



## KEY HIGHLIGHTS

More than 27 lakh hospitalisations done

4 regional claim adjudication workshops concluded

NHA signed MoU with National Cancer Grid

Treatment of patients started in Railways and Coal India hospitals

- More than 31 Lakhs e-cards were generated in the month of May

- Over 91% of beneficiary verification has been done using Aadhaar

- 64% of total 26.6 L admissions happened in private hospitals

- More than 15k hospitals empanelled (49% Private)

National Health Authority welcomes Dr. Harsh Vardhan, Hon'ble Minister of Health and Family Welfare and Chairperson on the Governing Board of NHA. We look forward to his leadership and guidance to fulfil the vision of Health for All and Universal Health Coverage.



## FROM CEO'S DESK



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

Dear Readers,

I would like to take this opportunity to extend a warm welcome to Dr. Harsh Vardhan as the Minister of Health and Family Welfare and Chair of our Governing Board. I also welcome Shri. Ashwini Kumar Choubey as our Minister of State for Health and Family Welfare. We look forward to their guidance and leadership in ensuring quality healthcare to the poor and vulnerable.

It was gratifying to hear Hon'ble Prime Minister acknowledge the contribution of Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) in his victory speech on 23rd May 2019, appreciating our efforts and hard work. Under the Prime Minister's inspired leadership and vision, we shall further strive to give our maximum. I feel privileged and fortunate to be contributing to this noble mission. PM-JAY has continued to make efforts to expand the network of service providers and reach out to a larger number of eligible beneficiaries. The National Health Authority with the support of Central and Western Railways, Common Service Centres and State Health Authority Maharashtra organised an awareness and beneficiary identification drive at Mumbai Central and Chhatrapati Shivaji Maharaj Terminus (CSMT) railway stations in Mumbai. This was a one day pilot to increase awareness about the scheme and its provisions among potential beneficiaries such as railway's contractual porters and other ad hoc staff. Such efforts will also help in streamlining the process and increasing awareness among railways hospitals about the scheme.

Various stakeholders are doing commendable work to improve the performance of the scheme. One such unsung hero of this journey is Mr. Madhav, at village level entrepreneur (VLE) of Common Service Centre (CSC) in Kanpur district. He has worked day and night to organize more than 72 beneficiary verification camps in villages to identify eligible beneficiaries and issue them e-cards enabling hundreds of disadvantaged people to access inpatient care. His CSC has issued the highest number of e-cards (more than 5,000) and for this feat he was awarded by Shri Ravi Shankar Prasad, Union Minister of Electronics and Information Technology. NHA salutes the spirit of such passionate frontline workers who will stop at nothing to reach out to the last mile beneficiary.

Gujarat is the focus state for this edition of Arogya Samvad and is one of the top performing states of Ayushman Bharat PM-JAY with more than 4.6 lakh patients treated. Read on to know more about the scheme's implementation here.

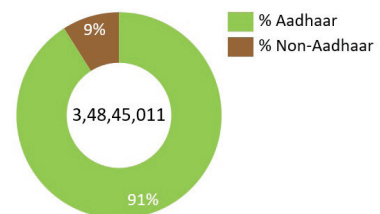
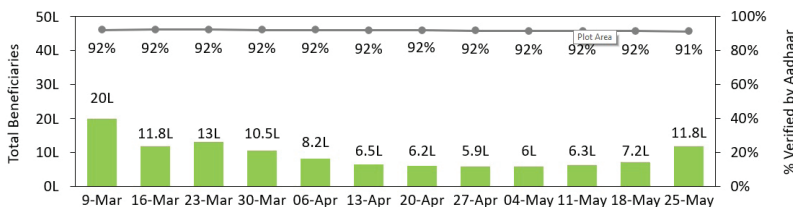
Here's wishing all readers health and well-being, always.

Jai Hind, Jai Bharat

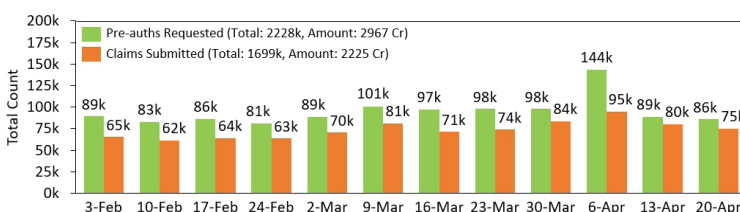


## PM-JAY Status Update

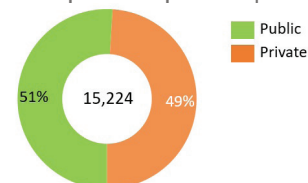
Beneficiary Identification || Weekly progress (last 12 weeks)|| > 31 Lakh e-cards generated in the month of May



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: Gujarat

Gujarat, one of the western states of India launched Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) on 23rd September, 2018 in all its 33 districts of the State. The Scheme was inaugurated by Shri Vijaybhai Rupani, Chief Minister of Gujarat. The scheme roughly covers 44.85 (21.3 Cr. People) Lakh families or 37% of total families of the state and 4.2% of the total households of the country. Among the beneficiaries covered 48% are females and 52% are males. Majority of these beneficiaries (46%) belongs to the age group of 25-64 years.

In Gujarat, the State Health Agency (SHA) is implementing PM-JAY in a hybrid model where health claims up to Rs. 50,000/- are on Insurance basis and those above Rs. 50,000/- are on assurance bases. The Oriental Insurance Company is the insurer & MD India Healthcare TPA Pvt. Ltd. is the Implementation Support Agency (ISA) that work under PM-JAY. More than 3,184 hospitals are empanelled in the State which include both public & private hospitals. Out of these, around 38% of the hospitals are private hospitals. In addition, 35% of the empanelled hospitals are multi-specialty hospitals under the scheme. Altogether, more than 11% hospitals are accredited by NABH, NQAP, JCI or other authorities. Each public hospital is provided with the required hardware by the insurance company for running the scheme.

So far more than 4.5 Lakh hospital admissions worth Rs. 749.3 Cr. have been done. The Scheme has not only benefited the beneficiaries residing in Gujarat but has also encouraged more than 6,576 patients from various states like Madhya Pradesh, Daman & Diu, Dadar & Nagar Haveli, Uttar Pradesh, Chhattisgarh, Maharashtra, Jharkhand, Bihar, Assam, Haryana, Himachal Pradesh to avail benefits in Gujarat. Regular workshops and training for the all stakeholders are organized and has been made a part of HR strengthening activity. So far, 52.51 Lakh e-cards have been generated and out of this 88% of beneficiaries are verified using Aadhaar which shows that the scheme has been well accepted among the hospitals and among the state's residents. In order to cover more illnesses and have more clarity & transparency in treatment, the State has added around 400 packages to the existing PM-JAY package list making it 1,805 packages with well-defined pre & post investigations follow-ups & rates.

In Gujarat, the pre-existing state schemes such as Mukhyamantri Amrutam (MA) & Mukhyamantri Amrutam Vatsalya (MAV) Yojana have been successfully and completely converged with AB PM-JAY on 1st March, 2019. Earlier it was tertiary care Scheme. Now MA & MAV beneficiaries can also avail Primary, Secondary & Tertiary care treatment. Henceforth, PM-JAY covers 80 lakh families of Gujarat State.

### KEY INITIATIVES

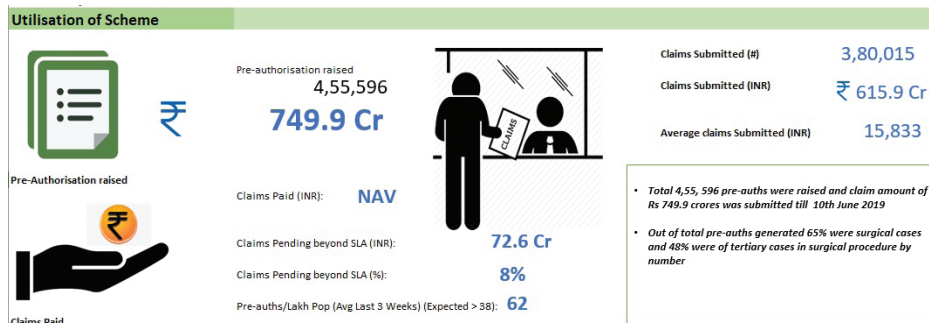
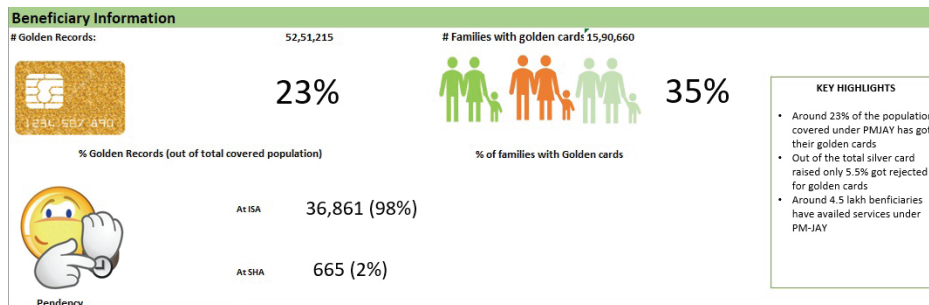
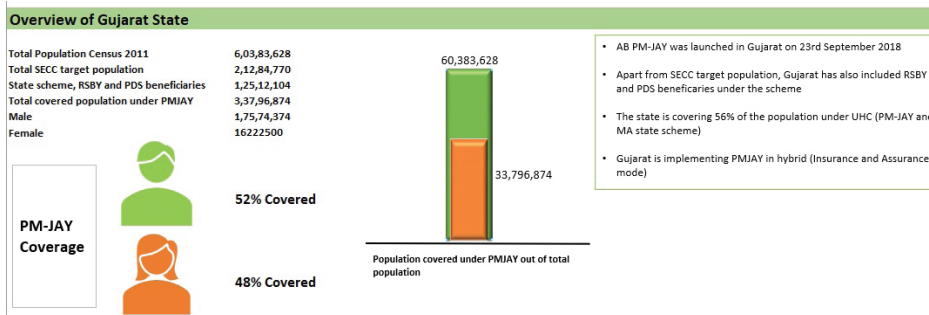
- Common Service Centers (CSC), Village Computer Entrepreneur, all PHCs, CHCs, Sub-district hospitals, District hospitals & Medical collage & hospital along with all private hospitals are working with SHA Gujarat in beneficiary Identification and generating Golden Card drive.
- To mobilize maximum number of beneficiaries for enroll under PM-JAY Rs.5/- is given as an incentive to all Rural and Urban ASHA's.
- The audit from the SHA & district level is conducted regularly to keep a check on hospitals.
- In order to motivate all Government hospitals and to strengthen their services, 25% of PM-JAY claim amount is given as an incentive to the hospital staff.
- To control the misuse of procedures, General medicine, Neonatal, Mental Disorder, Hysterectomy & Pediatric medical management procedures are been confined to Government hospital only.
- Under Knee replacement a prescreening by identified Government Specialist is been made mandatory before the surgery.
- A grant of Rs. 5 lakh is given in every district for doing IEC Activities like Hoarding, Pamphlets, radio jingles, TV Quickie, Banners etc.



AB PM-JAY launch in Gujarat by Hon'ble Chief Minister Shri. Vijay Rupani on 23rd September, 2018.



Field visit to get feedback about the scheme benefit from direct contact to beneficiaries.



## ACHIEVEMENTS

Ranking of Gujarat in AB PM-JAY as on 10th June, 2019

Claims  
2nd rank  
(3,79,884)

Claim Amount  
1st rank  
(615.5 Cr.)

No. of Pre Authorization  
3rd rank  
(4,55,337)

Pre authorization Amount  
1st rank  
(749.3 Cr)

Golden Card generated  
2nd Rank  
(52,51,214)

Hospitals empanelled  
3,139  
• Public-1,994  
• Private- 1,145

## Hospital Empanelment

|  | Public | Private | Total |
|--|--------|---------|-------|
| Total no. of empanelled Hospitals                    | 1,967  | 1,217   | 3,184 |
| Hospitals with atleast 4 Pre-auths in last one month | 4%     | 43%     | 19%   |

### Top 5 tertiary specialities

- Primary Knee Replacement (With Implant)
- Metal Back (Imported Implant)
- PTCA - single stent (medicated, inclusive of diagnostic angiogram)
- PTCA - double stent (medicated, inclusive of diagnostic angiogram)
- Rapidarc/VMAT
- Primary Hip replacement (With Implant)
- Uncemented THR (Imported Implant)

### Top 5 Secondary specialities

- Cataract with foldable hydrophobic acrylic IOL by Phaco emulsification tech
- Hysterectomy ± Salpingo-oophorectomy CONSERVATIVE MANAGEMENT (ISCHEMIC STROKE) (Payment fraction (1st week-35, 2nd week-25, 3rd week-15, 4th week-10, 5th week-10, F/u-5) of total package rate)
- Laparoscopic hysterectomy (TLH)
- Laparoscopic Appendectomy



## CyberSuraksha Dishanirdesh

### Vishing Calls

Vishing (a combination of the words Voice and Phishing) is a phone scam in which fraudsters try to trick us into divulging our personal, financial or security information or into transferring money to them.



### What can you do?

- Beware of unsolicited telephone calls
- Take the caller's number and advise them that you will call them back
- Don't validate the caller using the phone number they have given you (this could be fake or spoofed number)
- Fraudsters can find your basic information online (e.g. social media).
- Don't assume a caller is genuine because they have such details.
- Don't divulge any type of data/information on request over phone



For reporting any suspicious activity write to **NHA Security Team**

### SMiShing SMSs

SMiShing (a combination of the words SMS and Phishing) is the attempt by fraudsters to acquire personal, financial or security information by text message.

The fake text message is providing you with a fake website link, where the information you provide will be used to commit identity theft, fraud and other crimes



### What can you do?

Don't click on links, attachments or images that you receive in unsolicited text messages without first verifying the sender.

Don't be rushed. Take your time and make the appropriate checks before responding

Never respond to a text message that requests your PIN or your online banking password or any other security credentials

If you think you might have responded to **SMiShing** text and provided NHA's data, contact NHA security team immediately



## Beneficiary Identification and Awareness Drive Initiative with Ministry of Railways; MoUs with Coal India and North Delhi Municipal Corporation

*PM-JAY brings together Ministry of Railways, Ministry of Coal and North Delhi Municipal Corporation and Council (PSU)*



*Inauguration of Beneficiary Identification and Awareness Drive Initiative in Mumbai*

Earlier this year, the Ministry of Railways, Coal India and North Delhi Municipal Corporation signed MoUs with National Health Authority (NHA) for empanelling a total of 128 hospitals across 19 states under PMJAY- Ayushman Bharat.

In order to raise beneficiary awareness and streamline and strengthen the processes at the Railway hospitals, a pilot initiative, ‘Beneficiary Identification and Awareness Drive’ was introduced. One of the primary objectives of the initiative was to identify beneficiaries amongst the contractual employees and ad hoc labour of the Railways who are not covered by any existing government health scheme and to make them aware of their entitlements under the scheme. It was also envisaged to take the entire beneficiary identification process to the workplace of the targeted population so maximum number of potential beneficiaries are identified in one go.

This first pilot was successfully organized in Mumbai on June 01, 2019, Saturday covering Central and Western railways, wherein, Beneficiary Identification kiosks through Common Service Centers were placed at Mumbai Central (Western Railway) and Chhatrapati Shivaji Maharaj Terminus railway stations (Central Railway).

This one-day pilot drive identified beneficiaries and their families among the contractual staff and ad hoc labour such as porters, and safai karamcharis and helped enhance their awareness on the benefits delivered by the PM-JAY scheme. A total of 260 contractual employees were screened, out of which 30 beneficiaries and their families were identified. Out of total persons screened for eligibility, 11.5% were found to be eligible under the scheme.

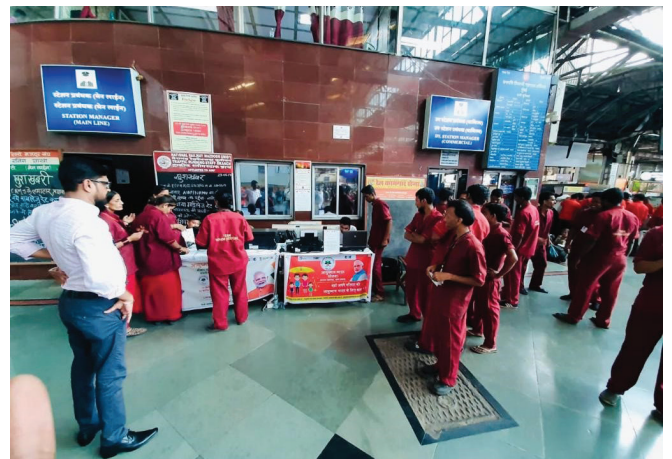
Given its success, NHA plans to roll-out similar drives across all partnering stakeholders.



*Beneficiary Identification and Awareness Drive at Mumbai Central (Western Railway)*



*Beneficiary Identification and Awareness Drive at Chhatrapati Shivaji Maharaj Terminus railway station (Central Railway)*



## PM-JAY IN NEWS

This article was published in liveMINT on June 04, 2019 by Neetu Chandra Sharma

# Will Modi 2.0 deliver universal healthcare?

Indians have pinned their hopes on Prime Minister Narendra Modi-led government, having voted it to power with a mandate stronger than ever, for health initiatives promised in the Bharatiya Janata Party's election manifesto. This time, the government would need to push and manage finances in way that both central and state budgetary allocations are raised steadily every year to increase public health spending to 2.5% of gross domestic product (GDP) by 2025 which is currently around 1.2% only.

“There is an urgent need to revisit the policies which have been framed many years ago and need changes in tune with the present time. We will look at increasing the health budget,” said Harsh Vardhan, union minister of health and family welfare.

While Modi has already delivered on its previous poll promise by rolling out Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), Mission Indradhanush and National Health Policy 2017 (NHP), his second term at office will now require his government to strengthen these ventures over the next five-year tenure. The Centre would also need to identify loopholes and find solutions to fix problems, inherent in any government scheme.

“A country that aspires to become a 10 trillion-dollar economy in one decade from now, a rapid and substantial acceleration in budget allocation is extremely critical. The fiscal health of the economy has demonstrated that the country's tax-GDP ratio has multiplied several times with an expanding economy in the last two decades, but the fiscal space for health remained subdued during this time period,” said Shaktivel Selvaraj, Director, Health Economics, Financing and Policy, Public Health Foundation of India (PHFI). The overall allocation to health sector accelerated to ₹61,398 crores in the Interim Budget for 2019-20, a moderate increase 13% from previous year (2018-19). Over 60% of this increase was on account of higher allocation to PMJAY -- Modi government's flagship scheme. But the other focus area of Ayushman Bharat, namely strengthening primary care through health and wellness centres, received a mere Rs.1,600 crore in 2019-20 as against a revised estimate of ₹1,400 crore in 2018-19.

“One of the flagship health scheme since 2005 is the National Health Mission which received an allocation of Rs. 31,745 for the year 2019-20, up from Rs. 30,683 crores in the revised estimate for 2018-19, an increase of a mere 3%, but in real terms, this would mean a negative rise,” said Selvaraj. “AB-PMJAY played an important part in influencing voters. With the re-election of the government, we hope the PMJAY scheme will continue to receive sufficient focus and funds from the state. We also hope that in the future, considerations will be made to expand this scheme to include the middle-class citizens as well by creating more affordable premium models or co-pay modes,” said Dharminder Nagar, managing director, Paras Healthcare said. The first term of the National Democratic Alliance also saw the government successfully bring in several health laws ranging from Mental Health Act and HIV/AIDS Act. This time around, there are several more in the offing which are likely to get a leg up with the re-election of the Modi-led government. “The National Medical Commission Bill and

the Allied Healthcare Professions Bill, which are needed to usher regulatory reforms in health professional education, must be quickly advanced through parliament. The Clinical Establishments Act must be adopted across the country and regulatory systems for drugs, devices and digital health must be strengthened,” said Dr Rajeev Sood, Dean at Postgraduate Institute of Medical Education and Research (PGIMER)- Ram Manohar Lohia (RML) Hospital.

The previous NDA government also initiated various measures such as reducing treatment costs for patients, price control preferred market access to local suppliers, quality control order and development of Indian standards. “Post Ayushman Bharat and price caps on stents, the public got assurance of extending further price controls to other medical devices in the BJP manifesto,” said Rajiv Nath, Forum Coordinator, Association of Indian Medical Device Industry (AiMeD.) However, the biggest barrier to Modi rolling out affordable universal health coverage (UHC) is the huge shortage of workforce needed to deliver the promised services. The government has been trying to incentivize doctors to practice in rural areas, such as a 50% reservation in Post Graduate Diploma Courses for Medical Officers in the government service who have served for at least three years in remote and difficult areas, and a 10% incentive of the marks obtained for each year in service in remote or difficult areas up to maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses. Despite schemes like AB-PMJAY, rural areas still do not have access to healthcare facilities including qualified doctors.

“We should give some time to the government to complete the tasks that they started such as AB-PMJAY. It is working well but will take more time to fully reach all the beneficiaries. The government would need to strengthen the primary healthcare system and place more doctors in rural areas first. Majority of doctors are serving and those passing out want to serve in the urban areas only,” said Shakti Kumar Gupta, Head, department of Hospital Administration and Medical Superintendent Dr Rajendra Prasad Centre for Ophthalmic Sciences, All India Institute of Medical Sciences (AIIMS), New Delhi. For sending out more and more doctors to rural areas, the government will need to provide monetary incentives and provide facilities for their families. For this, they will firstly need to build the necessary infrastructure, schools, and basic facilities in rural areas, Gupta said.

According to Selvaraj, if India were to harness its demographic potential of its 1.3 billion people, including a 500-million workforce, making the country healthy is more compelling than ever before. This would mean providing clean environment and potable water so that infectious diseases are contained to the minimum, a stress free and a healthy lifestyle to ward off growing threat of non-communicable diseases and to provide financial risk protection in order to stem medical impoverishment and catastrophe associated with households' payment towards health care.





## Regional capacity building workshops on Claims Adjudication

Workshops on “Claims Adjudication” were conducted by National Health Authority in all four zones covering all the participating States and UTs to build capacity of claims adjudicators. The two-day workshops included sessions on packages, TMS, medical & mortality Audit, Investigation of claims & grievances, followed by distribution of Joint certificates by NHA & Insurance Institute of India to the successful candidates after an assessment test was conducted.

The expected outcome of these training programs were:

- To have a trained pool of medical approvers who shall follow a standard guideline on claim adjudication and train processing teams further below, like a Training of Trainer (TOT) programme.
- To build capacities of processing team for accurate settlement of claims under PM-JAY.

Claims Adjudication Manual was launched during the first workshop at Lucknow and the basics of claims adjudications were discussed in each of the following workshops covering the below mentioned topics:

**IT- TMS**, the transactional platform was discussed. Recent enhancements in TMS and upcoming features like insurance-trust hybrid mode, multiple pre-authorization, partial claim settlement, multiple package selection, single sign-on were explained. The queries of the states and other implementing stakeholders were answered and suggestions and feedback were noted down for further improvement.

**Package specific** mandatory documentation for adjudication was discussed and the facility will be provided in TMS shortly. Case studies on Complicated Cases / Unspecified cases were discussed.

**Medical & Mortality Audit** - It was highlighted that PM-JAY has established explicit criteria to ensure that there is enough documentary evidence available for each claim submitted. The checklist of the medical audit for various types of audits, were presented and time interval of audit, methods of auditing, pre-requisites needed and experience of NHA in previous audits conducted was shared.

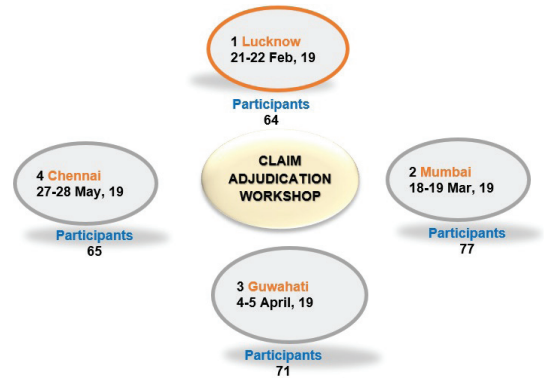
**Kaizala App** demo was conducted with various features of the application discussed linking it to the context of claim adjudication and field investigation.

**Some of the states shared their best practices in claims adjudication** were shared by some of the states. The sessions were very interesting for other states as every state has some unique element which can be suitably adopted by others.

**Open house discussions** were held during each session and issues faced by SHA/Insurers/TPAs were taken up, discussed in details and the responses were offered / noted for further action.

**Claims Adjudication Manual Volume-II** will be released shortly which will essentially be a compendium of the most frequently asked questions during the workshops. The solutions provided to these FAQs will work as a guideline to the claims adjudicators and will help them to process claims efficiently & accurately under AB PM-JAY.

The feedback given by the states was very encouraging and it emerged that there is a need to regularly organise training programs covering various aspects of claims adjudications.



## Meet MADHAV YADAV, a PM-JAY evangelist

Madhav Yadav works as a Village Level Entrepreneur (VLE) in Kanpur Dehat, a district of Kanpur Division. One's curiosity is piqued on reading a tiny news item about this young man who is single-handedly responsible for creating more than 5000 golden cards in a short span of six months. His CSC has issued the highest number of e-cards (more than 5,000) and for this feat he was awarded by Shri Ravi Shankar Prasad, Union Minister of Electronics and Information Technology. He has pulled out the list of beneficiaries from NHA's Beneficiary Information System and is on a mission to locate these people and to get their cards made. This VLE's task is cut out for him. He is determined to assist PM-JAY beneficiaries to make golden cards which will enable them to avail of treatment in empanelled hospitals anywhere in the country. However, Yadav does not stop there. Over the phone, he explains "My job does not stop with making a card for the beneficiary. If the ailing person does not get treatment, how can I say my task is complete?"



*The high level of self-motivation. The empathy which leads him to go beyond the call of duty. The crystal clear understanding of the beneficiaries' mindset. The perception that Ayushman Bharat holds the power to transform lives. He is a role model for all of us who work for National Health Authority.*

### So how did he find out about Ayushman Bharat?

He says he became a VLE in 2016. A little later, he was involved with working in Rashtriya Swasthya Beema Yojana ("RSBY", the predecessor of PM-JAY). "I was very excited when I heard about PM-JAY because I could see that a lot could be done for the truly vulnerable sections of my district. I realised that I wanted to work on this". Yadav narrates an incident from a time when his own morale seemed to ebb. One evening, while on a visit to a nearby village, he came to know that there was a man who had suffered serious burn injuries. As luck would have it, in the fire which injured the victim, all his identity papers got destroyed. However, Yadav asserts that cooperation received from Ms. Aditi Oberoi and Shri. Shakeel from NHA and from district Health officials enabled him to quickly create a golden card and facilitated timely treatment for the burns victim, thereby saving his life. Yadav feels that seeing the prompt response from NHA officials as well as from the district and the hospital, his motivation shot up and he was convinced that PM-JAY could change the lives of its beneficiaries.

### What is his biggest challenge?

The villagers' suspicion, says Yadav. At the best of times, the residents of such inhabitations are wary of strangers. The unlettered person has to rely on word-of-mouth and the understanding of the person with whom he/she deals in order to comprehend the benefits available and then, to actually avail of these. He explains that in the past few years, many number of officious persons, carrying very official-looking documents, have sought out the villagers and have fleeced the already indigent populace, before disappearing forever. Given this background, Yadav feels that the villagers' distrust of government schemes and their implementation is entirely understandable. An even bigger challenge which exists in illiteracy. When a beneficiary family receives a document from government, not knowing what message it contains, most of them tuck it away. It takes a great deal of persuasion to get them to make a golden record at once, so that in case a family member falls ill, they can avail benefits at once.

### Are the beneficiaries convinced?

No! exclaims Yadav. "They insist on hiding away the PM letter." Yadav says he has to spend considerable energy in trying to convince beneficiaries as to how making a golden card means sound insurance for future calamity.

Madhav is undeterred by the various challenges that he faces. He says that the proof of the efficacy of the Scheme lies in ensuring that the applicant is able to go to the hospital and receive treatment. He says he does not stop at making golden records for beneficiaries. He helps them to reach hospitals. He assists them in asserting their rights. He has helped over 5000 beneficiaries so far and credits his success to his close interactions with them and the support he has received from NHA in leaping over bureaucratic hurdles.

### How can the benefits of PM-JAY be publicised better?

Yadav is convinced that word of mouth is a good way to promote PM-JAY. Most of the beneficiaries are uneducated. Unless you speak with them personally, unless you go to their doorstep, convince them to make a card; help one of their family members to avail benefits, they will not believe you. However, once they are able to see for themselves how PM-JAY enriches their lives, they are convinced. Not only that, they bring other family members and neighbours to get enrolled.

The trajectory of Yadav's life is a simple one. He hails from a small, rural, low-income family. The income from their small farm is barely enough to support the family; but he has bigger dreams. Having studied for a BA and then, for a diploma in a local Industrial Training Institute, Yadav now nurses a hope to study for MBA. But, after minding the business at the CSC and holding camps, holding camps in villages, meeting beneficiaries to explain the benefits of the Scheme how does he find the time to prepare for the MBA entrance? His answer is stunning: "I get about 2-3 free hours per night. I use those to study."



## #PMJAYmakingAdifference

### UTTAR PRADESH

4-yr old Ayush, a resident of Etawah, had been complaining of chest pains and breathlessness since he was two. Despite visiting several hospitals, his parents were not able to treat their young son. At AIIMS Delhi, they were told that the surgery would cost them Rs. 3 lakh. For Aayush's father working as a daily wage labourer, his treatment seemed impossible. Hope came in when Aayush's uncle informed his father about Sri Sathya Sai Sanjeevani International Centre for Child Heart Care & Research in Palwal. At the hospital, the family got to know about their eligibility to avail free treatment under PM-JAY as a result of which, Ayush underwent free surgery and was discharged smiling, eight days later.

## PM-JAY rekindling hope

### PM-JAY gifts life

### HARYANA

47-yr old Gulabo's husband's sickness and death left the family in debt of Rs. 2 lakh. On the day that her husband passed away, Gulabo began to experience chest pain and was taken to hospital, where doctor informed that she had a heart attack and needed to undergo immediate surgery to fix a stent in her heart. She tried to reassure her sons that the surgery wasn't needed as she knew that arranging more money wouldn't be easy for the debt-ridden family. It was only after the doctor at the hospital informed the family that they were PM-JAY beneficiary and could avail free treatment, that Gulabo agree for the surgery. Soon after, Gulabo underwent the surgery and a week later was discharged.

### BIHAR

Since birth, Ritu had a slight disability. Due to an extra flap of skin and flesh on her arms at the elbows, she was unable to hold them straight. Despite this, Ritu went about her work. Her disability was more troubling to her father, Dilip Kumar, slightly disabled himself – his right arm only functions at 60%, according to the doctors. He had sought out treatment several years ago, but could not afford it. Now, he didn't want the same to happen to his daughter. So when he heard about PM-JAY from a neighbour, he took Ritu to Patna Medical College and Hospital to try out their luck. Ritu was enrolled in the scheme immediately and soon underwent reconstructive surgery on her right arm. She is no more disabled and is now leading a healthy life!

## PM-JAY saving lives



## PM-JAY in Social Media

**narendramodi\_in** @narendramodi\_in

ये विजय उस बीमार व्यक्ति की है जो 4-5 साल से पैसों कमी की वजह से अपना उपचार नहीं करवा पा रहा था और आज उसका उपचार हो रहा है। ये उसके आशीर्वाद की विजय है।

ये विजय उन बेघरों की विजय है जो जीवन भर कच्चे मकान में रहे और आज अपने पक्के घर में रह रहे हैं। ये उन लोगों की विजय है: PM

**Dr. Indu Bhushan** @ibhushan

Team #AyushmanBharat #PMJAY @AyushmanNHA with the Health & Family Welfare Minister @drharshvardhan and MoS @AshwiniKChoubey at the first review meeting in the new Govt. Was a privilege for the team to meet them and brief them about the key priority areas of #PMJAY. @MoHFW\_INDIA



**Dr Dinesh Arora** @drdineshas

Heartening to see @DrTedros, Director General of @WHO, speaking on how #AyushmanBharat #PMJAY is changing lives of millions of citizens in India. Thank you @DrTedros for the kind words. I am certain, through #PMJAY we will accelerate towards UHC! @JPNadda @ibhushan @amitabhk87

**World Health Organization (WHO)** @WHO

Then Bolu discovered that he was eligible for free surgery under #India's Ayushman Bharat insurance programme, which was launched last year, with support from WHO. A week later, Bolu had the operation and began physiotherapy. He's now back on his feet

**Dr. Indu Bhushan** @ibhushan

On a visit to #Bhubaneswar to meet the Odisha Government. Had great discussion and consultation with the team regarding implementation of #AyushmanBharat #PMJAY. Looking forward to positive outcomes. Thank you @HFWDodisha



**Dr. Indu Bhushan** @ibhushan

Reaching the last beneficiary. Drive by Railways to identify PMJAY beneficiaries at Mumbai railway station. Thank you @RailMinIndia @PiyushGoyal. @drharshvardhan @PMOIndia



**PHFI** @thePHFI

@AyushmanNHA & @thePHFI signed a MoU wherein @thePHFI will be a technical partner to @AyushmanNHA and support the #PMJAY programme @ibhushan @drdineshas @MoHFW\_INDIA @PMOIndia @lavagarwal @NandaLipika



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**AyushmanMANIPUR** @AyushmanManipur

Mass Enrolment Camp for CMHT and PMJAY beneficiaries from 4th to 8th of June 2019 at Ukhrul. Beneficiaries receiving the CMHT and PMJAY card from Hon'ble Chief Minister today at the DRDA Hall, Ukhrul. @NBirenSingh @AyushmanNHA @ibhushan @drdineshas @Vumlungang



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

Standing together, against Cancer. @AyushmanNHA has signed an MOU with #NationalCancerGrid, for making the delivery of Cancer services more robust across the country by reducing financial implications and bringing uniformity in care. #AyushmanBharat #PMJAY

