

**AYUSHMANBHAVA YOJANA IMPLEMENTATION IN BHARAT****Katakam Reshma*, Nagaraja Jargula, Prasadarao Manchineni and Praneetha Aluri**

India.

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India.

A pilot programme of India's largest health scheme announced by the Prime Minister Narendra Modi in his Independent Day address on Wednesday, 15 August.

Ayushman Bharat National Health Protection Mission dubbed as Modicare [inspired by Obamacare].

The states and union territories selected for the pilot run of the Pradhan Mantri Jan Arogyan Abhiyan National Health Protection Mission are:

Chhattisgarh, Uttarakhand, West Bengal, Chandigarh, Himachal Pradesh, Denman and Diu, Nalgonda, Manipur, Haryana and Andhra Pradesh.

The insurance cover scheme is under the government's 'Ayushman Bharat healthcare policy umbrella.

Ayushman Bharat Pilot Projects

Ten states/union territories chosen for pilot testing of AB-NHPS

So far, 29 out of 36 states and union territories have agreed to join the scheme. Another six are expected to sign up in the coming months while Odisha has opted out.

“Private hospitals may not be enrolled in some states as the purpose of launching the scheme on pilot basis is to test our systems in real time,” said Indu Bhushan, chief executive officer, National Health Agency—the implementing agency. Private hospitals will be included later, he said.

Here's a layout on the scheme:

The Scheme

It covers Rs 5-lakh to the insurance floaters cashless families covering all members of the household for one year. Members can also be added after the government's approval.

How to check eligibility for Ayushman Bharat Scheme

A website and a tollfree number has been launched to help eventual inheritors to check where there name is in the final list of the Ayushman Bharat Scheme. The National Health Agency [NAH], the apex body implementing the scheme announced the launch.

You can call up on the tollfree number 14555, to find out for your acceptability.

You can also check it online.

Login to mera.pmjay.gov.in

Waiting Period

Unlike the normal health insurance plans, there will be no waiting period for the inheritor under PMJAY and all the diseases are covered from day one.

Who Is Covered?

The Prime Minister said the mission will cover 10 crore families when it is launched nationwide on 25 September, 2018. They include existing Rashtriya Swasthya Bima Yojana beneficiaries and those part of similar schemes in the participating states.

Why is it Needed?

Indians pay over three-fourths of all healthcare costs out of budget, according to a study by the Public Health Foundation of India published in May. Nearly 5.5 crore people were pushed below the poverty line because of healthcare costs, of which 3.8 crore became poor only because they had to bear medicine costs, it said. The scheme is targeted for such families.

What Is Covered?

It covers 1,354 medical and surgical packages categorized under 25 specialties such as cardiology, neurosurgery, oncology (chemotherapy for 50 types of cancers), burns, among others. Patients those who can't avail surgical and medical packages at the same time.

Benefits

- Hospitalization expenses such as registration, nursing and boarding charges in general ward.

- appointment fees, surgical equipment and procedure charges and cost of implants, medicines, diagnostic tests and food for patients.
- Follow-up care along with pre- and post-hospitalization expenditures.
- This scheme mainly focused on generic medicines and their uses.

In case of multiple surgeries, the highest package rate will be waived for the first treatment, and 50 percent and 25 percent of the costs will be provided for the second and third treatment, disparately.

Who Will Fix the Rates?

The state health agency in consultation with the selected assurer and empanelled hospitals for three years. The third year will be contingent to the performance of the insurer in the first two.

- Seven states, including two union territories, have adopted for the insurance model.
- Twenty states started to set up trusts or subsidy pools with 60:40 contribution by central and state governments. Funds will be granted at a flat premium of Rs 500 a family for the first six months.
- Under the mixed model—opted by eight states—claims of up to Rs 1.5 lakh will be covered by an insurer and anything exceeding that will be settled by the trust.

Modes of Implementation

How the states will implement Ayushman Bharat National Health Protection Scheme

How Will the Scheme Be Implemented?

By the central and state governments combinely.

Central Level

National Health Agency under the Ministry of Health and Family Welfare will implement the scheme and run the web opening.

State Level

State health agencies will sign contracts with assures and empanelled hospitals. They will be responsible for auditing and monitoring the scheme through spot checks. They will also ensure that hospitals have the required IT and allied infrastructure to identify inheritors, print e-cards and provide services.

District level

The assures will set up an office within 15 days of signing the insurance contract with the state. Hospitals will be selected after approval and audit through committees. A contract will then be signed between the insurer, the state and the hospital within seven days.

Budget Outlay

Even as the overall budget for the scheme is still temporary, allocation for 2018-19 was Rs 2,000 crore, according to a written response by the Minister of State for Health and Family Welfare in Parliament.

Criteria For Selecting Hospitals

While all public hospitals will be picked out from day one, private hospitals can register through the scheme portal (<https://pmrsm.gov.in>). About 7,826 hospitals have joined so far, of which 47 percent are private, according to the latest data by the National Health Agency.

All the network hospitals must have:

- At least 10 inpatient beds with adequate spacing and supporting staff.
- In case of hospitals providing surgical packages, a minimum of 15 beds is prescribed.
- Quality certification from National Accreditation Board for Hospitals & Healthcare Providers will be mandatory for all the selected hospitals within a year of approval.

DRAWBACKS

- There is no proof auditing mechanism in place to assess services offered by these facilities to beneficiaries, say healthcare experts.

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