

# ASSAM – HBP Design and Implementation Overview



## WORLD HEALTH EXPENDITURE

Average Expenditure on a Western World view stands at 12.2% of GDP



## USA

95% of total population covered by Health Insurance;  
Expenditure of health – 16.4%  
Per capita spend – \$8,017/-



Expenditure on Health: 4.1% of GDP (2013) - \$ 80 Billion

Cost per capita income \$75

63% Out of pocket expenses

Hospital Industry: \$ 46 Billion

## INDIA

25-30% population covered by Health Insurance for hospitalization

Another 30% of population covered by non-insurance employer funding

# Global > Health Expenses

	% OF GDP SPENT ON HEALTH CARE	PER CAPITA HEALTH EXPENDITURE	GOVT SHARE IN HEALTH CARE SPENDING (IN %)	HEALTH EXPENDITURE AS % OF TOTAL GOVERNMENT EXPENDITURE	% OF PRIVATE OUT-OF-POCKET EXPENDITURE
USA	18	\$8,608	46	20	11
UK	9	\$3,609	83	16	9
INDIA	4	\$60	31	8	60
CHINA	5	\$278	56	12	35
BRAZIL	9	\$1,121	46	9	31
GERMANY	11	\$4,875	76	19	12
RUSSIA	6	\$807	60	10	35
NIGERIA	5	\$80	37	8	60

- Assam (*Ha-com*; Bodo for Low lying land) constitutes about **2.6%** of India's population
- Total Population – **3.12 Crore** with YoY growth rate of **17%**
- The population is scattered over **27 districts & 23000+** villages
- **80%** of population is Rural
- State Population Density of **339 per sq. m.** vs. India Population Density of **382 /sq. m**
- **Main Occupations-**
  - Agriculture
  - Sericulture
  - Dairy/Livestock Farming
  - Fish Farming

## ▪ State Indices

- **Fertility Rate is lower** vs. the National Fertility rate
- **Death Rate** is 7.8 Vs. National Avg. of 7
- Infant Mortality & Maternal Mortality Rates are very high compared to the National Average  
(IMR – 54 vs. 40)  
MMR – 328 vs. 178)
- **Sex Ratio favourable** –
  - Male: Female (Assam) - 1000:958
  - Male: Female (India)- 1000: 940
- **Literacy rates** are almost the same as compared to National Average @ 72%

- Assam is among the top states with **Adverse MMR & IMR** & hence the vision of any scheme would be to improve these indices
- **Prenatal & Postnatal Ailments** – Anemia, Institutional Deliveries, etc.
- The burden of **Infectious diseases** is high which include –
  - o Mosquito borne diseases like malaria, dengue, Japanese encephalitis, Lymphatic filariasis, chikungunya, etc.
  - o Water Borne diseases – Bacterial Diarrheal diseases, Enteric fever, hepatitis, cholera
  - o Tuberculosis, HIV, Asthma
- **NCDs** – Diabetes, Hypertension, Arthritis, Malnutrition
- **Malignancies** – Cervical, Oropharyngeal, Lung, mouth, stomach, etc.
- **Occupational Diseases** – Dermatitis, Skin cancers, Asthma, conjunctivitis, heavy metal poisoning, etc.

1. Medical Colleges -6 with GMC Cancer , MMC hospital as annex to GMC
2. District Hospital -25.
3. SDCH - 14.
4. CHC - 178 ( inclusive of FRU and Model Hospitals)
5. Private Hospitals , BBCL as unit of Tata Memorial.

\*Currently 140+ pvt hospitals empaneled under PMJAY



# Assam > Concept of Convergence

- To ensure, the Improvement in the Health Indices for Assam, a comprehensive Healthcare Scheme was envisioned, one which would cover primary, secondary & tertiary ailments, thus ensuring reduction in the Out of Pocket expense for the beneficiary
- Strengthen Govt. Infrastructure which are the biggest healthcare providers in the state of Assam equipped with maximum facilities
- *The result was the convergence of the Federal Health Plan – Pradhan Mantri Jan Aushadi Yojana & the State Sponsored Critical Care under Atal Amrit Abhiyan, thus creating a synergy in the delivery of the health benefits to the eligible members*



**Vision** – Improve the access of Healthcare to BPL & Low Income families in case of an adverse event as defined in the tender falling under the following categories –

- Cardiac & Cardiovascular
- Neurological
- Burns
- Malignancy
- Kidney Diseases
- Neonatal Diseases

**Beneficiary Lives Eligible –**

Almost **92% population** is deemed covered under the scheme

**Eligibility – BPL families (2001 census) & Low Income Groups** (Annual Income of Less than INR 5 lakhs) are covered

**Unit of Enrollment: Individual => 18 years**

<18years to be included in HoF card

**Benefits:**

- **Individual Sum Assured**

Sum Assured – Maximum **INR 2 lakhs/year**

- **No waiting period**
- **No Pre Existing Disease** exclusion
- Completely **Cashless in Empaneled Hospitals**
- **Transport** – INR 300/- per visit upto INR 3000/- per member per year
- **Out of State Treatment**
  - **Cheapest Airfare** – patient & one attendant; to & fro
  - **Daily Allowance** of INR 1000/- upto INR 10000/- per member/yr



- Ayushman Bharat-PMJAY will provide essential healthcare coverage to more than 10.74 crores economically deprived families, all across India as per SECC (Socio Economic Caste Census), 2011
- Each family will be covered for upto 5 lakhs per annum per family on floater basis, for 1350 procedures (1394 packages) covering 25 specialties
- In the state of Assam PMJAY covers approx. 27 lakh defined families as per SECC data (D1-D7 excluding D6)
- The Financial Model is a blend of Central & State Financial Model @ 90:10 ratio with a ceiling of INR 1056/- per family for Claims payout & INR 50/- per family per year for Administration
- Currently, the first installment of INR 15 Crores & INR 6.08 Crores has been handed over to the GoA (Total INR 267 Crore + INR 12.15 Crore)

# PMJAY > Snap Shot



In Assam PMJAY is being launched in a phased manner; the formal launch of the Scheme was on 23 September, 2018



All members of eligible families (27lakhs) are automatically covered and PMJAY laminated card with unique AAA ID of HOF is being distributed in Assam



A cover of Rs. 5 Lakhs per family per year for secondary and tertiary care under 1394 packages in 1350 procedures



No money needs to be paid by the family for treatment in case of hospitalization up-to 5 lakhs as per package rate



All pre-existing conditions are covered from day one of the scheme



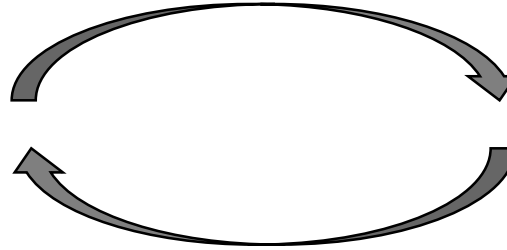
There is no restriction on family size, age or gender

# PMJAY > Scheme COmpaprison

Atal Amrit Abhiyan (AAA)	Pradhan Mantri Jan Arogya Yojana (PMJAY)
Eligible Families: BPL, Weaker Section of PA income $\leq$ 5lakhs & voluntary for APL.	Eligible beneficiaries are 27 lakhs defined Families under SECC
Sum Insured: 2 lakhs/Individual per year	Sum Insured: 5 lakhs/ Family per year
Population of 2.94 crores members covered.	Approximately 1.35 crores members population covered
Every Individual Beneficiary is given a laminated physical card	Every Family will be given a laminated physical card
438 procedures under 6 Critical care Aliments Covered.	1350 procedures under Secondary and critical care under 25 ailments were covered
Transport cost inside Assam Rs. 300 to Rs.3000 and for outside state is capped upto INR Rs.30000/- per year	Not provided in PMJAY but Assam Govt is providing.
Daily Allowances of cash benefit of INR Rs.1000/- per day upto INR Rs. 10000/-per day is covered.	Not provided in PMJAY but Assam Govt is providing.

\* AAA Coverage works as a Top Up Benefit post, the PMJAY Sum Insured Amount of INR 5 lacs is exhausted

# PMJAY > Portability



## Patient of Assam goes out of state

- Patient goes to EHCP outside Assam
- PMJAY card (checked in BIS)
- Service provided to the beneficiaries by the EHCP
- Travelling and Daily allowance provided by Assam Govt. as per norms of AAA
- Claim settled by SHA at provider state hospital rate.

## Patient of other state comes to Assam for treatment

- Patient comes to EHCP of Assam
- Patient details checked in BIS, (E-card generated)
- Service provided to the beneficiaries by the EHCP
- Claim settle by SHA of other state in Assam rate.

# PMJAY > Role of SHA

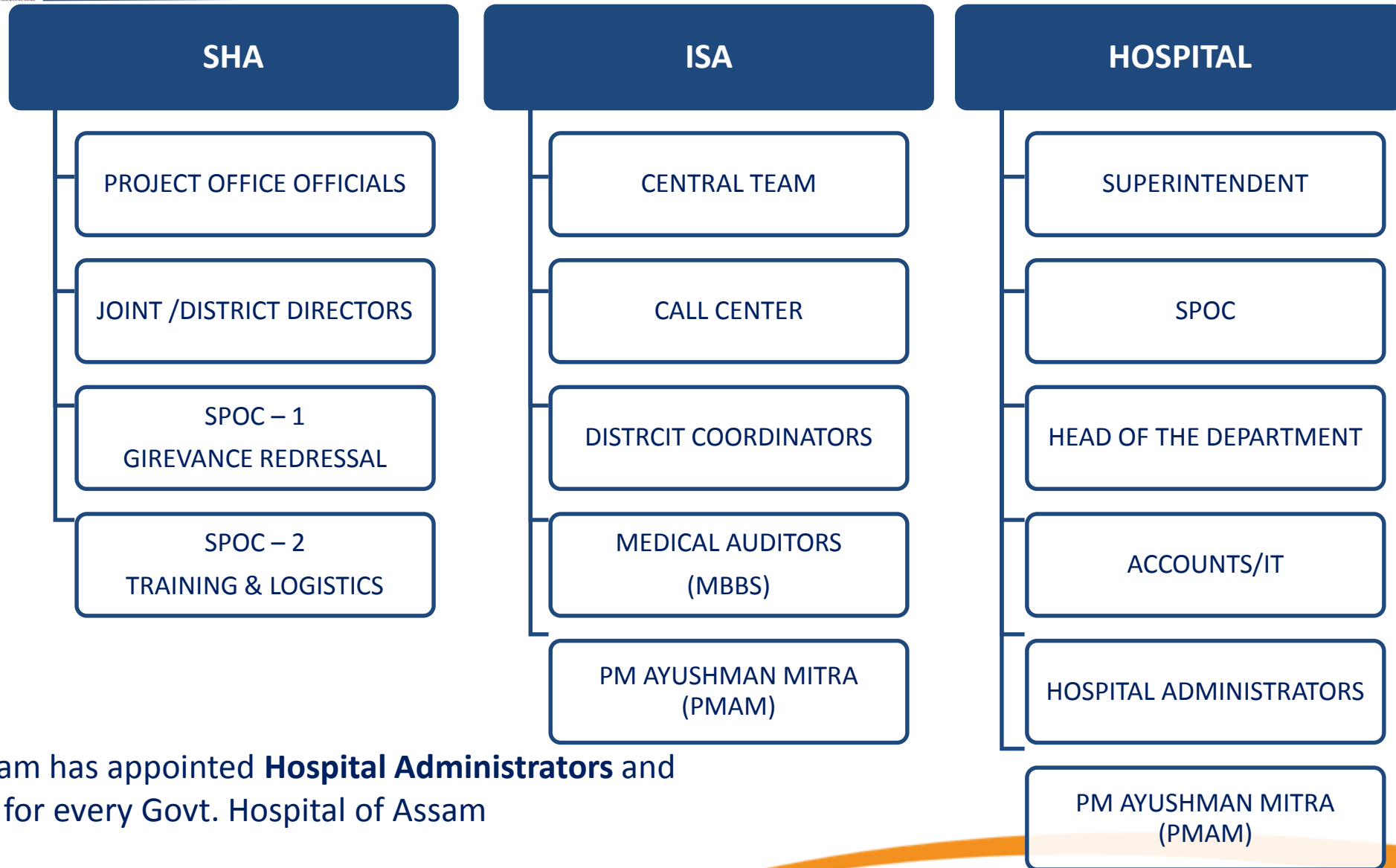
- The Govt. Of Assam has notified the Atal Amrit Abhiyan Society as the State Health Agency(SHA) for the implementation of the Scheme in the state.
- The SHA will be the nodal agency for implementing the scheme.
- Convergence of State scheme with PMJAY
- Selection of Implementation Support Agencies in Trust mode.
- Awareness generation and Demand creation
- Distribution of PMJAY Cards to eligible beneficiaries.
- Empanelment of network hospitals which meet the criteria
- Monitoring of services provided by health care providers
- Fraud and abuse Control
- Administration of hospital claims which are already approved by Insurer/ ISA
- Package price revisions or adaptation of PMJAY list under cabinet approval
- Adapting operational guidelines in consultation with NHA, where necessary
- Forming grievance redressal committees and overseeing the grievance redressal function
- Management of funds through the Escrow account set up for purposes of premium release to Insurance Company under PMJAY
- Evaluation through independent agencies
- Setting up district level offices and hiring of staff for district



At Assam, the SHA team comprises of the following experts,

- At District Level, the Joint Directors are responsible for smooth functioning of the scheme and they have appointed 2 Single Point Members for each district
- At Cluster Level, Qualified Medical Auditors for better Clinical Vigilance in field
- At Head Office Level, a dedicated grievance , service, IEC and Claim coordinator; & a dedicated IT Analyst to conduct Data and Trend analysis. Each has their own team.
- With emphasis on long term sustainability of the Scheme, the Hon Health Minister has announced strict actions against defaulting Doctors & Hospitals
- Supply Chain Management with dedicated Pharmacists and supplier (HLL)
- Appointment of Hospital Administrators by GoA for handholding
- Some examples of Strong Monitoring Mechanism with High Level intensity-
  - The executive Body, including Hon Principal Secretary and CEO conduct perpetual reviews and have personally visited districts and hospitals
  - Surprise visits are made by SHA representatives to hospitals

# Assam > Concept of Convergence



\*Govt. Of Assam has appointed **Hospital Administrators** and **Pharmacists** for every Govt. Hospital of Assam



# PMJAY > Procedures and Packages

Total 1350 Procedures (1394 packages) are covered under AB-PMJAY.

**Procedure** example: High Risk Delivery, **Package**: High Risk Delivery: Pre-mature delivery, High Risk Delivery: Obstructed labor , High Risk Delivery: Mothers with eclampsia or imminent eclampsia

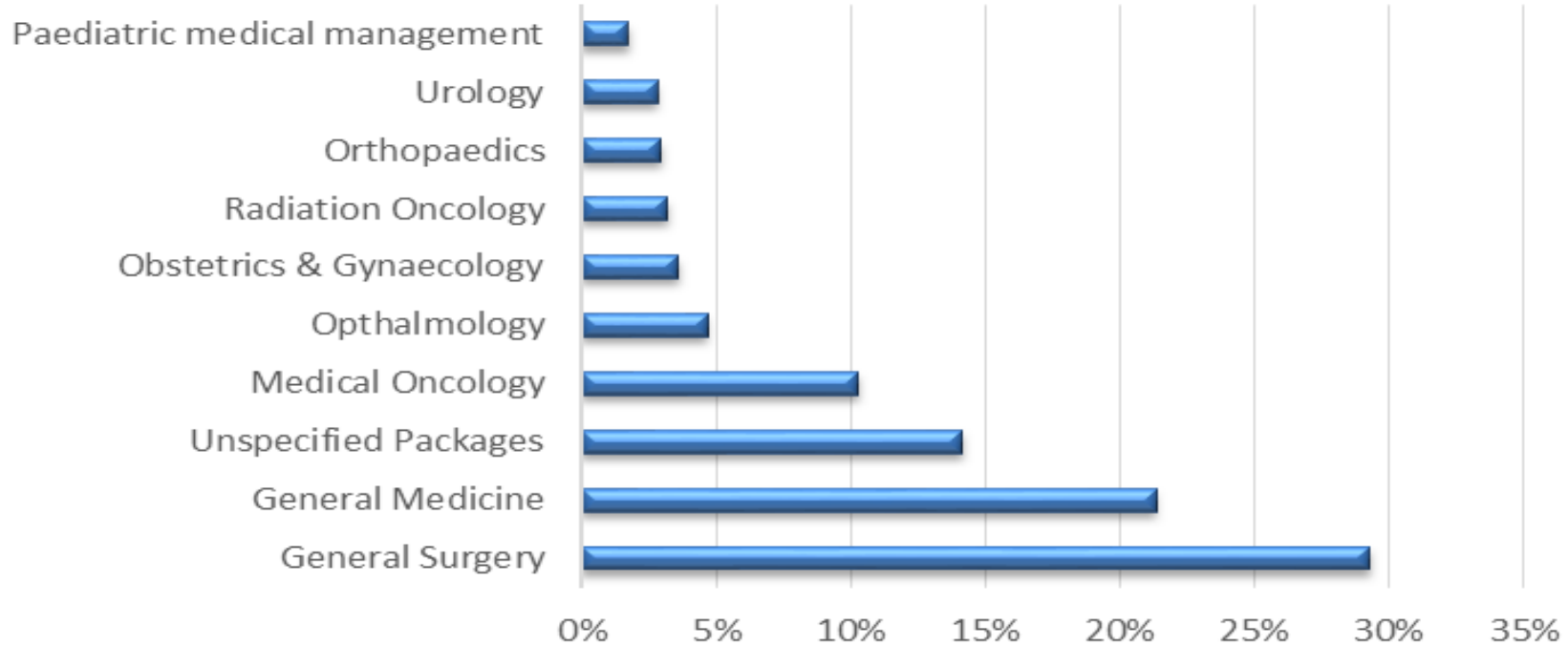
**221 Procedures (227 packages ) out of 1350 are reserved to Public Hospitals.**

S.No	Speciality	Count
1	General Medicine	72
2	Paediatric medical management	102
3	Neo-natal	10
4	Paediatric cancer	38
5	Medical Oncology	52
6	Radiation Oncology	14
7	Emergency Room Packages (Care requiring less than 12 hrs stay)	4
8	Mental Disorders Packages	17
9	General Surgery	253
10	Plastic & reconstructive	9
11	Burns management	12
12	Cardiology	39
13	Cardio-thoracic & Vascular surgery	92
14	Paediatric surgery	34
15	Surgical Oncology	48
16	Oral and Maxillofacial Surgery	9
17	Otorhinolaryngology	94
18	Ophthalmology	38
19	Obstetrics & Gynaecology	78
20	Orthopaedics	106
21	Polytrauma	12
22	Urology	161
23	Neurosurgery	82
24	Interventional Neuroradiology	16
25	Unspecified Packages	2
Grand Total		1394

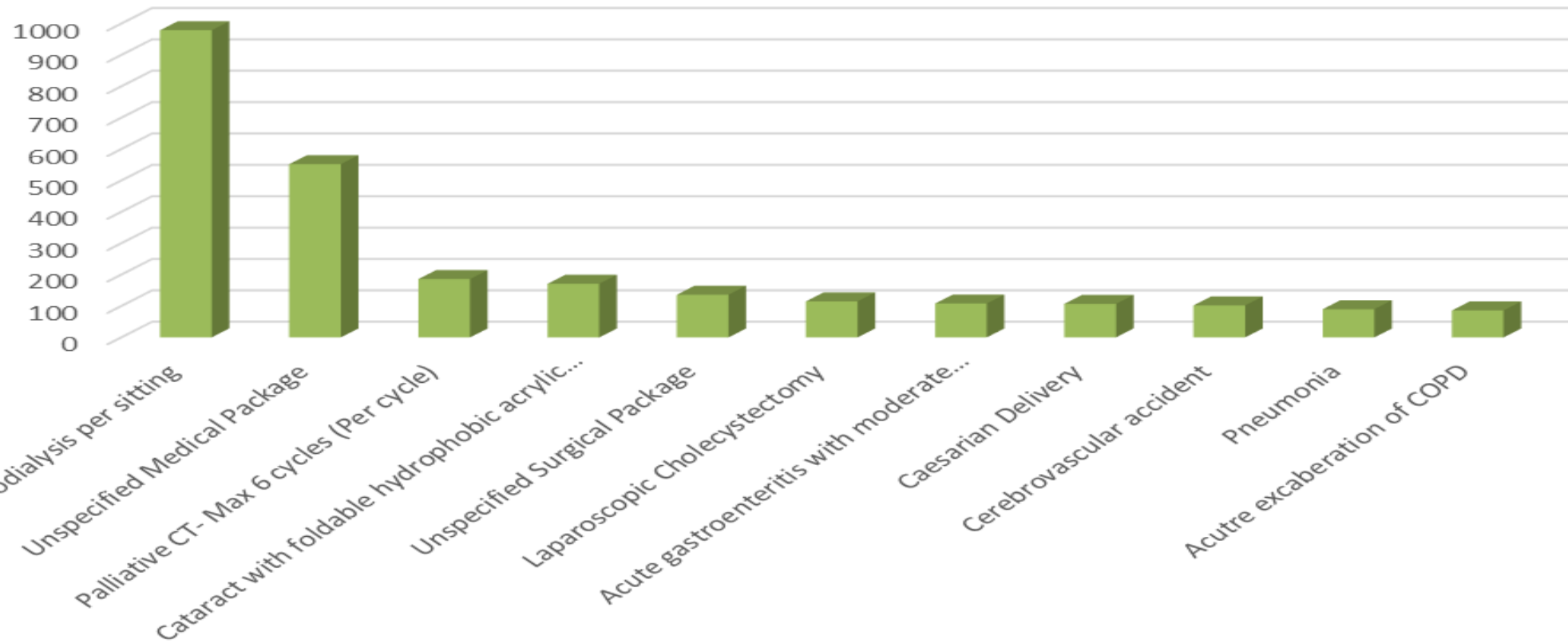
## PACKAGES FOR PUBLIC HOSPITALS ONLY

S.No	Speciality	Packages
1	General Medicine	52
2	Paediatric medical management	19
3	Neo-natal	2
4	Emergency Room Packages (Care requiring less than 12 hrs stay)	4
5	Mental Disorders Packages	17
6	General Surgery	41
7	Otorhinolaryngology	29
8	Ophthalmology	10
9	Obstetrics & Gynaecology	27
10	Orthopaedics	8
11	Urology	14
12	Neurosurgery	4
Grand Total		227

## Category Wise % of Utilization in PMJAY



Procedure Wise Utilization



## FREQUENTLY ASKED QUESTIONS

- 1. Q : What is the objective of Pradhan Mantri Jan Arogya Yojana ?**  
Ans : The objective of PMJAY is to reduce the financial burden of poor and vulnerable groups arising out of catastrophic hospital episodes and ensure their access to quality health care services.
- 2. Q : What is the Amount covered under the Scheme ?**  
Ans : ₹5 lakhs covered per eligible family per year for Secondary and Tertiary care as cashless treatment on family floater basis.
- 3. Q : Who is eligible to avail the benefits of this Scheme ?**  
Ans : All families listed in the SECC -2011 database as per defined criteria will be covered.
- 4. Q : what are the diseases PMJAY Card holders beneficiary can avail in private hospitals in these Scheme?**  
Ans : Currently 1394 packages covering surgery, medical and day care treatments, along with medicine and diagnostics will be covered under PMJAY as per norms and guidelines of the Scheme.
- 5. Q : Are there any reserved Packages for Government Hospitals?**  
Ans : Yes. Altogether 221 procedures are reserved for Government hospitals only.
- 6. Q : Do beneficiaries need to pay any fee for obtaining the card?**  
Ans : No, the card is free and no fee is to be paid for obtaining the card.
- 7. Q : What are the documents given to beneficiaries upon enrolment into this Scheme ?**  
Ans : Government will issue a family Card, authorizing the beneficiary to use the same for cashless treatment of all the family members at the empanelled hospitals under this Scheme.
- 8. Q : How will the Beneficiary family get card for Cashless treatment ?**  
Ans : Government has issued the card to the beneficiary family directly as per SECC data of the year 2011 for availing Cashless Treatment.
- 9. Q : How many cards will be issued to a family?**  
Ans : Only one single card will be issued to particular eligible family.
- 10. Q : How a beneficiary will get this PMJAY card, in case of lost or theft?**  
Ans : Beneficiary family will approach the Joint Director, Health with relevant proof of FIR to issue Duplicate Card, in their respective Districts.
- 11. Q : What is an empanelled hospital ?**  
Ans : Hospitals which have signed MoU for providing patients with healthcare facilities under PMJAY both in the Government and Private sectors.
- 12. Q : Where shall the beneficiary first approach for initiating treatment under the Scheme ? Can a Beneficiary go directly to a private empaneled hospitals ?**  
Ans : For availing treatment under these scheme, a beneficiary can go directly to any empanelled hospital, both Government & Private sector or call the toll free number 18001027480 for guidance or for referral. The reserved procedures for Government hospitals will only be available in Government hospitals.
- 13. Q : Where shall the beneficiary approach for support in empanelled hospitals?**  
Ans : Beneficiary should approach Ayushman Mitra help desk at each of the empanelled hospitals, who will be there 24 x 7 for supporting and hand holding the beneficiaries and ensuring their treatment experience is in a seamless and cashless manner.
- 14. Q : Will any part of the treatment costs be reimbursable directly to the beneficiary?**  
Ans : No, patient will get cashless treatment in empanelled hospitals up to 5 lakhs per annum per family.



Ayushman Bharat

Pradhan Mantri Jan Arogya Yojana

## Implementation guidelines & SOPs

(For Government Hospitals)



State Health Agency, PMJAY

Health & Family Welfare Department

## INFORMATION BOOKLET

STATE HEALTH AGENCY-PRADHAN MANTRI JAN AROGYA YOJANA

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2. Salient Features of PMJAY
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5. Disbursement of ~~upfront~~ money to the empaneled hospitals
6. Beneficiary Identification System
7. Portability of patients between states
8. Concept of dual sum assured
9. Patient flow process
10. Standard Operating Procedure- Patient Admission
11. Standard Operating Procedure- Claims Processing
12. Claims Process Flow
13. Support from the SHA
14. Support from the District Administration
15. Support required from the hospitals
16. Grievance ~~Redressal~~ ~~Process~~ available to a Healthcare Provider
17. Adjudication guidelines

- **Six monthly revision of Adjudication Guidelines; Pre & Post Treatment Mandates and Audit formats based on past learnings**
- Acceptance of rates by all stakeholders
- **Incentivization for Govt hospital doctors**
- **Mortality Meetings for Hospitals based on Claim Outcomes (Death Rates; Readmissions; Complications) with Treating Doctors**
- Active involvement **with IMA and MCI** to report these cases
- **SMS alerts** right from Preauthorization until claim paid
- **Software updation** based on inputs and experience so far.
- **Calibration of reports** of patients from suspicious hospitals to be **re-tested in Govt. hospitals**
- **Suspension of hospitals** who are repeated offenders in the scheme
- **Mobile App - WIP** – to capture real time verification & medical audit findings
- Create a **Central Repository of the Fraudulent Doctors & Hospitals**
- **Empanelling more Private hospitals**
- **Adding more procedures to AAA**
- **Synchronization with NHA – Server on real time basis**

Thank You!