



KEY HIGHLIGHTS

More than 31 lakh hospitalisations done

Hospitalisation worth more than Rs. 4,000 crore done

Delegation from more than 10 countries visited NHA office to learn

Hon'ble Prime Minister talked about PM-JAY in G-20 meeting

- More than 46 Lakh e-cards were generated in the month of June
- Over 91% of beneficiary verification has been done using Aadhaar
- 64% of total 31.1 Lakh admissions happened in private hospitals
- More than 15.7k hospitals empanelled (50% private)

TOP 5 TERTIARY SPECIALITIES

Cardiology
Cardio-Thoracic & Vascular Surgery
Orthopaedics
Urology
Neurosurgery



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) completes 10 months since its launch, it has reached out to nearly 9 crore beneficiaries who have received their e-cards; more than 31 lakh people have availed treatment for serious illnesses across the country. About 64% of these admissions happened in private hospitals, which make up more than half of about 16,000 hospitals empanelled.

India is currently undergoing an epidemiological transition with a unique situation of a 'triple burden of disease.' While the efforts to eradicate communicable diseases continue, a high burden of non-communicable diseases (NCDs) such as cancer, diabetes and cardiac ailments and injuries also stare at us. As per WHO estimates by 2020, one in three households in India will be affected by cancer. Only 12.3% of those with cancer actually receive early treatment despite being increasingly treatable and curable.

As part of the mission to address this overall rise in the demand for health care over a prolonged period of time, the National Health Authority (NHA) is collaborating with the National Cancer Grid (NCG) to specify standard treatment workflows for patient care for prevention, diagnosis and treatment of cancer; provide specialised training and education in oncology, and facilitate collaborative basic, translational and clinical research in cancer. The partnership will bring in experts to strengthen the cancer care services provided under PM-JAY.

The focus state for this edition of Arogya Samvad is Uttarakhand, the only state in the country which has covered the entire state (nearly 25 lakh families) under PM-JAY in the true spirit of universal healthcare.

I am pleased to share that in this edition we are introducing a newly formed team called IMPACT (Insurer/ISA Monitoring & Performance Analysis Core Team) at NHA to streamline the process to evaluate the performance of Insurance Companies (ICs), Implementing Support Agencies (ISAs) and Third-Party Administrators (TPAs). IMPACT represents and adds another sophisticated layer to the technology-led monitoring and evaluation mechanism of PM-JAY. Overtime, we hope that it will become a highly effective tool to monitor the services of ICs/ISAs/TPAs who are implementing the scheme and will help the States in optimum utilization of the deployed resources.

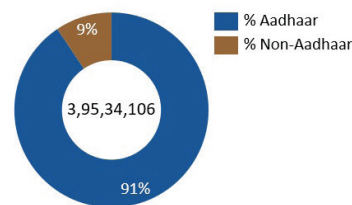
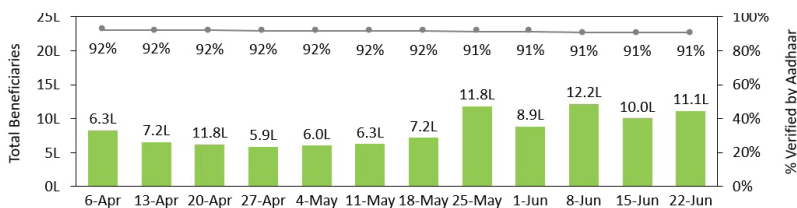
Here's wishing all readers health and well-being, always.

Jai Hind, Jai Bharat

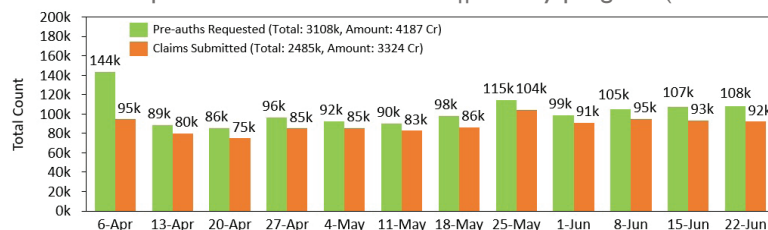


PM-JAY Status Update

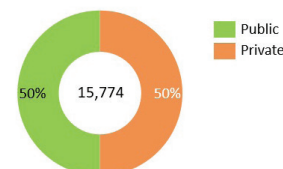
Beneficiary Identification || Weekly progress (last 12 weeks)||> 46 Lakh e-cards generated in the month of June



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: Uttarakhand

After the launch of PM-JAY by Hon'ble Prime Minister Narendra Modi on September 23, 2018, the state of Uttarakhand launched its own iteration of the scheme by expanding the coverage of Rs. 5 lakhs to families which are not covered under PM-JAY. This increased the number of beneficiaries in the state to around 25 lakh families, entitled to avail free healthcare services.

The scheme is available in all government hospitals (Including all community health centres, district hospitals, combined and base hospitals) also the private empanelled hospitals (on referral basis). In emergency, case referral will not be required for getting treatment in private empanelled hospitals. This is a completely cashless and paperless scheme. Atal Ayushman Uttarakhand (AAU) is a historic milestone in the health sector in the state and will be beneficial to many families. The main objective of the scheme is to provide proper treatment and healthcare services to the families and to reduce any health related expenses which might otherwise cause some kind of financial burden on the family. As a result of this scheme out of pocket expenses on health treatment of common people will reduce.

The scheme makes Uttarakhand stand out as the only state in the country which has extended benefit of Rs. 5 lakhs to the entire population of the state by complementing PM-JAY. The scheme is being implemented by a newly constituted society under the chairmanship of a retired IAS officer under trust mode. So far, more than 32 lakh golden cards covering nearly 60 percent of the total families have been issued (until 30th June, 2019).

The scheme has received a tremendous response from public even in remote hilly areas and the scheme has proved to be a boon to the people who were deprived till now from getting medical care due to financial problem. More than 53,000 patients have already been benefited by the cashless treatment (spending Rs. 54 crore) covering all 13 districts of the state by empanelled public (100) and private (80) hospitals. The lives of more than 2500 people have been saved providing medical care for serious ailments like heart diseases, cancer, kidney failure, complicated cases of surgery, major accident cases etc.

In order to ensure that the scheme is not misused by any person, a “State Anti-Fraud Unit” has been established and action has been taken against 14 private hospitals resulting in their de-empanelment, suspension and imposition of penalty covering nearly 2000 cases of serious irregularities and fraud.

AIIMS Rishikesh has shown commendable performance in implementation of PM-JAY. The positive results are visible in both quantitative and qualitative aspect. So far AIIMS Rishikesh has raised preauthorization amounting to more than Rs. 10 Crores, which is the highest in North India. Under the leadership of the Chief Minister (who is also the Health Minister), the State is committed to implement the scheme in a dedicated manner to ensure that the objective of PM-JAY is achieved in letter and spirit without allowing anyone to misuse it in any manner.



Launch event of Atal Ayushman Uttarakhand Yojana held on 25th December 2018, commemorating late Shri Atal Bihari Vajpayee in Dehradun.



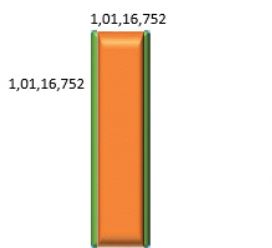
Golden cards being distributed by Hon'ble Chief Minister of Uttarakhand, Trivendra Singh Rawat.



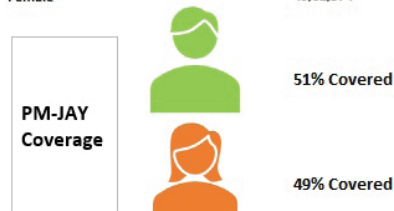
Registration and Verification of PM-JAY beneficiaries in process.

Overview of Uttarakhand State

Total Population Census 2011 1,01,16,752
Total SECC target population 24,63,043
State scheme beneficiaries 76,53,709
Total covered population under PMJAY 1,01,16,752
Male 51,54,178
Female 49,62,574



- PMJAY was launched in Uttarakhand on 23-September 2018
- Apart from SECC target population under PMJAY state has its own health insurance - Atal Ayushman Yojana
- the State is covering 100% of the population under UHC



Population covered under PMJAY and Atal Ayushman Yojna out of total population

Beneficiary Information

Golden Records: 31,97,191



31.6%

% Golden Records (out of total covered population)

Families with golden cards: 6,54,698



% of families with Golden cards 69%

KEY HIGHLIGHTS

- Around 69 % of the families covered under PMJAY has got their golden cards
- Majority of the Pendency is at ISA



Pendency

At ISA 1,327

At SHA 669

Utilisation of Scheme



Pre-Authorisation raised

In No.s 51,669



41.03 Cr



Claims Submitted (#) 43,135

Claims Submitted (INR) ₹42.71 Cr

Average claims Submitted (INR) 9902

Claims Paid (INR): 25 Cr



Claims Paid

Pre-auths/Lakh Pop (Avg Last 3 Weeks) (Expected > 38): 23

- Total 51,669 pre-auth were raised and claim amount of Rs 42.71 crores were submitted till June 2019; out of which Rs 25 Cr have been paid

- Out of total pre-auth generated, 61% were surgical cases; and 18% were tertiary cases in surgical procedures

Hospital Empanelment

Total no. of empanelled Hospital



Public	Private	Total
100	80	180

Hospital with atleast 4 Pre-auths in last one month

Public	Private	Total
53%	49%	51%

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

- PTCA - single stent (medicated, inclusive of diagnostic angiogram), (1028), 67.1 Cr, (29%)
- PTCA - double stent (medicated, inclusive of diagnostic angiogram), (710), 64.2 Cr, (21 %)
- Total Hip Replacement (cementless), (144), (13.1 Cr), (59 %)
- Linear Accelerator, External Beam Radiotherapy 3D CRT/2D Planning (Radical/Adjuvant/ Neoadjuvant), (428), (21.2 Cr), (24 %)
- Critical Care Neonatal Package, (178), (13.7 Cr), (5 %)

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

- Hemodialysis per sitting, (36122),(72.9 cr), (17%)
- Cataract with foldable hydrophobic acrylic IOL by Phaco emulsification tech, (4532), (34 Cr), (1%)
- Respiratory failure due to any cause (pneumonia, asthma, COPD, ARDS, foreign body, poisoning, head injury etc.), (1476), 31.4 Cr, 13%
- Laparoscopic Cholecystectomy (1784), 25.9 %, (32%)
- Acute exacerbation of COPD, (2824), (25.8 Cr), (36%)



Cyber Suraksha Dishanirdesh

Respect Privacy : Obtain Consent

What is Aadhaar Consent?

Aadhaar based consent means that we are seeking the permission of the beneficiary to use his/her Aadhaar information for the purpose of enrolment in the PM-JAY scheme.

When to seek Consent?

Beneficiary consent **MUST** always be sought prior to conducting Aadhaar Authentication.



How to seek Consent?

The consent statement as per Aadhaar Act, 2016 has been included in PM-JAY application.

Arogya Mitras or VLEs must explain the entire consent statement to the beneficiary in his/her local language explicitly as an Informed Consent.

Arogya Mitras or VLEs must inform the Beneficiary that:

- Upon authentication, NHA will receive their entire e-KYC information (Name, Address, Gender, Age, photograph from UIDAI)
- Use of their information is for the enrolment to the PM-JAY scheme
- NHA doesn't store their Aadhaar number, but securely stores their e-KYC data.
- Consent must always be Freely given, Informed, Reversible, Specific, Transparent (FIRST)



Aadhaar Do's and Don'ts

All of us must ensure to follow the Dos and DON'Ts while dealing with Aadhaar data of our beneficiaries.

Do's	Don'ts
<p>Seek Beneficiary Consent</p> <p>Seek the consent from the Beneficiary before conducting Aadhaar authentication.</p>	<p>Don't Store Aadhaar Based Data</p> <p>Do not capture/ store/ Aadhaar based data in unprotected devices like laptops, PCs, or smartphones.</p>
<p>Inform details about Consent</p> <p>Educate/Inform the beneficiary about the need of collecting their details, its usage and.</p>	<p>Don't disclose Aadhaar information</p> <p>Do not disclose any Aadhaar related information to any external/ unauthorized agency or individual or entity.</p>
<p>Use of Local Language</p> <p>For ease of understanding and transparent flow of information, interact with the Beneficiary in their local language.</p>	<p>Do not publish UID Information</p> <p>Do not publish any personal identifiable data including Aadhaar in public.</p>
<p>Secure storage of Data</p> <p>Ensure the Beneficiary that their e-KYC data is stored securely at NHA.</p>	<p>Do not print Aadhaar data</p> <p>Do not print/display personally identifiable Aadhaar data mapped with any other data such as on ration card/ birth certificate/ caste certificate, etc.</p>



National Health Authority forms a new IMPACT team

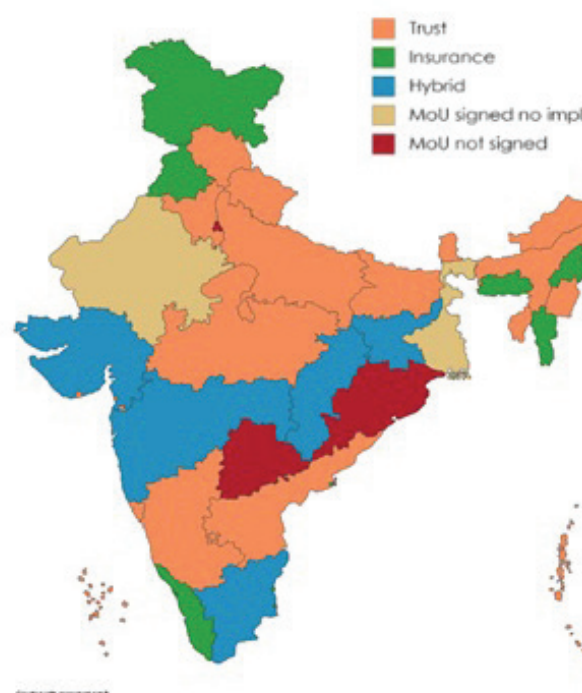
This month's edition of Arogya Samvad introduces the newly formed team at National Health Authority called IMPACT (Insurer/ISA Monitoring & Performance Analysis Core Team). Since its inception, the IMPACT team is involved in streamlining the process to evaluate the performance of Insurance companies (ICs), Implementing Support Agencies (ISAs) and Third-Party Administrators (TPAs) and has been instrumental in developing the following structures.

1. Monthly Report to review performance of Insurers & TPAs - An excel sheet format was circulated to states and subsequently to ISAs/TPAs and insurance companies (ICs). The ISAs/TPAs/ICs were asked to share their monthly progress report to NHA keeping state in the loop. IMPACT collates and analyses the data coming up from nine Insurance companies and 11 TPAs/ISAs across India providing implementation support to States & UTs for PM-JAY. IMPACT ensures that the performance of ICs/ISAs/TPAs are closely monitored for improving efficiency and immediate course correction to strengthen AB PM-JAY implementation.

2. Design framework for performance monitoring of IC/ISA/TPA - IMPACT has identified key parameters to analyze the performance of TPA/ISA and insurance companies:

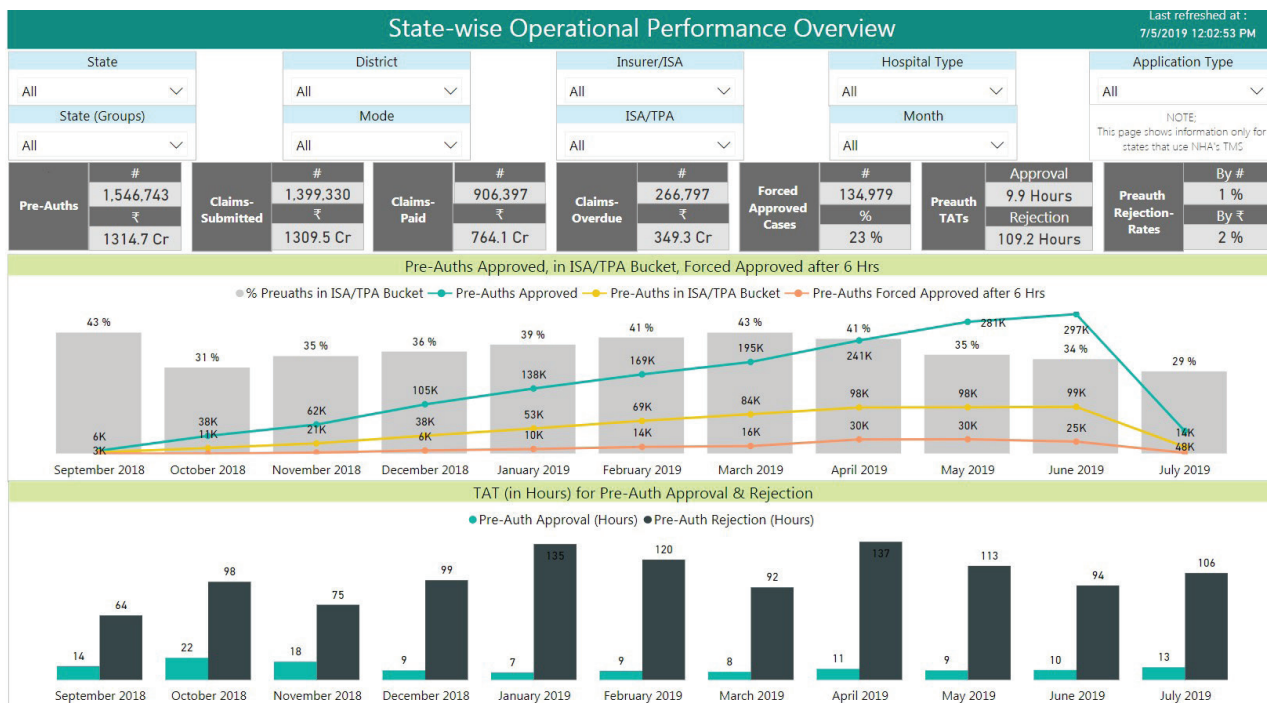
- Turn Around Time (TAT): The TAT of the pre-auths Approval and Rejection, TAT of the Claim Approval, Rejection and Payment
- Productivity of PPD, CEX and CPD- Pre-auths per Day, Pre-auth Per Day Per PPD, Claims Per Day, Claims Per Day per CEX, Claims Per Day per CPD
- Pre-Authorization Monitoring Ratio- $\{(Number\ of\ Pre-Auth\ in\ Bucket) - (Number\ of\ Forced\ Approval + No.\ of\ auto\ approval)\} / Total\ Pre-Auths\ Raised.$
- Pre-auth & claim rejection ratio
- Morbidity, Burning cost & Loss ratio
- Human resource deployment & utilization status

3. Designing & development of IMPACT dashboard- The performance of the TPAs/ISAs/ICs based on the above parameters (no. a-e) can be reviewed live on IMPACT dashboard which can be accessed by states on insights.



Implementation status of different models in India





4. Time study Analysis to understand Turnaround Time (TAT) for pre-auth and claims approval – IMPACT recently conducted a time analysis study to understand the average time taken to process pre-auths and claims by ISAs/TPAs/ICs for six states. The study involved two TPAs and two insurance companies which were closely monitored. The findings will help benchmark the performances of ISAs/TPAs/ICs and will be shared in the next communication.

5. SCORING of IC/ISA/TPA – IMPACT is working on a model to rate the services of IC/ISA/TPA which are serving PM-JAY and help states in optimum utilization of the resources deployed on the scheme.

The IMPACT team will be happy to provide support to states in strengthening their monitoring for ISAs/TPAs/ICs and in this regard, team will be visiting various states soon.

Please feel free to reach out to IMPACT for any query/suggestions: sk.tiwari21@nic.in



Capacity building training held in Karnataka

Government of Karnataka had launched the Arogya Karnataka scheme in March 2018 to provide cashless treatment benefit of up to Rs.2 lakh per family. When Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) was rolled out by Government of India, the State decided to integrate their existing scheme with AB PM-JAY and provide cashless benefit for up to Rs.5 lakh per family with co-branding arrangements. Officials from SHA cannot address the nitty-gritty of National TMS as they lack operational experience in National TMS. SHA has requested NHA to depute a team of trainers who will travel to different regions in the State and train the empaneled hospital staff.



Accordingly, Bangalore, Mysore, Mangalore and Shimoga from Southern Karnataka and Gulbarga, Raichur, Belgaum and Hubballi from Northern Karnataka were identified as training locations. For covering these two regions, two teams comprising two members each from NHA was formed. These two teams

traveled across all locations and trained the hospital staff and district SAST officials. The proposed duration for completion of the training was 3 hours per batch (total 13 batches) in one week i.e. from 3rd June to 8th June covering entire 30 district. Hospital staff from 809 empaneled hospitals have been trained on Beneficiary Identification System (BIS) and National Transaction Management System (NTMS) in a week. More than 1500 hospitals staff which includes Arogya Mitra, Medical Coordinator and IT persons have been covered through this training event. Since Karnataka shares its borders with Kerala, Tamil Nadu, Andhra Pradesh, Telangana, Maharashtra and Goa, and all these states are part of PM-JAY, beneficiaries from all these States will immediately start availing benefits. Apart from the border districts, migrant laborers in various mines and factories spread across the State as well as in metro cities like Bangalore, will be benefited from commencement of portability in Karnataka.

Capacity building training held in Punjab

Government of Punjab is under process of getting on board with AB PM-JAY scheme called as Ayushman Bharat Sarbat Sehat Bima Yojana (AB-SSBY). They have so far empaneled 190+ Public and 380+ Private hospitals to provide medical services under this scheme. The State Health Agency (SHA) invited National Health Authority (NHA) to orient the PMAMs, Medical/ Nursing and Administrative staff from these hospitals on main features of the scheme and basics of IT Platforms. It majorly includes Beneficiary Identification System, Transaction Management System and Technical Support Center.

This pre-launch orientation training on PM-JAY was planned by State Health Society, Punjab from 10th to 13th June 2019 in two phases at multiple locations including Amritsar, Bathinda, Jalandhar, Mohali and Patiala for all 22 districts of Punjab and requested 580+ Empanelled Hospitals (Both Public & Private) to build capacity primarily of their Pradhan Mantri Arogya Mitra (PMAMs). For Beneficiary Identification System, Punjab has four different data sets along with SECC one and NHA training team tried to demonstrate state specific BIS staging environment for their better understanding as well as implementation of data convergence beforehand.

SHA will be following the cascade model of training, according to which, NHA will be training the SHA, IC & TPAs. From the suggested group, SHA will pick up the master trainers, who would further train the district stakeholders and PMAM, in which NHA will provide the technical support as and when required. The training program was conducted successfully, and more than 900 participants (from all the respective clusters) took active part in the training. NHA wished the delegates luck for the successful launch and implementation of the scheme at their respective Hospitals.

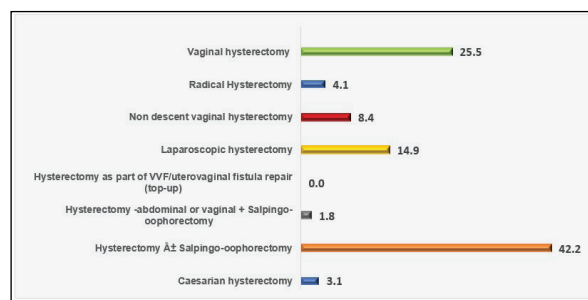


HYSTERECTOMY ANALYSIS - Excerpts from first working paper of NHA

An analysis of hysterectomies under PM-JAY

This is the first in the working paper series started by NHA to help staff, consultants, advisors and partners to speedily share their research findings based on PM-JAY experience with professional colleagues and test their research findings at the pre-publication stage.

States	Pre-authorization				Claims Submitted			
	All packages	Female Packages	Hysterectomy (out of total packages)	Hysterectomy (out of total female packages)	All packages	Female Packages	Hysterectomy (out of total packages)	Hysterectomy (out of total female packages)
Arunachal Pradesh	545	327	28 (5.14)	28 (8.6)	203	122	13 (6.4)	13 (10.6)
Assam	42,530	19,815	326 (0.7)	326 (1.6)	30,829	14,376	232 (0.8)	232 (1.6)
Bihar	33,777	23,412	595 (1.8)	595 (2.5)	29,768	21,169	474 (1.6)	474 (2.2)
Chandigarh	626	291	4 (0.6)	4 (1.4)	533	262	3 (0.6)	3 (1.1)
Chhattisgarh	4,77,105	2,66,319	4,062 (0.9)	4,062 (1.5)	4,45,799	2,49,984	3,658 (0.8)	3,658 (1.5)
D & NH	9,977	3,929	50 (0.5)	50 (1.3)	9,687	3,805	50 (0.5)	50 (1.3)
Daman and Diu	3,605	1,335	36 (1.0)	36 (2.7)	3,477	1,287	33 (0.1)	33 (2.6)
Gujarat	4,12,509	1,77,133	2,052 (0.5)	2,052 (1.2)	3,40,482	1,47,889	1,865 (0.6)	1,865 (1.3)
Haryana	19,568	9,361	449 (2.3)	449 (5.4)	17,468	7,496	391 (2.2)	391 (5.2)
Himachal Pradesh	15,101	7,192	314 (2.1)	314 (4.4)	10,568	4,982	245 (2.3)	245 (4.9)
Jammu & Kashmir	13,649	6,114	98 (0.7)	98 (1.6)	11,634	5,255	81 (0.7)	81 (1.5)
Jharkhand	1,55,513	79,044	2,286 (1.5)	2,286 (2.9)	1,47,214	74,888	2,114 (1.4)	2,114 (2.8)
Karnataka	1,67,716	88,643	1,966 (1.2)	1,966 (2.2)	1,12,500	58,717	1,160 (1.0)	1,160 (2.0)
Kerala	4,63,489	2,11,593	654 (0.1)	654 (0.31)	2,24,488	99,679	335 (0.2)	335 (0.3)
Madhya Pradesh	75,713	39,397	1,554 (2.1)	1,554 (3.9)	60,845	32,277	1,098 (1.8)	1,098 (3.4)
Maharashtra	1,24,038	53,074	2,755 (2.2)	2,755 (5.2)	94,206	40,618	1,562 (1.7)	1,562 (3.8)
Manipur	2,498	1,398	38 (1.5)	38 (2.7)	1,878	1,066	28 (1.5)	28 (2.6)
Meghalaya	6,971	4,531	6 (0.1)	6 (0.1)	5,935	3,947	6 (0.1)	6 (0.2)
Mizoram	11,047	6,047	99 (1.0)	99 (1.6)	9,630	5,254	92 (0.1)	92 (1.8)
Nagaland	559	283	7 (1.3)	7 (2.5)	460	232	7 (1.5)	7 (3.0)
Tamil Nadu	2,10,476	84,829	183 (0.1)	183 (0.2)	1,68,084	67,889	114 (0.1)	114 (0.2)
Tripura	13,644	6,601	35 (0.3)	35 (0.5)	12,805	6,217	28 (0.2)	28 (0.5)
Uttar Pradesh	1,00,806	46,374	3,663 (3.6)	3,663 (7.9)	92,732	42,826	3,266 (3.5)	3,266 (7.6)
Uttarakhand	39,519	17,364	636 (1.6)	636 (3.7)	31,367	13,659	478 (1.5)	478 (3.5)
Overall	24,00,981	11,53,406	21,896 (0.9)	21,896 (1.9)	18,62,592	9,03,798	17,333 (0.9)	17,333 (1.9)



Hysterectomy is the most commonly performed gynecological surgical procedures; but the extent of this procedure varies depending on the reason for the surgery. Medically unindicated use of this procedure under insurance schemes, has generated area of interest for the first working paper on “State-wise utilization Patterns for Hysterectomy under PM-JAY”, at National Health Authority. Hysterectomy is one of the 73 packages for obstetric care and treatment of gynecological morbidities out of total 1393 packages available under Governments flagship program on PM-JAY. As of April 2019, data is analyzed for twenty-four states and union territories implementing PM-JAY since inception of the scheme in September 2018. States such as Tamil Nadu, Gujarat, Maharashtra and Chhattisgarh included in the analysis, have a previous history of implementing health insurance programs. Data analyzed at the state level includes pre-authorization and claim submissions for all and Hysterectomy packages, age of claimant and sector utilized (private/public). The analysis also focuses on broad claims submission patterns during first nine months of the scheme; and also compares the insurance claim trends to population-based data from the National Family Health Survey-4.

Hysterectomy comprises 0.9 percent of claims submitted for all packages; and 1.9 percent for the claims submitted for women by empanelled hospitals. It is also observed that over 75% of all hysterectomy claims under PM-JAY have been generated by 6 states: Chhattisgarh (21.2%); Uttar Pradesh (18.9%); Jharkhand (12.2%); Gujarat (10.8%); Maharashtra (9.0%); and Karnataka (6.6 %). The mean age of women for whom claims submitted were 46, with a median age of 44 years under PM-JAY; however, the median age for majority of hysterectomies reported by women in the 40-49 age group at the time of the survey under NFHS-4, was 37 years (median age is not comparable to PM-JAY, as NFHS-4 only surveyed women 40-49 years while PM-JAY covers all women). Hysterectomy with salpingo-oophorectomy is the most commonly used package, with some variation by state and sector.

Overall, slightly more than two-thirds (68.7%) of all claims submitted for hysterectomy were in the private sector. This overall proportion is similar to that indicated by the NFHS-4 amongst women 15-49, across all states. This initial analysis raises implications for women's health, data monitoring and health systems responsiveness. Evidence from literature review and also from large scale surveys (NFHS-4) suggests that hysterectomy is widely performed for benign conditions which raises questions on the wide use of oophorectomy in claims under PM-JAY. Inclusion of additional variables particularly the medical indication for hysterectomy and demographic data of claimants to be included under data monitoring to provide insight into whether hysterectomy could have been replaced with a less invasive procedures. Periodic data quality checks need to be conducted, as data included few cases on hysterectomy package utilization for males.

The next steps recommended are:

- Detailed claim review at state level for in-depth investigation for the high incidence at some of the states, to explore not much differentials among public/private even after reserving the package at public sectors
- Data improvements, in particular review of the package categorization with expert group



PM-JAY IN NEWS

This article was published in liveMINT on July 05, 2019 by Deepti Bhaskaran

The Silver generation needs some tax polish

Two years ago, one Monday morning, when N.S. Swaminathan dialled into the usual conference call with various teams across the world, he was irritated to find no member had logged in. A globetrotting IT sector top executive, Swaminathan tapped his pencil in annoyance for some time, before reality broke on him—he had hung up his work keyboard the previous Friday. “I used to work for 16 hours a day and managed a large business unit of over 3,000 employees and suddenly there was nothing after retirement,” he said. Now, at age 62, Swaminathan still gets on the phone but to counsel children on their careers. Life has slowed down for Swaminathan, but is anything but dull. “Earlier I used to travel primarily on work. Now I take holidays with friends. When I go abroad, I explore cities and their cultures,” he said.

But amid all this, what worries Swaminathan is whether or not his retirement corpus is enough. “Being in the private sector, I don’t get pension. My needs have come down, but so has my income, but the cost of living is only increasing,” he said, adding that healthcare comprises a major chunk of costs for senior citizens. He is not worried without reason. According to Himanshu Rath, chairman, Agewell Foundation, an NGO working for senior welfare, only about 35% of the elderly, including pensioners, are financially independent. In fact, many rejoin the workforce after retirement. “Even now, nearly 11% of the elderly population is working for survival and to support income,” said Rath.

Not surprisingly, India’s senior citizens look expectantly at every budget for sops and schemes that can put more income in their hands. Most of the time, the budget doesn’t disappoint them. But Pradip Roy Choudhury, 68, a retired Merchant Navy officer who lives in Chennai, feels the government can do more. “The percentage of tax-paying senior citizens is minuscule. So if you were to give greater tax benefits to them, it won’t impact revenues in a big way, but it will considerably improve the financial lives of many,” said Choudhury. According to Census 2011, nearly 8.6% of the population comprises senior citizens or individuals over age 60. There are about 130 million senior citizens, of which only 8.1% or 10 million pay tax, said Rath. “The elderly contribute nearly 6.36% of the GDP and are, therefore, important stakeholders,” he said. While 65% of India’s population is below the age of 35, it’s expected that the proportion of India’s elderly will swell to 20% by 2050 and, according to Choudhury, the main concern of senior citizens is battling the cost of living.

According to Vinodh Rao, 71, a resident of Chennai and a former banker who currently works for an NGO that focuses on medical research, the income of the elderly needs to be treated differently. “I can understand that I have to pay tax on my salary, but then you work all your life to accumulate a retirement nest-egg and that too gets taxed. The interest in fixed deposits (FDs) and other financial products is taxable. Even pension is taxable,” he said. Budget 2018 gave people over 60 higher deduction on interest income up to Rs.50,000 from bank deposits (the number for non-seniors is Rs.10,000 and only for deposits in savings accounts), but is that enough? “Even dividend income from equity is tax-exempt till Rs.10 lakh.

Senior citizens are risk-averse and like FDs, so the limit of Rs. 50,000 needs to be reviewed,” said Swaminathan. The NBFC and debt fund crisis has further reduced options for seniors. Retirees from the unorganized sector are the worst hit as they don’t even have the Provident Fund to fall back on. The National Pension System (NPS) was designed to solve the problem for 87% of the Indian workforce that does not have any form of pension, but with just around 1.8 million subscribers today, it is far from universal. Neither the extra Rs.50,000 deduction given in 2016 to NPS nor the tax-free status of the maturity corpus made much difference. One way to make NPS more palatable is to remove the tax on the annuity part. “Annuities need to be tax-exempt. Even the standard deduction of Rs.50,000 allowed for salaried people and pensioners is not allowed against annuity income,” said Vasu Krishnan, 72, who is a part-time quality system auditor in Chennai. He works to supplement his income. “FDs don’t beat inflation, so I need additional income to support my lifestyle. Falling back on kids is out of the question for me,” he added.

The other big worry for seniors is medical costs. “My wife met with an accident and fractured her wrist and had to get a titanium plate. The procedure cost Rs.2.75 lakh,” said Choudhury. While medical costs have ballooned, on an average, people have a health cover of Rs.3 lakh, which is inadequate. “Retail health insurance is not very friendly towards senior citizens with a pre-existing ailment as most won’t issue them a policy,” said Kapil Mehta, founder, SecureNow.in. In fact, the equation changes as soon as one turns 60. “I had a health cover from before, but when I turned 60 years, my insurer put a co-pay clause,” said Swaminathan. Currently, retail health cover doesn’t help senior citizens in a big way and there is a need to on-board senior citizens to government-funded Pradhan Mantri Jan Arogya Yojana (PM-JAY). It is designed for the below-poverty-line population, and is remarkably better than a retail product because of minimum exclusions and maximum coverage. “If you also factor in health schemes such as CGHS for government employees or ECHS for defence personnel, nearly 70% of the population is covered. For the remaining 30%, not having insurance can create financial distress. The government should think about extending PM-JAY to those over 65 as they are the most needy and are a relatively small proportion of the population,” said Mehta.

The government seems to be thinking on these lines already. According to Indu Bhushan, CEO, Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), “In the sustainable development goal, financial protection needs to be given to all citizens and not just to the poor. PMJAY for the poor is a starting point towards universal health coverage. However, when we extend PM-JAY to other sections, we will need to rework the costs and arrive at a cost-sharing arrangement as people who can afford to pay should contribute to the premiums,” said Bhushan. A cost-sharing arrangement will not only ease the fiscal burden on the government, but also allow individuals to access better medical care at a nominal cost. The government needs to incentivize senior citizens by making retirement income tax-friendly and financing healthcare efficiently.



#PMJAYmakingAdifference

KARNATAKA

Shivamma kept ignoring pain in her breast for as long as she could. On visit to the local hospital, in Ramanagara, doctors confirmed her worst fears. She was diagnosed with breast cancer and was advised mastectomy. Being an agricultural labourer, Shivamma did not have the money required to get the surgery done, however, her three sons persuaded her to go to Bangalore and get herself re-examined. It was then that she got to know about PM-JAY and that she is a beneficiary, thus eligible for free treatment. Soon after, mastectomy was conducted and Shivamma lost her left breast, but she got a new hope.

PM-JAY a boon for the poor

PM-JAY giving hope

JAMMU & KASHMIR

50 year old Rani had been suffering from acute asthmatic attacks followed by fever attacks for almost a decade. She had been relying on the local medicine for all these years. However, there was no improvement in her condition. Due to family's weak economic situation, Rani never even considered going to the hospital and getting treatment. It was only after she received Prime Minister's letter about PM-JAY, that she gathered courage to go to the hospital and get proper treatment. For the first time comprehensive medical treatment became a realistic option for Rani. She is on medical treatment now and is glad that medical relief is finally accessible to her and her family.

BIHAR

Eight year old Saloni from Rajgarh area in Buxar district had suffered a serious head injury after she fell down from the terrace of her house. Saloni was first taken to a local hospital but due to her critical condition, she was referred to Patna Medical College and Hospital (PMCH). On admission in PMCH, senior doctors informed the family about the need to carry out brain surgery. Initially distraught thinking about the medical expenses the surgery would entail, Saloni's father was relieved when he got to know about PM-JAY and that Saloni's treatment would be covered under that and he will not have to pay anything. Saloni was operated upon and is now recovering.

PM-JAY saving lives



PM-JAY in Social Media

Narendra Modi @narendramodi

At the 3rd session of the #G20, emphasised on healthcare including India's traditional healing measures, Yoga and our present efforts like the world's largest healthcare programme, Ayushman Bharat.



National Health Authority (NHA) @AyushmanNHA

1/2 @AyushmanNHA in collaboration with @RailMinIndia, organized a Beneficiary Identification and Awareness Drive at New Delhi Railway Station, Old Delhi Junction, Hazrat Nizamuddin & Anand Vihar Terminal Railway Stations. @PiyushGoyal @drharshvardhan @ibhushan



National Health Authority (NHA) @AyushmanNHA

1/2 Healthcare for its citizens should be an area of prime focus for any progressive nation. Hon'ble Prime Minister of India, @narendramodi reiterated this in a meeting with the Governing Council of @NitiAyog today.



Dr. Indu Bhushan @ibhushan

Pleased to share that Hon. Governor of Madhya Pradesh Smt. @anandibenpatel ji expressed her appreciation to Shri Kamlesh of @CSCgov_ for the excellent work being done for identification & verification of #AyushmanBharat beneficiaries. Keep up the wonderful work! @drharshvardhan



National Health Authority (NHA) @AyushmanNHA

Partnerships for a sustainable future | @ayushmanNHA and @ICICIFoundation joined hands to train over 15,000 #PMJAY implementers - at state and districts levels as well as upskill Arogya Mitras in 24 states towards effective service delivery. @drharshvardhan @ibhushan @drdineshias



Dr. Indu Bhushan @ibhushan

Group of international health practitioners from Viet Nam, Cambodia, China, Egypt, Armenia, Bangladesh & other countries visited @AyushmanNHA to study how #PMJAY was launched in such a short period of time n learn about its state-of-the-art IT system. @drharshvardhan @drdineshias



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National Health Authority (NHA) @AyushmanNHA

#AyushmanBharat Health Pakhwada are being organised in all districts of Uttar Pradesh between 24th June to 8th July with an aim to create awareness about the scheme and issue e-cards to the beneficiaries. @PMO @MoHFW_INDIA @drharshvardhan @ibhushan



@GMSouthernrailway @GMSRailway

Beneficiary Identification Camp for @AyushmanNHA #PMJAY programme organised by @SRDepHealth at Dr MGR Central today - Several contractual staff including Coolie porters and cleaning staff got enrolled