



## KEY HIGHLIGHTS

More than 67 lakh hospitalisations took place till end of November 2019

Regional review workshop for North Eastern States held in Guwahati

NHA participated in India International Trade Fair

PM-JAY National IT workshop organised

- More than 35 Lakh e-cards were generated in the month of November
- Over 91% of beneficiary verification has been done using Aadhaar
- Out of all empaneled hospitals, more than 46% are private

## TOP 5 TERTIARY SPECIALITIES

Orthopaedics  
Cardiology  
Cardio-thoracic & vascular surgery  
Urology  
Radiation Oncology



## FROM CEO'S DESK



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

Dear readers,

As a signatory to the UN Sustainable Development Goals (SDGs), Government of India is committed to achieving Universal Health Coverage by 2030 and has set in place radical reforms to improve access to good quality, affordable healthcare for all citizens, without financially burdening them.

India's health story has been a chequered one so far, an epic of multiple fragmentations. With rising incidence of non-communicable diseases and persistence of communicable diseases, India bears the double burden of disease. This places even greater pressure on a fragmented system w.r.t providers of healthcare services, purchasers and payers and the digital technology that powers it.

Indian health system is characterised by one of the lowest public spending on health in the world at 1.13 per cent of the GDP that translates into approximately Rs. 1,657 per capita per year (Source: CBHI, National Health Profile 2019). As per NITI Aayog 2019 report titled 'Health System for a New India: Building Blocks', 62 per cent of healthcare spending is financed by households through out-of-pocket expenditure at the point of care. PM-JAY is a major leap towards universal health coverage that India has taken. So far, nearly 67 lakh treatments worth over Rs. 9,600 crore have been provided through the network of 20,000 empanelled hospitals across the country.

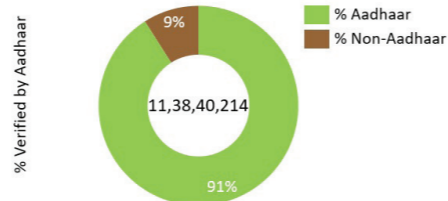
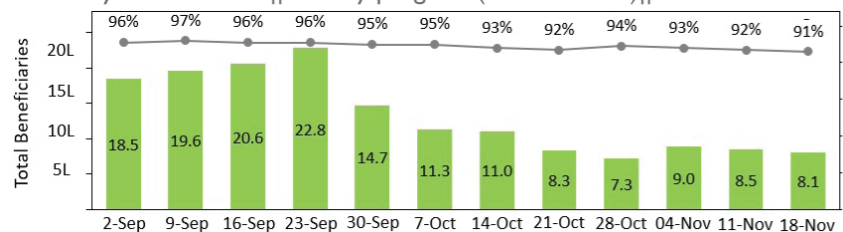
On the occasion of International Universal Health Coverage Day, I'm pleased to share that this issue of Arogya Samvad is dedicated to this critical area. In this special issue, there is an article by renowned cardiac surgeon and healthcare entrepreneur, Dr Devi Shetty who believes healthcare should be dissociated from affluence and has led by his own example of his very successful Narayana Health model.

This month's focus state is Meghalaya, which has been planning the convergence of PM-JAY with the state scheme. The convergence of the two schemes has enabled the state to move closer to achieving target 8 of Sustainable Development Goal 3 that is "to achieve universal health coverage." As the implementation of scheme moves away from its initial stages into the stabilisation stage, continuous monitoring becomes a key tool to better service delivery and uptake of the scheme. A North-East regional review was organised to discuss major challenges faced by the NE states, highlight good practices and identify areas of focus and support. We will organise similar reviews in other regions shortly.

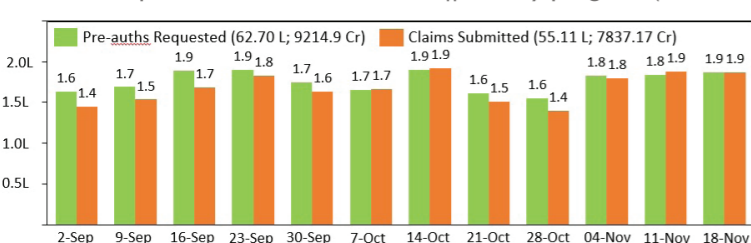
Wishing you health and well-being, always.

## PM-JAY Status Update

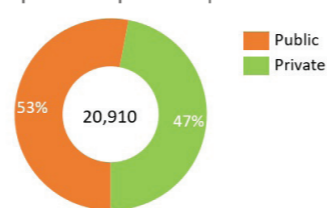
Beneficiary Identification || Weekly progress (last 12 weeks)|| > 35 Lakh e-cards generated in the month of November



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



Hospitals Empanelled|| Till Date



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

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



## PM-JAY review workshop for North Eastern Region



One year of Ayushman Bharat PM-JAY, the completion and celebration, brought to light several learnings, best practices and reflections from the implementation of the scheme by the partner States, the Centre and other stakeholders. The first regional review workshop of PM-JAY was held in Guwahati, Assam for the North Eastern Region, on November 8, 2019. The workshop was chaired by CEO, NHA and attended by Principal Secretaries of 3 North Eastern states with CEOs and other officials from participating States.

The workshop was inaugurated by Dr. Indu Bhusan, CEO, NHA. In his inaugural address, he drew attention to some key issues of the scheme. The participating states through their presentations covered the implementation report card covering progress of e card generation, district profiles, gaps, innovations, hospital empanelment status, status of funds, grievance, preauthorisation, claim settlement status among other review parameters. In addition, States also shared their best practices, challenges, suggestions and feedback.

The day long deliberations focussed on the performance, challenges faced and various approaches adopted by participating states to resolve the state and region-specific issues. Based on the discussions, NHA and States summarised the main actions points related to utilisation of funds, uptake of scheme, delay and/or denial in provision of services under PM-JAY, increasing PM-JAY beneficiary base, integration with national call centre, learning and capacity development, NAFU triggers, bank integration for timely payment of both national & portability cases, and continuum of care to deepen linkages with primary care for referral & follow up care.

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



EXPERT SPEAKS

## Dissociating healthcare from affluence



Dr. Devi Prasad Shetty  
Chairman and Executive  
Director, Narayana Health

*“India will prove to rest of the world that healthcare and wealth of the nation are not correlated.”*

I have no doubt that within the next 5 to 7 years India will become the first country in the world to dissociate healthcare from affluence. India will prove to rest of the world that healthcare and wealth of the nation are not correlated. As young medical students, we were told that healthcare is expensive and it will always remain expensive, but one day India will become a rich country, and everyone can afford healthcare. When I grew up, I could see the richest countries in the world struggling to offer healthcare to their citizens.

Universal healthcare will become a reality in India because of three recent developments – (i) Ayushman Bharat, (ii) National Medical Commission and (iii) Digital Health.

### (i) Ayushman Bharat

Historically, surgery has been positioned as an unwanted stepchild of public health system. Governments across the developing countries are obsessed with Malaria, TB and HIV. Ironically, Malaria, TB and HIV kill less than 4 million people a year across the world while lack of access to safe surgery kills 17 million people annually. Most of these procedures are simple operations called “Bellwether Procedures” - surgery for burst appendix, caesarean section for obstructed delivery and surgery for compound fractures.

Sponsoring these operations can save millions of lives in India, which requires to perform nearly 65 million surgeries a year. We are now performing only about 25 million surgeries. Close to 40 million people suffer because of lack of surgery and significant number of them die a slow painful death.

With Ayushman Bharat sponsoring 1,350 varieties of surgeries, things are never going to be the same. Because of the large number of surgeries done in public and private hospitals, better infrastructure will come up which, as a corollary, covers Malaria, TB, HIV and all the common medical illnesses.

### (ii) National Medical Commission

Once the problem of affordability is addressed by financial intermediaries like Ayushman Bharat, the next big challenge is going to be the shortage of medical specialists. According to the High-Level Expert Group nominated by the Ministry of Health, there is a shortage of over 80% medical specialist in public hospitals. For example, we have only about 10,000 Radiologists as against a need of more than two lakhs.



According to Medical Council of India guidelines, no operation can be done without a signed report from a radiologist. If the National Medical Commission equalises undergraduate and post-graduate seats in clinical subjects, we will have adequate number of specialists in less than five years to tide over the current crisis.

### (iii) Digital Health

Digital health platform will take away pen and paper from the hands of doctors, nurses and medical technicians and will make healthcare safer, affordable and accessible to patients. Chronic illnesses constitute nearly 65% of all the diseases people suffer and they can be treated online. India has over 70 million diabetics and we have only 600 Endocrinologists in the country.

With the online diabetic management, a patient needs to see the Endocrinologist just once a year and subsequent follow-up can be done online by the endocrinologist. Whenever the patient's blood sugar fluctuates, the patient can have instant advice by sending a message on the mobile phone of the treating doctor.

*“We are optimistic that our government will address the structural issues of health sector soon and make the dream of Universal Healthcare a reality.”*

### Challenges in implementing Universal Healthcare

Nearly 70% of the Indian healthcare is delivered by private sector, which at present is in crisis. CGHS which is the mother of all the government sponsored schemes has not revised the treatment charges for the past few years. Complicated surgery like Kidney transplant done under the CGHS scheme pays Rs. 85,000 to specialty hospitals, which is less than what publicly funded AIIMS charges. Unrealistic reimbursement from various government sponsored schemes like CGHS and ESI, and undue delay in payment has pushed many hospitals towards bankruptcy, especially in tier-2 cities.

Successful doctors promote most of the hospitals in tier-2 cities which take care of nearly half the country's population. For the stability of the society, it is very important to protect and preserve these standalone hospitals offering lifesaving care under trying circumstances.

Apart from liberating medical education to train more medical specialists, National Medical Commission should also establish the guidelines on Telemedicine and Online Healthcare. We are optimistic that our government will address the structural issues of health sector soon and make the dream of Universal Healthcare a reality.



**OPINION**

## Universal Health Coverage: From a distant chimera to an achievable goal

**Dr. Indu Bhushan**

The dream of providing universal health coverage (UHC) has never been as close to reality as it is now. As we mark UHC Day today, let us acknowledge that our country urgently needs UHC.

The World Health Organisation defines UHC as ensuring that all people have access to needed health services (preventive, curative, palliative and rehabilitative) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship. UHC does not mean free health services, but ensuring access to affordable health services of adequate quality. One key element of UHC is that the people should not be exposed to catastrophic health expenditures. Ideally, health care costs should not be paid for out-of-pocket by users at the time of seeking services, but through a prepayment mechanism or tax revenues.

Contrary to this vision, about 6 crore Indians fall into poverty every year due to expenditure on health, according to a World Bank study. Out of pocket spending by families currently comprises over 60 percent of health care expenditure in India. This is one of the highest levels in the world and the highest among the G-20 countries. The comparable figures for China and Indonesia are around 35%. What's more, out-of-pocket has remained this high for several decades. High out-of-pocket expenditures on health are highly regressive as they disproportionately punish the poor and the sick. They are also utterly inefficient, since they deter families from seeking timely care—and often, any care at all. Women and older people are particularly disadvantaged.

However, we have reason to believe that this picture will finally change soon. Why so and why now? There are several reasons for optimism.

First, the political will to support UHC has never been greater in India. For the first time, the political leadership at the highest level has put health care for all at the top of the development agenda. Indeed, the Prime Minister has been so closely involved with the government's recent flagship health initiative, Ayushman Bharat, that it is often referred to as 'Modicare'.

Second, this political commitment comes with sufficient financial resources as well as the creation of enabling organizational structures at national and state levels in the form of an appropriately empowered and staffed National Health Authority and corresponding state agencies.

Third, the States have shown strong leadership and willingness to adopt UHC as their primary health goal. Most have used their own resources to expand coverage of the Centre's Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) to groups beyond those originally targeted. The expanded AB PM-JAY covers more than 13 crore families, against the originally planned 10 crore families. Some states, like Uttarakhand and Karnataka, have expanded the scheme to almost their entire populations. Many other States and Union Territories have similar plans.



Fourth, the initial momentum of AB PM-JAY provides a strong proof of concept and a viable framework for achieving UHC. In slightly over a year, AB PM-JAY has supported treatment for over 65 lakh people, saved about Rs 20,000 crore for poor households and prevented lakhs of them from falling deeper into poverty. Contrary to some media reports, the private sector has been an enthusiastic partner, having provided about 60% of the treatments under the scheme.

The scheme has also provided the fulcrum for the Centre and States to expand health coverage to other vulnerable and needy groups. For example, the Ministry of Labour and Employment plans to bring all construction workers under the scheme. Some States are using the scheme's IT system to cover Government employees and retirees. The other pillar of Ayushman Bharat is also off to a strong start, with over 20,000 Health and Wellness Centres now providing expanded preventive, primary and promotive health services.

While strong momentum has undeniably been achieved, progress towards UHC is not pre-ordained. Several constraints pose challenges. In its 2019 report titled 'Health System for a New India: Building Blocks', the NITI Aayog identifies the deep fragmentation of the health system with respect to health service providers, purchasers and payers, and the digital technology that powers it, as a critical constraint. Addressing this constraint will be important for maintaining momentum towards UHC.

Currently, outside AB PM-JAY and the state schemes, less than 10% of India's population has comprehensive health insurance. A large section of India's middle class lacks health insurance coverage. Within the public sector, a multiplicity of organised payers—entities of the central and state governments—operate multiple health care schemes, further fragmenting health insurance in the country. Consolidating these schemes could strengthen strategic purchasing, as a single—and larger—payer can negotiate better rates from hospitals and diagnostic centres. It can also better enforce quality standards, improve efficiency and protect consumers. A consolidated government scheme can plausibly extend benefits to the “missing middle,” perhaps on a payment basis, graded on the ability to pay.

Service delivery in India is also highly fragmented, with a large number of mainly small providers delivering over 64% of health care. Ninety-eight percent of providers operate informally and employ less than 10 people. More than 80% of tertiary care facilities are based in the tier 1 cities. If UHC is to be achieved, this will have to change. By putting buying capacity in the hands of India's bottom 40%, who live mostly in rural areas and smaller towns, AB PM-JAY will help in this transformation. However, a separate set of incentives and policies will be needed to encourage investment in larger tertiary care hospitals in the tier 2 and tier 3 cities and consolidate the existing smaller hospitals to ensure economies of scale.

Health records comprise another area for improvement. Currently, the health records of millions of patients get lost in the quagmire of manual systems or fragmented, non-standardised IT systems, offering no scope of interoperability or cross-sharing, thereby limiting data-driven and evidence-based patient care. We will need to build a robust, secure and interoperable digital healthcare backbone that can seamlessly provide patient information to healthcare providers across hospitals. The recently released National Digital Health Blueprint provides a clear roadmap for achieving this vision. Expediently implementing the blueprint is essential for achieving UHC.

The country has irreversibly set itself on course to achieve UHC. Removing the current fragmentation in health insurance, incentivising investments in hospitals in under-served areas and building a strong digital healthcare backbone will accelerate this process.



## PM-JAY IN NEWS

Edited excerpts from the interview with Dr. Indu Bhushan, CEO, NHA published on Indiaspend website by Swagata Yadavar

# Ayushman Bharat working to identify those left out:CEO

### How has the first year of PM-JAY been? What has been working, and what has not?

In the first year, the momentum has been quite good and we are quite pleased with the way the scheme has rolled out. We have to expand it; there is huge disparity amongst the states, because some states have started the scheme for the first time. When you have to create an ecosystem to start a new scheme, it takes time. This is what is happening in Uttar Pradesh (UP) and Bihar. Also, these states have poorer infrastructure to provide services. The portability feature has proved to be quite handy. [Portability allows patients seek healthcare in any empanelled hospital anywhere in the country]. For example, 10,000 people have gone outside UP to Uttarakhand--most of them to Rishikesh AIIMS [All India Institute of Medical Sciences]. Many people are going to Delhi. Similarly, Bihar is sending people outside because they don't have health infrastructure.

In terms of recipient states, Delhi is the national healthcare provider and Gujarat and Maharashtra are other recipients in bigger states. [Since September 2019, 50,544 of the 6.8 million hospitalisations (0.7 per cent) involved the use of the portability feature, according to figures shared by the NHA with IndiaSpend.]

We need to improve the performance of the scheme in the green-field states. We need to work on awareness generation and strengthen the supply of services in these states. For that we are working with NITI Aayog [the Centre's policy think-tank] to understand how we can provide incentives for new hospitals to come out in these places. In some cases, for states which are far away like North-East and some of the islands like Andaman and Lakshadweep, we are working to provide transport cost to the mainland--because it is the major cost component in these places. We are trying to improve awareness in general, as well as provision and quality of services. We are also trying to get more and more hospitals on board. We have now also revised our packages. Earlier, some providers had indicated that rates were low and so we are working on that. Our aim is to get all the big hospitals to our scheme. To ensure quality of services, we are working with the department of health research at ICMR [Indian Council of Medical Research] to develop standard treatment workflow. Our IT systems will ensure that those workflows are followed.

### Does this take care of unnecessary treatments that happen in the private sector? Around 3,000 cases of fraud worth Rs 4.5 crore were discovered during audits, said AB PM-JAY annual report 2019.

We are building some checks and balances--like in hip replacement, we are putting in place boards that will examine whether those procedures are required. We are also working on cancer care so that the right amount of treatment is given--not over or under treatment. If the person needs chemotherapy, radiation, or surgery, that should be decided by qualified treatment provider. Similarly in cardiovascular disease, we have a system where they could scrutinise whether the person needs a stent or if the hospital has prescribed a stent to earn money. Next is the detection and prevention of fraud and abuse. For that we are strengthening our IT system and when we find some patterns [of malpractice and fraud], we come down heavily on that.

Every week we share with states, the potential fraud cases based on our analysis of the data. We are also finalising a company which will help us

with forensic analysis and big data analysis and give us alerts that we can share with states. We are developing the capacity with the states so that they could do it themselves. Finally, we are improving our IT system and have come up with a tool called 'Zero', which will be more robust, more user-friendly, more secure and interoperable.

We provide those triggers, and many of the fraud cases have been detected. Till now, 300 hospitals have been suspended, we have claimed the money back and FIRs [first information reports] have been launched.

### At an event in November 2019, Alok Kumar, senior advisor to NITI Aayog, spoke about a plan for health systems to cater to the middle class--which is currently not covered in any scheme. Are there any plans to broaden this pool of beneficiaries?

We are only one year old and right now we have to consolidate what we are doing before expanding. Our aim is to strengthen the ecosystem for providing services for health insurance. Also, our database is very old. It is a 2011 database so we have to clean it up and exactly identify the people still left out and how to make them part of the scheme. Once we have covered all the poor people, the call has to be taken by the government whether they want to expand and bring in [the middle class]. So the vision document that Mr Alok Kumar had shared recently shows the long-term vision. But when we go to them, we want to be sure that we have a system and an ecosystem ready.

### So is a list being enumerated?

I would not say enumerated, but we are looking at the group of people who are being left out. For example, we are working with other ministries: Like the ministry of labour is prepared to pay for all the construction workers and bidi workers, so we will include them. Similarly, we are looking to include workers of micro, small and medium enterprises [MSMEs] in collaboration with the MSME ministry. We have also signed an MOU [memorandum of understanding] with the ESI [Employees' State Insurance], and we are working with ESI to consolidate those workers.

### Since PMJAY has the advantage of having a big pool, has it brought down the cost of medicines?

About the medicine cost, I don't know. In India, the medicine cost is quite low anyway. Medicines comprise a bigger share of out of pocket expenditure. For example, 70 per cent of household cost on health is on medicines. Now, instead of the beneficiary paying of it, we are paying for that. But we have not conducted a study to show that the costs have come down but hopefully as the scheme becomes deeper, the cost will come down. Not only the cost of drugs and pharmaceuticals but also that of implants and devices should come down.

### This scheme takes care of tertiary care, but what about secondary and primary care because that is where more people are affected? Catastrophic expenditure is for tertiary care, but a lot of it is paid out of pocket at the secondary and primary level.

We are hoping that once we have very strong health and wellness centres, they will take care of much of the primary and secondary care. The government system has to be stronger to provide free drugs and diagnostics. For tertiary and for catastrophic expenditure, we have PM-JAY services.



## STATE IN FOCUS: Meghalaya

The state of Meghalaya, has an estimated population of 3.5 million, of which more than 75% of its population resides in the rural areas. The Government of Meghalaya had launched Megha Health Insurance Scheme (MHIS) in 2012 with an objective to bring affordable and equitable healthcare within the reach of every resident in the state of Meghalaya, including those below and above the poverty line. In 2018, when PM-JAY was announced; the state of Meghalaya began planning the convergence of the central scheme with the state scheme. The convergence of the two schemes enabled the state to move closer to achieving target 8 of Sustainable Development Goal 3 that is "to achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all".

The realization of Universal Health Coverage requires Governments' commitment, adequate health care financing, sufficient man power and access to quality health care for all. The first step in the direction taken by the state was to target the beneficiaries that is covering approximately 8 lakh households and over 3 million beneficiaries. Unlike previous years when MHIS was functioning in the framework of RSBY, people could not enrol under the scheme once the 4 month enrolment period was over, thus leaving out many people. Since PM-JAY - MHIS is based on entitlement and allows registration throughout the year, the state took the initiative to organise 7 month long registration drive allowing beneficiaries to become more aware about the scheme benefits and to register. At the end of the drive, over 15 lakh e-cards were generated.

The state also increased the number of Health Benefit Packages available to its beneficiaries from 1300 packages provided by PM-JAY to over 2300. These add on packages included not only secondary and tertiary care treatments, but also covered critical illness, OPD diagnostics and selective OPD targeting life-style diseases and maternal and child health. This makes Meghalaya one of the first states to have taken the route of expanding the cover to include out-patient services.

To further ensure that these services are available to people in the remotest of areas, the state also initiated the empanelment of all Public Health Facilities which included PHC, CHC and District Hospitals along with most of the Private Hospitals. Till November 2019, 131 health facilities have initiated claims in Meghalaya out of the 170 empanelled health facilities that are functioning in the state. The number of people utilising the scheme has also increased tremendously with over 82,605 pre-authorisations registered amounting to 60.98 crores (as on 30th November 2019).

In the last 9 to 10 months of PM-JAY - MHIS implementation, hospitals have been able to improve through small and big efforts alike. Some hospitals have been able to upgrade their facilities with lab equipments etc. enabling the facility to provide services to beneficiaries in centres closer to the beneficiary.



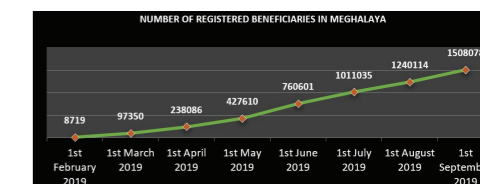
Registration of beneficiaries in a village



Registration of beneficiaries at East Garo Hills



Hospital training in progress



Number of beneficiaries registered in Meghalaya



### Overview of Meghalaya State

Total families in Meghalaya	7,53,559
PMJAY eligible families	3,47,013
State scheme eligible families	4,06,546
Total covered families under PMJAY and state scheme	7,53,559

Families covered under PMJAY and State Mega Health Insurance Scheme) out of total families as per census 2011

**PM-JAY Coverage**

- 50%
- 50%

- PMJAY was launched in Meghalaya on 2nd-January- 2019
- Apart from SECC target population under PMJAY state has its own health insurance scheme - Megha Health Insurance Scheme)
- The State is covering 100% of the total families under PMJAY and state scheme
- The state has Insurance model

### Beneficiary Information

# Numbers of e-Card generated: **15,49,565**

# Families with e-card: **4,11,221**

% of families with e-card: **52%**

### Utilisation of Scheme

In No.s: **89,442**

₹ **70 Cr**

Pre-Auth raised

Claims Paid (INR): **52.1 Cr**

Claims Paid

Claims Submitted (#): **87060**

Claims Submitted (INR): ₹ **64.5 Cr**

Average claims Submitted (INR): ₹ **7,413**

Pre-auth raised for Rs 70 Cr with 89442 number of Pre-Auths.

Total 64.5 crores amount of claims were submitted and 52.1 crores have been paid.

Pre-auths/Lakh Pop (Avg Last 3 Weeks) (Expected > 38): **74**

### Hospital Empanelment

Total no. of empanelled Hospital	Public: 154	Private: 14	Total: 168
Hospital with atleast 4 Pre-auths in last one month	100	14	114

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

- UNSPECIFIED CHEMOTHERAPY PER SITING,(1518),(8689630 Cr),(94%)
- Linear Accelerator External Beam Radiotherapy IGR (Image Guided radiotherapy) (Radical/Adjuvant/Neoadjuvant),(27),(4262523 Cr),(8%)
- Intensive Neonatal Care Package ,(137),(4239500 Cr),(0%)
- Cobalt 60 External Beam Radiotherapy (Radical/Adjuvant / Neoadjuvant),(168),(3623165 Cr),(100%)
- ANIMAL BITE (DOG/CATRAT) PER

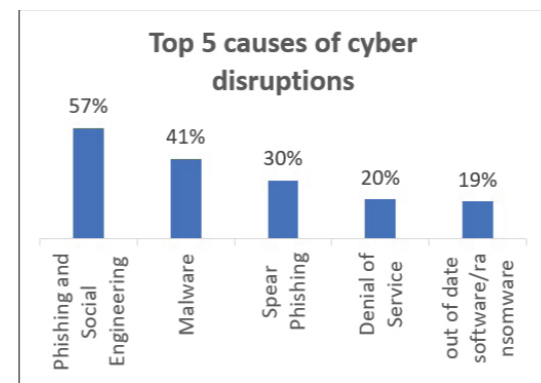
#### Top 5 Secondary specialities (By Pre-Auth and Enhancement amount)

- GENERAL WARD UNSPECIFIED,(25901),(20.23 Cr),(30%)
- Caesarian Delivery,(2905),(6.29 Cr),(29%)
- NORMAL DELIVERY,(5501),(4.42 Cr),(80%)
- NORMAL DELIVERY WITH EPISIOTOMY AND P REPAIR,(2530),(2.45 Cr),(51%)
- GENERAL WARD UNSPECIFIED,(5929),(2.34 Cr),(100%)

## Cyber Suraksha Dishanirdesh

Ayushman Bharat was launched in 2018 to achieve the goal of Universal Health Coverage (UHC) as stated in the UN Sustainable Development Goals (SDGs). Pradhan Mantri Jan Arogya Yojana (PM-JAY) provides health insurance coverage to 40% of the country's population - nearly 500 million people, or roughly the equivalent of the entire population of the European Union. The point to be noted here is that the amount of data PM-JAY scheme is housing is priceless as it is containing sensitive information like health data, Aadhaar information, personal health records, financial information etc. whose magnitude can be estimated by the above image with latest statistics.

According to NITI Aayog, 50% of organisations were reportedly affected by a cyber attack in 2017. It was also found out that 3 out of top 5 causes of cyber disruptions can be controlled by avoiding human error. Considering this fact there is a paramount need for the employees, stakeholders, PMAMs and state representative who have access to PM-JAY infrastructure and beneficiaries' data should exercise due diligence and adopt "zero trust" principle while performing diurnal task.



### Key indicators for estimating the magnitude of DATA in PM-JAY infrastructure:

- 65.60 Lakh treatments were given to beneficiaries
- ₹9555 Crore worth treatment were given to beneficiaries
- 6.8 Crore PM-JAY cards were issued to verified beneficiaries

Data footprint of PM-JAY is increasing exponentially:

In every <b>60</b> seconds	10 Hospital admissions are happening 108 Beneficiaries are verified and issued PM-JAY card	In every <b>24</b> hours	45 Hospitals are empaneled PM-JAY scheme
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## How can "you" protect PM-JAY?

No amount of technical controls can keep an organisation 100% safe unless the people are aware of the information security threats and alert at all times. Cyber attackers understand that the easiest intrusion vector is 'You'. It is imperative to be cyber-aware. Here are some tips on top attacks in which Human error help the inimical entity to get inside the protected infrastructure:

### Threat 1: Be aware of insider threat

**What to ask yourself when someone approach you with a data request?**

- Beware of social engineering techniques:** make sure that those gaining access to PM-JAY data are who they say they are and that they truly require approval to the information.
- See something untoward?** Report! Follow your instinct, and always report what does not look or feel right to you.

### Threat 2: Loss or theft of equipment or data

**What to ask yourself when carrying devices containing PM-JAY information in public?**

- Can I travel without my equipment, if possible?
- Are USB or other portable storage devices containing private sensitive beneficiary data?
- Is the information on my computer or storage device encrypted?
- Is there a secure virtual private network (VPN) that I can use, along with secure, password protected Wi-Fi, to log into the network and work?

### Threat 3: Negligent activities

**What to ask yourself when you receive an E-mail or multimedia message?**

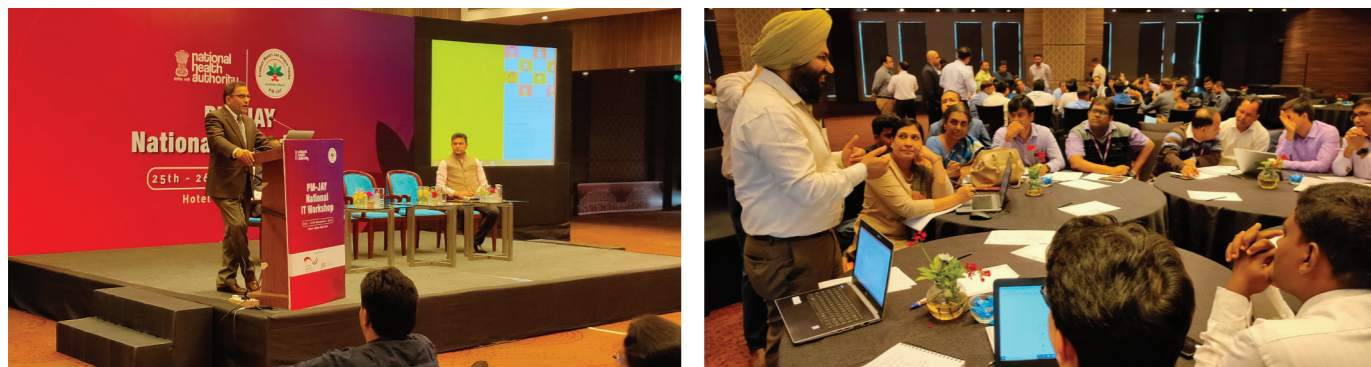
- Do you know the sender?
- Are there any spelling or grammatical errors, or any other indicators that the tone or style of the e-mail is off?
- Before clicking on a link, did you hover over it to see the URL destination?
- Do you know the sender, or are you suspicious of the e-mail? If in doubt, do NOT open any attachments.

To report any security incident or any insecure activity at NHA please connect to **NHA-IS team**

**37%**  
of data breaches were attributed to human error or negligence



## PM-JAY National IT workshop held in Jaipur



With the launch of Ayushman Bharat in 2018, the Government of India has shown its seriousness and commitment in moving towards Universal Health Coverage (UHC). Recognising the importance and the need for continuous evolution of PM-JAY IT Applications, a one and half day “PM-JAY National IT Workshop” was held on 25th -26th November at Jaipur to discuss with the States and other stakeholders on challenges faced in the existing PM-JAY IT Applications and to appraise them on the PM-JAY IT 2.0 Vision and pathway for way ahead. The purpose of the PM-JAY National IT Workshop was that all important stakeholders of PM-JAY meet and discuss the challenges faced in the past year in the implementation of the scheme and forge new understanding and pathways towards improving implementation.

The workshop was inaugurated by Dr. Indu Bhushan, CEO (National Health Authority), who welcomed the participants encompassing representatives from the State Health Agencies (SHA), Insurance Companies (IC), Implementation Support Unit (ISA), Third Party Administration (TPAs) personnel, and PMAMs from the Empaneled Health Care Providers/Hospitals. Furthermore, CEO, NHA briefed the participants about the key milestones of the PM-JAY one year journey and touched upon the importance of strengthening and upgrading the IT ecosystem to PM-JAY IT 2.0 focusing on better privacy practices, stronger security enhancements and adoption of Electronic Health Standards as outlined in “National Digital Health Blueprint”.

The session was followed by a presentation by Mr. Manu Shukla, GM(IT), NHA briefing the participants regarding the current IT ecosystem and highlighted the key achievements and milestones achieved by the PM-JAY scheme over last 1 year. The session was held with Pradhan Mantri Arogya Mitras (PMAMs)- the front-end Workforce at Empanelled Health Care Hospitals of 5 States viz. Uttarakhand, Madhya Pradesh, Meghalaya, UP. The objective of this session was to seek feedback from PMAMs on their experiences from usage of IT Applications viz. BIS, TMS and Ticketing tool. The issues and challenges faced by PMAMs were discussed with the workshop participants and were noted by the NHA team for further action. Considering the pivotal need for stakeholder participation and feedbacks, participants were asked to share and present “Top 5 Change Request and New Features Request” in existing IT Applications i.e. HEM, BIS, Grievance Portal, TMS, Insights and IT Support Applications to NHA representatives.

On second day, Mr. Kiran Anandpillai, Advisor (IT), NHA presented to the participants the future vision of NHA regarding the IT ecosystem for PMJAY 2.0. He outlined the need for standardizing the Health Claims Processing in India, adoption of Health Standards like ICD 10/11, FHIR4.O, LOINC and SNOMED-CT, Concept of Health Claims Platform, Digital Contracts, Health Benefit Packages and the need for creation of “Common Registries/Directories” for the Healthcare Ecosystem moving ahead. Furthermore, he presented an overview of the components of the PM-JAY IT 2.0 Landscape to the participants and informed them that NHA was working tirelessly for realizing this vision as we move ahead.



## PM-JAY stall at 39th India International Trade Fair



National Health Authority had set up a stall for Government of India’s flagship and world’s largest health assurance scheme Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) in 39th India International Trade Fair 2020 (IITF). The fair which was held for 14 days from November 14-27, 2019 at Pragati Maidan in New Delhi.

This year IITF laid great emphasis on health and its primary, secondary and tertiary care components, hence an entire pavilion was dedicated to the Ministry of Health and Family Welfare. PM-JAY being the one of the two pillars of Ayushman Bharat, assuring secondary and tertiary care to more than 50 crore Indians, the objective was to engage in dialogue about AB PM-JAY with the visitors, motivate them to inform the potential beneficiaries such as maids, drivers, chowkidar etc. about features of the scheme and conduct beneficiary Identification. On the day one, the Health pavilion was inaugurated by Dr. Harsh Vardhan, the Hon’ble Union Minister of Health & Family Welfare in the graceful presence of Dr. Indu Bhushan, CEO and Dr. Praveen Gedam, Dy CEO of NHA.

AB PM-JAY stall was conceptualized around the theme of ‘Swasthya ka Vardaan Ayushman’ - ‘Give away the gift of health’. The intent was to reach the beneficiaries through secondary audience. Eligibility was checked by Mr. Ganapati Jha, representative from Common Service Center, Noida religiously for all the visitors and in many cases for their maids and drivers as well. During the span of 14 days over 1000 visitors got their eligibility checked. For the ones who found eligible, their bio-metric fingerprints were taken, HHID number was shared and the request was raised to process e-card. Alongside the drive, visitors were also explained the features of the scheme, various touch points in beneficiary life cycle such as toll free call center, PM-JAY website, Ayushman Bharat PM-JAY App, Am I Eligible Portal and empanelled hospital search portal by NHA representatives. The information material such as brochures, pamphlets and flyers were distributed. comic book was another attraction for the children who dragged the parents to the stall. For purpose of giving away a visual nudge for the visitors to create recall value for the scheme some promotional material too was distributed.

Since IITF had brought the traders from every corner of the country under the common umbrella, it helped us spread the message across to all the traders. Many of them visited the stall and found themselves eligible. Many too away the information material to convey the information to fellow villagers when they go back to their States. Indeed IITF became a single platform for NHA team to spread message about AB PM-JAY and it helped IEC division to learn about the key points on which the awareness is still to be created.



## #PMJAYmakingAdifference

### UTTAR PRADESH

32 year old Sunil kept his pain to himself and continued his farm work. He did not want his family to add an additional financial burden to his family which was struggling hard to make the ends meet. It was only after he got to know about PM-JAY that he decided to visit the nearest hospital and find out the reason for his recurrent pain. During investigation, doctor found out stones in his kidney. He was immediately admitted in the hospital. Sunil underwent a successful surgery and did not have to spend any money for the treatment as he was a beneficiary.

### PM-JAY rekindling hope

### PM-JAY gifts life

67 year old Madan Lal had been facing difficulty in breathing for a long time. He was a heavy smoker and despite giving up smoking his condition did not improve. Due to fear of hospital expenses, he kept delaying proper treatment and relied on medicines which could not eliminate the root cause of his health problem. It was only when Madan's daughter informed him about PM-JAY that he agreed to visit a doctor for proper diagnosis. He was diagnosed suffering from Chronic Obstructive pulmonary disease and was admitted in hospital for treatment. His condition improved considerably and was discharged after availing the treatment. He regularly goes for therapy and his health has improved immensely.

### ASSAM

Mamuni Saddar had been complaining of pain in joints. Everytime she postponed her visit to the doctor, her health only deteriorated further forcing her to visit doctor. On investigation, it was found out that she was suffering from Systemic Lupus Erythematosus, a chronic autoimmune disease that can only be kept at bay with regular treatment. With limited healthcare facilities in her home district Kokrajhar in Bodoland, it seemed impossible for her to get the prescribed treatment. When a local Asha worker informed Mamuni about PM-JAY, she learnt that she could avail medical services for free at any empaneled hospital. This gave her the courage to travel to Guwahati and get herself treatment. Since she started the treatment, the pain has only decreased and she is feeling better.

### PM-JAY saving lives



## #PMJAYmakingAdifference

### HIMACHAL PRADESH

For Devender Singh, last six years have been tough. His 77 year old father Bhajju Ram is paralysed but the family is unaware of how it happened. In their small village there is no proper medical facility available and that explains why the family has not been able to get him the right treatment. It was only after Gangrene set in that the family was advised to take him to Shimla for treatment. Though initially apprehensive about the medical expenses that the treatment would incur, Devender was relieved as soon as he got to know that his father is a PM-JAY beneficiary. Bhajju Ram underwent a free surgery and the family is glad that they could get him operated well in time to prevent further damage.

### PM-JAY a boon to the poor

### HARYANA

19 year old Nahim did not understand the fuss everyone around him was making about his health. He had been battling kidney stones for almost two years. He did not want to bring any additional expense because of his treatment and so kept ignoring his health. Nahim's father was a mason and his meagre income wasn't enough to get Nahim treated. The local Asha brought in hope for the family in form of PM-JAY. Soon after, Nahim agreed to visit the hospital and got himself operated upon. The surgery not only relieved Nahim from the pain but also brought assurance for his family to avail treatment for any health related conditions in future without delay.

### PM-JAY a blessing

### MAHARASHTRA

Deepak Ghadge was diagnosed with a failing kidney in 2018. His world came crashing down. He had been making a modest living in the metropolis with his wife and two kids as a bus driver. He and his wife earned just enough money to make the ends meet and thus there was no scope of bearing an additional expense of life-long Dialysis as advised by the doctor. On sharing his plight with the doctor, he was directed to the Ayushman Mitra in the hospital who informed Deepak about his eligibility to avail free treatment. For Deepak and his family the scheme has brought hope for a better tomorrow.

### PM-JAY brings hope





## PM-JAY in Social Media

**Dr. Indu Bhushan** @ibhushan

Called on Hon'ble Chief Minister of #UP @myogadityanath ji to brief him on the implementation of #AyushmanBharat #PMJAY in UP and discuss critical issues to strengthen healthcare in the State. @PMOIndia @drharshvardhan @MoHFW\_INDIA @AyushmanNHA @amitabhk87



**Dr. Indu Bhushan** @ibhushan

A significant day that signals the advent of a new kind of thinking. @NITIAYog's "Health System for a New India" report is an imp. doc that can help crystallise key policy decisions towards achievement of #UHC SDG 3 @RajivKumar1 @BillGates, @MoHFW\_INDIA @amitabhk\_87 @AyushmanNHA



**National Health Authority (NHA)** @AyushmanNHA

National IT Workshop is being held in Jaipur from 25th-26th Nov. 2019 to discuss the present challenges under #AyushmanBharat #PMJAY IT implementation, provide recommendations and discuss #PMJAY IT 2.0. #SwasthyaKaVardaanAyushman @PMOIndia @ibhushan @drharshvardhan @PraveenGedam



**Dr. Indu Bhushan** @ibhushan

A great discussion with heads of @Novartis\_NSB Social Business(NSB) on supporting @AyushmanNHA with beneficiary awareness and empowerment for #AyushmanBharat #PMJAY. NSB has reached >50 million people through its Arogya Pariwar program. @drharshvardhan @MoHFW\_INDIA @PraveenGedam



**Prof (Dr.) Balram Bhargava** @ProfBhargava

Signed a Memorandum of Agreement today with National Health Authority to work together towards making Universal Health Coverage a reality in India @ICMRDELHI @DeptHealthRes @AyushmanNHA



**National Health Authority (NHA)** @AyushmanNHA

#AyushmanBharat #PMJAY joined hands with @bharatifoundorg @AkshayaPatraUSA and @HelpAgeIndia\_ to extend the beneficiary outreach efforts. @ayushmanNHA is working extensively to inform beneficiaries about the scheme. @MoHFW\_INDIA @drharshvardhan @ibhushan



**Piyush Goyal** @PiyushGoyal

देश के 50 करोड़ से अधिक लोगों को निशुल्क ईलाज कराने की आयुष्मान भारत योजना में रेलवे के 91 हॉस्पिटल को भी जोड़ा गया है।  
आधुनिक सुविधाओं से लैस इन हॉस्पिटल में गरीब मरीजों को बेहतर ईलाज देकर रेलवे यात्रा के साथ साथ देश के नागरिकों की स्वास्थ्य सेवा में भी अपना योगदान दे रही है।

Translate Tweet



**National Health Authority (NHA)** @AyushmanNHA

@AyushmanNHA conducted a workshop with the CEO's of implementing insurance cos. and ISAs to discuss the way forward as #PMJAY expands in the coming time @PMOIndia @ibhushan @PraveenGedam @drharshvardhan @MoHFW\_INDIA



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