

Arogya Manthan 3.0

Strengthening Public Health
Infrastructure Leveraging PM-JAY



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Utilization of Services under PM-JAY

- ✓ 10,000 hospital
- ✓ 1.23 Cr Admissions
- ✓ Rs 17,250 Crores
- ✓ Rs. 15,073/Episode

Private Providers

- ✓ 24,000 Hospital
- ✓ 2.2 Crore Admissions
- ✓ Rs 26,500 Crores
- ✓ Rs. 12,065/Episode

AB PM-JAY Ecosystem

- ✓ 14,000 Hospital
- ✓ 97 Lakh Admissions
- ✓ Rs 9,000 Crores
- ✓ Rs. 9,863/Episode

Public Providers

Compared to private hospitals

Overall package utilization



Per package cost utilization



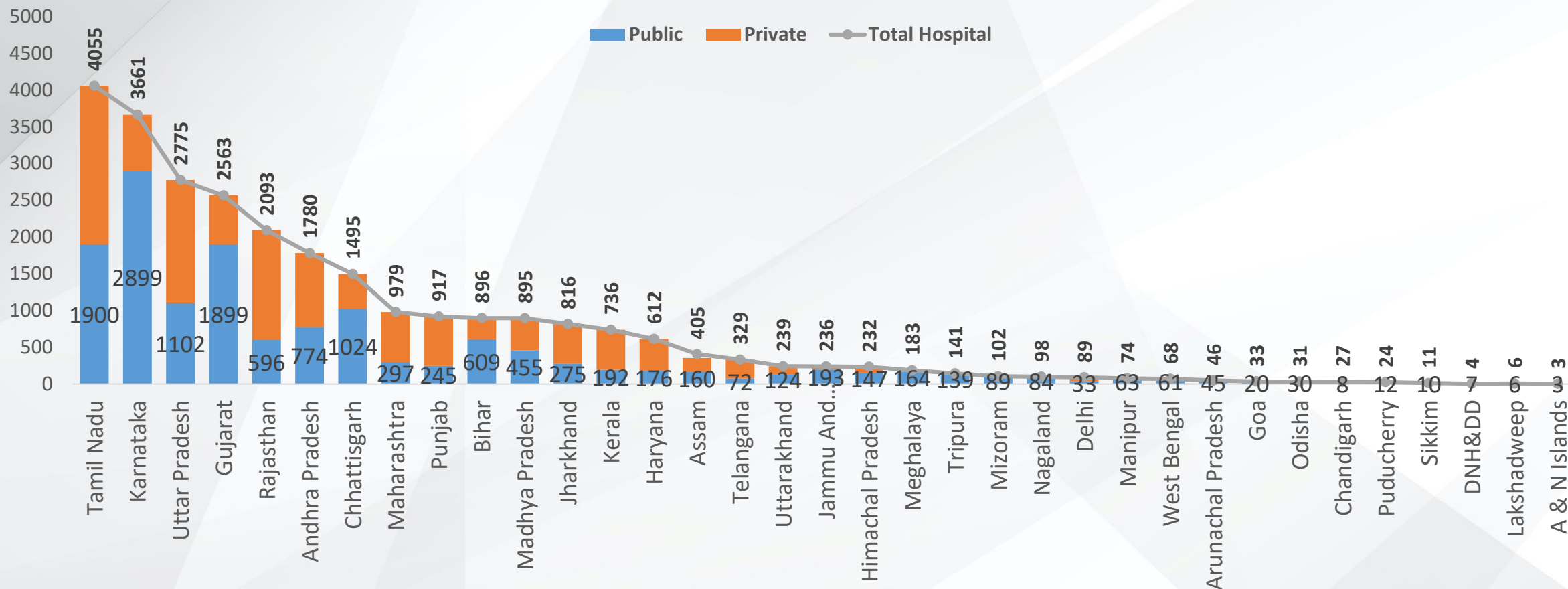
Total revenue received



Hospitals Empaneled with AB PM-JAY

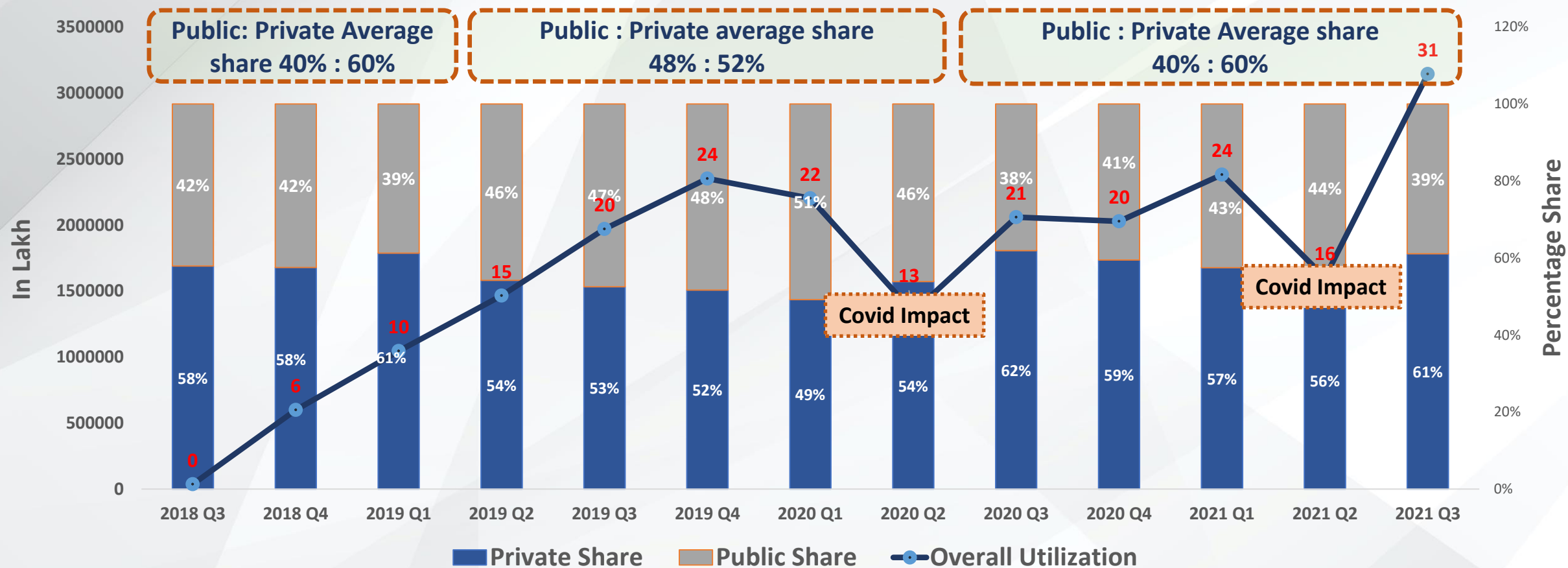
Hospitals Empaneled with AB PM-JAY

Public Private Total Hospital



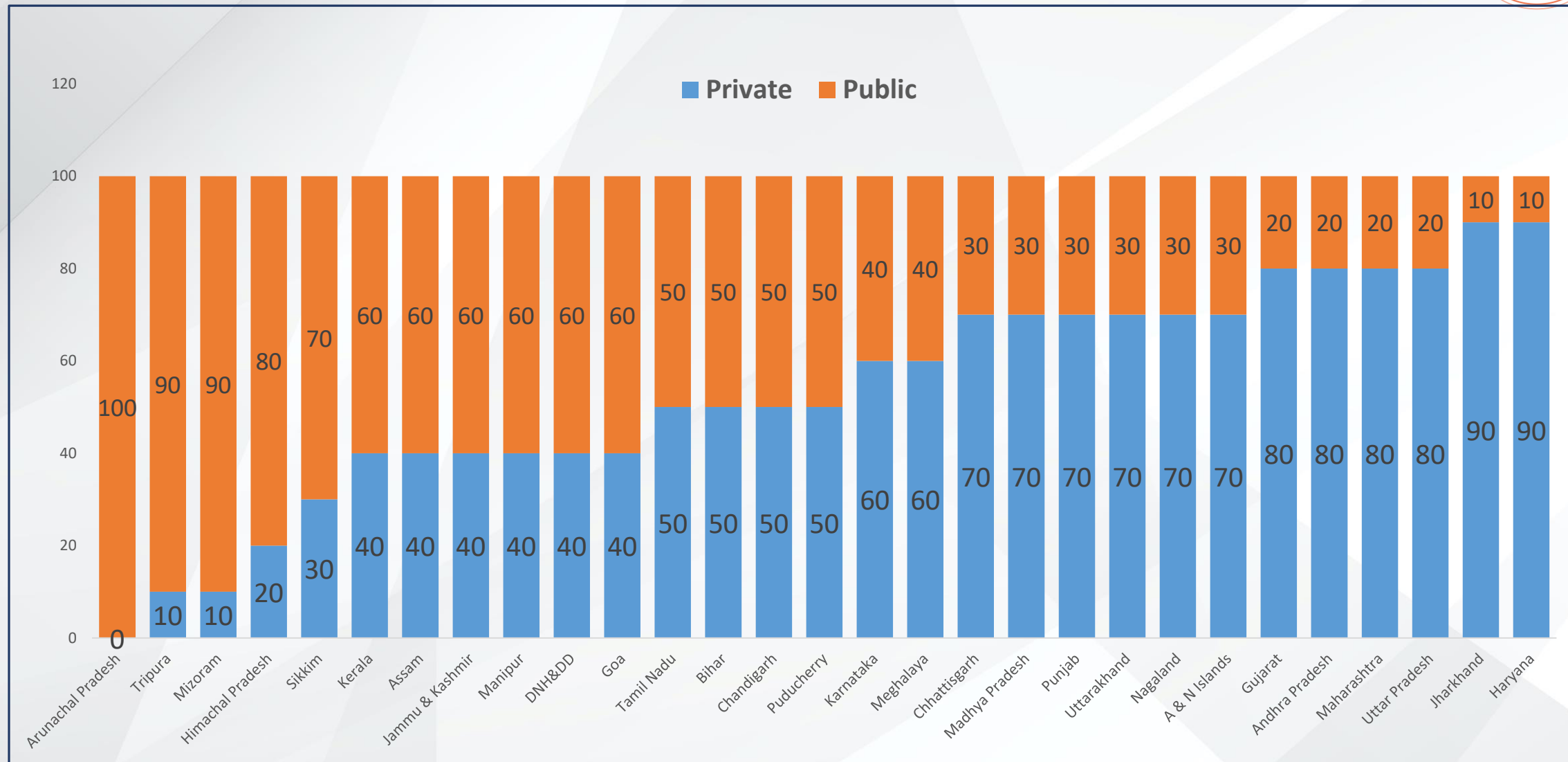
Share of Public Private Hospitals (Quarterly)

Overall Admissions Count (Figures in Lakhs)



Note: 1. Data for those States where public-private split is not available has been proportionally adjusted
 2. Numbers have been extrapolated for the month of September in Quarter 3 of 2021

Share of Pre-auth Amount in Public and Private hospitals



Initiatives for Public Hospitals under PM-JAY

Hospital Empanelment

- Deemed empanelment for public hospitals
- Empanelment criteria eased off

Treatment Preference

- Packages reserved for Govt. hospitals
- Few States implementing compulsory referral

Decongestion

- Load sharing with private sector



Claim Adjudication

- Auto-approval of preauthorization in many cases
- Simplified documentation requirement for claim submission

Finances

- Claim reimbursement at par with Pvt. Hosp.
- Untied funds at disposal of administrators

Incentives

- Incentive for Medical teaching hospitals

Reasons for Low Uptake in Public Hospitals

Administrative

- Reduced ownership of PM-JAY
- Lack of ownership of CMO/MS
- No incentive to book services



Resources

- Shortage of doctors and staff
- Unavailability of specialists
- No dedicated IT staff



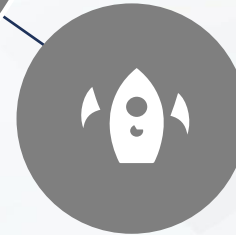
Infrastructure

- Lack of infrastructure
- High case-load burden
- Lack of drugs and diagnostic facilities



Beneficiaries

- General preference for private hospitals
- Use of wallet for free services
- Delay in service delivery
- Quality of services
- Unavailability of drugs and diagnostic facilities



Low Utilization of Claims Reimbursed



Public Hospital Fund Utilization Guidelines

Claim reimbursement utilization norms

State share
(0-20%) of
total accrual

Hospital share
(80-100%) of
individual accrual

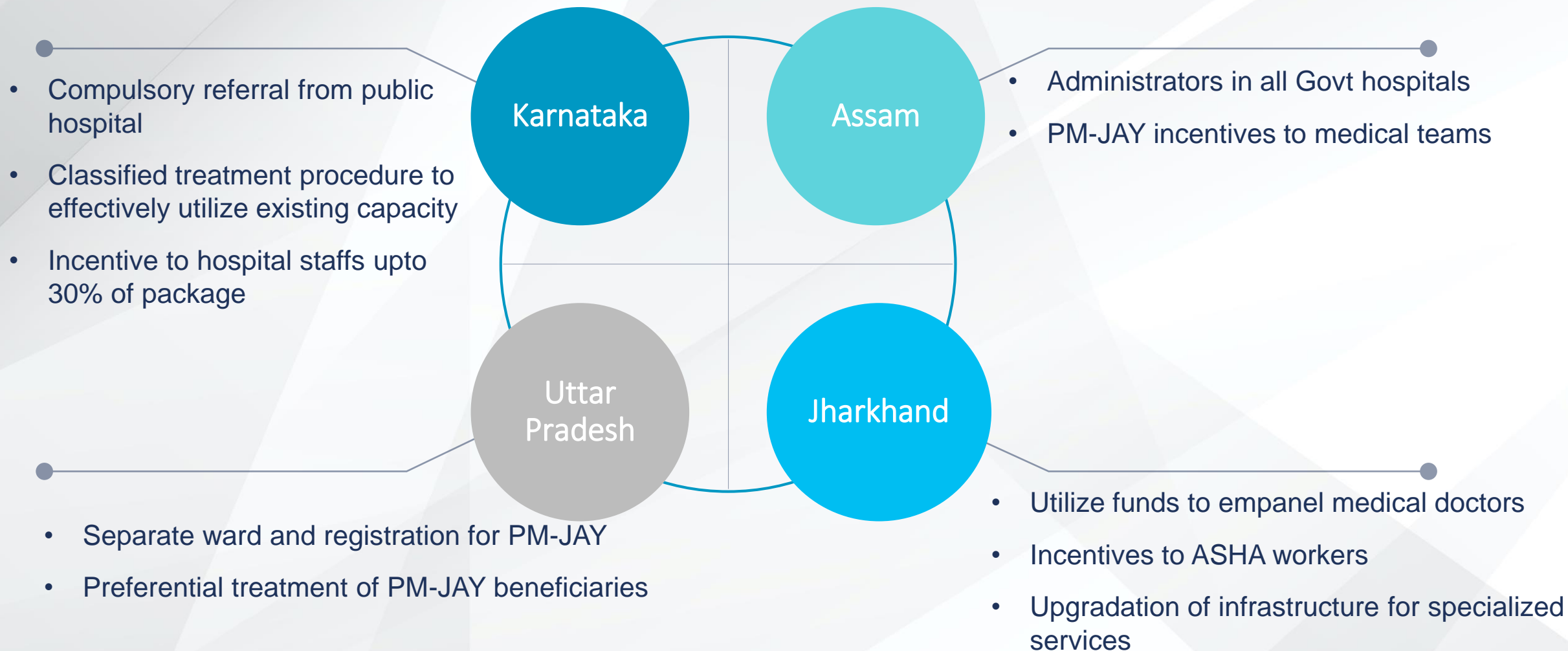
Utilization of funds

- Infrastructure upgradation
- IEC activities
- Staff recruitment SHA/DIU
- Central purchase of drugs
- Beneficiary mobilization
- Audit processes

Utilization of funds

- Staff incentive
- HR recruitment
- Drugs and diagnostics
- Infrastructure upgradation
- Administrative expenses
- Emergency funds

Initiatives Taken by State Government

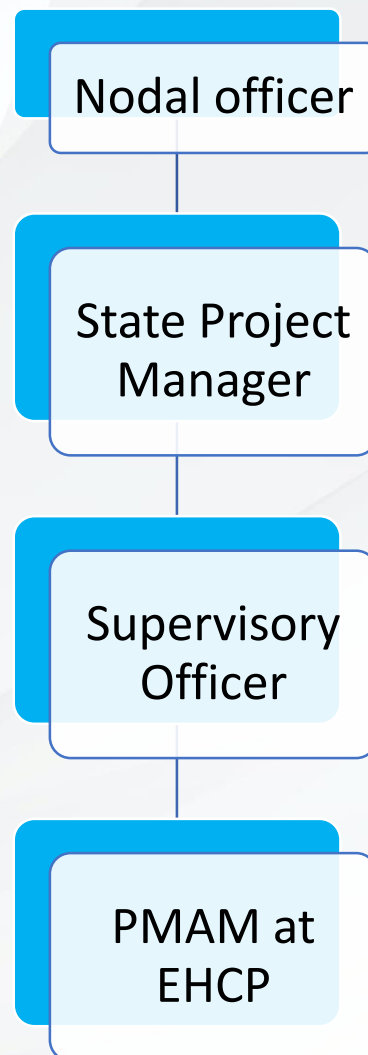


Public Private Partnership



Scope of BFA

- Empanelling agencies for claims processing
- Commercial quotes to be invited by SHAs
- Deployment of BFA by SHAs is “optional”
- Incentives on beneficiaries verified & claims approved
- Provide PMAMs with requisite equipment
- One PMAM per 10 preauths per day per hospital
- SLAs for performance monitoring



Role of PMAM

- Providing information & guidance to beneficiary
- Operating BIS to identify and verify beneficiaries
- Operating TMS for end-to-end for claim settlement;
- Operating HEM for updating hospital related data
- Beneficiary feedback to be uploaded on TMS while submitting claims
- Screening and stamping every IPD case for eligibility under AB PM-JAY
- Coordination related to IEC and hospital branding

Way Forward



Thank You

Public Private share in Pre-auth Amount (in Rs. Cr.)

