable memories to cherish. As Dr. Arora pursues his masters programme, we wish him a very best for all his future endeavours. We shall enthusiastically await the next opportunity to work closely with him. Till then we shall keep growing and be true to his most revered - aphorism, 'there is no competition in that extra mile you take'.

## NHA welcomes new Deputy CEO

Dr Praveen Gedam, an IAS officer of 2002 batch, Maharashtra cadre, has joined the NHA as Deputy CEO for Ayushman Bharat. Before joining NHA, he was serving as the private secretary to Hon'ble Minister of Railways. Prior to this, he was the Transport Commissioner of Maharashtra state and also served as the Commissioner for Nashik Municipal Corporation. He was handpicked at the 11th hour to lead the preparations to the Nashik Kumbhmela in 2015. He and his team set an unprecedented zero-causality-zero-epidemic-zero-missing-person record while successfully managing the mega-event.

Before that he has served in various positions with the Government of Maharashtra viz. Collector & District Magistrate in two districts i.e. Solapur and Osmanabad; Director of Groundwater Surveys and Development Agency, Pune; CEO of Zilla Parishad Latur; Commissioner, Municipal Corporation, Jalgaon; Assistant Collector & Sub Divisional Officer, Dapoli. He is a medical doctor by education & National Talent Scholar. He has an experience of 10 years in implementation of various programmes and schemes related to public health. We welcome Dr. Gedam to NHA and hope to get his dynamic leadership and support to take PM-JAY to greater heights.



**Dr. Praveen Gedam**



## Haryana sees an upward trend in utilisation of packages under PM-JAY



The state of Haryana has been implementing AB PM-JAY since 23rd September, 2018 and as of 14th August, 2019 has provided services to over 39,621 beneficiaries amounting to INR 58.6 crores. With over 12 lakh verified PM-JAY beneficiaries, the state has created golden records for roughly 29% of all eligible families.

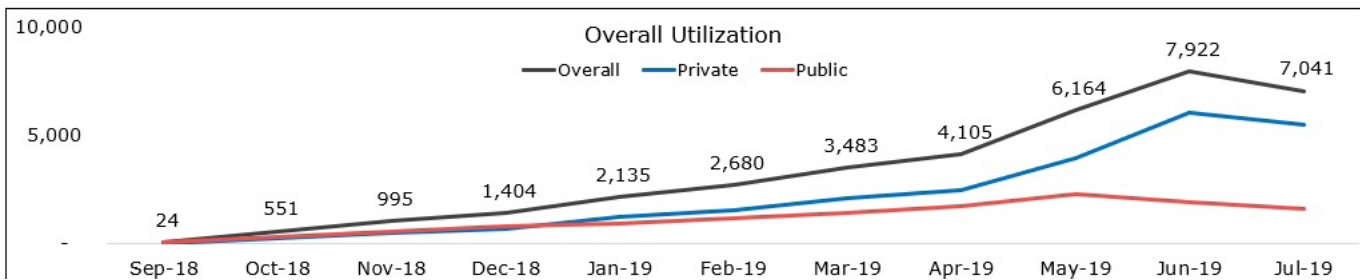
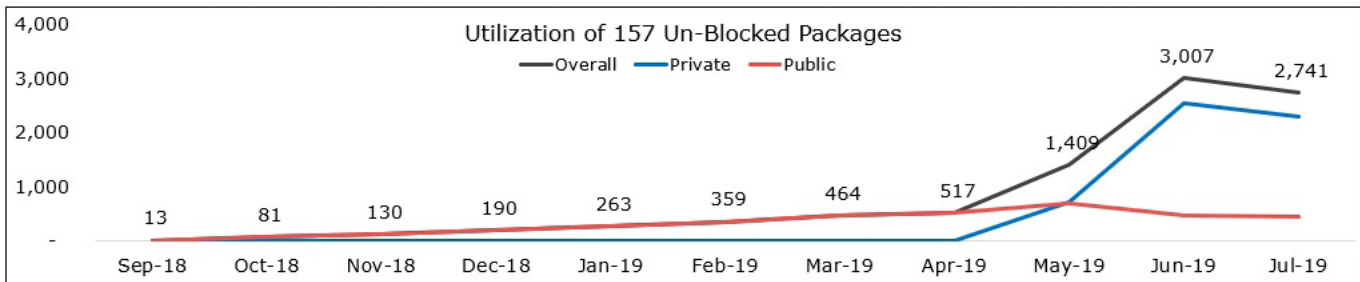
During the inception phase of the scheme, Haryana State Health Agency had reserved over 300 benefit packages (across specialties of orthopaedics, general medicine, general surgery, neo-natal packages, ophthalmology, otorhinolaryngology and obstetrics and gynaecology) for public hospitals in order to understand the trend of their utilisation and curb the scope of misuse by private healthcare institutions. While the same was envisioned as a quality control method, it was realised that due to the reservation many patients were unable to access the quality treatment at leading private healthcare institutions. Further, over 8 months of implementation Haryana SHA has developed a robust monitoring system and decided to de-reserve 157 packages based on data-driven evidence and NHA's advisory. After de-reservation of the packages, it was observed that the utilisation of such packages in private hospitals has increased significantly.

On average, the number of pre-authorisations conducted for these packages in private hospitals was over 4 times the number in public hospitals. Moreover, for neo-natal and ophthalmology packages the ratio was 13 and 5.8 times respectively. A detailed specialty-wise comparison of utilisation of the de-reserved packages has been showcased herewith-



From 18/5/19 to 08/08/19		
Treatment Specialty	Private (Preauth #)	Public (Preauth #)
General Medicine	2,310	618
Ophthalmology	1,753	302
Orthopaedics	497	197
Obstetrics & Gynaecology	243	56
Neo-Natal Packages	26	2
General Surgery	14	5
Otorhinolaryngology	20	9
<b>Total Number of Pre-Authorisations</b>	<b>4,863</b>	<b>1,189</b>

**These 157 packages were un-blocked in the second week of May'19**  
**Majority of growth in overall utilization is from the uptake of these packages**



**Utilization of 157 Un-Blocked Packages as compared to Overall Utilization in Haryana**

An upward trend of utilisation is visible post the de-reservation of packages. Particularly in private hospitals, number of treatments provided under the scheme has increased by almost 50%. This indicates that AB PM-JAY has empowered patients to access quality healthcare in leading public and private institutions. In line with its mandate and principles, PM-JAY has enabled/empowered beneficiaries to exercise their right to choose and avail treatment at hospitals of their choice.



## Beneficiary Identification and Awareness Drive with Ministry of Railways - Northern Railways

PM-JAY Ayushman Bharat in collaboration with the Indian Railways, organized a Beneficiary Identification and Awareness Drive at New Delhi Railway Station, Old Delhi Junction, Hazrat Nizamuddin Railway Station and Anand Vihar Terminal Railway Station in the capital, wherein over 1000 people were screened. Approx. 700 Railway contractual staff and ad hoc labour were screened to identify the beneficiaries and their families. Out of which many PM-JAY beneficiaries and their families were identified.

This drive is being organized to increase awareness about the Government of India's flagship scheme AB PM-JAY and the benefits offered under the scheme. It will enable the contractual staff of the Railways and their families to verify their eligibility under Ayushman Bharat PM-JAY at the Beneficiary Identification system (BIS) kiosks. This will help the identified beneficiaries avail secondary and tertiary treatment for serious illnesses anywhere across the country.

The drive was executed by CSC, wherein 70 VLEs were responsible for their kiosk. The objective behind the execution of this drive was to understand the feasibility level of BIS rollout via CSC. Earlier in Chennai the execution of BIS drive enabled us to understand the feasibility level of BIS rollout via hospitals. Both the models were successful in implementing the BIS drive.

Earlier this year, National Health Authority signed an MoU with the Ministry of Railways empaneling 91 hospitals covering 17 zones in 19 states under PM-JAY. This is a step forward to streamline processes of healthcare delivery in the country by bringing in railway hospitals in the PM-JAY network and enable more and more people to seek and avail inpatient care at the country's best hospitals. In line with this initiative, one pilot has already been successfully conducted on 1st June 2019 in Mumbai at Chhatrapati Shivaji Maharaj Terminus (under Central Railways) and at Mumbai Central (under Western Railways) which was followed by a second drive on 18th June 2019 at Chennai Central (under Southern Railways).

In Delhi, the awareness drive of PM-JAY was executed at a large scale via posters, banners, backdrop, jingle announcement and screen display.



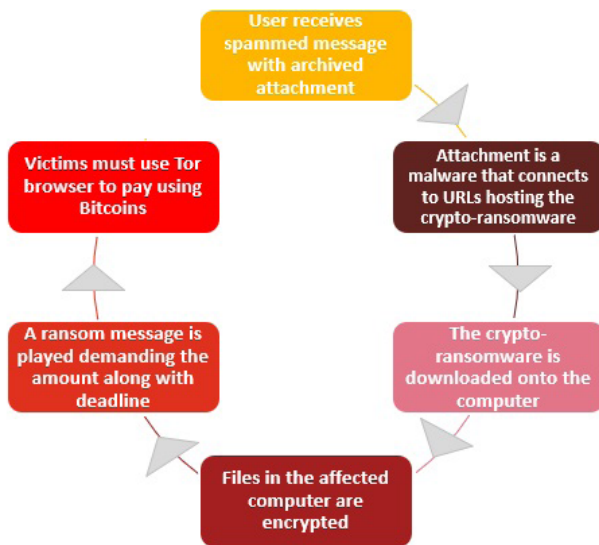


## Cyber Suraksha Dishanirdesh

### Ransomware attack

Ransomware is a type of malware that locks your computer screen and prevents you from accessing your files until you pay a certain fee or “ransom”, which involves handing your password or your money to the anonymous attacker.

### Ransomware attack process



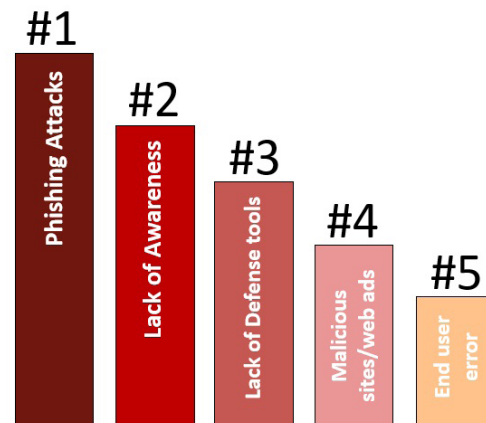
### Stay Safe from Ransomware Here is the checklist !

DOs	DON'Ts
Install all security updates for your computer. Keep automatic updates enabled	Do not click on links in unwanted or unexpected emails
Beware of emails that ask you to enable “macros” to view the content	Do not download attachments received in unknown emails
Always keep a secure backup of your important data	Do not click on pop-up ads in unknown websites
Keep your antivirus software updated and ensure you are using the latest version	Do not pay ransom. There is no guarantee of getting your files back even if you do so
Do keep your security software patches and operating systems up to date	Do not give everyone full user permissions

### Common causes of Ransomware Attacks

Five most common leading causes of Ransomware infection are:

In order to protect NHA and its beneficiaries’ Health and Personally Identified Information more effectively from ransomware, it’s imperative to understand the cause and be wary of the attack itself.



**Fact:**  
In May, 2017 India was hit with ransomware “WannaCry” attack. Almost 40,000 computers were affected.

### What to do in case of Ransomware attack?

- Immediately disconnect the affected system to stop it from spreading.
- Since the encryption does not happen instantly, the user should immediately try to back-up the essential files as soon as possible. This will help minimize the damage.
- Report any such cases to NHA Helpdesk and NHA IS team.



## PM-JAY IN NEWS

This article was published in The Times of India by Dr. Indu Bhushan on July 26, 2019

# Ten concerns on Ayushman Bharat: Universal healthcare is coming, here's why those worries are mistaken

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) has been the most talked about health sector scheme in recent times. Given the scale and ambition of the scheme – with its target group larger than the combined population of Canada, the United States and Mexico – it is not surprising. As could be expected, the scheme has a large number of supporters who are highly inspired by its vision and promise. There are also groups of detractors who are concerned that the scheme either seeks to address a wrong problem or provide a wrong solution even if it aims to address the right problem. I address the ten most common concerns raised.

The most common refrain against AB-PMJAY is that the government should focus more on public health issues and preventive and promotive care. While it is correct that prevention is better than cure, in real life both are needed. The policy challenge is not prevention vs cure but how to provide both prevention and cure. What can poor people be expected to do when faced with catastrophic health expenditure? Usually, they forego treatment and hope for the best, or borrow heavily, or sell whatever assets they have, pushing them deeper into poverty. A welfare state ought to focus on curative aspects of in-patient care.

Some people argue that the government should not use its limited resources for support services through the private sector. The private sector plays a critical role in health sector. We will need to leverage the capacity, financing, skills and energy of the private sector to provide services to millions of people who have hitherto not had any access to these quality services. Strategically tapping private sector services might be a more efficient, effective and affordable solution.

There is a concern that the private sector is poorly regulated and therefore the government should first focus on strengthening regulations and ensuring they are enforced. Purchaser of health services can strengthen the regulations due to their strong financial leverage over the private sector. Since AB-PMJAY purchases health services for more than 50 crore population, it can (a) set up prices effectively; (b) influence quality of health services; (c) incentivise hospitals to improve quality with differential rates; and (d) enforce electronic data sharing by private hospitals.

Some point out that government services are free, what then is the value addition by AB-PMJAY? While most states seek to provide free healthcare through government hospitals, in reality, patients still have to spend a lot from their pocket. In many cases, they have to get the diagnostic services, drugs and implants from outside as they are often not available in the hospitals. All public tertiary care hospitals charge for major services such as heart operations, cancer treatment, and knee replacements.

Concerns are raised that the scheme will only enrich the insurance companies. These concerns are totally unfounded. First, most states

have actually decided to go with trust mode. Two, even in states using insurance companies, they have put a claw-back clause in their contracts such that insurance companies can keep only 15% of total premium. Three, it has been observed that due to competition, insurance companies are quoting competitive premium.

Another question often raised is about the lack of supply to match the demand generated by AB-PMJAY. Demand creates its own supply and supply cannot be created without demand. The new demand will be met through excess existing capacity in the private sector and more efficient use of the current capacity in the short run.

Some academics have argued that the scheme may not be able to reduce the impoverishing catastrophic health expenditures. The following features of the scheme seek to ensure an effective coverage for catastrophic health expenditure. The health benefit cover in the scheme has been kept at Rs 5,00,000 which is sufficient to take care of almost all hospitalisation conditions. Second, the benefit package covers almost all health conditions that require hospitalisation/ day care surgeries. Third, the provider payment system has been designed to cover all costs related to hospitalisation and ensure that the patient does not need to pay anything.

Some predict the scheme is going to increase the cost of care. On the contrary, AB-PMJAY will significantly control the prices of health services by moving towards a high volume-low margin model.

AB-PMJAY is not affordable in long run, some detractors have pointed out. Affordability is a relative concept. If we do not provide any services, there is no government budget needed. However, providing much needed services to most needy section will need resources, which are fully within our means. The government is committed to increasing the budgetary allocations to 2.5% of GDP by 2025. AB-PMJAY currently costs less than 0.1% of GDP and will not cost more than 0.2% of GDP even when it matures in next few years.

Several states have their ongoing schemes and they do not gain much by joining AB-PMJAY, some people argue. AB-PMJAY offers some unique propositions to all states – access to financial resources, state-of-the-art, customisable technological platforms, implementation systems and world-class analytics and fraud monitoring systems at no additional cost. Due to the portability of services, beneficiaries of the states also gain from the nationwide network of hospitals.

Ayushman Bharat has put India on an irreversible path towards universal healthcare. The scheme will keep evolving, taking into account the experience of evidence generated from its implementation. Given the highest level of political support for these reforms, failure is not an option.



## #PMJAYmakingAdifference

### JAMMU & KASHMIR

Srinagar based 57 yr-old Widowed mother of two sons, Taja Begum, was diagnosed with cardiac disease and advised immediate surgery. With no money, assets or resources she finally got free treatment worth Rs. 1 lakh under PM-JAY.

A PM-JAY beneficiary at Baramulla district hospital got hip replacement surgery free of cost. When asked about cost of surgery, he said with a bright smile, “treatment is free with “Modi Card”

## PM-JAY a boon for the poor

### PM-JAY giving hope

### UTTAR PRADESH

Kiran, a middle class female from Chauri Chaura of Gorakhpur district was successfully operated under Ayushman Bharat PM-JAY scheme. Her family & relatives are thankful to the scheme for putting a healthy smile on her face.

### GUJARAT

Kokilaben of Ahmedabad, whose husband was suffering from kidney disease for last 5 years but was unable to afford dialysis, is now getting free treatment under PM-JAY.

## PM-JAY gifting happiness

### PM-JAY saving lives

### KARNATAKA

Sheria, 9 months daughter of a laundry man from Mariwala, Bengaluru treated for congenital heart defect.

Geetha 56, unemployed from Tumkur Karnataka underwent Mitral valve repair.

Ningesh 50, Taxi Driver from Bengaluru could get treated for Ischemic heart disease.

Putte Gowda 49, gas stove repair shop, Gollarahatti, Bengaluru underwent angioplasty.



## PM-JAY in Social Media

**Narendra Modi** @narendramodi  
Healthy India, developed India.  
During PRAGATI, had extensive discussions on Ayushman Bharat. It is a matter of satisfaction that over 35 lakh beneficiaries availed free treatment in hospitals under PMJAY. We are focusing on ways to improve coverage in Aspirational Districts.

**Dr Harsh Vardhan** @drharshvardhan  
In reply to a question in #LokSabha, I said that over 16,000 hospitals are empanelled in #AyushmanBharat yojna, out of which 8000 are from public sector & 8000 from private sector. A total of 32.5 lakh people have availed of this facility till today @MoHFW\_INDIA @PMOIndia #PMJAY



**National Health Authority (NHA)** @AyushmanNHA  
@AyushmanNHA and @NATHEALTH have joined hands to promote mainstreaming of innovations in healthcare. This will facilitate new vistas of entrepreneurship and business opportunities for innovations in healthcare through #AyushmanBharat @ibhushan @drharshvardhan @drballalmanipal

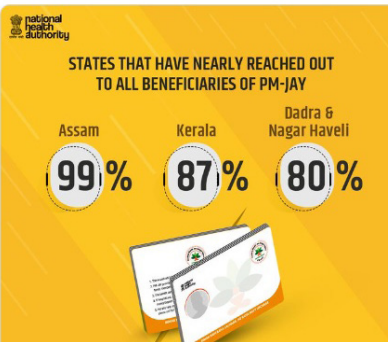
**Mmholumo Kikon** @MmholumoKikon  
Hon'ble PM @narendramodi started The National Health Protection, aka, #ayushmanbharat, to provide the economically backward section of society with the benefit of modern healthcare. Implementing the program at Yanmhon area in my constituency. @drharshvardhan



**Dr. Indu Bhushan** @ibhushan  
Pleased to share that @AyushmanNHA has signed an MoU with @Wish\_India to explore opportunities towards delivering Continuum of Care. It is a step towards creating sustainable forward/backward linkages b/w primary health care facility & #PMJAY empanelled hospitals @drharshvardhan



**National Health Authority (NHA)** @AyushmanNHA  
Assam, Kerala and Dadra & Nagar Haveli have reached out to nearly all #AyushmanBharat #PMJAY beneficiaries generating large scale awareness on the scheme. Get your e-card today! @PMOIndia @MoHFW\_INDIA @NITI\_Aayog @drharshvardhan @ibhushan @amitabhk87



**PMJAY-UP (Ayushman Uttar Pradesh)** @PmjayUP  
सोनभद्र के दुर्घटनापूर्ण हादसे के घायलों का आयुष्मान भारत तहत इलाज चल रहा है, जिसका निरीक्षण करने माननीय मुख्यमंत्री जिला अस्पताल पहुंचे। उन्होंने मरीजों से बात की और उनका कुशल-मंगल पूछा @CMOfficeUP @Sangeet82530151 @AyushmanNHA



**Station Director / Bengaluru** @DirectorSoc  
South Western Railway, Bengaluru Division in collaboration with Government of Karnataka organised an Ayushman Bharat Yojana Beneficiary identification and awareness campaign at Bengaluru Railway station today. It was inaugurated by Shri Ashok Kumar Verma, DRM Bengaluru. @dmsbc



**Finance Commission of India** @15thFinCom  
Dr Indu Bhushan, CEO Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana, presented to the 15th Finance Commission, headed by Chairman Shri NK Singh, on the health financing in India. The outcome of public health expenditure was discussed in detail during this meeting.



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