# 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

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

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

**Private Providers** 

**AB PM-JAY Ecosystem** 

**Public Providers** 

**Compared to private hospitals** 

Overall package utilization

Per package cost utilization

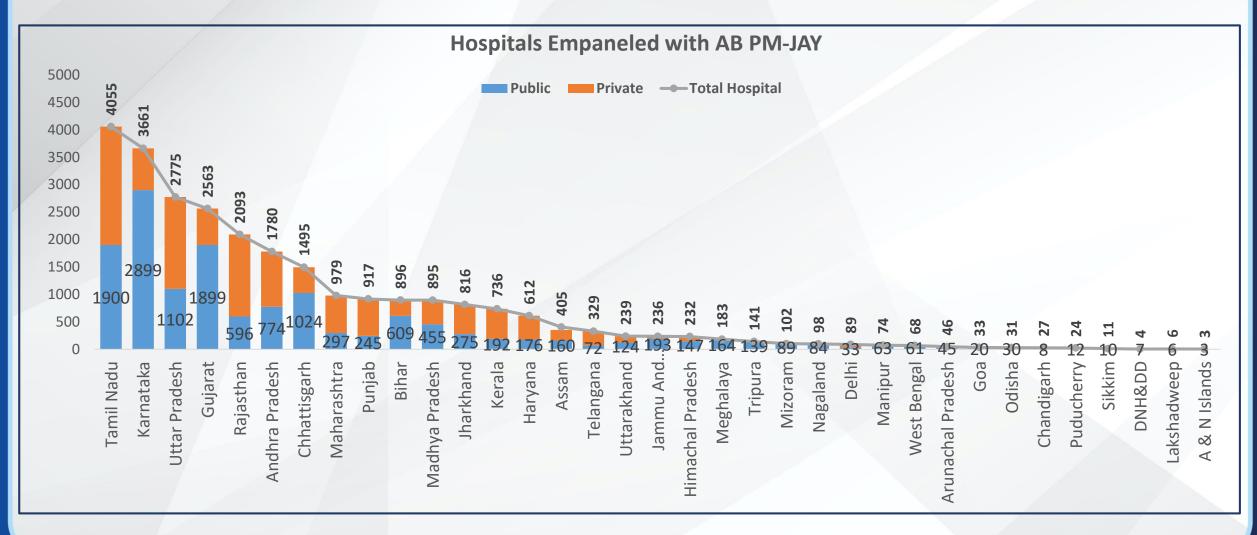
Total revenue received





# Hospitals Empaneled with AB PM-JAY

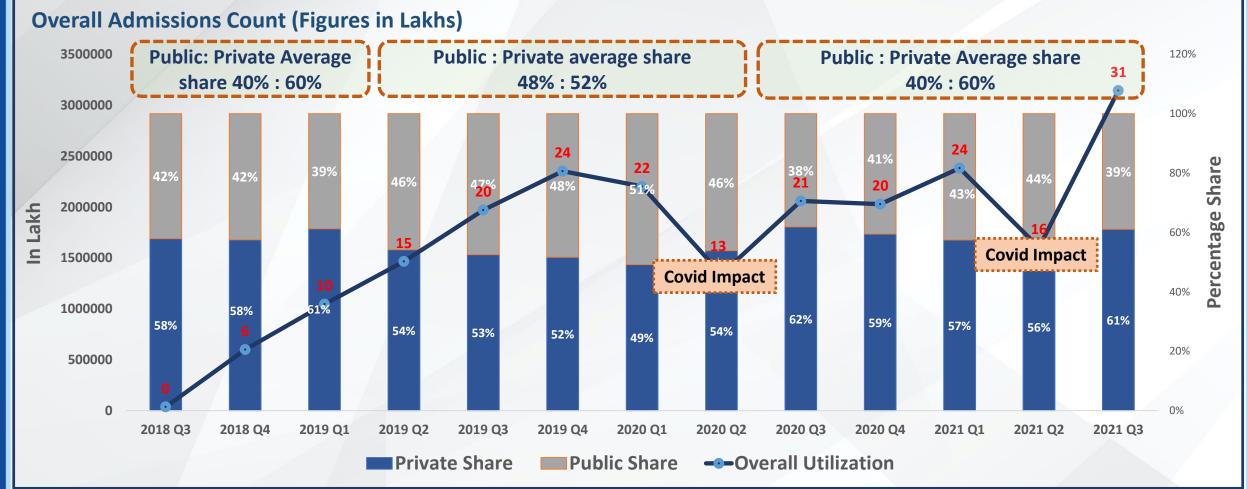






# **Share of Public Private Hospitals (Quarterly)**





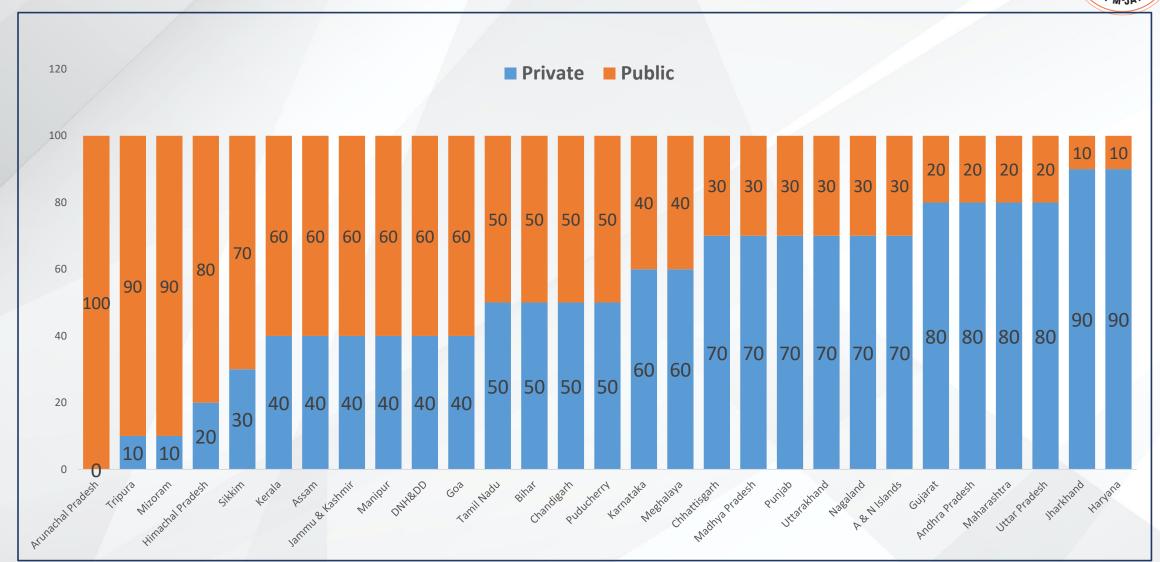
Note: 1. Data for those States where public-private split is not available has been proportionally adjusted

2. Numbers have been extrapolated for the month of September in Quarter 3 of 2021



# pational health 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



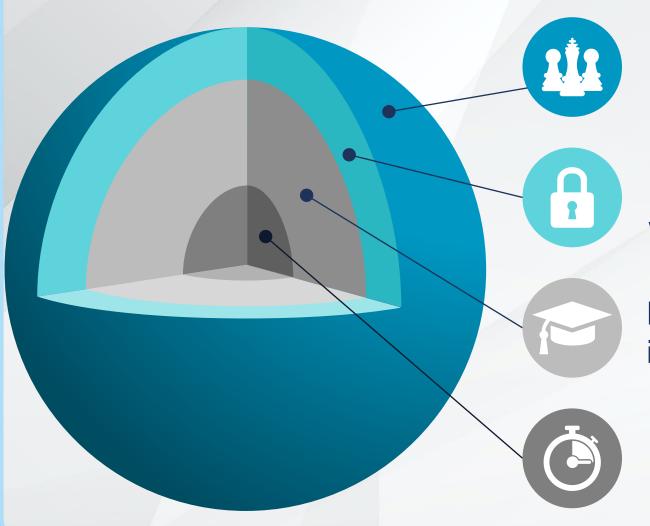
#### Beneficiaries

- 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





No clear guidelines on fund utilization

Fear of stringent audits for bonafide work

Lack of ownership or incentives for insuring claims fund utilization

Lack of sufficient avenues for utilizing funds



# Public Hospital Fund Utilization Guidelines



#### Claim reimbursement utilization norms



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

State share (0-20%) of total accrual

Hospital share (80-100%) of individual accrual

#### Utilization of funds

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



# Initiatives Taken by State Government



- Compulsory referral from public hospital
- Classified treatment procedure to effectively utilize existing capacity
- Incentive to hospital staffs upto 30% of package

Karnataka Assam

Uttar Pradesh Jharkhand

- Administrators in all Govt hospitals
- PM-JAY incentives to medical teams

Separate ward and registration for PM-JAY

Preferential treatment of PM-JAY beneficiaries

Utilize funds to empanel medical doctors

Incentives to ASHA workers

Upgradation of infrastructure for specialized services



# Public Private Partnership





Outsource low volume-high value services

Capacity building and technology transfer

Telemedicine and telehealth for quality treatment

Satellite clinics in remote rural areas

PPP model for claim management, dialysis units, diagnostics etc.



# **Beneficiary Facilitation Agency**



#### **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



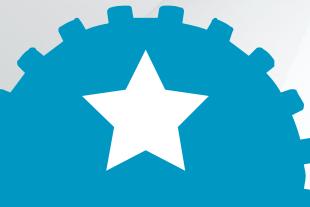
#### **Role of PMAM**

- 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





Strengthening public health care facilities

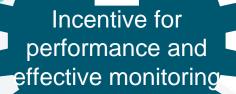


Extensive IEC to alter beneficiary KAP



Beneficiary facilitation agency









# Thank You



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



