



KEY HIGHLIGHTS

More than 23
lakhs
hospitalisations
done

More than 3,000
crore worth of
admissions
authorized

Hospitals of Coal
India on board for
PM-JAY

NHA Innovation Unit
Set up to foster
innovation

- More than 32 Lakhs e-cards were generated in the month of April
- Over 92% of beneficiary verification has been done using Aadhaar
- 64% of total 22.3L admissions happened in private hospitals
- More than 15k hospitals empanelled (50% Private)

TOP FIVE 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-PMJAY) completes eight months, I am pleased to say that the initial momentum has surpassed even our most optimistic forecast at the launch of the scheme. Over 3.3 crore people have received their eligibility cards. We have provided inpatient care worth more than Rs. 3,200 crore to over 25 lakh patients.

With procedures in Medical Oncology, Cardiology, Orthopedics, Urology and Radiation Oncology being most availed tertiary procedures, PM-JAY is making possible cashless treatment for serious illnesses that are becoming more common in our country. The burden of non-communicable diseases (NCDs) has grown from 30% to 55% between 1990 and 2016. The scheme is helping address the new epidemiological reality and providing a large safety net to the poor and vulnerable families.

The demand for secondary and tertiary care will continue to increase with greater collective purchasing and bargaining power of 500 million people, ongoing epidemiological transition and aging of population. We will need to increase the reach, efficacy and quality of healthcare service delivery manifold in order to feed this growing demand. Augmenting individual and collective capacities and efficiencies of driving PM-JAY must be complemented with healthcare innovation. The National Health Authority has established an NHA Innovation Unit (NIU) as a dedicated platform to foster and support innovations in healthcare (including start-up innovations) for better service delivery under PM-JAY and for creating an enabling ecosystem for start-ups to scale and thrive. We are confident that a collaborative approach to create mutually-beneficial and ever-lasting partnerships between innovators, industry and government will go a long way to create a nurturing environment for innovation.

One example of innovation within NHA is the National Anti-Fraud Unit (NAFU). It identifies hospitals/cases to be investigated using a powerful combination of data analytics, quantitative skills and medical audits to identify aberrant and out-of-pattern cases. Using analytics NAFU flags such cases which are then shared with respective States for further investigation. The state in focus for this edition of Arogya Samvad is the north-eastern State of Mizoram where the pre-existing state scheme has been successfully and completely converged with AB PM-JAY. It has been observed that the pre-authorisations and claims raised have a very low rejection rate of 0.55%. Further, a dedicated audit team ensures that no fraudulent activity is reported from the empanelled hospitals.

Through this issue, I hope that you will find useful information on the scheme and will be better able to understand it as it paves the path to universal healthcare.

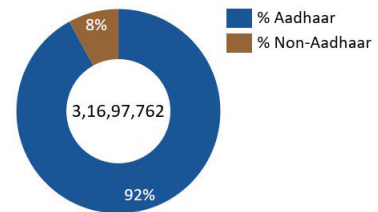
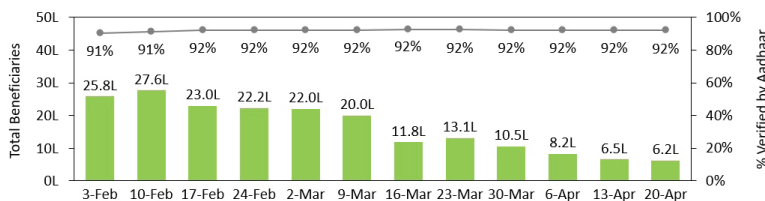
Here's wishing all readers the best of health and well-being, always.

Jai Hind, Jai Bharat

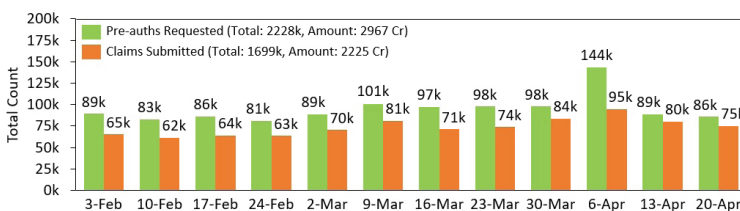


PM-JAY Status Update

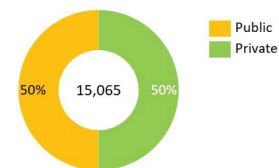
Beneficiary Identification || Weekly progress (last 12 weeks)|| > 32 Lakh e-cards generated in the month of April



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



Hospitals Empanelled | Till Date



BIMAR NA HOGA AB LACHAR, BIMARI KA HOGA MUFT UPCHAR



STATE IN FOCUS: Mizoram

Mizoram, one of the northeastern states of India launched Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) on 1st October, 2018 in all the eight districts of the State. The scheme was inaugurated by the then Chief Minister of Mizoram Shri Lalthanhawla and the CEO of Mizoram State Health Care Society cum State Health Agency (SHA) Dr. Biakthansangi. The scheme roughly covers 2 lakh families in the state (10% of total families in the state).

In Mizoram, SHA is implementing PM-JAY in insurance mode and has got all public hospitals and a few private hospitals with specialties like General Medicine, General Surgery, Orthopedics etc. empanelled under the scheme. Each public hospital is provided with the required hardware by the insurance company for running the scheme. Timely payments to the hospitals have ensured that the state beneficiaries receive timely treatment not just within Mizoram but also in several other super specialty hospitals across India like AIIMS, New Delhi, Tata Memorial Centre Advanced Centre for Treatment, Research and Education in Cancer, Mumbai, Apollo Hospitals, Guwahati, GMCH, Guwahati and RIMS, Imphal. Workshops are being conducted regularly in all the districts to ensure maximum participation from hospitals. Further, multiple rounds of trainings have been imparted to Ayushman Mitras on operation of Beneficiary Identification System (BIS) and Transaction Management System (TMS). Due to the strong commitment of SHA and the implementing agency, several challenges like low/no internet connectivity in the far-flung areas have been overcome while also ensuring that the benefits of the scheme are availed by the people in need. So far, over 100 beneficiaries have been treated offline in PHCs and CHCs. Apart from the packages available in the national TMS, there are additional 235 state specific packages which were proposed to suit the medical facilities available within the state.

As on 23.04.2019, SHA received over 2 Lakh BIS out of which over 93% golden records were generated. This is a result of the combined efforts of PMAMs at all EHCPs and CSCs throughout Mizoram. The State has received over 8700 Preauths and more than 7500 claims have been submitted. Keeping in mind the pivotal role played by hospitals in success of any health scheme, SHA has ensured timely payment to hospitals and so far, more than 7100 claims amounting to approx. Rs. 5.34 Cr. have been settled. The state has also serviced 42 portability claims where the beneficiary availed treatment in other states like Assam, Manipur, Maharashtra, Delhi.

KEY ACHIEVEMENTS

- The pre-existing state scheme has been successfully and completely converged with AB PM-JAY.
- Common Service Centers (CSC) have been working with SHA Mizoram in Beneficiary Identification drive, and BIS count has been rising steadily ever since.
- SHA Mizoram keeps good relations with other state health agencies especially with regards to portability cases. Beneficiaries who seek treatment outside the state are guided in each and every step by their home state and also the SHA team of the state where they seek treatment.
- The pre-auths and claims raised have an amazingly low rejection rate (0.55%), majority of which are only due to one exclusion criteria, which is alcohol-related diseases.
- No fraudulent activity reported among the EHCPs, this is mainly because of a dedicated audit team which conducts regular visits to keep a check.
- The SHA, IC and TPA actively visit patients even on their bedside to alleviate any problems faced by the beneficiaries, and to remove any potential hurdles that may occur in the implementation of the scheme.



HEM

Overview of Mizoram State

Total Population (Census 2011) 10,97,206
Total SECC target population 4,57,118
State scheme, RSBY and PDS beneficiaries 5,17,24
Total population covered under PM-JAY 9,74,367

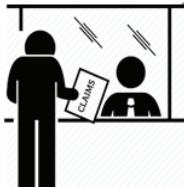


Mizoram

- PMJAY was launched in Mizoram on 23rd September 2018
- Apart from SECC target population state has also included RSBY and PDS beneficiaries under this scheme
- The total covering of beneficiaries is 89% striving towards UHC
- Percentage of beneficiaries hospitalised under PMJAY (to total population covered under PM-JAY) is 0.9%

TMS

Pre-authorization Raised 9106
Claims Submitted (#) 7889
Claims Submitted (INR) 6.0 crore
Claims Paid (INR): 51. crore
Average claims Submitted (INR) 7,562
Pre-auths/Lakh Pop (Avg Last 3 Weeks): 51



- Total 9,106 pre-auths were raised with claim amount of Rs 6 crores till April 2019, out of which Rs 5.1 Cr were paid
- Out of total cases, 58% were Medical and 42% were surgical; and 17% were tertiary cases in surgical

TOP 5 SECONDARY PROCEDURES

(INR Crs and # of Cases and % public)

Caesarian Delivery-0.35 Cr (464) [100%]

Acute exacerbation of COPD -0.31 Cr (300) [98%]

NORMAL DELIVERY 0.28 Cr (853) [100%]

Pneumonia 0.22 Cr (331) [100%]
UTI .19 Cr (280) [93%]

TOP 5 TERTIARY PROCEDURES

(INR Crs and # of Cases and % public)

OvaryTaxol + Carboplatin-max 6 cycles (Per cycle) (0.28 Cr (219) [99%]

UNLISTED REGIMEN Neo 0.26 Cr (180) [100%]

Adjuvant/Adjuvant x 6 cycles (per sitting) 0.09 Cr (57) [100%]

Open Reduction Internal Fixation (Large Bone) 0.08 Cr (48) [100%]

Cobalt 60 External Beam Radiotherapy (Radical/Adjuvant / Neoadjuvant) 0.06 Cr (37) [100%]

Total Number of empanelled hospitals

PUBLIC - 79
PRIVATE - 3
TOTAL - 82

RAY OF HOPE



Mr. Englaia, 81 year old farmer from Electric Veng, Aizawl, had been complaining of chest pain for a long time but due to the financial condition of the family, he kept ignoring his pain. He had lost his son in 2014 and was completely dependent on his daughter, the sole breadwinner in the family. In June 2018, he was admitted to Civil Hospital and was diagnosed with a cardiac problem – dilated cardiomyopathy with severe dysfunction and left bundle branch block. His blood pressure too was not stable. Despite doctor’s advice, he postponed the surgery and his family members lost hope of getting any treatment.

It was only after his relatives informed him about PM-JAY that he got to know about Apollo Hospital, Guwahati being an empanelled hospital which specializes in similar cases. After getting his Golden card from Civil Hospital in Aizawl, he along with his family travelled to Apollo Hospital, Guwahati for ICD Implantation, which was successfully carried out on 2nd April, 2019. The total cost of the surgery and treatment given to him was Rs 3,75,000/- and was borne by the scheme. The entire family is delighted and deeply grateful for the services provided by the hospital and the support of the state in ensuring that all necessary arrangements and approvals were in place to avail portability benefits of the scheme.



It's time to create an innovative Bharat with NHA-Innovation Unit (NIU)



When Ayushman Bharat PM-JAY was launched in September 2018 with a mandate of providing health insurance against catastrophic illnesses to 50 crore Indians, it captured people's imaginations across the globe. As the world's largest publicly funded health insurance program, PM-JAY has already made immense strides in a short time, boasting statistics such as: 15,000+ hospitals empanelled, more than 23 lakh beneficiaries treated, around 3.2 Crore PM-JAY e-cards generated, among others.

A demand shock of this magnitude calls for radical action on increasing the efficacy of the healthcare service delivery. The NHA's internal capacity to augment efficiency of driving PM-JAY must be complemented with healthcare innovation. The symbiosis between the NHA and healthcare innovators will not only boost the Indian innovation ecosystem but also open new avenues for addressing larger challenges of accessibility, affordability and quality of care. To support the transformational effort of leveraging the innovation ecosystem for better service delivery under PM-JAY, the National Health Authority has established a dedicated NHA Innovation Unit (from here on referred to as NIU). The NIU aims to be the leading arm of NHA in harnessing innovations (with a special emphasis on engaging with startups) to focus on improving the health service delivery offered under PM-JAY. In addition, the NIU will also focus on creating an enabling ecosystem for startups to scale and thrive.

The NIU shall work on the following key areas -

- Crafting a framework that engages the NHA and various other stakeholders in the innovation ecosystem to work together in order to create maximum impact for PM-JAY
- Identifying promising innovations and the types of support needed for their growth
- Facilitating a dedicated structure to test, validate and scale innovations within a closed feedback loop system

It is also a matter of great pride that this effort to create the Innovation Unit within the NHA has brought together the WISH Foundation (Wadhvani Initiative for Sustainable Health) and the International Innovation Corps, UChicago Trust; an SOI was signed, aiming towards harnessing these organizations' technical expertise in designing, implementing and managing innovation units.

Bill Gates once noted, "Never before in history has innovation offered promise of so much to so many in so short a time." This exposition has never been truer in the Indian healthcare context. With the inception of the NIU, Indian healthcare is one step closer to realizing this immense promise.



Medical Audits by National Anti-Fraud Unit (NAFU)



The Medical audit team under National Anti-fraud Unit (NAFU) comprises of a diverse set of talent ranging from Data Analytics, Doctors to Domain Experts. The team regularly analyses data and conducts audit. Starting from January 2019, the team has conducted Medical Audits for the states of Jharkhand, Chhattisgarh, Uttar Pradesh, Haryana and Uttarakhand.



Identifying the hospitals/cases to be investigated involves using data analytics and quantitative skills to identify aberrant and out-of-pattern cases and then backtracking them to identify the trends of high accumulation, association and frequency across hospitals. NAFU carries out analytics and flags such cases which are then shared with respective states for further investigation. The process also includes a desk audit of flagged cases by a team of Medical doctors – demarcating them into High, Medium and Low, basis the risk identified.



The medical audit team also carries out Capacity building workshops to empower the SHA to conduct medical and field audits on their own. This usually involves a customized interactive training module for the SHA and ISA doctors/ CPDs and PPDs. For hands-on training, the team visits a few hospitals for medical audit along with doctors from SHA/ISA/Insurer/ TPA. In some cases, the team also interacted with beneficiaries (in the hospital or discharged). The findings of the medical audits are then shared with the SHAs for further action. From Feb 2019, NAFU has flagged more than 80 hospitals across six Greenfield States (States implementing PM-JAY afresh or as continuation of RSBY). Out of these, joint medical audit has been conducted by NAFU & SHA teams for 26 hospitals and disciplinary action has been initiated by SHAs for six hospitals, others are under progress.

A common finding during the course of medical audit across hospitals is lack of adequate infrastructure leading to compromise on provision of quality healthcare sometimes and incomplete documentation/case papers. A few hospitals appeared to be indulging in malpractices like upcoding, unnecessary admissions in ICU and ICU with ventilator. Another important finding was conversion of OPD to IPD (unnecessary hospitalization), Extending the length of stay for inflating the bill and involving ‘agents’ for getting the patients to the hospital in some cases. The medical audits by NAFU have been appreciated by all the States wherever exercise has been carried out and there is a demand for more support by SHAs which NAFU intends to fulfil in a planned fashion during next two quarters.



Coal India Limited hospitals get ready for PM-JAY



Coal India Limited hospitals generally provide free treatment and medical benefits only to the company employees. After several consultations to encourage and support PM-JAY by National Health Authority (NHA), the Ministry of Coal has shown interest in joining PM-JAY and has agreed to empanel twenty-four hospitals for providing free treatment to PM-JAY beneficiaries. After joining hands with Coal India Limited hospitals by signing MoU with Ministry of Coal, there will be 3000 additional beds, and 683 more doctors to provide services to beneficiaries, for most of the secondary and tertiary care procedures under PM-JAY. This will also lead to proper utilization of spare capacities of Coal India Limited hospitals for providing secondary and tertiary health care to PM-JAY beneficiaries. This is for the first time that Coal India Limited hospitals will be accessible to general public and PM-JAY beneficiaries will be able to avail health benefits across this vast network of hospitals. The interest and involvement shown by the top management for implementing the scheme was incredible. Hon'ble Minister of Coal along with his team visited AIIMS, New Delhi to get an overview of the process of scheme implementation and was motivated to launch the scheme across India. Coal India Limited hospitals follow the HR manual which has defined their roles and responsibilities. Despite having various operational challenges, hospitals agreed to fulfill the scheme requirement for implementation of PM-JAY and have recruited Arogya Mitras.

A training was also organized on 25th – 26th March 2019 at Coal India Limited head office in Kolkata for the hospital staff. The main objective was to familiarise the staff with the process of scheme implementation. The two-day training was attended by over 40 participants, a senior medical doctor and a clerical staff with computer knowledge from each of the 24 Coal India Limited Hospitals. The sessions extensively focussed on overview of the scheme and its guidelines and practical hands-on-training on various software applications used in the programme. Various operational challenges and solutions to these challenges were also discussed with officials from Coal India Limited during the training.

| Western Coalfields Limited (WCL): - | Central Coalfields Limited (CCL): | Eastern Coalfields Limited (ECL):- |
|--|---|--|
| <ul style="list-style-type: none"> • Barkuhi Hospital • RR Hospital • Walni Hospital • JN Hospital • Pathakhera Hospital • Majri Area Hospital • Ballarpur Area Hospital • Chandrapur Area Hospital • Umrer Area Hospital • Kanhan Area Hospital | <ul style="list-style-type: none"> • Central Hospital Gandhinagar • Central Hospital Naisarai • Central Hospital Dakra • Central Hospital Dhori <p>Bharat Coking Coal Limited (BCCL):</p> <ul style="list-style-type: none"> • Central Hospital Dhanbad • Regional Hospital Lodna • Regional hospital Baghmara | <ul style="list-style-type: none"> • Urjanagar Hospital • Mugma Regional Hospital • S. P. Mines Hospital <p>Northern Coalfields Limited (NCL):</p> <ul style="list-style-type: none"> • Nehru Shatabdi Chikitsalaya, Jayant, Singrauli M. P. • Central Hospital, Singrauli, M.P. • Bina Hospital, Sonebhadra, U.P <p>North Eastern Coalfields Limited (NEC):</p> <ul style="list-style-type: none"> • Central Hospital, Margerita |



PM-JAY IN NEWS

This article was published in The Indian Express on April 19, 2019 by Abhay Shukla.

Paradigm shift to universal healthcare is not unrealistic, requires political will

The good news is that health has arrived on the country's political agenda. The bad news is that health systems are in critical condition and there is significant public discontent over the lack of quality and affordable healthcare.

We can confirm that health is making an impact on the political scene, when on the one hand, Prime Minister Narendra Modi launches the Ayushman Bharat scheme a year before the elections – a programme that claims to benefit 50 crore Indians – and on the other hand, the Congress's manifesto carries the party's pledge to enact a Right to Healthcare Act. However, in the past five years, the Union health budget has stagnated in real terms, allocations to the National Health Mission do not cover inflation and there have been avoidable deaths of scores of children in public hospitals in Gorakhpur and other places that can be ascribed to the lack of material and human resources.

Governments have failed to regulate private hospitals effectively, leading to numerous instances of mismanagement and massive over-charging of patients, such as the tragic case of Adya Singh in Fortis hospital, Gurgaon. There are convincing facts which show that the “solution” being offered in the form of the Pradhan Mantri Jan Arogya Yojna is not only seriously underfunded (current funds being less than one-fourth of required) but it will only scratch the tip of the iceberg of healthcare requirements in India. Given this context, India needs a major health policy reboot. The general elections are an appropriate occasion to propose such comprehensive changes. The Jan Swasthya Abhiyan – a national coalition of health sector organisations and activists – has attempted do this through its People's Health Manifesto 2019. The manifesto includes the following proposals:

One, adopting a Right to Healthcare legislation at the Centre and state levels. This would ensure that all residents of the country are entitled to healthcare facilities. Development of a system for Universal Healthcare (UHC) would be a key constituent of this initiative, which would require expansion and strengthening of public health services at all levels. Private providers would also be involved, as per need, to supplement the public health system.

Two, increasing the public health expenditure exponentially through taxation. This expenditure should be increased from the current grossly inadequate 1.2 per cent of the GDP to reach 3.5 per cent of the GDP in the next five years, and eventually touch 5 per cent of the GDP in the medium term. Three, ensuring major reform and strengthening of public health ser-

vices with increased staff and infrastructure. A key component of this reform would be guaranteed provision of free essential medicines and diagnostics to all patients in public health facilities, by adopting systems for procurement and distribution which are similar to the current models in Tamil Nadu, Kerala and Rajasthan.

Four, there should be a comprehensive health sector human resource policy, which provides upgraded skill training, fair wages, social security and decent working conditions for all public health services staff. The services of all contractual health workers, including ASHAs and anganwadi workers, should be regularised.

Five, community-based monitoring and planning of health services that are being practised in a few states should be up-scaled and user-friendly grievance redressal systems put in place to ensure social accountability and participation.

Six, the PMJAY component of Ayushman Bharat, which is based on a discredited insurance model, should be jettisoned. Such schemes need to be replaced by the universal healthcare system.

Seven, private hospitals must be brought under the ambit of regulations by modifying and adopting the Clinical Establishments Act in all states. This legislation must ensure that the Charter of Patient's Rights is observed, it must provide a grievance redressal mechanism to patients, the rates for services must be regulated and standard treatment guidelines should be adopted in healthcare institutions.

Eight, essential medicines and medical devices must be subject to price regulation, based on their manufacturing cost. A Uniform Code for Pharmaceutical Marketing Practices should be put in place to curb unethical marketing practices. Manufacturers should be asked, in a stepwise manner, to sell medicines only under their generic name, and doctors should be directed to write generic names of medicines in prescriptions.

Such a paradigm shift towards a rights-based system for universal healthcare, based on massive increase in health budgets and strengthened health systems, is not an unrealistic dream. Several low- and middle-income countries such as Thailand, Brazil and Sri Lanka have such systems in place. The core ingredient required for UHC is political will. As we prepare to exercise our choice in the elections, we need to boost such political will by supporting parties which have pledged the right to health care to all.



Bihar health review meeting held in Patna



Bihar's State Health Agency organised a state level Health Review Meeting in Patna on 25th April, 2019 to review the performance of PM-JAY implementation in the state. The workshop conducted under the chairpersonship of Dr. Indu Bhushan (CEO) National Health Authority was attended by many senior officials such as the Principal Secretary (Health) Bihar, Deputy CEO, NHA and CEO, SHA. Further, the meeting drew active participation from all the Medical Superintendents of medical colleges and Civil Surgeons and District Program Managers of Bihar.

The primary objective of the review was to understand challenges being faced by the state and district administrations as well as medical colleges and district hospitals, in the implementation of AB PM-JAY. A direct interface with senior leaders of the scheme allowed real-time resolution of issues and created the opportunity to provide strategic guidance to all stakeholders. Further, the platform was leveraged for cross-learning across districts and to encourage innovative solutions for resolving structural and field-level challenges.

It was observed that Muzaffarpur district was amongst the top-five performing districts with respect to number of golden records created, pre-authorisations raised and hospitals empaneled while Sheikhpura was amongst the bottom-five performing districts for all three indicators. Further, Sri Krishna Medical College and Hospital, Muzaffarpur (S.K.M.C.H.) was recognised for its stellar performance under the scheme.

Following the workshop, SHA has taken action on issues highlighted during the review and has even organised hand-holding visits to several districts where support was required. It is a testament to the impact of the Health Review Meeting that Bihar's performance has steadily improved since the day of the workshop and continues to remain on an upward trajectory.



#PMJAYmakingAdifference

KARNATAKA

62 yr old Ravi from Tumkur, was facing difficulty in breathing, eating and climbing stairs for last one year. His stomach and legs were perpetually swollen, leaving him in constant pain and discomfort. Doctor advised him surgery for the bi-ventricular dysfunction. For Ravi, a cook by profession, arranging money for surgery seemed impossible. It was only after another patient informed him about #PMJAY that Ravi heaved a sigh of relief. Ravi was identified as a beneficiary of the scheme and was given free surgery.

PM-JAY a gamechanger for Health sector

PM-JAY ensures Health for All

MAHARASHTRA

Yashoda Lokhande (62), clutched her chest when the pain, which started while she was tending to her employer's garden, became unbearable. On admission in hospital, ECG confirmed that she suffered from a severe heart-attack and immediately needed a bypass surgery. For her daily wage labourer sons, it was impossible to afford an expensive surgery. She was advised to shift to a #PMJAY empanelled hospital, where she later underwent a free surgery. She is now recovering well.

UTTAR PRADESH

When 65 yr old Pathan Nishad met with an accident, her son did not delay in rushing her to the local hospital. The X ray confirmed that her legs were badly injured and she needed rod inserts to be able to walk again. For her vendor son, it was not easy to arrange money for the surgery. Later, the doctor advised him to check if he was a #PMJAY beneficiary. On finding his name among the beneficiaries, his happiness knew no bounds, he informed the doctor and the surgery was performed within a few days. Pathan Nishad is now recovering and looking forward to play with her grandchildren soon.

PM-JAY for a healthier tomorrow



#PMJAYmakingAdifference

JAMMU & KASHMIR

45 yr old Satpal had stones in his gall bladder and he was aware of it for the last 2 yrs. Lack of funds was the reason why he had been ignoring the severe colic pain. It was only after receiving the PM's letter about #PMJAY scheme that he gathered courage to visit the district hospital and get the stones removed for free. The scheme brought enormous relief to Satpal who is now in good health.

PM-JAY rekindling hope

PM-JAY gifts life

TAMIL NADU

9 yr old Akshaya is different from other children her age, she gets tired more easily than them whether in playing or studying. At the age of one itself, she was diagnosed with congenital heart disease, but her parents didn't have the resources to get her treated. On a recent visit by a local Asha worker, the family was informed about #PMJAY and that the procedure was covered under the scheme. On visit to hospital, Akshaya saw hope for a new life, when the doctor informed that she could undergo free surgery as she was a #PMJAY beneficiary. Now, she is now just as healthy and active as kids her age and is grateful for the scheme.

UTTAR PRADESH

10 yr old Akash from Deoria was suffering from a congenital cardiac disease. He belongs to a family of 8 with a single breadwinner; couldn't afford the huge cost of treatment 7-8 Lakh. In Feb this year, an ASHA worker helped Akash get his #PMJAY e-card. The family couldn't believe it until he got full free treatment (Intra-cardiac repair) in Multi-specialty Shri Satya Sai Sanjeevni hospital in Palwal #Haryana. Not single Rupee was charged and all the facilities were provided free of cost. Today, Akash is hail and hearty and the whole family can't stop thanking #AyushmanBharat.

PM-JAY saving lives



PM-JAY in Social Media

Chowkidar Jagat Prakash Nadda @JPNadda

Following

Marching forward with the vision of Hon PM @narendramodi Ji, I take pride in sharing the fact that we have accomplished a milestone of treating 20 Lakh patients and providing financial relief of more than 2600 Crore under Ayushman Bharat within 200 days since its launch.




6:30 AM - 11 Apr 2019

National Health Authority (NHA) @AyushmanNHA

Follow

A day in the lives of the NHA leadership | @ibhushan, CEO, NHA & Ayushman Bharat PMJAY and @drdineshias Deputy CEO, #AyushmanBharat #PMJAY addressing the health review in #Bihar with the Principle Secretary, CEO, SHA and Civil Surgeons from all districts of the state.



Dr. Indu Bhushan @ibhushan

Follow

Had an excellent meeting with Hon'ble Chief Minister of #Kerala, Shri Pinarayi Vijayan @CMOKerala on the implementation of #AyushmanBharat in the state. Hon'ble CM reaffirmed his commitment to deliver the benefits of Ayushman Bharat to the people of Kerala. @drdineshias



Amitabh Kant @amitabhk87

Follow

Landmark achievement for #AyushmanBharat! In just 200 days, 20 Lac patients have received free treatment worth 2600+ Crores. At the same time, around 3 crores eCards have been generated. #AyushmanBharat is saving lives, reviving broken families and making India healthy!



Anil Swarup @swarup58

Follow

Glad @ibhushan went to Kerala & met with @shailajateacher. There is lot to learn from Kerala in the context of healthcare and insurance. Performed remarkably well under inspired leadership of @drdineshias to win accolades under RSBY.

Dr. Indu Bhushan @ibhushan
Had a great interaction with Smt. K.K Shailaja Teacher @shailajateacher Hon'ble Health Minister of Kerala. Appreciate the efforts being made by #Kerala Government in providing quality healthcare to its people. Happy to see the healthcare delivery



Dr. Dinesh Arora @drdineshas

Follow

Witnessing a surge of innovations in healthcare. Crucial to mainstream and scale these innovations for a #AyushmanBharat. Elated to inform that to support such innovations, @AyushmanNHA has signed a Sol w/h @innovcorps & @Wish_India to establish a dedicated NHA Innovation Unit!



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National Health Authority (NHA) @AyushmanNHA

Follow

Breaking #News | @AyushmanNHA & @DelhiPolice have nabbed a racket that promised jobs under #PMJAY. The fraudulent activity was tracked by NHA and the fraudsters were arrested within a fortnight. You can report any suspicious activity to us at 14555 and be our eyes & ears.

Anil Swarup @swarup58

Follow

It couldn't have better: touching base with a number of RSBY team members that are now assisting in successful implementation of PMJAY under inspired leadership of @ibhushan & @drdineshias. This wonderful team has the potential to transform delivery of healthcare in India

Dr. Indu Bhushan @ibhushan

Follow

Pleased to share our experience of #AyushmanBharat #PMJAY with practitioners from several countries at Annual Health Financing Forum, in Washington D.C. Tremendous interest about the scheme globally.