ASSAM – HBP Design and Implementation Overview
Global > Health Expenses

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
<table>
<thead>
<tr>
<th>Country</th>
<th>% of GDP Spent on Health Care</th>
<th>Per Capita Health Expenditure</th>
<th>Govt Share in Health Care Spending (in %)</th>
<th>Health Expenditure as % of Total Government Expenditure</th>
<th>% of Private Out-of-Pocket Expenditure</th>
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</thead>
<tbody>
<tr>
<td>USA</td>
<td>18</td>
<td>$8,608</td>
<td>46</td>
<td>20</td>
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<td>UK</td>
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<td>$3,609</td>
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<td>INDIA</td>
<td>4</td>
<td>$60</td>
<td>31</td>
<td>8</td>
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<td>56</td>
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<td>$1,121</td>
<td>46</td>
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<td>31</td>
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<td>GERMANY</td>
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<td>$4,875</td>
<td>76</td>
<td>19</td>
<td>12</td>
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<td>RUSSIA</td>
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<td>$807</td>
<td>60</td>
<td>10</td>
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<td>NIGERIA</td>
<td>5</td>
<td>$80</td>
<td>37</td>
<td>8</td>
<td>60</td>
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</tbody>
</table>
Assam > Demographics

- 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, BBCI as unit of Tata Memorial.

*Currently 140+ private 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
Assam > Atal Amrit Abhiyan

**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**  
<18 years 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 Empaeled** 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)
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 (27 lakhs) 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 COMparison

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

* 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
*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.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Speciality</th>
<th>Count</th>
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<tbody>
<tr>
<td>1</td>
<td>General Medicine</td>
<td>72</td>
</tr>
<tr>
<td>2</td>
<td>Paediatric medical management</td>
<td>102</td>
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<tr>
<td>3</td>
<td>Neo-natal</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>Paediatric cancer</td>
<td>38</td>
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<tr>
<td>5</td>
<td>Medical Oncology</td>
<td>52</td>
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<tr>
<td>6</td>
<td>Radiation Oncology</td>
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<tr>
<td>7</td>
<td>Emergency Room Packages (Care requiring less than 12 hrs stay)</td>
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<td>8</td>
<td>Mental Disorders Packages</td>
<td>17</td>
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<td>9</td>
<td>General Surgery</td>
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<tr>
<td>10</td>
<td>Plastic &amp; reconstructive</td>
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<tr>
<td>11</td>
<td>Burns management</td>
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<tr>
<td>12</td>
<td>Cardiology</td>
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<tr>
<td>13</td>
<td>Cardio-thoracic &amp; Vascular surgery</td>
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<tr>
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<td>Paediatric surgery</td>
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<td>15</td>
<td>Surgical Oncology</td>
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<td>16</td>
<td>Oral and Maxillofacial Surgery</td>
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<td>17</td>
<td>Otorhinolaryngology</td>
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<td>18</td>
<td>Ophthalmology</td>
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</tr>
<tr>
<td>19</td>
<td>Obstetrics &amp; Gynaecology</td>
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<tr>
<td>20</td>
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<td>22</td>
<td>Urology</td>
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<td>23</td>
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<td>24</td>
<td>Interventional Neuroradiology</td>
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<tr>
<td>25</td>
<td>Unspecified Packages</td>
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Grand Total: 1394

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<tr>
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<td>Orthopaedics</td>
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<tr>
<td>11</td>
<td>Urology</td>
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<td>12</td>
<td>Neurosurgery</td>
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</table>

Grand Total: 227
**PMJAY > Trend Analysis**

Category Wise % of Utilization in PMJAY

- Paediatric medical management
- Urology
- Orthopaedics
- Radiation Oncology
- Obstetrics & Gynaecology
- Ophthalmology
- Medical Oncology
- Unspecified Packages
- General Medicine
- General Surgery

0% 5% 10% 15% 20% 25% 30% 35%
PMJAY > Trend Analysis

Procedure Wise Utilization

- Hemodialysis per sitting
- Unspecified Medical package
- Palliative CT - Max 6 cycles (Per cycle)
- Unspecified Surgical package
- Cataract with foldable, hydrophobic acrylic...
- Laparoscopic Cholecystectomy
- Acute gastroenteritis with moderate...
- Caesarian Delivery
- Cerebrovascular accident
- Pneumonia
- Acute exacerbation of COPD
PMJAY > FAQs and Information Booklet

FREQUENTLY ASKED QUESTIONS

1. Q: What is the objective of Pradhan Mantri Argya Yojana?
   Ans: The objective of PMAY is to reduce the financial burden of poor and vulnerable groups arriving out of catastrophic hospital episodes and ensure their access to quality healthcare services.

2. Q: What is the Amount covered under the scheme?
   Ans: PMAY covers per eligible family per year for Secondary and Tertiary care as cashless treatment and a family Robinson book.

3. Q: Who will be 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 doctors for PMAY Card holders to avail in private hospitals in these schemes?
   Ans: Currently 1196 packages covering surgery, medical and day care treatments, along with medicine and drug costs will be covered under PMAY in approved empanelled hospitals.

5. Q: Can I have any insured Packages for Government Hospitals?
   Ans: Yes, Algorithm 22.2 (procedures) are reserved for government hospitals only.

6. Q: Do beneficiaries need to pay any fees for obtaining the card?
   Ans: No, the card is free and no fees is to be paid for the issuing 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 at the empanelled hospitals.

8. Q: How will the Beneficiary get an card for Cashless Treatment?
   Ans: Government has issued the card to the beneficiary family directly as per SECC data of the year 2011 for seeking Cashless Treatment.

9. Q: How many cards will be issued to a family?
   Ans: One PMAY single card will be issued to particular eligible family.

10. Q: How is the beneficiary to get this PMAY card, in case of loss or theft?
    Ans: Beneficiary family will approach the Joint Director, Health with relevant proof of RP to issue Duplicate card, where applicable District.

11. Q: What is the empanelled hospital?
    Ans: Hospital which have signed MoU for providing patients with host-borne facilities under PMAY 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 any empanelled hospital?
    Ans: For initiating treatment under this scheme, a beneficiary can go directly to any empanelled hospital, both Government & Private sector or call the toll-free number 18002274400 for guidance or be referred. The reserved procedures for Government hospitals will only be available in Government hospitals.

13. Q: What shall the beneficiary do for support for empanelled hospitals?
    Ans: Beneficiary should approach Ayushman Mitra helpdesk at each of the empanelled hospital, who will advice them 24x7 for supporting an Empanelled hospital to the beneficiary and ensuring the treatment experience is a seamless and hassle-free manner.

14. Q: Will any part of the treatment consume nille UserName directly to the beneficiary?
    Ans: No, system will not consume treatment directly to any beneficiary, it will hold with your governance family.

INFORMATION BOOKLET
STATE HEALTH AGENCY - PRADHAN MANTRI JAN AROGYA YOJANA

H. Overview of the Scheme
1. Salient Features of PMAY
2. Eligibility
3. Algorithm
4. Empanelment
5. Documents of issuing family to the empanelled hospitals
6. Beneficiary Identification Status
7. Periodicity of updated treatment rates
8. Concept of cashless treatment
9. Payment from process
10. Standard Operating Procedures (SOPs) for Hospitals
11. Standard Operating Provision (SOPs) for Chains
12. Claim Process Flow
13. Support from PPA
14. Support from DHA
15. Support required from other hospitals
16. Empanelled Hospitals available for Districts in Public
17. Adjudication guidelines
Assam > Challenges and Road Map

- **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!