



# STUDENTS' ECONOMIC FORUM

A monthly publication from South Indian Bank

*To kindle interest in economic affairs...  
To empower the student community...*

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**JANUARY 2019**

Theme 326

**“AYUSHMAN BHARAT”**

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**Theme No: 326: "Ayushman Bharat"**

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A well informed customer will make the policy makers as well as organizations which produce goods and render services more responsive to the customer needs. This will also result in healthy competition among organizations and improve the quality of its products.

The "SIB Students' Economic forum" is designed to kindle interest in the minds of younger generation. We highlight one theme in every monthly meeting of the "Forum". This month the topic for discussion is "Ayushman Bharat".

It is said that, "PMJAY-Ayushman Bharat is the biggest government-sponsored healthcare scheme in the world, the total number of beneficiaries from Ayushman Bharat is more than the population of America, Canada and Mexico combined. Organizations across the world will study Ayushman Bharat to learn how the government funded this large-scale scheme." This scheme has two components: (1) Health and Wellness Centers. (2) National Health Assurance Scheme known as Pradhan Mantri Jan Arogya Yojana (PMJAY).

**Why Ayushman Bharat?**

- India's health sector faces immense challenges. It continues to be characterized by high out-of-pocket expenditure, low financial protection, and low health insurance coverage amongst both rural and urban population.
- 62.58% of our population has to pay for their own health and hospitalization expenses and are not covered through any form of health protection. Besides using their income and savings, people borrow money or sell their assets to meet their healthcare needs, thereby pushing 4.6% of the population below the poverty line.
- In-patient hospitalization expenditure in India has increased nearly 300% during last ten years. More than 80% of the expenditure is met by out of pocket (OOP). Rural households meet this expenditure

through 'household savings' (68%) and on 'borrowings' (25%), perpetuating the vicious cycle of poverty.

- According to health ministry officials, the 71st round of National Sample Survey Organization (NSSO) revealed that 85.9 per cent of rural households and 82 per cent of urban households have no access to healthcare insurance/assurance.
- More than 24 per cent households in rural India and 18 per cent population in the urban area have met their healthcare expenses through some sort of borrowing. The Ayushman Bharat intends to change this status quo.
- According to Niti Aayog member VK Paul, who is the chief architect of the scheme, the burden on the Centre is likely to be around Rs 3,500 crore in the current fiscal, which is why it is being termed as the world's largest healthcare scheme. It will be funded with 60 per cent contribution coming from the Centre and remaining from the states.

### **What is Ayushman Bharat?**

- The Ayushman Bharat is a scheme that aims to provide health assurance to 10 crore families or around 50 crore Indians, who will be given up to Rs 5 lakh cover per year.
- The scheme targets the poor, deprived rural families and identifies an occupational category of urban workers' families, 8.03 crore in rural and 2.33 crore in urban areas, as per the latest Socio-Economic Caste Census (SECC) data.
- The health ministry has included 1,354 packages in the scheme under which treatment for coronary bypass, knee replacements and stenting among others would be provided at 15-20 per cent cheaper rates than the Central Government Health Scheme (CGHS).

### **What are the features?**

- All families listed in the SECC database as per defined criteria will be covered. No cap on family size and age of members.
- Priority to girl child, women and senior citizens.
- Free treatment available at all public and empanelled private hospitals in times of need.
- Covers secondary and tertiary care hospitalization.
- 1,350 medical packages covering surgery, medical and day care treatments cost of medicines and diagnostics.
- All pre-existing diseases covered. Hospitals cannot deny treatment.
- Cashless and paperless access to quality health care services.

- Hospitals will not be allowed to charge any additional money from beneficiaries for the treatment.
- Eligible beneficiaries can avail services across India, offering benefit of national portability. Can reach out for information, assistance, complaints and grievances to a 24X7 helpline number – 14555

**What are the eligibility criteria for a beneficiary?**

- There is no enrolment process in AB-NHPM as it is an entitlement-based mission. Families who are identified by the government on the basis of deprivation and occupational criteria using the SECC database, both in rural and urban areas, are entitled for AB-NHPM. Currently the database is based on census for the year 2011.
- A list of eligible families has been shared with the respective state governments as well as state level departments like the ANMs, BMO, and BDOs of relevant areas. A dedicated AB-NHPM family identification number will be allotted to eligible families. Only families whose name is on the list are entitled for the benefits of AB-NHPM.

Additionally, families with an active RSBY card as of 28 February 2018 will be covered. No additional new families can be added under AB-NHPM. However, names of additional family members can be added for those families whose names are already on the SECC list.

**What are the impacts?**

- Major step towards Universal health coverage.
- Poised to be the largest public funded health insurance scheme in the world.
- Help India progressively achieve Universal Health Coverage (UHC) and Sustainable Development Goals (SDG).
- Ensure improved access and affordability, of quality secondary and tertiary care services through a combination of public hospitals and well measured strategic purchasing of services in health care deficit areas, from private care providers, especially the not-for profit providers.
- Significantly reduce out of pocket expenditure for hospitalization. Mitigate financial risk arising out of catastrophic health episodes and consequent impoverishment in poor and vulnerable families.
- Acting as a steward, align the growth of private sector with public health goals.

- Strengthen public health care systems through infusion of insurance revenues.
- Enable creation of new health infrastructure in rural, remote and under-served areas.
- Increase health expenditure by Government as a percentage of GDP.
- Enhanced patient satisfaction.
- Improved health outcomes.
- Improvement in population-level productivity and efficiency
- Improved quality of life for the population

### How a patient can access care under PMJAY?



**Patient approaches empanelled Hospital**



**Beneficiary Identification & Registration**

- Confirm person is an eligible PMJAY beneficiary using software.
- Confirm identity through Aadhar



**Pre Authorization request & Approval**

- Hospital select package, check balance
- Submits supporting evidence required for treatment.



**Claim Request and Settlement**

- Discharge summary and post treatment evidence submitted.
- Electronic payments
- Beneficiary feedback



**Discharge**



**Treatment**

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