

AYUSHMAN BHARAT PM-JAY  
**ANNUAL REPORT**  
2020-21



वर्ष  
सेवा और उत्कर्ष





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**Mansukh Mandaviya**

Union Minister for Health and Family Welfare

**HEALTH MINISTER'S ADDRESS**

On the occasion of the third anniversary of Pradhan Mantri Jan Arogya Yojana (PM-JAY), I am pleased to release the third annual report of the National Health Authority for the period of 2020-2021.

AB PM-JAY as a health insurance scheme has recently achieved the monumental milestone of touching the lives of over two crore beneficiaries through paperless and cashless allocation of health services. This is a turning point in the AB PM-JAY's reach to its beneficiary pool and I am certain this number will keep increasing through the efforts of our hardworking healthcare workforce.

I would like to take this opportunity to congratulate the leadership and staff of the National Health Authority for delivering benchmark success and creating new avenues for upholding the vision of our future.

As you all are aware, we are all still recuperating through the oppressive impact of the global pandemic, in one way or the other. During this prolonged period of uncertainty, the struggle to survive has been integral to human existence. The marginalized and the destitute are especially vulnerable in this regard. But, AB PM-JAY has emerged as the custodian for the masses that has enabled quality healthcare accessibility for millions and has reduced the impact and suffering for countless beneficiary families.

Apart from expanding and creating a network of 26,200 private and government hospitals, AB PM-JAY has also become the first scheme to shift the beneficiary gender paradigm. According to latest treatment data, over 46 percent beneficiaries availing treatment under AB PM-JAY are women. This detail marks as a watershed moment in the history of equitable healthcare in India. This development has not only improved the overall healthcare ecosystem for women but has also paved way for other existing and upcoming health schemes to emulate AB PM-JAY's success and create a more equal healthcare ecosystem. AB PM-JAY has also created a better environment for accessing quality healthcare services for the female beneficiaries and is still moving forward in the direction of further improvement.

NHA has also been exceedingly consistent in incubating dependencies and interests of numerous stakeholders and providing timely support to the same. Through the means of AB PM-JAY's robust IT infrastructure, real time monitoring of cases on online portals has enabled rapid grievance redressal and has thus helped in smoothening the claims process.

I would congratulate NHA once again for their exemplary rollout and implementation of the scheme that has positively impacted and changed countless lives. AB PM-JAY is not merely a health insurance scheme, it is a new lease of life for the poor and the deprived, who have been struggling to access quality secondary and tertiary healthcare for a long time. It is my ardent belief, that AB PM-JAY will grow and achieve many new heights. Let us all remember that serving mankind is equivalent to serving God, and this thought shall motivate all of us every day to help and grow together.



## **DR. R.S. Sharma**

CEO - National Health Authority

### **FROM THE CEO'S DESK**

# **FOREWORD**

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) scheme has become synonymous to being a healthcare boon for millions of poor and vulnerable families who were struggling to cope with the burden of expensive medical treatments.

As AB PM-JAY celebrates three years of its implementation, I feel extremely humbled. Our journey to serve the last mile, has been driven by the twin goal of service and excellence. Over the years we have left no stone unturned to ensure equitable access to quality healthcare to 65 crore Indians, which is perhaps larger than the population of several countries put together!

It's immensely gratifying to see that the scheme has already provided more than 2 crore treatments worth approximately Rs 25,000 crore to patients across the country so far. We could accomplish such a monumental milestone because of the strong healthcare ecosystem created as part of the scheme.

Innovations under AB PM-JAY has been the cornerstone to the Scheme's growing relevance and success. We harnessed digital technologies to create NHA's state-of-the-art IT platform to anchor complex processes of hospital empanelment, claim and fraud management to ensure operational and process excellence. We moved the Central Government Health Scheme (CGHS) and the umbrella schemes of Rashtriya Arogya Nidhi (RAN) and Health Minister's Discretionary Grant (HMDG) on NHA's state-of-art IT platform. With this, verification of beneficiary's identification, pre-authorization and their claim settlement through our IT system can now be carried out without any physical movement of files. We also started pilot roll-out of National Digital Health Mission in 6 UTs.

Technology will continue to be the digital backbone of the scheme and push us to constantly deliver service excellence at right time to the right stakeholder. We plan to provide a great service delivery framework, for which a robust, scalable, secure next generation, IT platform is being developed which shall deliver paperless and cashless system.

Lastly, I would like to take this opportunity to extend my gratitude to my colleagues across the NHA ecosystem for their tireless contribution in our mission to provide healthcare services to the last man standing in the queue.

With a renewed hope to scale new heights, I present to you this year's annual report and hope to break new ground in this new year. I hereby wish the best of health to all of you.







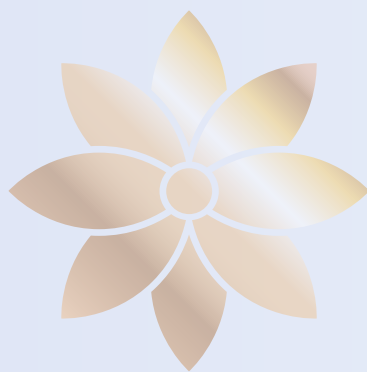
# **&MISSION VISION**

## Vision

The Vision of PM-JAY for the next five years is: “Achieving SDG 3.8: Ensuring financial protection against catastrophic health expenditure and access to affordable and quality healthcare for all”

## Mission

The Mission of PM-JAY for the next five years is: “Creating the world’s best health assurance programme on an efficient and technologically robust ecosystem”





**1,669  
PROCEDURES  
COVERING  
24 SPECIALTIES**

**These procedures can be availed at a standard price**

**3 DAYS OF  
PRE- HOSPITALISATION  
AND 15 DAYS OF POST-  
HOSPITALISATION  
EXPENSES**

**Medicines, follow-up  
consultation and diagnostics**

**HEALTH COVER OF  
UP TO RS. 5,00,000  
PER FAMILY  
PER YEAR**

**On family floater basis, for secondary and  
tertiary care hospitalisation through**

**A network of Public and Empanelled Private  
Healthcare Providers**

**CASHLESS AND  
PAPERLESS  
TREATMENT FOR  
THE BENEFICIARY**

**At the time of hospital admission,  
no money is required**

**NO CAP ON  
FAMILY SIZE,  
AGE OR GENDER**

**All pre-existing conditions are covered**

**Dependents of the registered beneficiary can  
avail benefits on his/ her card**

**BENEFITS ARE  
PORTABLE  
ACROSS THE  
COUNTRY**

**A beneficiary can avail AB -PM-JAY benefits in  
empanelled hospitals from any state beyond  
his/ her home state**

# Institutional Structure of NHA

## National Health Authority

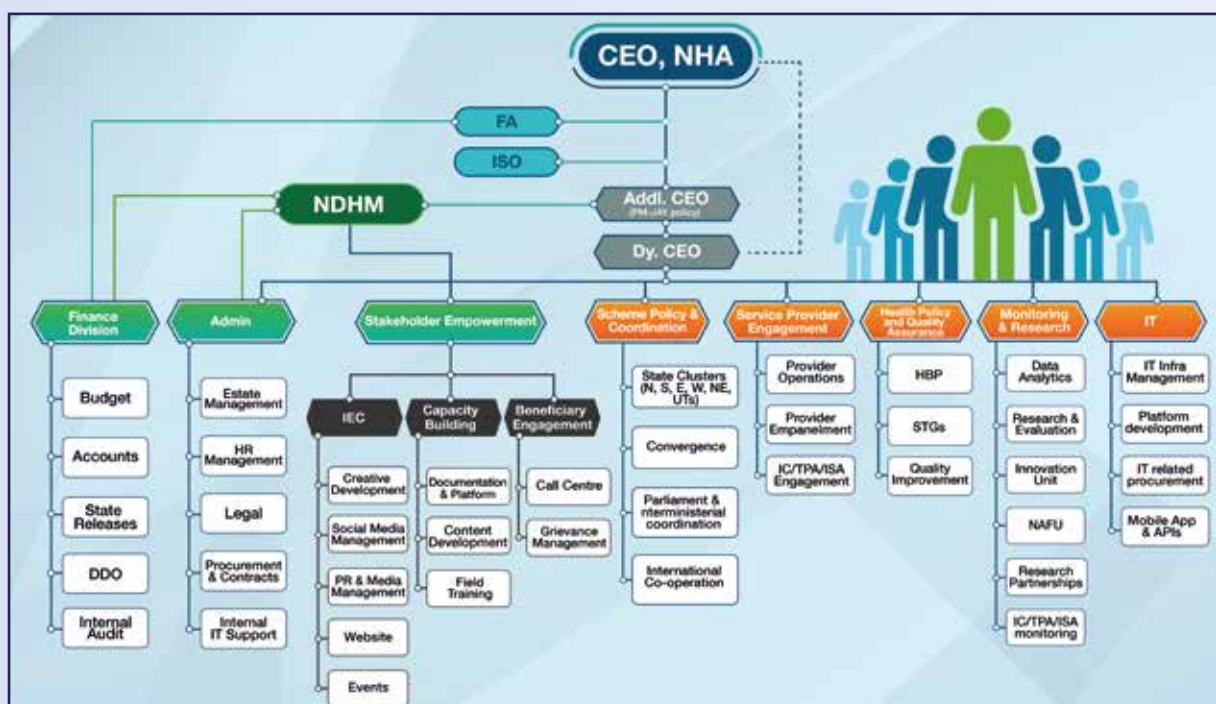
The Union Cabinet in its meeting held on 21st March 2018 had approved Ayushman Bharat National Health Protection Mission, now renamed as Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY). Based on the approval of the Cabinet, the National Health Agency was set up as a society, under Societies Registration Act 1860, on 23rd May 2018. On 2nd January 2019, the Union Cabinet approved the restructuring of the existing National Health Agency as

the National Health Authority (NHA) an autonomous body under MoHFW. Earlier, the National Health Agency functioned as a registered society which has now been dissolved and its status is enhanced to that of an Authority. With the approval of the Cabinet, the National Health Authority has been provided with full autonomy, accountability, and mandate to implement PM-JAY through an efficient, effective, and transparent decision-making process.

**The National Health Authority is managed by a governing body. It is chaired by the Union Minister of Health and Family Welfare, who is accompanied by a panel of 11 other officers as follows: -**

- Chief Executive Officer, NITI Aayog, *ex officio*.
- Secretary, Department of Expenditure, Ministry of Finance, Government of India, *ex officio*.
- Secretary, Department of Health and Family Welfare, Ministry of Health and Family Welfare (MoHFW), GoI, *ex officio*.
- CEO, National Health Authority, Member Secretary.
- Two domain experts appointed by the Government of India in the areas of administration, insurance, public and private healthcare providers, economics, public health management.
- Five Principal Secretaries of Health of State Governments, one representing each of the zones viz. North, South, East, West and North-Eastern States on a rotational basis.

## Organisational structure of NHA



## State Health Authority

For effective implementation of PM-JAY, State Governments have set up State Health Agencies (SHA) or delegated the function to an existing agency, trust or society. This entity is the nodal agency responsible for implementation of PM-JAY in the State and is headed by a Chief Executive Officer. The CEO, SHA is appointed by the State Government and is ex officio Member-Secretary of the Governing Council of the SHA.

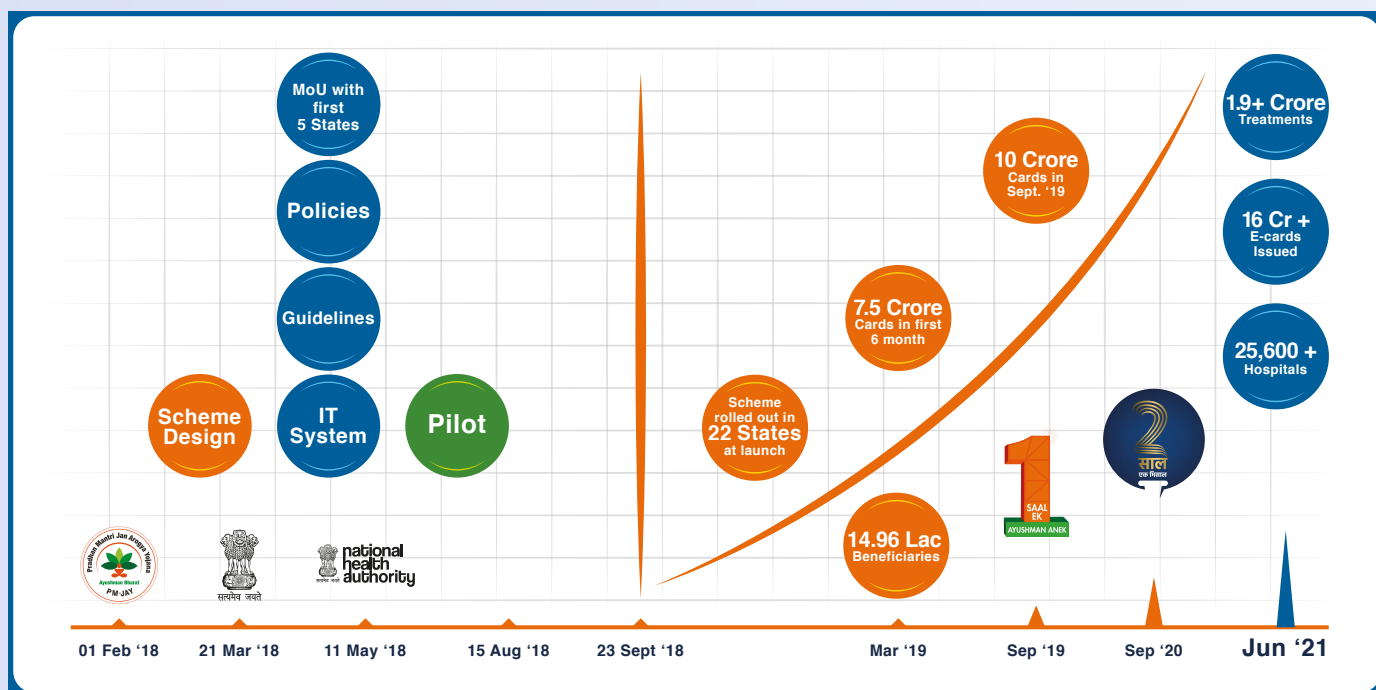
The SHA can hire additional staff or an Implementation Support Agency (ISA) to perform required tasks for implementation of the Scheme. Along with day-to-day operations of implementation of PM-JAY in the State, the SHA is also responsible for data sharing,

verification and validation of family members, IEC, monitoring of the Scheme, etc.

## District Implementation Unit

In addition to the state-level entity, a District Implementation Unit (DIU) has also been established to support the implementation in every district included under the Scheme. This team is in addition to the team deployed by the insurance company/ISA. The DIU is chaired by the Deputy Commissioner / District Magistrate / Collector of the District. This Unit coordinates with the implementing agency (ISA/insurer) and the network hospitals to ensure effective implementation and send review reports periodically. The DIU works closely and coordinates with the District Chief Medical Officer and his/her team.

## Important Milestones

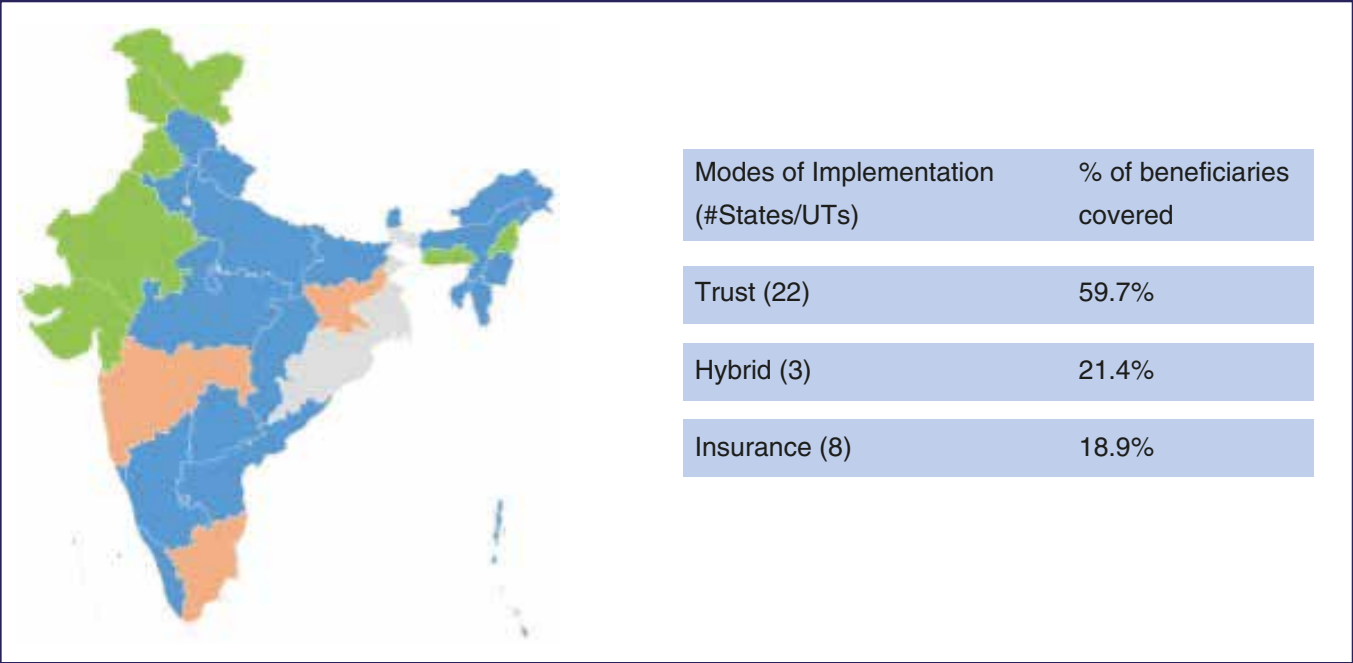


# Implementation Models

States implement PM-JAY in different models. Some of them use the services of insurance companies while others implement the Scheme in their respective State on their own. PM-JAY provides the States with the flexibility to choose their own implementation

model: assurance/trust model, insurance model or mixed model.

The following diagram depicts the list of States with respective models of PM-JAY implementation:



## Implementation Mode

Insurance Mode (7 States/ UTs)	Trust Mode (20 States/UTs)		Mixed Mode (5 States/ UTs)
Dadra & Nagar Haveli and Daman & Diu	Andaman and Nicobar Island	Karnataka	Gujarat
Jammu and Kashmir	Andhra Pradesh	Kerala	Jharkhand
Ladakh	Arunachal Pradesh	Lakshadweep	Maharashtra
Meghalaya	Assam	Madhya Pradesh	Rajasthan
Nagaland	Bihar	Manipur	Tamil Nadu
Puducherry	Chandigarh	Mizoram	
Punjab	Chhattisgarh	Sikkim	
	Goa	Tripura	
	Haryana	Uttar Pradesh	
	Himanchal Pradesh	Uttarakhand	

# Partnerships



**GIZ**  
**German Government through GiZ**  
 Capacity-Building, State Support, Monitoring and Evaluation, Health Benefit Package, Quality & Policy Support



**The World Bank**  
 Fraud Management, Monitoring & Evaluation, Health Benefit Package, Knowledge Management, Beneficiary Empowerment, Medical Audits & Claims Adjudication, Quality, Capacity-Building, Provider Payment Reform & Policy Support



**World Health Organisation**  
 Provider Payment Methods, Fraud and Quality Control, IT



**Bill and Melinda Gates Foundation**  
 Capacity-Building, Policy Support



**International Innovation Corps**  
**University of Chicago**  
 Capacity-Building, Policy Support



**Clinton Health Access Initiative**  
 Data analytics, Monitoring and Evaluation, Capacity Building and Policy Support



**Asian Development Bank**  
 Capacity-Building, Operational, Policy Support, Research & IT



**National Skill Development Corporation**  
 Skill Development



**Department of Health Research**  
 Health Benefit Packages



**National Cancer Grid**  
 Cancer Care Strategy



**Quality Council of India**  
 Quality Frameworks



**ICICI Foundation for Inclusive Growth**  
 Skill Development



**Public Health Foundation of India**  
 Research, Policy Support



**Insurance Institute of India**  
 Capacity-Building



**WISH Foundation**  
 Innovation in Healthcare, Continuum of Care



**Akshaya Patra Foundation**  
 Beneficiary Awareness



**Bharti Foundation**  
 Beneficiary Awareness



**Help Age India**  
 Beneficiary Awareness

**Novartis Social Business**

Beneficiary Awareness

**UTIITSL**

Beneficiary Awareness

**Google**Innovations in Healthcare,  
Capacity-Building**Microsave**

Research

**Startup India**

Innovations in Healthcare

**BIRAC**

Innovations in Healthcare

**Access Health International**Innovations in Healthcare,  
Capacity-Building**Indian Council of Medical Research**Quality, Health Benefit Packages,  
Research**Common Service Centres**

Beneficiary Outreach and Verification

**NATHEALTH**

Innovations in Healthcare

**National Pharmaceutical  
Pricing Authority**

Health Benefit Packages

**Bureau of Indian Standards**

Health Benefit Packages

**Bureau of Pharma PSUs of India**

Quality

**CAHO**

Quality

**GeM**Health Benefits Packages,  
Innovations in Healthcare**National Centre for Disease  
Informatics and Research**

Quality, Health Benefit Packages

**Health Systems Transformation  
Platform**

Research, Policy Support

**Path**

Innovations in Healthcare

**Social Alph**

Innovations in Healthcare

**Foundation for Innovative New  
Diagnostics**

Innovations in Healthcare

**Indian Institute of Technology, Delhi**

Innovations in Healthcare



## The High Points

**33**

States/ Union Territories implementing the Scheme.

**Rs. 561 crores**

value treatments provided

**75,80,206**

calls answered by  
NHA Call Centre (14555)

**16.4 crores**

e-cards issued

**25,887**

Hospital Admissions

**2.5 lakh**

portability cases

**~27,000**

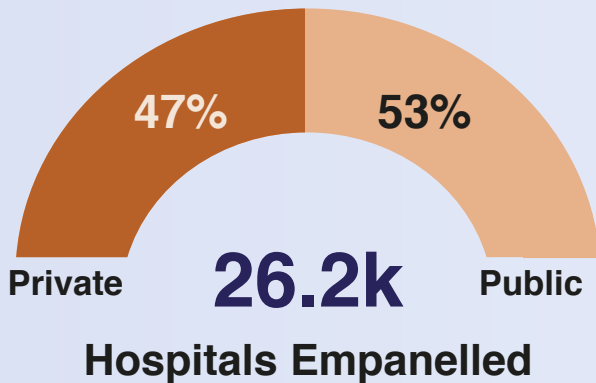
hospitals have been empanelled

**~2 crore**

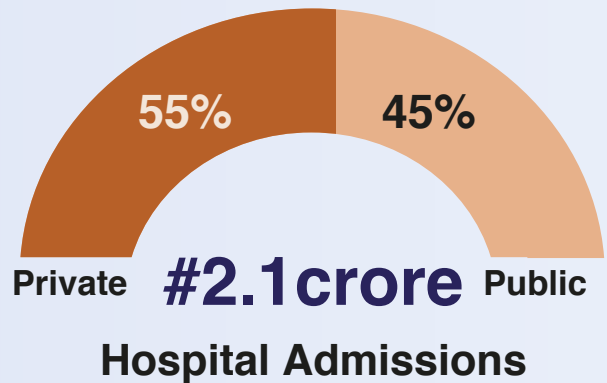
hospital treatments

## Empanelled Hospitals and Hospitalisations

Hospitals empanelled under PM-JAY

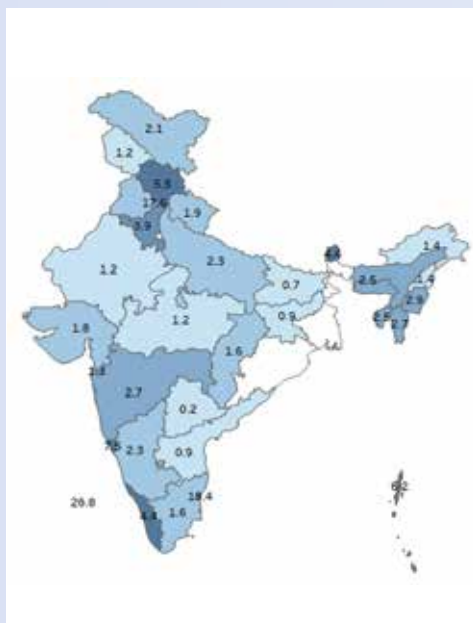


Patients hospitalised under PM-JAY



## Key Performance Indicators

Indicators	Values
States and UTs implementing the scheme	33
Ayushman cards Issued	16.40 crore (including 4.68 crore state cards)
Hospital Admissions	2.12 crore
Aggregate of treatments provided	INR 25,683 crore
Portability Cases	2,53,324
Hospitals Empanelled	26,137



#### Note:

- 1) Bed strength information is available only for 69% of empanelled hospitals
- 2) Delhi, Odisha, and West Bengal is are to resume the scheme. Telangana has joined the scheme but yet to start the operation under PM-JAY

Top State	Top NE/Hilly states	Top UTs
Goa	Himachal Pradesh	Lakshadweep
Kerala	Sikkim	Puducherry
Haryana	Manipur	Chandigarh
Maharashtra	Mizoram	Andaman & Nicobar Islands
Uttar Pradesh	Meghalaya	Ladakh

## Hospitalisation per lakh beneficiary population: -

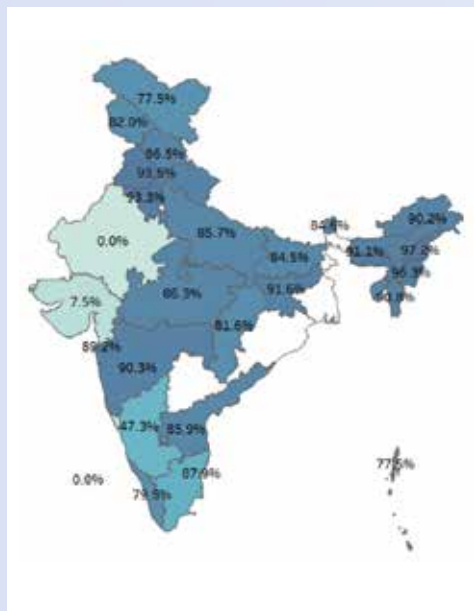


#### Note:

1. Delhi, Odisha, and West Bengal are yet to resume the scheme. Telangana has joined the scheme but yet to start the operation under PM-JAY

Top State	Top NE/Hilly states	Top UTs
Kerala	Meghalaya	DNH and DD
Gujarat	Mizoram	Chandigarh
Chhattisgarh	Tripura	Jammu & Kashmir
Goa	Himachal Pradesh	Puducherry
Tamil Nadu	Uttarakhand	Ladakh

## Percentage of Claims Paid



#### Note:

- 1) Gujarat and Rajasthan have not sent complete information on claims paid
- 2) Delhi, Odisha, and West Bengal are yet to resume the scheme. Telangana has joined the scheme but yet to start operations under AB PM-JAY

Top State	Top NE/Hilly states	Top UTs
Punjab	Meghalaya	Chandigarh
Haryana	Nagaland	DNH and DD
Jharkhand	Manipur	Puducherry
Maharashtra	Assam	Jammu and Kashmir
Madhya Pradesh	Mizoram	Ladakh

# Scheme Policy and Coordination Division

## Vision Statement

To strengthen the ability of NHA to engage with key stakeholders to empower the scheme's beneficiaries and facilitate access to quality healthcare.

## Mission Statement

Engage with stakeholders to empower scheme's beneficiaries and encourage service providers and related entities to ensure the uptake of programs implemented by NHA.

## Scope of Work

National Health Authority's mandate to implement flagship healthcare programs such as Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) which necessitates a strong SP&C team to interface with stakeholders – both external and internal, institutional and individual.

The Scheme Policy and Coordination (SP&C) Division thus serves as the fulcrum of NHA. It helps to streamline the engagement with all stakeholders ranging from Central Government ministries, State/UT Governments, multi-lateral development agencies, private sector firms, the medical community, insurance bodies, to individual scheme beneficiaries. The division also works as the interface between external agencies / bodies and the other divisions of NHA.

The SP&C Division therefore performs the following five key functions:

**Strategic Communication:** SP&C Division handles strategic communication with all major stakeholders such as Prime Minister's Office, Parliament, Ministry of Health & Family Welfare (MoHFW), other Central Government ministries / agencies such as the Cabinet Secretariat, Ministry of Home Affairs, Ministry of Finance, Ministry of Rural Development, NITI Aayog, Ministry of Labour and Employment (MoLE) among others. The division drafts policy briefs and memos on behalf of NHA. When Parliament is in session, the division coordinates extensively with MoHFW, MoLE to provide near real-time updates on the performance of Ayushman Bharat PM-JAY as sought by Hon'ble Ministers of Central and State Governments, Hon'ble Members of Parliament, Hon'ble Member of Legislative Assemblies etc. Further, the division prepares detailed reports for Parliamentary Standing Committees on Health and Family Welfare.

**State Coordination:** SP&C is responsible for ensuring the program management of flagship scheme AB PM-JAY, the world's largest health insurance program. AB PM-JAY is implemented by 33 States and Union

Territories (UTs) across the country. Around 16.85 crore beneficiaries have been verified under the scheme and provided with Ayushman cards. Further more over 2.3 Crore hospital admissions have been authorized through a pan-India network of more than 24,000 hospitals. Stewardship of a scheme such as AB PM-JAY requires extensive coordination with State Health Agencies (SHAs), MoHFW, and external stakeholders like UIDAI, CSC e-Governance Services Ltd., UTIITSL etc. As part of its tasks, SP&C has conceptualized mission mode program such as Aapke Dwar Ayushman to catalyze beneficiary identification across the implementing State / UTs. SP&C also works closely with other division of NHA to ensure alignment between the standards adopted at NHA and those followed by the SHAs. SP&C also evaluates the financial proposal submitted by SHAs prior to release of funds for implementing AB PM-JAY. The division also works closely with CEO NHA's office to organize one-to-one meetings between NHA and State / UT leadership to review the implementation of AB PM-JAY.

**International Cooperation:** Since the inception of AB PM-JAY, NHA has fostered collaboration with members of the international community for better operationalization of the scheme. Asian Development Bank, World Bank, German Corporation for International Development (GIZ), Clinton Foundation, Bill and Melinda Gates Foundation, University of Chicago – International Innovations Corps are some of the reputed institutional partners of NHA. SP&C works closely with NHA leadership in creating an enabling environment for such multi-lateral agencies and philanthropic organizations to contribute towards AB PM-JAY. Additionally, SP&C is also called upon to showcase / present NHA's point of view to international delegations / conferences. The SP&C Division is therefore responsible for managing existing partnerships with international institutions, forging and scoping new engagements and fostering and facilitating knowledge exchange.

**Scheme Convergence:** The robust implementation framework established by NHA has opened up the possibility of consolidating the country's fragmented health insurance landscape. Unifying the health insurance landscape has the added benefits of realizing economies of scale, optimizing operational expenditures and rationalizing administrative structures / protocols. NHA has therefore been tasked with coordinating with other Central Government ministries implementing health insurance scheme or health related programs. SP&C has taken up this effort on behalf of NHA. As part of convergence SP&C is

implementing the converged Ayushman CAPF, Central Government Health Scheme (CGHS), Rashtriya Arogya Nidhi (RAN), Health Ministers' Discretionary Grants (HMDG), Building and other Construction Workers (BoCW) among others scheme on the NHA IT platform.

**Policy Formulation:** The implementation of various pan-India programs be it Ayushman Bharat PM-JAY or Scheme Convergence hinges upon a versatile policy framework that is attuned to current and emerging

scenarios and has the capacity to accommodate stakeholders' concerns. Policy formulation at NHA is therefore a vital activity. SP&C has been entrusted by with this responsibility. SP&C has streamlined the policy formulation process at NHA by making it more participative, objective and outcome oriented. This has ensured alignment with NHA's vision and enabled consistency in policy making.

SP&C Division is headed by a Deputy Director and is staffed by over 30 resources.

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## Key Objectives

- Ensure beneficiary identification drives in collaboration with State Health Agencies and external vendors
- Ensure uptake of services under PM-JAY by enabling SHAs to facilitate empanelled hospitals by ensuring faster processing of claims payment, empanelling more hospitals, addressing concerns of empanelled hospitals
- Engage with State Governments currently not implementing the scheme to bring onboard them on the AB PM-JAY platform
- Ensuring timely release of funds to State/UTs implementing AB PM-JAY
- Collaborate with other divisions of NHA to ensure value-addition and support to State Health Agencies and Government departments implementing schemes/convergence programs
- Enhance the effectiveness of NHA by ensuring that all stakeholders deliver the results in a time-bound manner and with strict adherence to quality and integrity.
- Ensure convergence of AB PM-JAY with other schemes and healthcare programs
- Evangelize NHA's efforts among a wider audience within the country's policy-making matrix
- Formulation of policy pertaining to AB PM-JAY or for converged schemes
- Conceptualize and implement pan-India strategic programs
- Managing existing partnerships with international organizations and countries
- Fostering and facilitating knowledge exchange and sharing of best practices
- Forging and scoping new engagements with international institutions
- Draft cogent and reports for leading institutional stakeholders such as Prime Minister's Office and Parliament of India.
- Support NHA leadership in major initiatives required to improve the effectiveness of the organization especially pertaining to AB PM-JAY
- Handle crucial assignments on behalf of NHA leadership as and when such situations arise



# Key Achievements of SP&C Division



## State Coordination

Worked under the guidance of NHA leadership to conceptualize beneficiary mobilization initiative 'Aapke Dwar Ayushman'. This involved the following activities:-

- MoU with leading service providers such as CSC e-Governance Services Ltd. and UTIITSL Ltd. to ensure free issuance of cards to (SECC 2011) beneficiaries undergoing verification for the 1st time.
- Collaborating with State Health Agencies to establish grassroots network of Health Care Workers (HCWs) and Front-Line Workers (FLWs) to mobilize beneficiaries
- Foster convergence with 'Panchayati Raj' institutions by enlisting them to mobilize beneficiaries
- Seeking buy-in on vision of 'Aapke Dwar Ayushman' from State Health Agencies by showcasing the potential of initiative at highest levels of administration
- Capacity building of grassroots resources to ensure seamless implementation and SP&C with Village Level Entrepreneurs (VLEs) and agents of CSC and UTIITSL respectively.

This resulted in the verification of approximately 3.7 crore beneficiaries in a short duration of time. To put matters into perspective, this is more than 30% of the total Ayushman Cards issued using the PM-JAY IT system so far.





- Engaged with State Government of Telangana to bring the State on-board the AB PM-JAY platform. With this, the scheme has now expanded its presence to 33 States/UTs covering a total beneficiary base (SECC and non SECC) of 13.44 Crore families (65 crore individuals).
- Conceptualized the 'Joint Review Mission' for AB PM-JAY and ABDM. Worked on the following activities as part of the JRM:
  - Prepared the concept note for approval of Competent Authority
  - Organized the onboarding of distinguished retired officials as Chairperson of JRMs
- Effectively organized stakeholder consultations on migration of beneficiary identification to National Food Security Act (NFSA) database with 34 States/UTs and various Central Government Ministries/Departments/Bodies such as Department of Food & Public Distribution, Department of Health & Family Welfare, Ministry of Social Justice and Empowerment, Ministry of Housing and Urban Affairs, Department of Expenditure, NITI Aayog and Ministry of Rural Development.
- Development of a strategic plan to turn around performance of AB PM-JAY at empanelled public hospitals:
  - Collaborated with a development sector organization to organize an effective evaluation of all empanelled healthcare facilities
  - Drafted multiple communications to State/UTs to ensure empanelment of all eligible public healthcare facilities under AB PM-JAY as per the directions of Cabinet Secretary, Government of India and in consonance with the letter and spirit of Ayushman Bharat
  - Conceptualized a pan-India implementation framework of a Beneficiary Facilitation Agency to be deployed at empanelled public hospitals with the capacity, capability and added incentive to facilitate scheme beneficiaries and increase the penetration and utilization of AB PM-JAY. Further more identified 7 agencies for pan-India deployment as BFAs.
  - Conceptualized a Centre for Excellence model framework, that ensured the liberalization of claims adjudication protocols for leading public hospitals by rationalizing gate-keeping processes
- Collaborated with various Central Government Ministries such as Ministry of Rural Development, Ministry of Power, Ministry of Petroleum and Natural Gas to use updated SECC data available with them for better identification of Ayushman Bharat beneficiaries.



- Engaged with State Health Agencies and other State level stakeholders:
  - Undertook more than 25 visits to states/ UTs over the calendar
  - Organised multiple review meetings between CEO NHA and senior officials such as Additional Chief Secretary/Principal Secretary (Health) and CEO SHA
  - Engaged with local chapters of 'Indian Medical Association' (IMA) etc



**(Visit to UT of Jammu & Kashmir to review scheme performance: In photo: Dr. Praveen Gedam, Additional CEO, NHA)**



**(Visit to Lieutenant Governor of Puducherry to apprise her of scheme performance: In-photo: Dr. Vipul Aggarwal, Deputy CEO, NHA and Ms. Apoorva Mahajan, State Coordinator, UTs)**



**(Visiting the Chief Minister of Meghalaya to apprise him of scheme performance: In-photo: Dr. Vipul Aggarwal, Deputy CEO, NHA and Dr. JL Meena, Joint Director, NHA)**

# Scheme Convergence

National Health Authority has launched an initiative to converge Ayushman Bharat PM-JAY with various national health programs including flagship programs implemented by Ministry of Health and Family Welfare (MoHFW), other Central Government ministries / agencies such as Ministry of Labour and Employment (MoLE), Employee State Insurance Corporation (ESIC), Ministry of Home Affairs (MHA). The robust and versatile platform developed by NHA has now accorded various Ministries with the opportunity to converge their program and unlock synergies and optimize efforts whilst improving healthcare outcomes. The salient benefits of convergence are outlined below:

With convergence	Without convergence
Duplication of efforts and resources	Optimized & de-duplicated beneficiary base
Decrease in efficiency due to multiple platforms	Expanded set of common service providers
Fragmented health systems & purchasing power	Uniform service standards for beneficiaries
Sub-optimal utilization of healthcare network	Increase in bargaining power
Lack of adequate risk pooling in schemes	Reduced implementation costs

**Undertook following activities as part of convergence of AB PM-JAY with various healthcare programs and schemes:**



**AB PM-JAY & Convergence Scheme ecosystem)**

### Employee State Insurance Scheme (ESIS)

1. Convergence of scheme in more than 157 districts
2. Authorised hospital admissions under converged scheme worth nearly 1.5 crores

### Ayushman CAPF

- Convergence of Ayushman CAPF launched for more than 62 lakh beneficiaries including serving CAPF personnel and their dependents
- Program launched from Guwahati on 23rd January 2021

- More than 70,000 Ayushman CAPF beneficiary cards printed and distributed

### Central Government Health Scheme (CGHS)

1. Migration of Central Government Health Scheme to AB PM-JAY IT platform completed
2. Onboard approximately 1,500 hospitals from 24 CGHS regions to PM-JAY IT system
3. Authorized 8.5 lakh hospital admissions of worth more than Rs. 605 crores



(Hon'ble Health & Family Welfare Minister Dr. Harsh Vardhan launching CGHS Scheme: In-photo: Dr. RS Sharma, CEO NHA, Shri. Rohit Deo Jha, Deputy Director, NHA)

### Rashtriya Arogya Nidhi and Health Minister's Discretionary Grants

1. Migrated Rashtriya Arogya Nidhi and Health Minister's Discretionary Grants to PM-JAY IT system
2. Improved workflow leading to better outcomes and faster turn-around times

### Building and Other Construction Workers' Scheme (BoCW)

1. Converged program launched on PM-JAY platform for Bihar, Chandigarh and Uttar Pradesh.
2. Over 70,000 beneficiaries verified

Convergence initiative	Proposal finalized	MoU Signed	Pilot initiated	Roll out initiated
ESIC	●	●	●	Rolled out in 157 districts
CAPF (MHA)	●	●	Assam ●	Pan India rollout plan
CGHS	●	●	●	Approx. 4 Lakh registrations
BoCW	●	●	●	Rolled out in UP, Bihar & Chandigarh
MoRTH	●	●	Consultation ongoing with MoRTH	
RAN & HMDG	●	●	●	Pan India rolled out on 1st June
MoSJE	●	●	●	●
ECHS	●	●	●	●
Railways	●	●	●	●
Legends Used : ● Activity Completed ● Activity Work In Progress ● Activity pending				

(Status of convergence of healthcare schemes with AB PM-JAY)



# Information, Education and Communication

## The role of IEC is to:

- Understand the target audience and their perception for PM-JAY.
- Drive awareness and educate the target audience about PM-JAY, by disseminating accurate information.
- Develop communication based on key insights, in order to drive changes in attitudes and behaviour.
- Create user friendly IEC material, select relevant communication channels, and roll out messages at appropriate time; to maximise reach and impact amongst the target audiences.

## Celebration of Arogya Manthan

Ayushman Bharat – Arogya Manthan is organized adjacent to 23rd September of every year to celebrate

the launch of the AB PM-JAY Scheme. In the year 2020, since the country was undergoing nationwide lockdown due to COVID-19 pandemic, the event\_Ayushman Bharat Arogya Manthan 2.0 was conducted virtually from 22nd to 25th September 2021. International Public Health experts from various South Asian countries and from different corners of the world participated in the event as guest speakers. All end to end event coordination work was done by the IEC Division.

## Other activities:

### '100 Stories' Coffee Table Book

- Collection & finalization of hundred stories PM-JAY Beneficiaries and Frontline workers
- Video shooting of '100 stories' within 15 days across the country



## Diwali Campaign - #GiftOfHealth

- On the festival of lights, NHA launched a digital campaign with #GiftOfHealth. 'COVID Or Cancer Whatever The Illness, This Festive Season AB PM-JAY Will Ensure Your Wellness.'
- The objective was to sensitise people to give away the gift of health and help at least one person to check eligibility under Ayushman Bharat PM-JAY. The campaign received great response by the notable personalities and the same was repeated during Diwali 2021.
- Session on AB PM-JAY on 'World Toilet Day'



## Launch of Ayushman Bharat PM-JAY Sehat – A Universal Health Coverage Initiative

- 'Jammu and Kashmir Sehat Scheme' a 'Universal Health Coverage Scheme' was launched by Hon'ble Prime Minister in Jammu and Kashmir.



### AB PM-JAY E-mailer - आरोग्य मंथन 2.0 – दो साल एक मसाल

S.N.	Emailer Campaign Name	Month	Reach	Remark by NIC
1	आरोग्य मंथन 2.0 – दो साल एक मसाल	October, 2020	6.8 Crore people	High Impact Campaign

## PM-JAY Website Management & Upgradation

### Development of new web pages and sections: -

- Event webpages made for e-RUPI, Co-WIN global conclave
- Event registration pages
- Hosting events live on website
- Idea box page
- Profiles of HFM and MoS deployed on PM-JAY website
- Nha.gov.in website takeover and revamp
- New server allocation and set up for nha.gov.in website to make it dynamic





(Updating and analysing the PM-JAY website with the latest and most relevant information)

#### Content Management System: -

Content is continuously being assessed and updated

- Content on e-RUPI, Co-WIN Global Conclave and 'Two Crore Hospital Admissions' updated on website
- Search Engine Optimization and GIGW Compliance
- Search Engine Optimization (SEO) of the website has been done and the performance is being monitored continuously. Various dashboards on the website have been synchronised.
- Microsites created
- Ayushman CAPF Microsite - <https://pmjay.gov.in/ayushmancapf>

- 'Aapke Dwaar Ayushman' Microsite - <https://pmjay.gov.in/aapkedwarayushman>

#### National Digital Health Mission

- Creation of NDHM product logos and designing of icons
- NDHM brochures, infographics, and sliders for the NDHM website
- Awareness videos for Health ID, DigiDoctor & HFR
- 1 lakh push messages and radio jingles relayed
- Designing of AB PM-JAY Annual Digital Calendar – 2021

**तबला : हिन्दुस्तानी गायन, वादन, नृत्य में इसका काफ़ी प्रयोग है। माना जाता है कि इसकी खोज सूफ़ी कवि अमीर खुसरो ने की थी।**

जनवरी 2021	S	M	T	W	T	F	S
	31					1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
	26 - गणतंत्र दिवस						
	₹5 लाख तक का मुफ्त उपचार प्रति वर्ष, प्रति परिवार						

आयुष्मान भारत योजना के लाभार्थियों की कहानी जानें। स्कैन करें।



## Social media campaign on Ayushman CAPF initiative

- Launch of 'आयुष्मान भारत – कहानियाँ करोड़ों मुस्कानों की...' Podcast Series
- <https://www.youtube.com/watch?v=sdRjurRtfgs>



## Collaboration with SBI

- AB PM-JAY ATM screensaver was deployed at more than 38,000 ATM sites across the country
- AB PM-JAY digital banner advertisement has been deployed on SBI's YONO app with more than 2.5 cr users.
- To sensitise beneficiaries, series of social media campaigns were conducted for a stipulated amount of time.



## Kumbh Mela

- For the promotion of AB PM-JAY scheme during the 'Kumbh Mela' numerous activities like hot-air balloons, pole kiosk, press campaigns, electronic media campaigns, newspaper advertisements in major national dailies were conducted by the IEC Division.

आयुष्मान भारत PM-JAY में 55 करोड़ लाभार्थियों को

**₹5 लाख तक का मुफ्त उपचार**

**स्वास्थ्य का स्नान, आयुष्मान**

1.5 करोड़ से अधिक उपचार हुए अब तक

योजना में अपना नाम जानने के लिए 14555/155368 या 1800-180-5368 पर मुफ्त फोन करें • आयुष्मान कार्ड बनवाएं, मुफ्त उपचार पाएं • दोगज की दूरी, मास्क है जरूरी

सभी सरकारी व सूचीबद्ध प्राइवेट अस्पतालों में योजना का लाभ • आयुष्मान कार्ड बनवाने के लिए अपना पहचान-पत्र और राशन कार्ड लेकर नज़दीकी CSC या सूचीबद्ध सरकारी या प्राइवेट अस्पताल जाएं

- A series of social media campaigns were held to sensitise people of COVID-19 vaccination and about COVID appropriate behaviour.

**National Health Authority (NHA)** @AyushmanNHA · Apr 28

Calling all citizens aged 18+ to gear up to get vaccinated against #COVID19 May 1 onwards.  
Register now!  
Visit: [cowin.gov.in](https://cowin.gov.in)  
#Largestvaccinationdrive #CoWIN #Unitetofightagainstcorona

**National Health Authority (NHA)** @AyushmanNHA

#CovidVaccine टीका लगवा लिया!  
लेकिन लापरवाही न बरतें। बाहर जाते समय सावधानी बरतें और सभी #COVIDAppropriateBehaviour का पालन करें।  
#IndiaFightsCorona

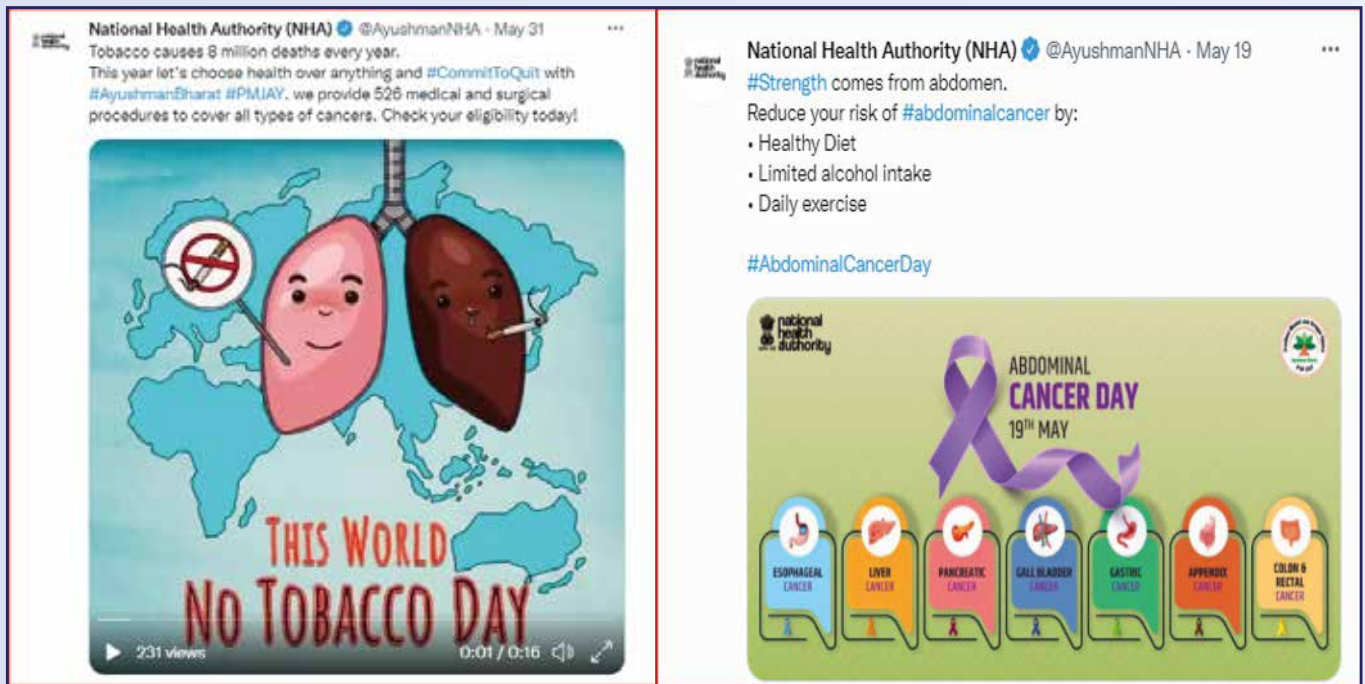
Translate Tweet



## Activities on social media

'Tobacco causes 8 million deaths every year. This year let's choose health over anything and #CommitToQuit with #AyushmanBharat #PMJAY. we provide 526 medical and surgical procedures to cover all types of cancers. Check your eligibility today!'

A social media campaign was launched to sensitise the public on the risk of abdominal cancer.



A digital campaign was launched in May to sensitise beneficiaries about the Health Benefit Packages under AB PM-JAY on World Hypertension Day.



## CoWIN Global Conclave:

The Government of India on 5th July organised a virtual meet—Co-WIN Global Conclave - to share India's learnings and experiences with regards to planning, strategizing and executing the world's largest vaccination drive through Co-WIN. Co-WIN is an indigenously developed, tech-based platform for universal Covid-19 vaccination. The conclave was jointly organised by the Ministry of Health & Family Welfare (MoHFW) and National Health Authority (NHA).

Ministry of External Affairs (MEA) and National Health Authority (NHA) have an objective to extend the Co-WIN platform as a digital public good in the world at no cost. The conclave was attended by over 403 health and technology experts from around 142 countries including European Commission, 20 embassies and UN Offices in India. Extensive social media campaign was also done for the event.

*Youtube Link:*

<https://www.youtube.com/watch?v=DhkFrzVAXnU>



## ‘e-RUPI’ Launch event

- On 2 August, the Prime Minister Shri Narendra Modi virtually launched the ‘e-RUPI’, a cashless and contactless digital payment solution developed by the National Payments Corporation of India (NPCI) on its UPI platform, in collaboration with the Department of Financial Services (DFS).
- The event was jointly organised by the National Health Authority (NHA), National Payments Corporation of India (NPCI), Department of Financial Services (DFS) and Ministry of Health & Family Welfare (MoHFW). The programme commenced with the welcome remarks by Dr RS Sharma, CEO, National Health Authority who delivered an introductory speech on e-RUPI.

*Youtube Link:* <https://www.youtube.com/watch?v=SJ5yoXMxlhU&t=2s>



# Arogya Dhara 2.0

The National Health Authority (NHA) organised 'Arogya Dhara 2.0' to mark the occasion for 2 crore authorised hospitalisations under the AB PM-JAY scheme since its inception on 23rd September 2018. Shri Mansukh Mandaviya, Hon'ble Union Minister of Health & Family Welfare virtually inaugurated 'Arogya Dhara 2.0'.


During the event, Shri Mandaviya also virtually interacted with the 2 crore-th beneficiary of the scheme, Shri Ramdhani from Jaunpur, Uttar Pradesh


who availed orthopaedic treatment under the PM-JAY scheme. Hon'ble Minister enquired about the experience of the beneficiary while availing his treatment and wished him a quick recovery.

**Adhikar Patra:** 'Adhikar Patra' will be issued to the beneficiaries during their hospital admissions for treatment under PM-JAY scheme to make them aware about their rights so that they can claim free and cashless healthcare services upto Rs 5 lakhs under the scheme.

**Abhinandan Patra:** Abhinandan Patra—a 'thank you note' will be issued to the beneficiaries during their discharge after the treatment under PM-JAY for availing the benefits of AB PM-JAY scheme. The Abhinandan Patra is also accompanied by a feedback form to be filled in by the beneficiary regarding the service they received under the scheme.







PM-JAY

**अभिनंदन पत्र/ABHINANDAN PATRA**

प्रिय/Dear \_\_\_\_\_

लाभार्थी की आईडी / Beneficiary ID \_\_\_\_\_

पैकेज कोड / Package Code \_\_\_\_\_

अस्पताल का नाम / Hospital Name \_\_\_\_\_

अस्पताल की आईडी / Hospital ID \_\_\_\_\_

हमें खुशी है की आप स्वस्थ हो कर घर लौट रहे हैं। हम आशा करते हैं कि आप आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना के तहत प्राप्त की जाने वाली मुफ्त स्वास्थ्य सेवाओं से मंजूर होंगे।

We are glad that you are returning home after recovering from illness. We hope that you are satisfied with the free health services provided under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana.

हम आपसे अनुरोध करते हैं कि इस पत्र के साथ संलग्न प्रतिक्रिया जर्न में अपने अनुभव हमारे साथ साझा करें। आपकी प्रतिक्रिया से हम योजना के उद्देश को जल्दी से प्राप्त करने में भी मदद मिलेगी।


We request you to share your experience in the form enclosed with this letter. Your feedback will help us to improve the services being offered under the scheme.

हम आपसे यह भी अनुरोध करते हैं कि आप अपना अनुभव दूसरों के साथ साझा करें और उन्हें अपने अस्पताल केन्द्र (हॉस्पिटल) या सुविधा प्राप्त अस्पताल आकर अपना आयुष्मान कार्ड बनाने के लिए प्रोत्साहित करें।

We also request you to share your experience with others and encourage them to get their Ayushman cards by visiting CSC or empanelled hospital.

हम आपके और आपके परिवार के स्वस्थ और खुशहाल जीवन की कामना करते हैं।

We wish you and your family a happy & healthy life ahead.



**प्रतिक्रिया फॉर्म/FEEDBACK FORM**

प्रिय/Dear \_\_\_\_\_

लाभार्थी की आईडी / Beneficiary ID \_\_\_\_\_

पैकेज कोड / Package Code \_\_\_\_\_

अस्पताल का नाम / Hospital Name \_\_\_\_\_

अस्पताल की आईडी / Hospital ID \_\_\_\_\_

1. क्या आपने AB PM-JAY योजना के तहत चिकित्सा उपचार का लाभ उठाया?

Did you avail the medical treatment under AB PM-JAY scheme?

☐ हाँ / Yes

☐ नहीं / No

2. क्या आप अस्पताल में मिले इलाज से संतुष्ट हैं?

Are you satisfied with the treatment you received at the hospital?

☐ हाँ / Yes

☐ नहीं / No

3. क्या प्रधानमंत्री आरोग्य मित्र (पीएमएएम) ने आपको अस्पताल में भर्ती होने के दौरान आवश्यक जानकारी और सहायता प्रदान की थी?

Did Pradhan Mantri Arogya Mitra (PMAM) provide you with necessary information and assistance during your hospitalization?

☐ हाँ / Yes

☐ नहीं / No

4. क्या अस्पताल के डॉक्टर/स्टाफ/नर्स ने आपको सहयोग दिया और अस्पताल में रहने के दौरान आपको उचित समय दिया?

Were hospital doctors/ staff/ nurses cooperative to you and gave you proper time during your stay in the hospital?

☐ हाँ / Yes

☐ नहीं / No

5. क्या आपने स्वास्थ्य सेवा का लाभ उठाने के लिए अस्पताल को अपनी जेब से कोई पैसा दिया?

Did you pay any money from your pocket to the hospital for the healthcare service you availed?

☐ हाँ / Yes

☐ नहीं / No

6. क्या अस्पताल ने आपको उपचार के लिए जरूरी दवाइयां उपलब्ध कराई थीं?

Did hospital provide sufficient medicine for the treatment you availed?

☐ हाँ / Yes

☐ नहीं / No

7. क्या अस्पताल ने ठहरने के दौरान अस्पताल में आपके लिए गुणवत्ता भरा भोजन की व्यवस्था की थी?

Did the hospital serve you with quality food during the stay at the hospital?


☐ हाँ / Yes

☐ नहीं / No

अन्य प्रतिक्रिया/कमेंट्स / Any other feedback: \_\_\_\_\_

लाभार्थी का हस्ताक्षर / Beneficiary's Signature \_\_\_\_\_

मोबाइल नंबर / Mobile Number \_\_\_\_\_



PM-JAY

**Ayushman Mitra:** Another key initiative launched was 'Ayushman Mitra' which provides an opportunity to all citizens to contribute to the vision of Ayushman Bharat by helping eligible people to get their Ayushman Cards created and bring them under the ambit of the scheme. This can be done by logging in to <https://pmjay.gov.in/ayushman-mitra> to create Ayushman Mitra ID which can then be shared with eligible people. While getting Ayushman Cards and while availing treatments under the scheme the Ayushman Mitra ID can be shared by beneficiaries to CSC/empanelled hospital.



**National Health Authority (NHA)** @AyushmanNHA • Aug 18

आयुष्मान भारत #PMJAY ने आज 2 करोड़ मुफ्त उपचार दिलाने का लक्ष्य हासिल किया है। इस अवसर पर माननीय स्वास्थ्य एवं परिवार कल्याण मंत्री श्री @mansukhmandviya जी कर रहे हैं आरोग्य धारा 2.0 का शुभारंभ।

@MoHFW\_INDIA

कार्यक्रम को लाइव देखें -



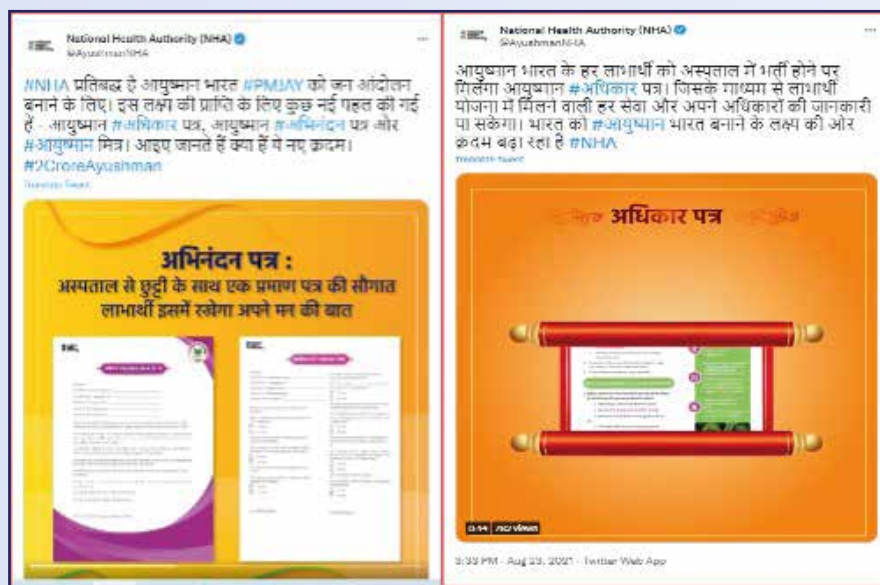
1:18:56 1.7K viewers




**National Health Authority (NHA)** @AyushmanNHA  
 Arogya Dhara 2.0



## Social Media Campaign for 'Adhikar Patra' and 'Abhinandan Patra'



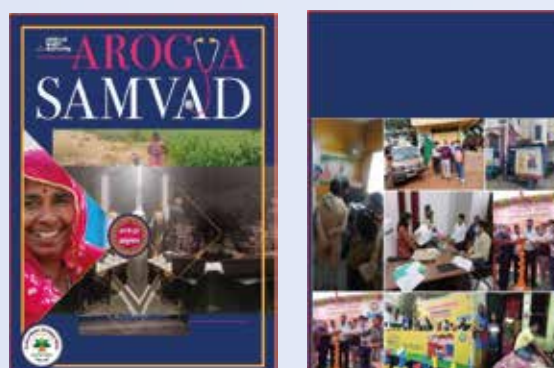
### Two crore hospital admissions

A digital media campaign with message: 'We salute our #healthcareworkers for their dedicated & generous services to our beneficiaries, & nation. Your selflessness is immeasurable, & we can never #thankyou enough for your efforts to help us achieve the milestone of #2CroreAyushman @MoHFW\_INDIA'



### 'Arogya Samvad' Newsletter

IEC Division publishes a monthly newsletter 'Arogya Samvad' to communicate about the progress and updates under the scheme



## Planning for 'Arogya Manthan 3.0'

Ayushman Bharat – Arogya Manthan is organised around 23rd September of every year to celebrate the launch day of the scheme. This year, 'Arogya Manthan 3.0' is scheduled for 20th September to 23rd September 2021.

## SOCIAL MEDIA FOLLOWERS & CAMPAIGNS

**87.6K**

Followers  
on Twitter

**51K**

Followers  
on Facebook

**8.17k**

Subscribers  
on YouTube

**40+**

Minor Campaigns  
in FY 2020-21

**16**

Major Campaign  
in FY 2020-21

### Achievements:

- Website is now listed as top source for information on Google search for anything related to AB PM-JAY
- All emailer campaigns have been rated as high impact campaigns by NIC
- 10,000 NDHM brochures dispatched and circulated in all UTs and there is more demand for the brochures
- Third floor of NHA is transformed to 'Ayushman Bharat Manzil'
- AB PM-JAY ATM screensaver was deployed at more than 38,000 ATM sites across the country
- AB PM-JAY digital banner advertisement has been deployed on SBI's YONO App with more than 2.5 crore users
- Notable personalities like Amitabh Bachchan, Gautam Gambhir, Yuvraj Singh, Ajay Devgan, Mary Kom etc. endorsed PM-JAY on social media.
- Making of school guidebook
- Consolidation of Digital IEC catalogue for SHAs

# Capacity Building

Capacity Building plays a major role in improving the organization and its personnel's performance, enhances their ability to function and up-skill themselves to the role they are performing and continue to stay relevant within a rapidly changing environment. Empowering the stakeholders involved in AB PM-JAY is also one of the foremost responsibilities under capacity building.

Capacity Building (CB) in PM-JAY is comprised of three major components as under –

- To define structures and systems with specific roles for all stakeholders in PM-JAY
- To provide stakeholders with skills and knowledge to perform their roles
- To make use of appropriate methods and tools to enhance and sustain the skills and knowledge of the stakeholders

Over the years, capacity development initiatives have moved from merely equipping core functionaries to operationalize the scheme to defining methodological approaches in capacity development for targeted intervention and development of tools and materials to facilitate this process. While many efforts were affected due to the COVID 19 pandemic, the capacity building initiatives were in full swing since alternate learning methods were introduced. Periodic trainings and interactive sessions were organized virtually. With the additional time saved from absence of field visits, the resources were put into development of target specific learning materials and other tools that help SHAs in capacity development. A major shift during this period were the efforts to bring participatory approach to capacity building through larger engagement of SHAs under cascade model of training.

## Achievements of the year (August 2020 to September 2021)

Some of the key initiatives and achievements under capacity building are given below.

### **SHA Capacity Need Gap Analysis**

The SHA 'Capacity Need Gap Analysis' initiative was started last year to help SHAs understand their institutional capacity and take appropriate measure to improve the conditions. During the current reporting year, the exercise was completed in Jharkhand (December 2020). Further, it was also decided to convert the existing excel based analysis tool into an online version with the support of a development partner. The online tool was prepared, and source code was handed over to NHA by GIZ for administering the study in other States. The exercise will be carried out in rest of the States thus helping to create a benchmark for state level institutions for further improvement.

### **Mission Karmayogi**

Mission Karmayogi is an initiative of Department of Personnel & Training, Government of India that intends to improve the governance through capacity building of civil servants. National Health Authority was chosen as one among many organizations that will be part of this initiative in the first phase. NHA has developed a learning module on PM-JAY targeting various civil servants and was shared with the 'Mission Karmayogi' team for further use. A dedicated team was also identified in NHA to coordinate activities under the same.

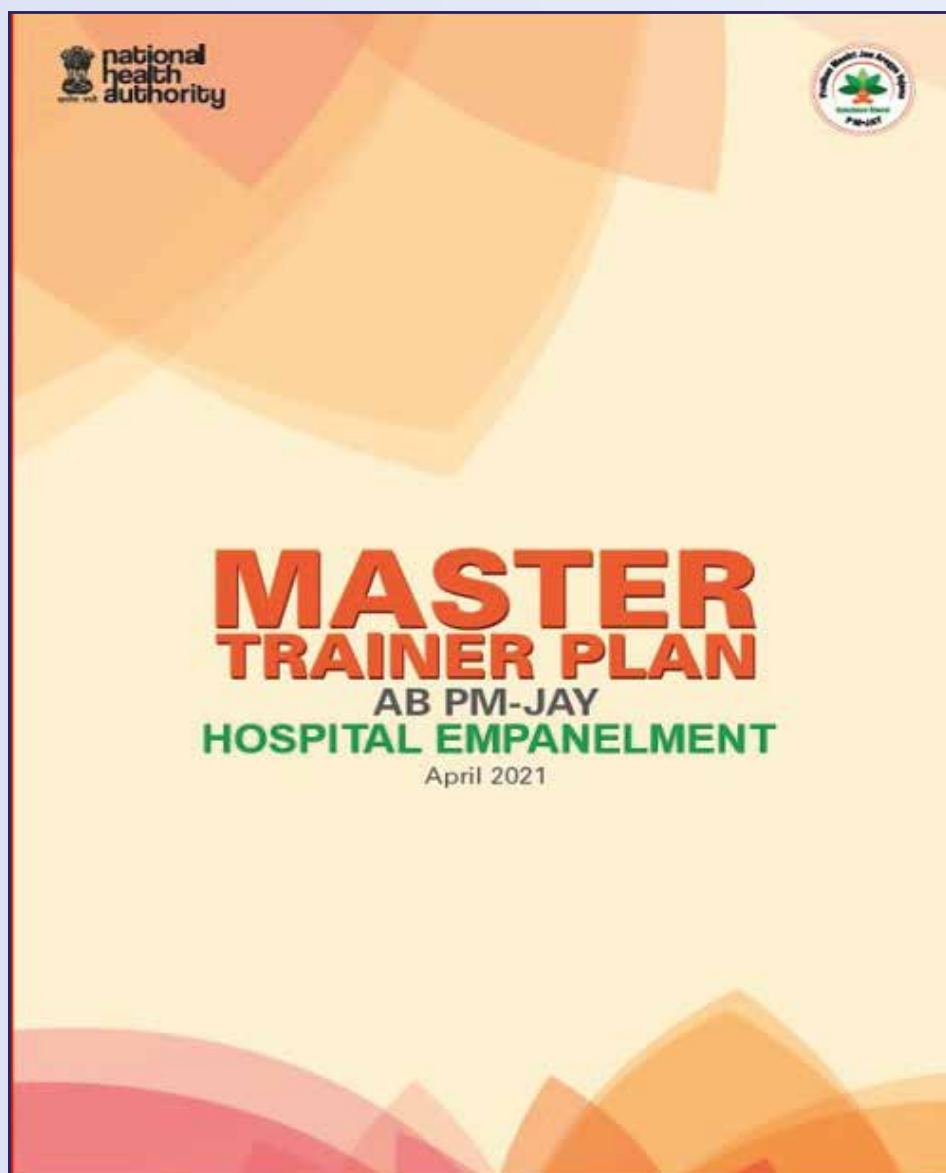
In line with Mission Karmayogi, NHA has also started mapping of roles, skills and competencies for each resource at the National level. This mapping will help provide targeted skilling interventions based on a person's role in

### **Promotion of Cascade Model of Training through Training of Trainers (ToT):**

As part of the divisions' efforts to decentralise the capacity building initiatives under PM-JAY, a cascade model strategy was developed and approved last year. Under this model, a cadre of master trainers and state/ district level trainers will be developed who will systematically train the rest of the stakeholders.

The efforts after under this strategy were based on the development of master trainer modules for various identified thematic areas. The modules on Grievance Redressal, Hospital Empanelment and Anti-Fraud Initiatives have been completed. Modules on Quality Assurance in PM-JAY and Data Security & Privacy are under development. The modules developed are target audience specific and covers systematic capacity building at all levels.

In continuation to these efforts, the first Training of Trainers (ToT) on Hospital empanelment was organised in August 2021 where 21 candidates from 10 states were trained.



**Image of the cover page of the HEM module**



### Induction Training:

The current year has observed intake of large volume of new resources in NHA. To equip these officials a series of induction sessions were organised by the capacity building division during March and July 2021. During the orientation of new employees, they are introduced to their job roles, work areas, and work environment. The employee inturn gets familiarized with the organization. As many as 88 employees have been covered by the division this year so far.



## Joint Certification Programme with I.I.I.: -

NHA in collaboration with Insurance Institute of India (I.I.I.) supported by World Bank launched a joint certification programme for the stakeholders involved in claim processes of PM-JAY. The programme is comprised of three courses 1) Claim Adjudication, 2) Medical Audit, and 3) Field Investigation.

These blended courses comprise both online and virtual/ classroom sessions. Four batches of trainings have been completed so far covering 248 candidates. The details of the virtual sessions conducted so far are given below.

Thematic areas	No. of Participants
Claims Adjudication	146
Medical Audit	41
Field Investigation	61



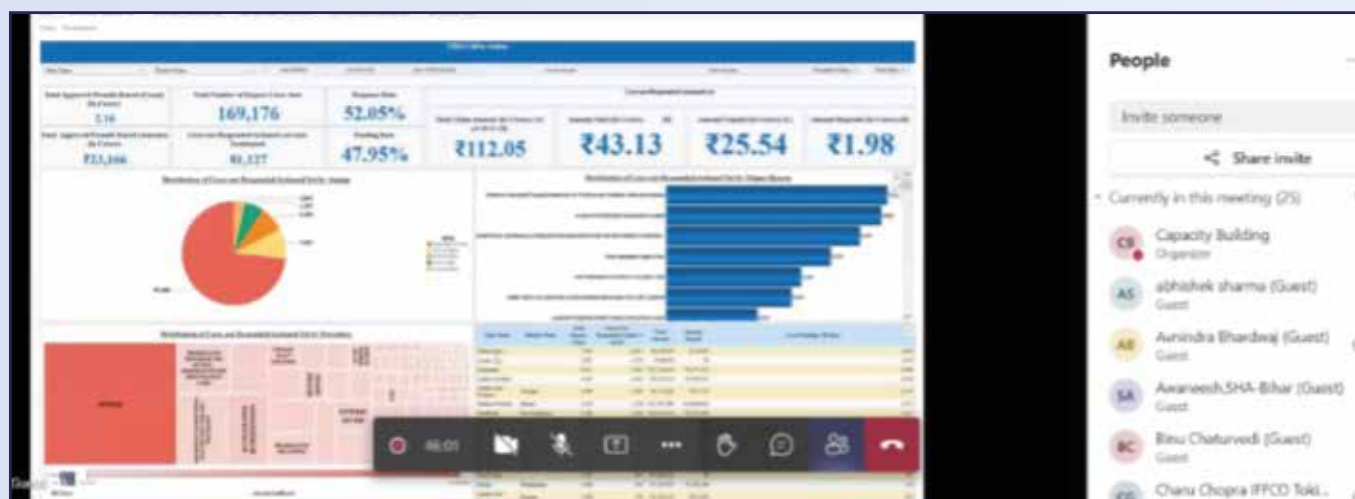
Joint Certificate Programme with I.I.I

## Nirantar Shiksha

Under the 'Nirantar Shiksha' Initiative, various sessions on different thematic areas related to PM-JAY scheme as well as on topics related to health insurance were organized for various stakeholders at NHA and SHA level. The motive behind organizing these sessions is to keep the stakeholders at different levels updated about the recent developments and amendments in

the thematic areas, as well as to orient any new official who have come onboard at the national / state level.

These workshops are organized fortnightly basis on Saturdays and so far nine sessions have been completed which were attended by over 800 officials.



## Capacity Building under Convergence

The objective of scheme convergence is to provide access of validated beneficiary family units for primary (as applicable), secondary, tertiary inpatient care and day care surgeries for treatment of diseases. This is also inclusive of OPD and diagnostic care (as applicable) through a network of empanelled and non-empanelled health care providers for reducing out of pocket health care expenses of citizens.

To support scheme convergence, scheme-wise capacity building initiatives were taken for nationwide roll-out in a phased manner.



(Guiding CAPF beneficiary on card activation)



(Awareness session for CRPF)



## Training and workshops:

Regular training sessions are organized by the Capacity Building (CB) Division for SHAs, empanelled hospitals, insurance companies and other stakeholders along with the non-PM-JAY states. During these training sessions, the participants are apprised about the technical processes pertaining under AB PM-JAY and are also given a chance to address their queries. Training sessions organized throughout the year are mentioned below :-

### Summary of training sessions: -

Interventions	Number of Participants	Total trainings conducted
Convergence	904	28
I.I.I.I.	248	4
BIS/TMS/ Grievance/STG/ NAFU	2130	10
Nirantar Shiksha	845	9
Non-PM-JAY Hospitals	68	3
SHA	1298	11
COWIN Portal	2022	1
Development Partners of NHA	11	1
NHCP	89	2
ESIC Hospitals	21	1

### Training of SHA's on BIS

### ICD-11 training

### NAFU training on FACTS Portal



## Knowledge Management (KM)

A knowledge management committee was constituted under the chairmanship of Deputy CEO to coordinate the knowledge management related activities in NHA. The first meeting of the committee was held in September 2021 and had decided to evaluate the current knowledge products being generated in the programme and catalogue the same. Further, it is also decided to take initiative to capture the tacit knowledge through various knowledge transfer processes and the activities. An online tool to facilitate these activities is also proposed under the KM initiative.

## Supporting the national COVID related initiatives

Along with other divisions, the Capacity Building Division was also actively supporting the nation's covid related programmes last year. During the current reporting period, Capacity Building Division has supported in training of hospitals in using CoWIN

portal for vaccination and has also helped in the development of short videos on payment portal functionality.

## SHA and Private Hospitals Training on CoWIN Portal

As a joint effort of MoHFW and NHA, virtual training sessions were organized for the SHAs and private hospitals for encouraging the COVID-19 vaccination drive under the name of 'CoWIN'. The training was organized from 15th- 17th March 2021 in 5 batches using the 'Microsoft Teams' platform and was also live telecasted via YouTube. Around 2022 participants attended the training through these platforms. The two hours of workshop that continued for three days covered and included a presentation of CoWIN process flow and a demonstration of CoWIN portal. It also included a Q&A session that clarified doubts of the participants related to covid vaccination and CoWIN Portal

The details of the session are given below.

Day	No of Participants	
	Teams	You Tube
Day 1	24	400
Day 2	12	476
	12	546
Day 3	33	359
	07	153

**LAYOUT PLAN FOR VACCINATION SESSION SITE**

- Designated a separate entry and exit if possible
- Designated 3 separate rooms or areas
  - Waiting room
  - Vaccination room
  - Observation room
- Ensure adequate physical distance between chairs/seats in waiting rooms
- Avoid criss-cross movement of beneficiaries at session site

**DETERMINING TARGET NUMBER OF DOSES**

- Time Table to be prepared by CVC Manager
- Time Table prepared to be updated in Portal

**AVAILABILITY OF VACCINE**

**1** **2** **3**

**DECISION OF STATE/UT GOVT.** **CAPACITY OF CVC**

# Short videos on 'CoWIN Payment Portal Usage'

Two tutorial videos were created by the capacity building team: 1) Covering the vaccination payment process in the portal developed by NHA and 2) Using the payment reversal functionality w.r.t the discrepancy in COVID-19 vaccine ordered and the number of vaccines received by the hospital. Both the videos were developed on the request of IT Division, NHA.

## COVID Warriors Crash Course Coordination with States

Honourable Prime Minister has launched a crash course for COVID frontline workers, customisable to meet the upsurge in the demand of skilled health care professional and associate professionals from logistics sector thereby reducing the burden on existing health care professionals and ensuring timely healthcare services across the country.

National Skill Development Corporation (NSDC), the implementing agency for this programme has approached NHA for assistance in coordinating with states and PM-JAY empanelled hospitals. The Capacity Building Division is coordinating with NSDC and states in this regard. State level orientation programmes were organised and interactive session with hospitals were conducted under the supervision of the Capacity Building Division.

## Documentation of CoWIN International Conclave

CoWIN conclave was an event organised by Government of India where the CoWIN platform was declared as an 'Open Public Good' that can be used by any country. National Health Authority was responsible for organising the event and the capacity building team had provided documentation support of the entire programme. The event was attended by over 400 international officials from 142 countries. A detailed report of the event was prepared and submitted by the Capacity Building Division.

## Other Activities

### Documentation of e- RUPI launch event

e- RUPI is a one-time, seamless, and contactless payment mechanism launched by NPCI. It is a person and purpose specific, voucher-based payment solution, which can be redeemed by the user without any card, digital payments app or internet banking access at the service provider level.

Hon'ble Prime Minister Narendra Modi on Monday, 2nd August, 2021, launched 'e- RUPI' as a new digital solution. This new mechanism is said to be a person and purpose specific payment option. The launch event was organized by NHA via video conferencing and the Capacity Building Division had done the documentation of the event.



Launching of e- RUPI



# Arogya Dhara 2.0

Arogya Dhara 2.0 was organized to celebrate the achievement of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) as it commemorates the milestone of 2 crore successful hospital admissions under the flagship health scheme on August 18th, 2021 since its launch 3 years ago. Three new initiatives were announced on this occasion namely – Arogya Mitra, Adhikar Patra and Abhinandan Patra by Shri Mansukh Mandaviya, Hon'ble Union Minister, Ministry of Health and Family Welfare. Also, Mr Mandaviya

connected and interacted with Mr Ramdani, 2 croreth beneficiary via video conferencing.

Two new documents namely 'Adhikar Patra' and 'Abhinandan Patra' were launched to be given to beneficiaries availing medical services at AB PM-JAY empaneled hospitals were announced. To help spread the word about Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, create Ayushman Cards and make common people upholders for its implementation, a new title role called 'Arogya Mitra' was launched under the AB PM-JAY scheme.



**Arogya Dhara Event**

## **Highlights: -**

- Development of SHA 'Capacity Need Gap Analysis' online tool
- Collaboration with I.I.I. for a Joint Certification Course for stakeholders
- Training and hand holding support to various officials and functionaries under the Convergence programme
- Development of the reference material for Master Trainers for 4 thematic areas
- Nirantar Shiksha – a series of training sessions covering PMJAY and other health care related issues for knowledge building and capacity building
- Onboarding of the officials from civil services on the 'iGOT Portal' under Mission Karmyogi Programme

## **New Initiatives started in 2021: -**

1. A new initiative titled 'BODHI' for internal skilling of NHA divisions will help to strengthen the existing system, identify skill gaps, re-skill and up-skill employees based on their roles and competencies.
2. Training of Trainers has been started in order to encourage cascade model amongst the stakeholders of the scheme. For this, a team of master trainers at state level will be trained which will further train regional/ district level trainers on all the existing, selected, shortlisted thematic areas.

## Way forward: `

- Internal Skilling: To track the competency of NHA resources, design and implement up-skilling programmes through various internal and external resources and to mitigate the skill gaps.
- A cadre of master trainers for the state level will be trained for all the thematic areas. Training reference material/module is prepared for HEM, Grievance and NAFU. The module for other thematic areas to be prepared in consultation with subject matter experts (SME) of respective thematic areas.
- Convergence: Capacity building initiatives for upcoming convergence schemes such as MoRTH (Ministry of Road Transport and Highways), MoSJE (Ministry of Social Justice and Empowerment), etc. will be undertaken as per roll-out plan in a similar manner.
- Knowledge Management System (KMS): The major activities under KMS include identifying knowledge source across NHA ecosystem and development a framework for a catalogue for the existing and future knowledge products. Developing a culture of promotion of knowledge product development and management would be one of the key activities of CB activities in the coming year.
- Certification of all PMAMs in the current financial year
- Regular session of 'Nirantar Shiksha' will up-skill the existing personnel and orient any new official who will join at the national/state level.
- Certification programme for all the stakeholders engaged with Claims Administration.
- Certify the participants of Joint Certification Course with III till March 2022
- Conduct 'Capacity Need Gap Analysis' through online tool for all the SHAs. Support the SHAs to develop a strategy based on the outcomes of the analysis and execute the same for system strengthening.

Regularize the induction of new employees who will be joining NHA in the coming future.





# Beneficiary engagement, schemes/campaigns run by the National Call Centre

## Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

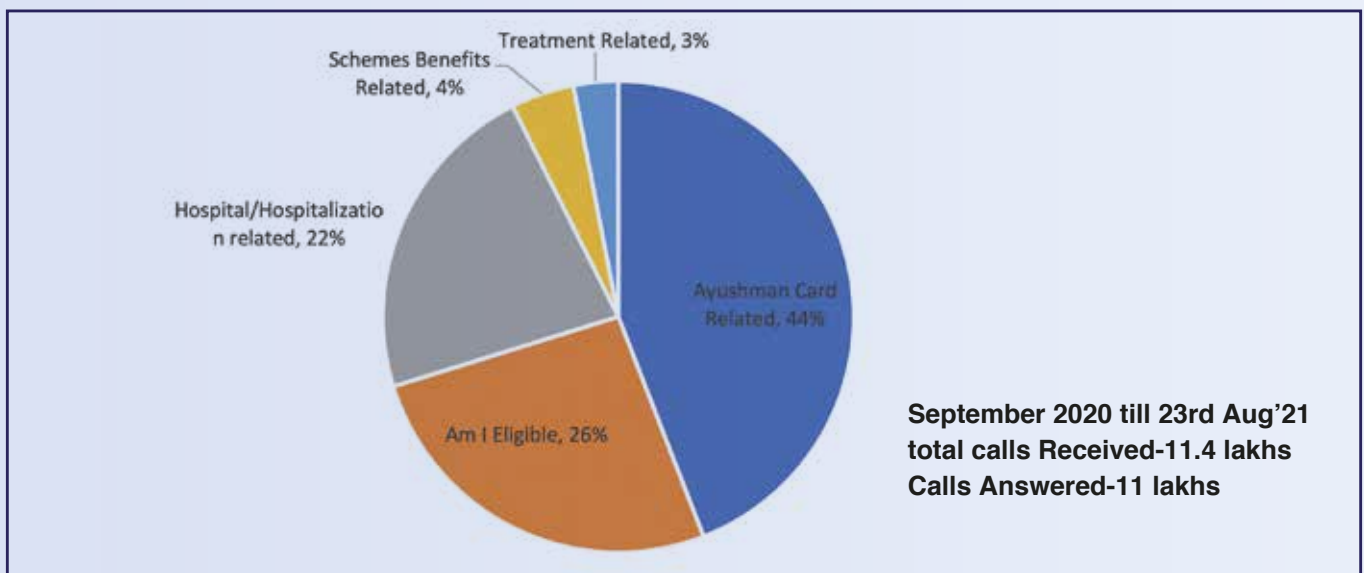
One of the important aspects of one of the world's largest government-supported health schemes of the size and complexity as that of PM-JAY is to ensure that entitled beneficiaries of the program can reach out to know the details of the scheme, have recourse to raise a query or a grievance, seek information and feel supported at any time during day or night, especially during hour of need.

### PM-JAY 14555 Inbound

National Helpline – 14555 (Toll-free) was set up by then National Health Agency on August 24, 2018 –

which is operating 24x7 since the launch and has answered more than 75 lakh calls since inception. The National Call Centre has 600 plus trained agents who work round the clock to manage the calls and further plans to expand capacity as and when required. Currently two major languages (Hindi and English) are supported by the call centre team.

Call Centre provides services/ information to the beneficiaries such as details about the scheme – coverage, benefits, how and where to avail benefits, name and address of empanelled hospitals etc. Besides beneficiaries, other stakeholders like hospitals, 'Arogya Mitras' and field functionaries also call the helpline for support.



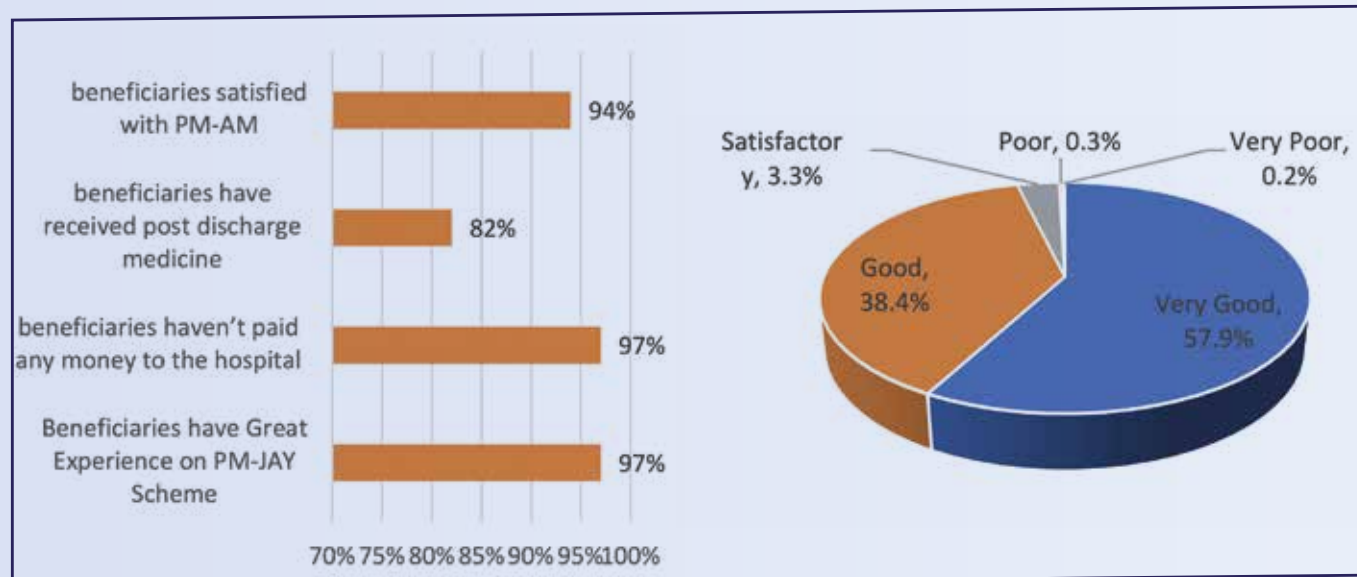
### Outbound

Beneficiary Feedback Campaign- Beneficiary Feedback Outbound Call process is to keep a check and capture genuine feedback regarding services provided by empanelled hospitals also checks if the beneficiary had paid any amount to the hospital during treatment and is satisfied by the treatment provided under the PM-JAY scheme.

Under this process, the beneficiary gets a call from National Call Centre post discharge. A set of questions are asked to beneficiary regarding the services and experience with PMJAY. To facilitate the same, data of beneficiaries from TMS (after pre-auth approval) is provided to contact center.

As many as 16.6 lakh (September'20 to July'21) calls have been connected and feedback has also been taken from the beneficiaries across the states.

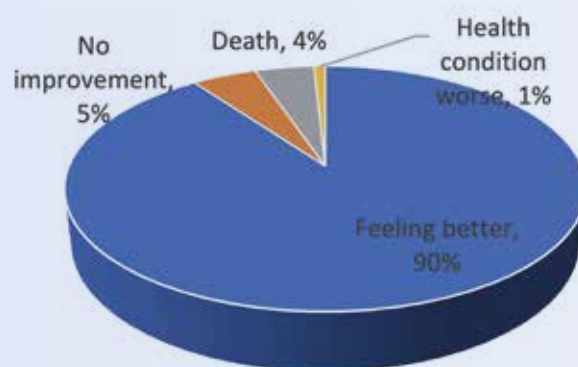
- Any cases captured, during beneficiary feedback campaign - where money has been collected, are registered in CGRMS portal as a grievance and are addressed
- Poor hospital experience cases shared with the state teams for corrective action
- Cases where beneficiary reports that the 'Benefits have not been utilized' are reported with fraud control unit for further corrective action.



### Beneficiary Health Status Follow Up-

Purpose of 'Beneficiary Health Status Feedback Outbound Call Process' is to check the health status of beneficiaries after 15 days of discharge. Under this process, the beneficiary gets a call from the National Call Centre of ABPM-JAY after 15 days of discharge. The type of questions asked to beneficiaries regarding the health status are "Are you feeling better now". To facilitate the same data of beneficiaries from TMS (after pre-auth approval) is provided to call centre.

- As many as 90% beneficiaries have reported that they were feeling better on the 15th day of the health status call
- 1% of beneficiaries who reported worse health conditions - cases along no improvement to be reported for further action.



**Nov' 20 till August' 21 7.3 lakh connected calls have been made under the health status campaign**

### 1075 (Covid/ Cowin Helpline)

1075 is the active toll free (24X7) national helpline number, run by National Health Authority (NHA) on behalf of Ministry of Health and Family Welfare (MoHFW). The helpline number is operated by the call centre service provider of NHA since 15th March 2020.

#### NHA Call Centre - COVID Helpdesk at 1075 Helpline (Option 1)

Presently 1075 Covid Helpline (Option 1) is used for answering citizens calls pertaining to Covid general queries, based on MoHFW guidelines and the state helpline and District Surveillance Officer (DSO) numbers etc. are shared with the caller.

From September'20 till Aug'21, as many as 24 lakhs calls have been received via Covid Option-1 helpline

#### NHA Call Centre – Co-WIN Registration Helpdesk (Option 2)

As advised by MoHFW on December 2020, 1075 was also used for helping citizens with COWIN registration and vaccine appointment booking. The Call Centre agent would hand-hold citizens for completing the process on COWIN and if they are unable to do so on their own, the NHA Call Centre, agent would carry out the process on the Co-WIN portal on behalf of the citizen after obtaining consent of caller to share mobile number, OTP and ID details as required to be filled on the COWIN portal.

From December'20 till Aug'21, 11.7 lakh calls were answered for Co-WIN

### **Convergence Schemes Helpline - 14588**

Different Ministries under the Government of India such as Ministry of Home Affairs (MHA), Ministry of Labour & Employment (MoLE) and Ministry of Road Transport and Highways (MORTH) have approached NHA to facilitate healthcare services to their members/beneficiaries/ employees and have also partnered with NHA for this purpose.

The National Call Center team offers help to scheme beneficiaries by:

- a. Ensuring each beneficiary/ stakeholder/ citizen is treated with respect, consideration, and sensitivity
- b. Provide information on program/ scheme on entitlement, benefit cover, enrollment, packages, process for availing benefits, empaneled providers etc.

## **States Integration**

### **PM-JAY helpline integration (14555)**

#### **Inbound Integration**

Automatic call forwarding has been enabled in 25 states till date and integration for balance States is in process. Integration with State Call Centre aims to provide appropriate help to the beneficiaries/callers to provide state-specific information, information on PM-JAY, entitlement, benefit cover, enrolment, packages, process for availing benefits, empanelled providers, national portability and grievance redressal, etc.

By integrating state Call Centre, calls received at PM-JAY Call Centre helpline shall automatically route to respective State Call Centre through location based call forwarding mechanism, which has already been enabled at 25 states and calls are thus getting successfully routed to integrated states without any disruption. In case the State Call Centre is busy, then the Calls are automatically routed to NHA Call Centre. Data Integration with states will help NHA to analyze the type of queries, capture process gaps through beneficiary feedback and capture views and concerns of the beneficiaries.

### **COVID helpline integration (1075)**

1075 helpline is integrated with Call Centres of 19 States/UTs.

- c. Address the information needs of citizens and beneficiaries and other stakeholders across the country including from states that participate and those that are not participating in the convergence schemes.

The convergence campaign started on 11th January 2021. Call centre team received 21,000 calls under the said campaign.

As many as 5 sub-campaigns run under convergence schemes namely - BOCW/ESIC/ CAPF/ RAN-HMDG/ CGHS

### **NDHM Helpline - 14477**

National Digital Health Mission Project was launched by Hon'ble Prime Minister on 15th August 2020 which is a technology-based initiative envisaged to deliver the necessary digital healthcare infrastructure for our country.

NHA call centre has received 36,000 calls since the helpline's inception.

In order to provide/update the citizens with latest information as per State processes, the calls received at COVID 19 national helpline (1075) are automatically routed to respective State Call Centre through the Origin Dependent Routing (ODR) mechanism with the support of MTNL. If the State's terminating number is busy, then the calls gets routed to second priority NHA Call Centre. Due to high call volume, if NHA Call Center is also busy then calls gets routed to the National TB Call Center.

### **Quality Control Program at National Call Center**

For the schemes/ campaigns run at NHA National Call Centre - beneficiary experience is the key, which is why call centre performance and quality service is a critical focus area. Quality assurance gives us the tools to continuously assess the quality and depth of our beneficiary interactions and inspire constant improvement.

Quality monitoring is helping us to identify cases (if any) wherein agents were unable to provide beneficiaries with the information or support required. Hence, the quality management system enables call centre to avoid such potential errors.

# Grievance Redressal

Grievance Redressal under AB-PMJAY has a three-tier system at district, state, and the national level. At each level, there is a dedicated nodal officer viz. District Grievance Nodal Officer (DGNO), State Grievance Nodal Officer (SGNO) and National Grievance Nodal Officer (NGNO)

To support this structure, an IT-enabled and web-based grievance redressal system called 'CGRMS' has been developed which enables a person to register a grievance on the portal <https://grievance.pmjay.gov.in> or <https://cgrms.pmjay.gov.in/>. Complainants can track

the status of their grievance using the Unique Grievance Number which is generated at the time of registration. The status update will be intimated to the complainant through automated SMS and automated e-mail system.

## Grievance Resolution Status Under PM-JAY

From 1st September 2020 till 31st July 2021 a total of 7,982 grievances were registered on the CGRMS portal and 1,079 grievances were registered on CPGRAMS, wherein 88% and 96% of the grievances resolved on CGRMS and CPGRAMS.



## Major initiatives: -

### Quality audit of closed grievances:

With the aim of enhancing the quality of closed grievances, quality parameters such as action taken report, evidence, resolution within TAT and closure intimation sent to the complainant are defined to assess the quality of closed grievances.

#### QUALITY PARAMETERS



##### ACTION TAKEN

1. Is action taken is proper or not?
2. Remarks mentioned by officer is it complete or not?



##### EVIDENCE

1. Documents supporting decision made attached or not?
2. If attached are they complete or incomplete?

#### OTHER OBSERVATIONS



##### TAT

1. How many cases resolved within TAT?
2. Case wise report



##### CLOSURE INTIMATION

1. Whether concerned officer intimated complainants or no? (when the complaint is registered offline)



## Root Cause Analysis (RCA) of Grievances

RCA is imperative to identify the original trigger of a specific nature of grievance so that a course correction can be recommended for better implementation of the scheme.

### The way forward: -

Artificial intelligence and Natural Language Processing (NLP) technologies shall be leveraged for assessment of quality of closed grievances. AI and NLP shall be embedded in the CGRMS portal which will standardize the quality assessment process and omit the subjectivity and manual intervention.

## IITE Team of SPE Division

Being the largest public health insurance scheme across the globe, the universe of AB PM-JAY is humungous that requires constant improvement and engagement with all stake holders for the schemes success. Thus SPE-IITE (Service Provider Engagement- IC/ ISA/ TPA Engagement) team has been an integral part of PMJAY ensuring the same

### Goals:

- To implement auto claim adjudication process for packages based on feasibility.
- To reduce rejection by 1%.
- To make changes in MTD with respect to claim adjudication for better scheme implementation.
- To streamline the claim adjudication process by upgrading IT portals and make them more user friendly.
- To create analytical dashboards and reports for better implementation.

### IMPACT Portal

- Launch of IMPACT Portal: It is a comprehensive portal displaying information related to infrastructure and human resources availability at the state and the district level along with various operational dashboards
- All 25 TMS using states have been onboarded on impact portal and are regularly using it.
- SHA manpower and infrastructure details are also incorporated on IMPACT portal
- New enhanced dashboards are incorporated for amplified user experience as follows-
  - a. Claim pending at CPD
  - b. Claims pending for payment after CPD approval,

bifurcated into pending at ACO/SHA/Bank.

### Improved Claim Settlement Turnaround Time (TAT)

Highest number of claims settled was recorded for the month of May 2021 at total of 6,96,069. Since the inception of the scheme, this has been achieved through constant monitoring and stakeholder engagements.

### Monitoring claim adjudication through adjudication audit

- a. Claim Adjudication Audit (CAA) is carried out to ensure efficient, accurate and error-free processing of claims, so that necessary due diligence is exercised at the preauthorization panel doctor, claim executive and claim panel doctor level deployed by insurance companies, ISAs or SHA,
- b. SPE Division carried out 29 audits and findings were shared with the State Health Agencies for compliance and necessary actions against errant entities.

### Auto-Adjudication POC completed

As the volumes of claims under AB-PMJAY are growing, it is critical to minimize the errors and omissions and develop in built system capabilities which can either support or replace human intervention to an extent possible. Various Artificial Intelligence and Machine learning techniques were tested during the 'Proof of Concept (POC) for Auto Adjudication of Claims' conducted by NHA.

- Successful pilot testing of auto claim adjudication by two vendors.
- RFP is under process for integration of auto claims adjudication tool with the existing IT system.
- Pilot testing provided detailed insights to improve the system to make it compatible with auto adjudication.

## New IT enhancements

For effective communication between the adjudicators and the hospitals pivotal for transparent and fair claim settlement below enhancements were introduced in NHA IT platform:

- New query and rejection template integrated in TMS for better analysis of query and rejection trends
- Query response visible to processing doctor on the same tab.

## Empanelment of agency for Providing Human Resources for PM-JAY implementation to NHA and SHAs

Skilled HR with SHAs is a critical parameter for success of PM-JAY. To support the SHAs and to ensure smooth implementation of the scheme, SPE Division is conducting first round of empanelment of HR agencies which will be ready 'off the shelf' for SHAs to enter commercial contract for providing appropriate HR.

## Insurance pilot for covering Missing Middle/ Non-Poor Population

- Fulfilling its commitment to expansion of coverage and working towards UHC, NHA has announced

insurance pilots for which effort is being made to

cover the uncovered population comprising of varied sections of non-poor population spread across occupations, geography, and income strata on pilot basis.

- Two insurance companies have submitted expression of interest to run pilot in selected states, proposal for the same is under review for implementation.

## The way-forward: -

- a) Technical audit team
- b) Automation of the payment process at ACO and SHA level. Claims will move to SHA bucket from ACO if not acted within 2 days by ACO, also from SHA it will move to payment if not acted within 3 days' time frame.
- c) Green- channel payment: Implementation of the proposal for 50% early payment of the claim amount at the time of claim submission to the green channel EHCP's.
- d) Auto adjudication RFP
- e) Escalation metric for SHA login to track progress of each case.

(Capacity building workshop on claims adjudication in Punjab)



(Visit to JLN Medical College, Ajmer)



(Capacity building workshop on claims adjudication in Madhya Pradesh)

# Provider Empanelment

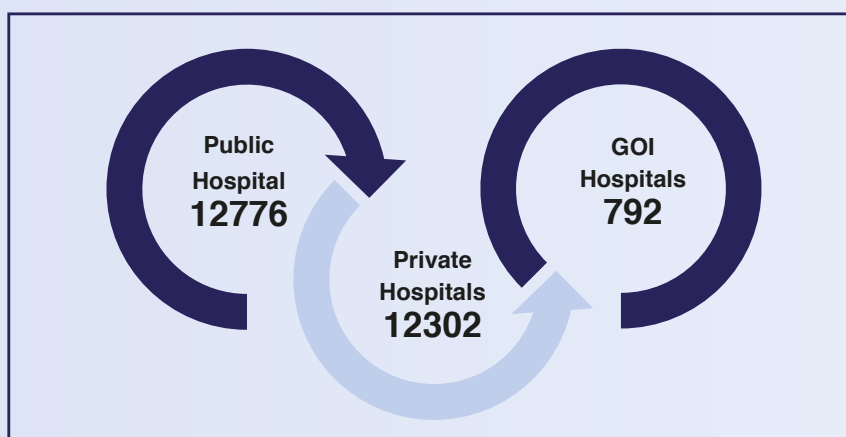
At the heart of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) it is envisaged that the health services delivered to its beneficiaries are safe and of appropriate quality for realizing patient centric care. All activities channeled towards this should strengthen and reinforce the primacy of an effective provider network, and its accountability towards the beneficiaries of the scheme.

Empanelment is one such key aspect which while balancing adequate access would also ensure

appropriate patient safety and quality. The vertical is responsible to enhance the footprint of the scheme by maximizing the empanelment of both public and private sector hospitals across the country.

## Empanelment Status

Under AB PM-JAY, a total of 2,5,870 hospitals have been empanelled so far which include public, Government of India and private hospitals. The detailed breakup of empanelment is as under:



- Empanelment of top hospitals has touched the 180 mark out of top 256 hospitals (as identified by NHA) across India. As many as 42 hospitals have been empanelled since September 2020 till date.
- Overall, 908 out of 1374 hospitals with 100 beds are now on board. As many as 45 hospitals were empanelled between September 2020 till date.
- Empanelment of private hospitals in focus and aspirational districts is 8360 out of 18703 hospitals. As many as 806 hospitals got empanelled between September 2020 to September 2021.
- Empanelment of National Cancer Grid (NCG), National Centre for Disease Informatics and Research (NCDIR) and Atomic Energy Regulatory Board (AERB) hospitals with AB PM-JAY has also been done for 13 hospitals out of 17.
- As many as 34 hospitals of Government of India associated with different ministries have been made operational.
- As many as 4 hospitals in 3 districts have been empanelled in the category of 115 districts across India with no private hospitals' empanelment.
- Pan India 1536 hospitals for CGHS Scheme are now on the NHA-IT platform.

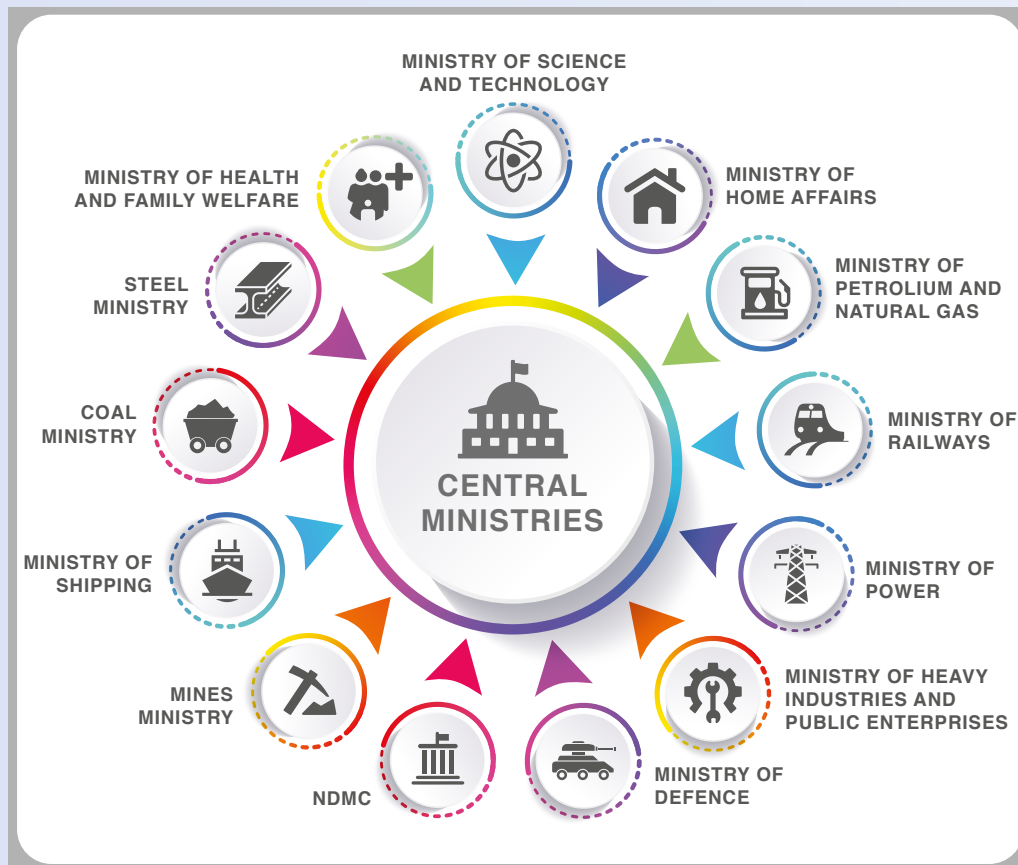
## Direct Empanelment for Hospitals - Non-PMJAY States

National Health Authority (NHA) introduced a direct empanelment process for healthcare organizations in states which are not implementing AB PM-JAY i.e. Delhi, Odisha and West Bengal, Telangana. Overall, 218 hospitals have been empanelled:

State	Delhi	Odisha	West Bengal	Telangana
EHCPs	87	31	68	32

36 hospitals in non-PMJAY states have been empanelled since September 2020 till date.

## Empanelment of hospitals under Central Government Ministries



In a bid to ensure treatment being provided closer to the homes of beneficiaries, directions were passed from the Union Cabinet to empanel all eligible hospitals under central government ministries with AB PM-JAY.

### Webinars and state visits

As many as 103 thematic webinars for capacity building of EHCPs have been conducted across the states covering more than 1000 participants.

As many as 518 hospitals have been visited by the team covering states such as Assam, Bihar, Chandigarh, Chhattisgarh, Goa, Gujarat, Haryana, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Meghalaya, Puducherry, Punjab, Tamil Nadu, Uttar Pradesh, West Bengal

### New IT Enhancement

**HEM portal feature for easy access to training videos and self help guide.**

### The way forward: -

- Service Provider Empanelment Division is coming up with guidelines for empanelment of outsourced dialysis centres, diagnostics including laboratory and radiology centres to facilitate the needs of patients and enhance the healthcare provider network.
- Revision of empanelment guideline with the relaxation of criterion for aspirational districts
- Guidelines for streamlining the process of empanelment with aim to fasten the process.
- HEM 2.0 implementation








# Hospital Operations

The Hospital Operations (HO) Division has been established as an eminent section of NHA to improve the engagement with empanelled healthcare providers so that two-way communication between NHA and EHCPs could be established.

## The functions of the division: -

HO Division liaisons with SHAs, DIUs & central ministries for providing the required support in many areas

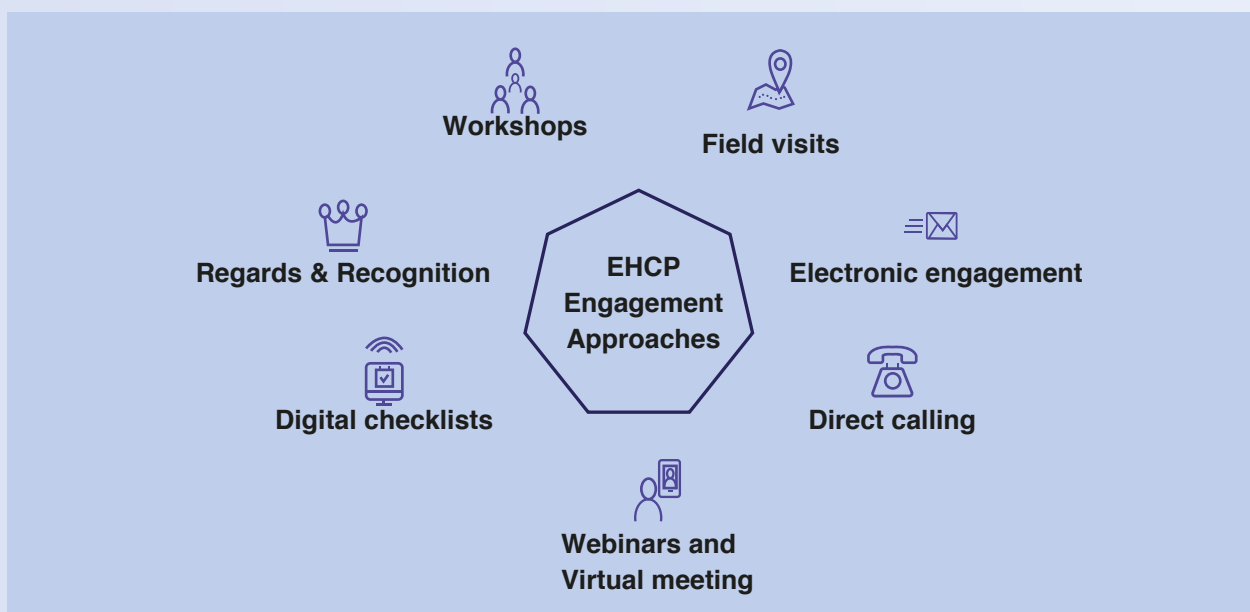
				
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Training &amp; Capacity Building of Stakeholders</b>	<b>Grievance Redressal</b>	<b>Performance monitoring</b>	<b>Seamless Function of IT portal (BIS, TMS)</b>	<b>Dissemination and Implementation of IEC</b>

For effective liaising and coordination HO Division conducts electronic engagement with EHCPs (mass SMS, emails etc), regular video conferences, webinars, field visits, and direct calling to understand the operational issues & suggest possible solutions.

HO Division is also responsible for providing direct support to empanelled healthcare providers situated in states/ UTs currently not onboarded for the PM-JAY scheme.

In addition, to increase the reach of AB PM-JAY, NHA has decided to empanel and provide operational support to the private hospitals directly in non-PM-JAY states and hospitals under administrative control of the Government of India (GOI) ministries/ departments. Private hospitals with AB PM-JAY 'Bronze' quality certification and NABH certification/ accreditation are eligible for directly applying for empanelment under Ayushman Bharat PM-JAY.

## Proposed activities for EHCP engagement and key achievements:



Hospital Operations (HO) focuses on improving the functionality of hospitals and aims to address attached issues and apprehensions so that they can contribute effectively towards the noble objectives of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY). To improve operationalization and uptake of the scheme, the HO Division has formulated an array of proactive multiple activities as discussed in the sections below: -

### Field Visits

Field visits to state and districts are strategically planned in consultation with the State Coordination Division in PM-JAY states and directly in non-PM-JAY states to ensure operationalization of the public, private EHCPs & GOI hospitals and for further monitoring. In addition, the HO Division also extends possible support to SHAs and beneficiaries so that the unique portability feature of the scheme could be effectively utilized for the benefits of all AB PM-JAY beneficiaries.

### Webinar and virtual meetings

To ensure continued support during the novel Coronavirus (COVID -19) outbreak and to reach vast number of EHCPs, the HO Division introduced virtual meetings and webinars with SHAs, DIUs and EHCPs.

### Direct Calling

The team engaged specifically with zero and low

performing EHCPs by direct telephonic engagement to understand their issues and challenges. This method also leads to identifying & prioritizing the resolution of challenges faced by the hospital & further follow up of the resolution status.

### Digital Checklist

A hospital visit checklist has been created for public and private & GOI Empanelled Healthcare Providers (EHCPs). This checklist aims to capture the details about various indicators pertaining to scheme operations and utilization and to ensure the data is recorded strategically.

### Electronic Engagement

**a) Mass SMS:** HO Division engages all EHCPs via SMS (short message service), where a standardized text message is sent to all registered mobile numbers. It uses standardized communication protocols that let mobile devices exchange short text messages. The team develops a standardized message usually of 160 characters (when entirely alpha-numeric) as per the requirement and thereafter the finalized content is sent digitally by the IT team to all registered mobile numbers.

**b) Mass Emails:** HO Division engages all EHCPs through emails where standardized mail is sent to all registered emails. It uses standardized communication protocols where information regarding providers performance or any other required

## Support offered in functioning of EHCPs through various engagement approaches:

Healthcare providers are key stakeholders for the successful implementation of AB PM-JAY. Empanelment of hospitals is being carried out across the country to create a large network of institutions of care under the scheme. The empanelment policies and guidelines have been standardized to institutionalize the process of enrolment of a hospital under the scheme.

Once EHCP is empanelled under the scheme, a crucial function of NHA/SHA/DIUs is to provide the necessary support to the empanelled hospital for appropriate orientation and induction in the AB PM-JAY ecosystem. The HO Division with support of various divisions/ verticals performs the following functions to facilitate the operationalization.



## The way forward: -

Hospital Operations Division in consultation with the leadership of NHA has laid down its goals for the upcoming year which include the following:

- Active engagement of 1500 EHCPs by 30th March 2021
- Augmentation of EHCPs with focus on improving the utilization of inactive and low performing EHCPs.
- Continuous enhancement in the scope of services of the scheme by suggesting inclusion of new packages and treatments under the scheme.
- Capacity building and handholding support to EHCPs and DIUs.
- Operationalization of Government of India hospitals empanelled under AB PM-JAY

## Progress of activities and key achievements:

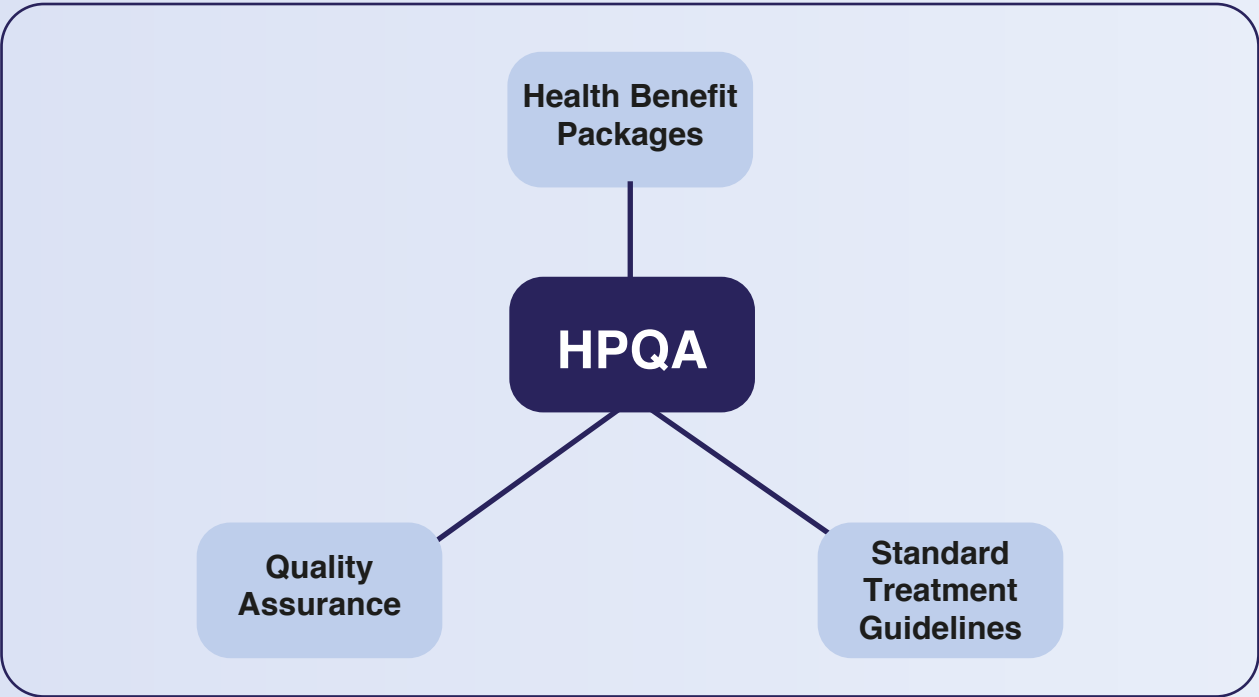
As on August 2021, a total of 119 inactive hospitals since January 2021 and 209 low performing hospitals have initiated raising pre-auth. The division has conducted capacity building sessions to strengthen 350 District Implementation Unit (DIUs) on operationalization of EHCPs.



# HEALTH POLICY & QUALITY ASSURANCE

The HP&QA Division plays a pivotal role in AB PM-JAY, as it supports the benefits offered under the scheme by delivering quality care with the defined set of health benefit packages and standard treatment guidelines. The division is actively involved in guiding and facilitating domain specific technical support to all SHAs.

The key functions of the department are distributed among three pillars which are:



**Health Benefit Packages (HBP)** form base the of the scheme as they detail the benefits to be provided to the beneficiary population. The inclusions and exclusions of the health benefit packages determine the policies and expenditure of the scheme at various levels. The primary aim is to develop a health benefit package with the series of continuous benefits in the form of HBP 1.0, HBP 2.0, HBP 2.1 which are customized to the needs of the nation, priced rightly, incorporating the latest best practices within a gamut of inherent user-friendly features along with anti-abuse and fraud identification measures.

**Quality Assurance (QA)** monitors the quality of care which is being provided by the network hospitals to the beneficiary of the scheme and promotes a quality culture with continuous quality improvement. Handholding of Empanelled Health Care Providers (EHCPs) in the journey of achieving quality care is a prime focus area and to achieve the same, multiple interventions are undertaken such as training and workshop. The division is committed to ensuring that

the maximum number of EHCPs get AB PM-JAY quality certificate (Bronze, Silver and Gold) to ensure the quality of services delivered for beneficiaries. The division is also responsible for developing quality and safety standards for hospitals which the States/UTs can follow and provide support in adhering to the defined quality parameters.

**Standard Treatment Guidelines (STG)** have been introduced for processing health benefit packages under the scheme. It is a key step towards delivering minimum standard of care as per existent norms, preventing fraud and abuse under the scheme and reducing the rejection rates of genuine claims. The division has come up with Standard Treatment Guidelines for all the HBPs available under the scheme. This initiative will go a long way in ensuring that all beneficiaries under the scheme are receiving healthcare as per the nationally accepted norms. Division has set up a medical cell to work in collaboration and under the guidance of various clinical specialty experts & with various organizations



# Achievements

HP & QA have reached many milestones in all four verticals since the past one year. Few noteworthy highlights among them are as under: -

## Hospital Networking: -

ABPM-JAY augmented EHCPs under the scheme from a total of 22,937 EHCPs in September 2020 to 24,365 EHCPs on March 31, 2021 with 27422 EHCP operating currently.

Overall, 1428 hospitals have been empanelled in this period with 933 private hospitals and 488 public hospitals.

Empanelment status suggests, under AB PM-JAY, a total of 27422 hospitals have been empanelled which include public, Government of India and private hospitals. The detailed break up of empanelment is as under:

Year	Public Hospitals	GOI Hospitals	Private Hospitals	Total Hospitals
Till Mar 2020	11052	751	8719	20522
Mar 2020 to Aug 2020	1139	30	1239	2408
Sept 2020 to Mar 2021	488	7	933	1428

## Quality Assurance

AB PM-JAY has a mission to provide universal health coverage and quality of care to the poorest people. To fulfil this mission, the quality assurance team has enabled the establishment of quality cells and the nomination of quality SPoC at the SHA level. As of now, 12 states have established quality cells and 3 states have nominated quality SPoCs.

Quality team further identified triggers based on NAFU audit reports and developed audit checklist for accredited and non-accredited empanelled hospitals which will be utilized to closely monitor and track quality healthcare delivery in AB PM-JAY- EHCPs.

At the same time, a pilot on quality indicator matrix has been initiated and currently underway in two states,

namely Uttarakhand and Haryana.

With HEM 2.0, new empanelment criteria are being introduced. New fields have been regularised with integration between HEM 2.0 and TMS which delivers more user-friendly experience. The team further designed and published patient charter and patients' 'rights & responsibilities' on the AB PM-JAY website, along with an OM being shared to all the SHAs for implementation.

An approval from the Governing Board of National Health Authority along with a grant of an incentive of 5% to EHCPs for attaining AB PM-JAY Bronze Quality certification was secured. As of now, 220 EHCPs are certified with AB PM-JAY quality certificate at different levels.

AB PM-JAY Quality Certification				
Sep 2019 to Aug 2020 (HN&QA)	69	78	13	160
Sep 2020 to Mar 2021 (HN&QA)	9	12	17	38
Apr 2021 to Aug 2021 (HP&QA)	10	6	6	22

\* Note : From 31st March, the division was changed from Hospital Network & Quality Assurance to Health Policy & Quality Assurance

To motivate the hospitals to undergo quality certification, the following activity was conducted by NHA in various states wherein appreciation certificates were distributed to the best performing EHCPs on the state and the district level based on the approved marking system.



**Meghalaya**



**Gujarat**



**Himachal Pradesh**



**Arunachal Pradesh**



**Assam**

**(HCP's being awarded on Republic Day & Independence Day by Honorable Chief Ministers)**

# Health Benefit Package

A total of 5 states & 4 UTs have now migrated to HBP 2.1. 22 more states / UTs are in the process of migration to HBP 2.1 from HBP 1.0 & HBP 2.0 and are expected to complete the process by the end of this year.

- Migrated states include Nagaland, Bihar, Sikkim, Mizoram & Madhya Pradesh.
- Migrated UTs include Puducherry, Andaman & Nicobar Islands, Lakshadweep & Chandigarh.
- The states in process of migration are Andhra Pradesh, Assam, Goa, Tamil Nadu, Maharashtra, Arunachal Pradesh, Telangana, Chhattisgarh, Himachal Pradesh, Jammu & Kashmir, Kerala, Tripura, Uttar Pradesh, Uttarakhand, Punjab, Manipur, Gujarat, Jharkhand, Rajasthan, Haryana, Dadra & Nagar Haveli and Daman & Diu.

## HBP Division's contribution for COVID-19 packages: -

The team played a crucial role in the designing and the roll-out of packages related to COVID testing, treatment, sample transportation and PPE kits:

- Packages for treatment and testing of COVID-19 were drafted and made LIVE for participating states / UTs. The packages were drafted, based on the proposal received from SHAs and thereafter approved by NHA.
- Treatment packages for COVID-19 were configured for the states of Andhra Pradesh, Assam, Chandigarh, Chhattisgarh, Dadra & Nagar Haveli, Daman & Diu, Goa, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Kerala, Maharashtra, Manipur, Meghalaya, Madhya Pradesh, Mizoram, Puducherry, Tamil Nadu, Tripura, Rajasthan, Sikkim, Uttarakhand and Uttar Pradesh.
- COVID-19 testing packages have been proposed by and configured for the SHAs of Gujarat, Uttarakhand, Uttar Pradesh and Tamil Nadu.
- NHA conducted online meetings with all states / UTs under the leadership of CEO – NHA to discuss the various models of COVID-19 treatment and testing packages.
- Online meetings were also conducted with all SHAs to build capacity on the process of booking COVID-19 packages.

## Standard Treatment Guidelines: -

The objective of STGs is to aid Pre-authorization Processing Doctors (PPDs) and Claims Processing Doctors (CPDs) of Third Party Administrators (TPAs), insurance companies, State Health Agencies (SHAs) in processing a pre – authorization / claim raised by an Empanelled Health Care Provider (EHCP) by clearly specifying the mandatory documents required ; specific information to look for in these documents for the prescribed procedure; assist in bringing uniformity in documentation across EHCPs; to help prevent and control fraud and abuse; to provide quality care to the beneficiaries and to serve as a guidance tool for treating doctors, medical coordinators (MEDCO) and medical auditors.

These guidance documents are based on the standard treatment workflows/ standard treatment guidelines developed by DHR-ICMR, National Cancer Grid lead by Tata Memorial Hospital, Ministry of Health and Family Welfare (MoHFW), current practices from published literature, state guidelines, and other globally accepted standard treatment protocols. These available guidelines have been adapted and customized for HBPs under AB PM-JAY following a rigorous process of review at NHA and by eminent clinical experts in the field.

Since the launch of the first set of STGs that were made live on 15th August 2020, subsequent sets are being



regularly integrated and released in the AB PM-JAY IT platform.

The IT integration includes incorporating mandatory documents for the respective packages and addition of few mandatory questions for the MEDCO (at the hospital level) and the pre-authorization and claims processing team (at the PPD and CPD level). This is a unique feature of AB PM-JAY STGs.

Few statistics showcasing the noteworthy efforts by the STG vertical under HPQA Division are as follows

- Total STGs developed by internal team for HBP 2.0- 625
- Total HBP 2.0 procedures covered- 1572

As a constructive step forward, as many as 12 training sessions were conducted wherein 642 participants from Jammu & Kashmir, Jharkhand, Uttar Pradesh, Kerala, Tripura and Madhya Pradesh participated. Sensitisation session was held with Govt Hospitals, non-PM-JAY state empanelled hospital and oncology sensitisation sessions

## Medical Cell -

In order to facilitate the seamless implementation of the scheme and valuable guidance in resolving clinical queries, update on the clinical advancements in the field and provide inputs in policy level decisions, a group of clinical specialists and super-specialists have been on boarded by NHA to constitute a medical cell at NHA. The cell plays an important role in:

- Providing expert guidance in the field of their clinical practice in areas such as Health Benefit Packages, Standard Treatment Workflows, Hospital Empanelment, Quality Assurance, Medical Audit, etc.
- Providing stewardship role and advise NHA in developing and reviewing specialty specific policies/ treatment guidelines for seamless implementation of the Health Benefit Packages such as :-
  - Partial payment
  - Special cases (claim amount  $\geq$  1 lakh)
  - c. Unspecified cases (Claim amount up to 1 lakh and not a listed package)
  - d. Implant specification and usage
  - e. Fraud/ abuse and medical audit
  - f. Standard Treatment Workflows
- Aid the National Anti-Fraud Unit (NAFU) of the NHA by providing technical guidance in designing of package specific fraud prevention guidelines.
- Provide a stewardship role in designing & reviewing policies related to the specialty in areas
- Support research and analytics activities of NHA by providing technical guidance in these activities.

Medical cell committee: The committee has been constituted on 20th May 2021 for onboarding experts in medical cell as per the criteria defined by committee members. The committee has approved as many as 90 experts to be part of the medical cell in NHA

## Cancer Cell

The 'Cancer Cell' at National Health Authority (NHA) has been established as a dedicated body for facilitating partnerships with the external stakeholders' present in the healthcare sector for service improvement, knowledge management and standardizing treatment protocols in the field of Oncology. The 'Cancer Cell' focuses on developing a holistic strategy on how AB PM-JAY can provide integrated, multidisciplinary, end-to-end cancer care and improve outcomes for people with cancer in India by coordinating with various stakeholders (industry, experts, think tanks, academia etc.).

Progress of work done under the 'Cancer Cell' is as follows :-



- Development, review, and release of Oncology STGs in collaboration with TMH
- Empanelment of Oncology hospitals in PM-JAY after mapping NCDIR cancer registry hospital database.
- Inclusion of mandatory fields in TMS for Oncology packages after mapping with NCDIR cancer registry form.
- Preparation of treatment algorithms and packages for Palliative Care in collaboration with NCG-palliative care team.
- In addition, a working paper on Palliative Care services utilisation under AB PM-JAY was recently finalised and published on PM-JAY website.

## The way forward: -

Health Policy & Quality Assurance Division in consultation with the leadership of NHA has laid down its goals for the upcoming year which include the following:

- Development and roll-out of HEM 2.0.
- Formation and initiation of NABH plus and NABH excellence standards.
- Capacity development of SHAs on quality initiatives.
- Awareness generation of AB PM-JAY Quality Certification.
- Conduct quality of care study of EHCPs to highlight and improve the gaps in quality of care provision to AB PM-JAY beneficiaries.
- Quality indicator matrix implementation in all EHCPs.
- Celebration of international days to raise the awareness in EHCPs.
- Capacity building and continuous quality improvement of the EHCPs under AB PM-JAY.
- Implementation of star rating in all EHCPs.
- Development of an institutional mechanism for continued rationalization of HBP and migration of all participating states / UTs accordingly.
- Continuous enhancement in the scope of services of the scheme by the inclusion of new packages and treatments under the scheme.
- The rollout of International Classification of Health Interventions (ICHI) / International Classification of Diseases (ICD) – 11 coding for every transaction on National Transaction Management System (NTMS).
- Convergence of AB PM-JAY with National Health Programs (NHPs), national & state health insurance schemes.
- Reduction of healthcare delivery cost for the EHCPs through collective bargaining and mass procurement.
- Development of Standard Treatment Guidelines (STGs) as and when new packages are introduced.
- Capacity building and continuous quality improvement of the EHCPs under AB PM-JAY.
- Inclusion of making new oncology fields LIVE in TMS in upcoming IT release.
- Drafting of new HBP under the HBP 3.0 initiative

# Monitoring & Research

Timely and reliable monitoring and evaluation makes it possible to identify trends, strengths, and areas for improvement as the scheme progresses. At NHA, the implementation of AB PM-JAY is closely monitored by a dedicated team of experts under the Monitoring and Research Division. Monitoring is a multi-disciplinary and skill-intensive activity that continuously checks progress made on the Key Performance Indicators (KPIs) and suggests corrective action wherever needed.

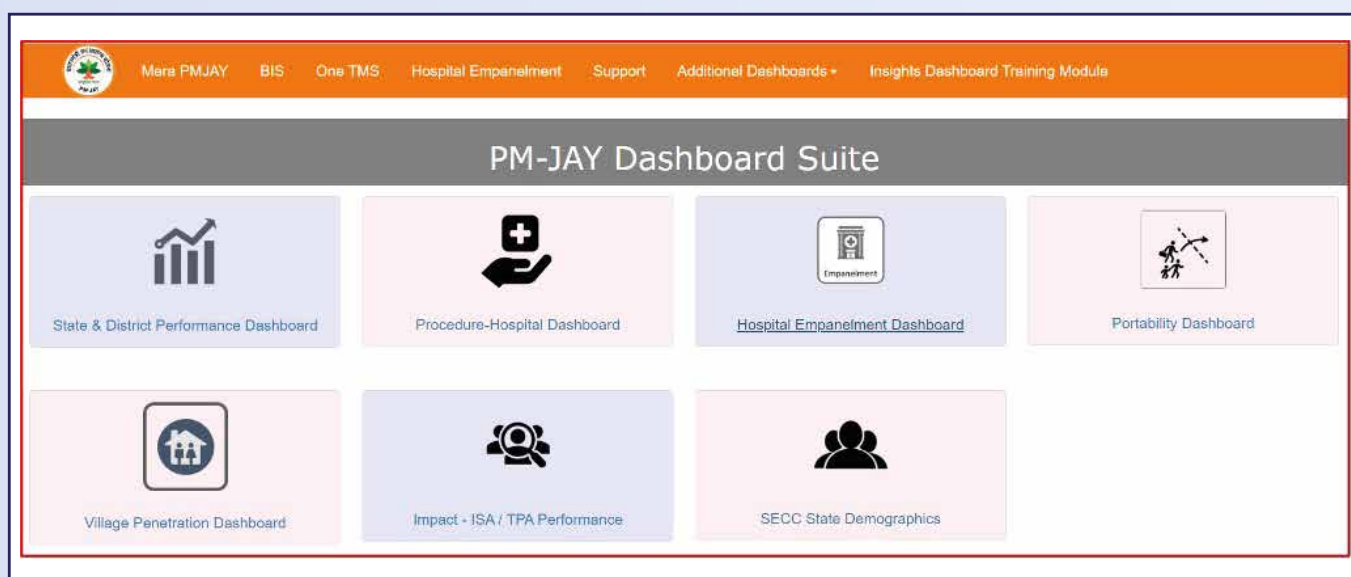
The M&R Division at NHA also provides updates on the process and output indicators through a strong real-time Management Information System (MIS). Real-time dashboards continuously keep track on coverage, benefits and financial protection aspects of the scheme. The dashboard framework is regularly reviewed and enhanced as per the changing needs of the ever-evolving/dynamic scheme. This year, updating/ merging of existing dashboards and creation of new dashboard as per the requirement of various stakeholders was undertaken. Presently seven

main dashboards are available on the insight's platform.

In addition to these, twenty-three separate need-based dashboards like 'Apke Dwar Ayushman Campaign' Central Armed Police Force (CAPF), CGHS, CoVIN, Standard Treatment Guidelines (STG) have been developed for various stakeholders.

The M&R Division also prepares regular reports for tracking and capturing progress for each quarter of the division. Some of these reports are State Scorecard, 'State at a Glance', Detailed factsheet, PM JAY profile, State Profile, State Factsheet, MoHFW Report, Cataloguing of Research Papers among others.

Working papers and policy briefs based on PM-JAY packages utilisation and data triangulation with state specific disease patterns are regularly developed, based on the important topics identified at NHA. These working papers and policy briefs are used to disseminate the learning and experience under the scheme with broader audience.



**Working paper on 'Analysing variation in Anemis Service Utilisation, supply and underlying caused under PM-JAY' 'Analysing Variation In Breast Cancer Service Utilisation' and policy brief 'Unspecified Package Utilisation under PM-JAY were published on the website this year.**

During last one year, three TAC meetings were held and a total of 29 working paper/ policy brief/ evaluation studies were approved. These research studies provide critical inputs for evidence-based decision-making and carrying out mid-course corrections. However, most of these research studies are under process at the moment.

Summary of these papers along-with status is given as under:

**Research Studies/ Working Papers/Policy briefs at NHA**

S. No	Agency/ Division	Title	Type
<b>TAC 2.0 (11th September 2020)</b>			
1	PhD Thesis - IIHMR University	Developing an effective fraud control strategy for government sponsored health insurance schemes with case study of 1 State	PhD Thesis
2	HN&QA NHA	Financial impact of States' migration to HBP 2.0	Research Study
3	IT and Operations NHA	India Towards Universal Health Coverage – Pre and Post Ayushman Bharat	Research paper
4	Insurance Institute of India/NHA	Access and utilization of Radiation Oncology packages under PM-JAY scheme	Thesis
5	National Institute of Public Finance and Policy (NIPFP)	Pradhan Mantri Jan Arogya Yojana (PMJAY): Design Contours, Emerging Patterns and cost to the government	Working paper
6	M&R-NHA	An exploratory analysis of 'Breast Cancer Service Utilization' under PM-JAY (uploaded on website)	Working paper
7	M&R-NHA	Policy brief on Unspecified Surgical Packages under AB PM-JAY (Uploaded on website)	Policy brief
<b>TAC 3.0 (18th January 2021)</b>			
8	M&R/ Insight/ NHA M&R/NHA	Anemia Management under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) (uploaded on website)	Working paper
9	M&E/NHA	Pattern of utilization of 'Neonatal Packages' under Pradhan Mantri Jan Arogya Yojana (PM-JAY) in India- Sept'18-Dec'20 and comparison with earlier study.	Working paper
10	World Bank	How do PM-JAY package price changes affect utilization and quality of care? Evidence from the transition to Health Benefits Package (HBP) 2.0	Policy Brief and Technical Report
11	World Bank	PM-JAY profiles: Who is registering and who is utilizing?	Policy Brief
12	World Bank	Improving access to cancer care under PM-JAY-opportunities and challenges	Policy Brief
13	World Bank	Analysing geographic access to hospital care under PM-JAY	Research study and policy brief
14	World Bank	Review of empanelled provider base for MTP services and resource utilization under PM-JAY	Research paper
15	World Bank	Ambulatory Care sensitive conditions - An exploratory study of AB PM-JAY health benefit packages	Working paper
16	World Bank	Understanding Patient Pathways, Hospitalization Experience, Use of Informal Payments and Satisfaction	Mixed-Methods Research Study

S. No	Agency/ Division	Title	Type
17	M&E/NHA	One-year Outcome of Percutaneous Transluminal Coronary Angioplasty and Coronary Artery Bypass Surgery under AB PM-JAY	Working paper
18	NAFU/NHA	To study the utilization of Mental Health Packages under AB PM-JAY and impact of COVID-19.	Working paper
19	NAFU-NHA	Analysis of ICU packages	Working paper
20	NAFU-NHA	Assessing the impact of LoS on quality of care and health outcomes	Working paper
21	ICMR/HNQA-NHA	Patterns of stroke care in AB PM-JAY beneficiaries in empanelled hospitals of PM-JAY scheme	Working paper
<b>TAC 4.0 (4th June 2021)</b>			
22	M&R	A study of utilization of HBPs by female beneficiaries	Policy Brief and Research paper
23	M&R (NHA)/IT	Analysing various Machine Learning algorithms on BIS Data to measure the efficacy of Auto-Approval Process	Research paper
24	M&R and HNQA (NHA)	Transition from HBP1 to HBP2: An analysis of financial implications and service utilization	Research paper and Working paper
25	Massachusetts Institute of Technology	Assessing the Correlation Between Utilization and Hospital Empanelment	Research paper
26	GIZ	Evaluation of role and functions of Pradhan Mantri Arogya Mitra (PMAM) in PM-JAY ecosystem for programmatic efficiency: A mixed methods evaluation	E v a l u a t i o n Study
27	National Institute of Mental Health and Neurosciences, an Institute of National Importance	Impact of COVID-19 Pandemic and Resultant Lockdown on mental illness and resultant hospitalization across India	Working paper
28	PHFI & HNQA (NHA)	Interventional Radiology packages for Renal Cell Carcinoma	Research paper

#### The way forward: -

- Involving states in research - The representatives from SHAs will be involved in research studies as per mutual interest.
- Peer-reviewed publications - In depth analysis based on literature review for dissemination to a wider audience
- Coordination for studies and developing ecosystem to support research activities under PM-JAY by divisions and dev Partners - Relevant stakeholders are informed of the approval process for conducting research studies. The findings from the studies are presented to the relevant divisions. Joint research studies with academic institutes and other agencies is also explored
- Research study on 'One-year Outcome of Percutaneous Transluminal Coronary Angioplasty and Coronary Artery Bypass Surgery under AB PM-JAY' will be conducted based on primary data



**Monitoring & Evaluation: Key Highlights: -**

1. Working papers/ Policy briefs/ Assessment study/ Process documentation series initiated: 29
2. Monitoring systems such as dashboards, State Profile, State at a Glance, Detailed Factsheets, Score Cards and factsheets developed
3. Separate dashboards (23 no.) for 'Apke Dwar Ayushman Campaign' Central Armed Police Force (CAPF), CGHS, Co-win, Standard Treatment Guidelines (STG) developed
4. Performance index for year 2020-21 to be developed
5. Arranging TAC meeting periodically regarding approval of topics for research studies
6. Working paper on 'Analyzing variation in Anemia service utilization, supply and underlying causes under PM-JAY' and 'Analyzing variation in Breast Cancer Service Utilization' are published on website
7. Policy brief 'Unspecified Package Utilization under AB PM-JAY' published on website



# Fraud and abuse prevention, detection & control

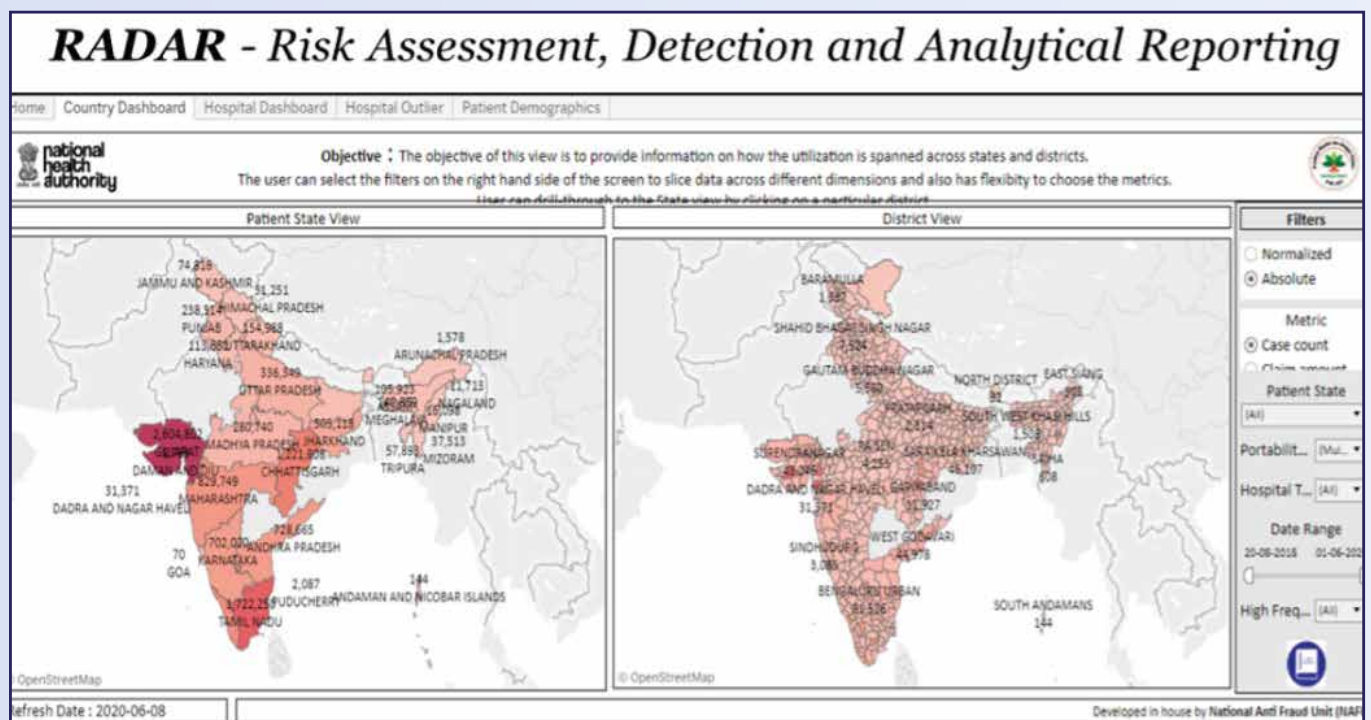
Ayushman Bharat Pradhan Mantri Jan Arogya Yojana is being governed by a zero-tolerance approach to any kind of fraud under the watchful supervision of NHA. The National Anti-Fraud Unit (NAFU) has been set up for implementing the Anti-Fraud and Abuse Control Framework and monitoring performance with the support of State Anti-Fraud Units (SAFU) created at the state level.

The key tasks carried out by NAFU relate to strengthening of the Anti-Fraud Policy Framework, conducting advanced analytics and forensics for prompt detection of fraud, conducting desk and field medical audits and capacity building of the State

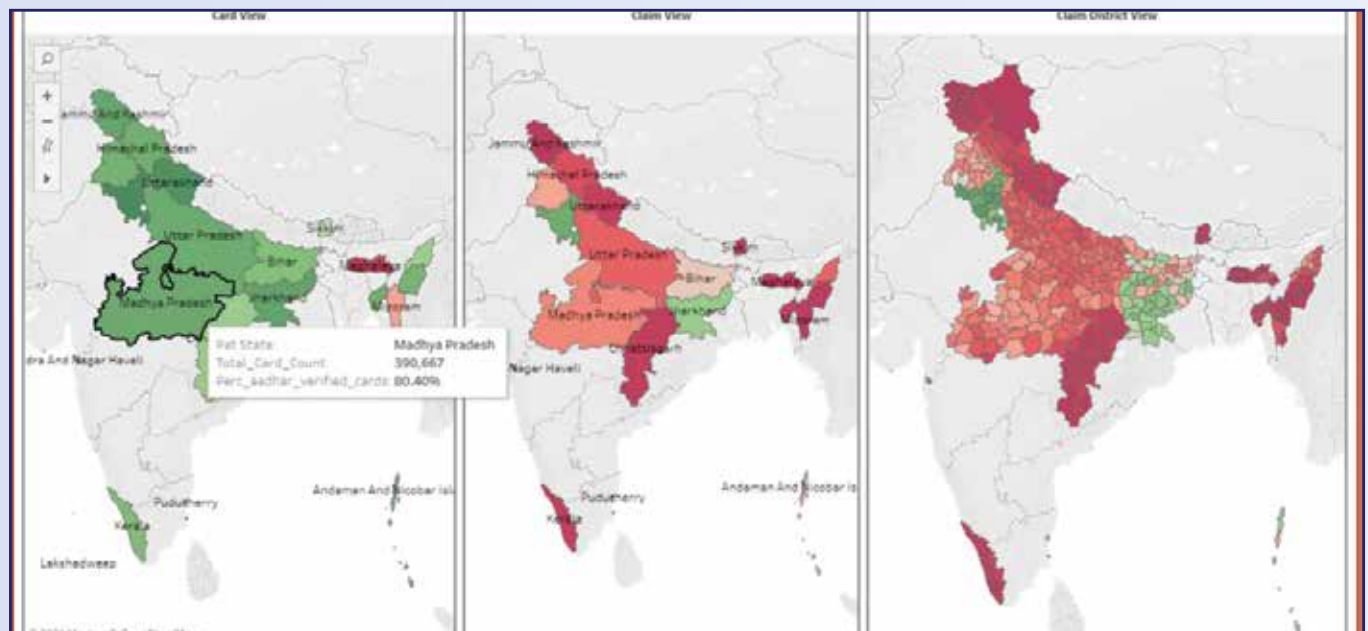
Anti-Fraud Units (SAFUs) to ensure effective prevention, detection and deterrence of fraud and abuse in PM-JAY at different stages of its implementation. A comprehensive and proactive approach has been taken by NHA to implement the anti-fraud framework at different levels.

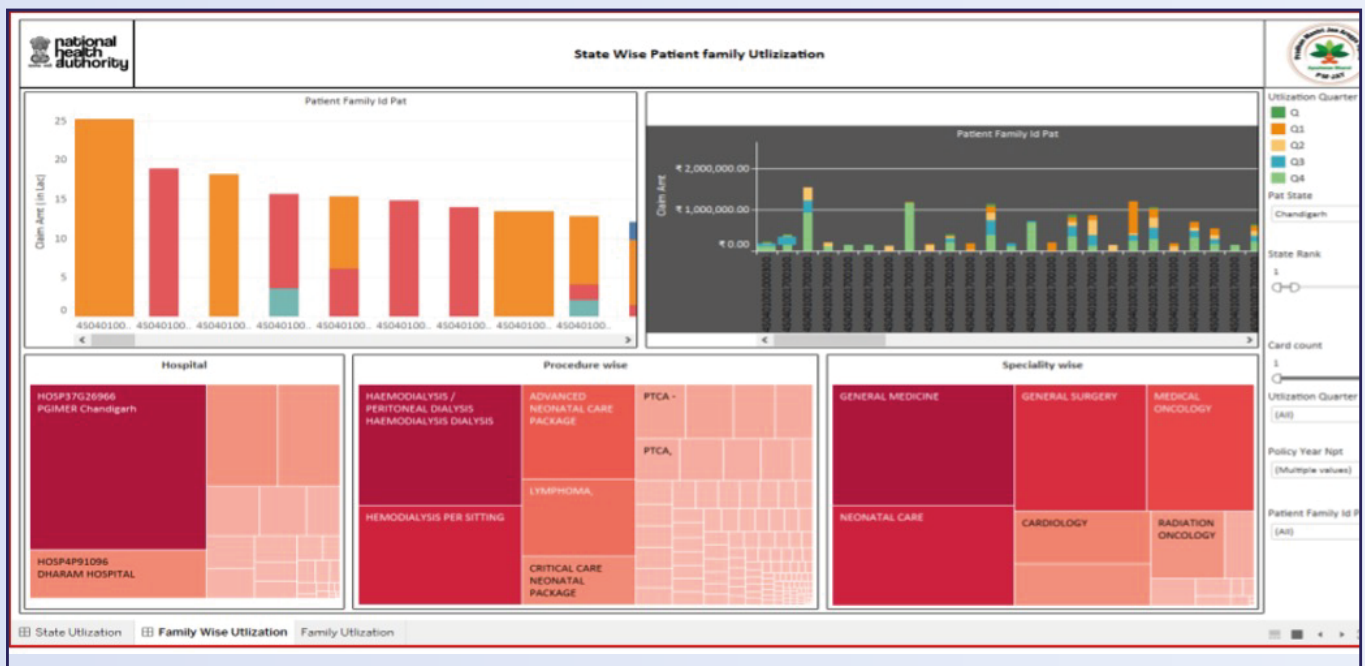
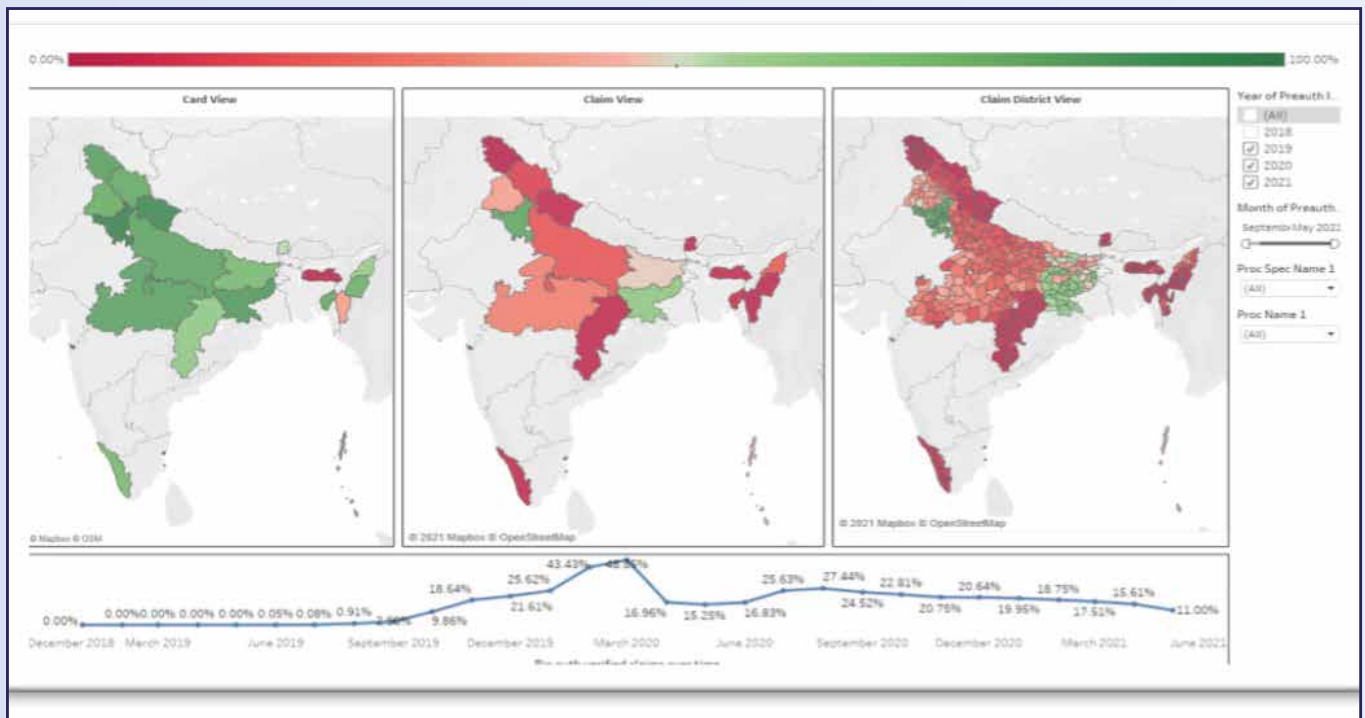
## Regular monitoring of ecards, claims, entities, and empanelled hospitals:

The transaction data is monitored on near real time basis through a specific dashboard – Risk Assessment Detection and Analytical Reporting (RADAR) and watch is maintained right up to district/hospital/procedure level.



## RADAR Bio-auth Dashboard





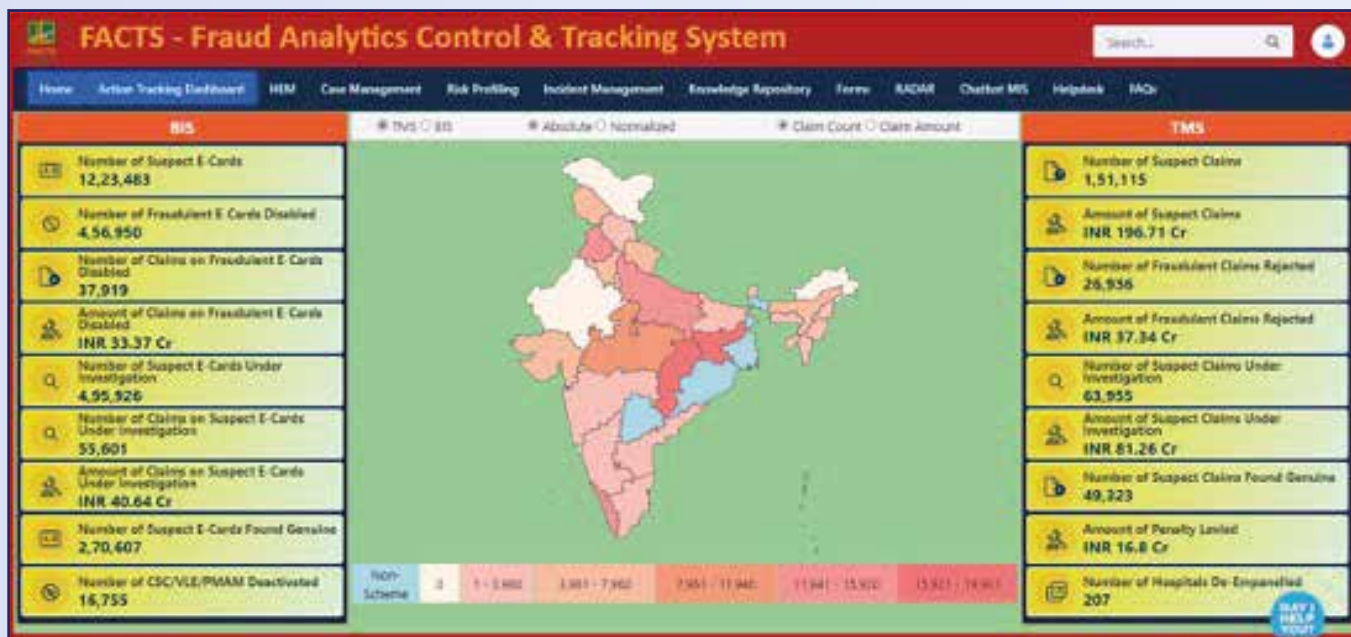
System generated emails are sent to SHAs highlighting outlier hospitals and procedures and any aberrant behaviour/ pattern.

- Detailed framework and process flow of medical audit has been established from desk audit to field audit.
- Regular joint medical audits of suspect hospitals with states to identify any wrongdoing/ fraudulent/ unethical practices are undertaken.
- Fraud Control Tracking System (FACTS) has been developed for 360\* view of fraud control – from reporting to tracking actions on suspicious claims / ecards.

It also identifies suspicious transactions, entities and e-cards and conducts risk scoring of various cases and entities using extensive 'Artificial Intelligence' (AI) and 'Machine Learning' (MI) techniques. The portal has various dashboards for tracking actions, reporting, and resolving incidents, checking state pendency etc.

- Suspicious cases triggered by NAFU forensics team are regularly shared with the states for conducting due diligence and investigation.
- As of date, 1,63,134 suspicious claims and 12,31,336 suspicious ecards have been sent to the states for investigation.





## Achievements: -

In 2020, NAFU made big strides to bring in more advanced, efficient approaches and tools to detect and identify potentially suspicious cases.

### Advisories and Manuals:

NAFU regularly issues advisories to states alerting them on emerging fraud trends and guiding them on measures and actions to be adopted to prevent, detect, and deter fraud. Since October 2020, NHA has issued 6 anti-fraud advisories.

### Fraud control IT capabilities:

- NHA IT system is enabled with in-built alerts which are triggered when high number of suspect members are added, or non-genuine claims are raised by providers.
- Standard treatment guidelines have been created for all the packages and IT integration of the same has been completed.
- A comprehensive Medical Audit Module (MAM) has been created for the states for facilitating medical audit and taking further actions on cases. All the actions from detections to closure have been made automated.
- Functionalities like limiting back dating of pre-authorization, initiating recoveries and punitive action have been configured in the system.

### Use of Artificial Intelligence and Machine Learning:

NHA has developed a comprehensive fraud analytics solution to detect fraud proactively, develop algorithms that can be used on large volume of data to identify suspect transactions & entities, risk scoring of hospitals and claims on real time basis. This involves extensive use of rule engines, artificial intelligence, and machine learning techniques.

### Strengthening of State Anti-Fraud Units (SAFUs) by capacity building for overall fraud control:

- NHA has organized several training programs to strengthen these units and work with them closely in fighting fraud and abuse currently, almost all states have dedicated anti-fraud units.
- NAFU regularly conducts Joint Medical Audit (JMA) with states, as part of the hands-on training for Field Medical Audit (FMA) Till date, NAFU team has conducted 170 field audits across 16 states and UT's.
- During the lockdown, period NAFU conducted a number of virtual workshops on trigger-based handling of suspicious cases and desk audit of suspicious cases. To further enhance capacity of the SAFU team, NAFU released guidance documents related to handling medical audit of triggered cases.



- NHA and IIT's (Insurance Institute of India) Joint Certification Course on Medical Audit and Field Investigations was successfully launched for building capacities of officials of State Health Agencies and implementing partner agencies.
- Total 6 national level workshops have been conducted till date including one virtual conducted on May 6, 2021 (refer to annexure). Over 460 participants across all states attended this workshop.
- Two bimonthly training sessions are held covering FACTS, RADAR, trigger handling and IT enhancements.
- One-to-one sessions are held for each state to clear queries. Total 9 one-to-one sessions have been conducted starting June 2021.
- Post the prime COVID affected months, field visits have been resumed. Hence, the team has visited two hospitals in Ladakh so far.

#### **Establishment of Regional Anti-Fraud Unit (RAFU):**

The concept of Regional Anti-Fraud Unit (RAFU) has been introduced to strengthen support to SHAs. Hence, a team of five personnel been set-up as Regional Anti-Fraud Unit at Patna for supporting Bihar, Jharkhand and UP has been chosen. This unit will act as an extended arm of NAFU and will be guiding and supporting SAFU on various aspects of fraud control.

#### **Medical Audit 'Joint Certification Course'**

Capacity building of this team was done at NHA and regular hand holding is being done to adept them on fraud control measures.

#### **Action against fraudulent hospitals/ entities:**

- Hospitals de-empanelled due to involvement in fraudulent activities – 207
- PMAM/ CSC IDs deactivated – 16,755
- Number of ecards disabled by states 4,51,146
- Total penalties levied on the errant entities 16.8 cr.

#### **The way forward: -**

In the coming months, the following additional actions are planned:

- District level training to be conducted.
- A platform to be launched for reporting and analysing fraud.
- PM-JAY field investigation app to go LIVE in the coming months.
- EDC module to go LIVE in the coming months.
- Reporting about errant hospitals and doctors to their respective registration authorities
- Automation of closure of action against errant entities.



# Innovation Unit

## Ayushman Bharat and the need for Innovations

Ayushman Bharat PM-JAY's free health coverage to more than 500 million Indians is a demand-side intervention of unprecedented scale. So far, the scheme has enabled free treatment to more than 2 crore beneficiaries. The scheme has seen continuous growth in utilization rate, and the rate is only expected to rise further. Along with the rise in beneficiaries' demandS, two waves of COVID-19 have significantly strained the key supply-side components such as availability of beds, medical talent and quality of care.

Innovative policies and solutions have played a remarkable role in bridging the supply side gaps and strengthening the service delivery of PM-JAY. From improving operational efficiencies of the processes of the NHA/SHA such that necessary policies are implemented in time to assist clinicians in faster and more accurate diagnosis, the innovations are imperative for streamlined and effective functioning of the scheme.

In addition, India is already witnessing the emergence of innovations across the care continuum, including, but not limited to, triaging, testing, diagnosis, treatment, hospital management, training, and teleconsultation. At the same time, emerging technologies like AI/ML/Blockchain are fundamentally augmenting the healthcare scenario.

The NHA innovation unit has been working on leveraging policy and operational levers to improve the efficiency of the processes at NHA and identifying select innovative solutions have the potential to accelerate the transformation of access, affordability and quality at PM-JAY hospitals. Together, this two-pronged approach is a significant step in catapulting India to be a global healthcare innovation leader.

## Policy and Operational Innovations for better service delivery at NHA

Ensuring that PM-JAY processes are evolving to be more user-friendly and efficient requires continuous improvement. It can be done by upgrading technology, including more IT-based processes and automation of specific functions to reduce human intervention. NIU also delved deep into the global best practices to get guidance on how to solve for some of the issues that the teams are facing internally and to get direction on the implementation of those solutions.

NIU team led multiple discussions with NHA departments, aimed at identifying challenges and

brainstorming the solutions in six core areas of PM-JAY's functioning:

- Beneficiary awareness
- Hospital Empanelment
- Quality of treatment
- Claim processing
- Fraud identification and reduction
- Call Centre and Grievance Management

These rounds of discussions resulted in discussion of more than 100 interventions, of which 23 solutions were prioritized to be implemented by various verticals. The innovation unit constituted an 'Innovation Taskforce' comprising nominees from various verticals to effectively ideate and implement the progress of these interventions. In addition, NIU provided strategic and contextual insights to the initiatives that needed support in leveraging innovative ideas and also created a robust monitoring and evaluation framework to track the progress on the implementation of all the shortlisted suggestions. Six out of 23 suggestions needed governing board approval and were approved in the GB meeting in July '21.

The current identified solutions under implementation aim to:

- Utilize technologies like AI/ML, Blockchain, OCR and text-speech integrations to improve PM-JAY IT systems for different processes, i.e., TMS, standardization of claim documentation etc.
- Reduce TAT by including automation in processes, i.e., Query raising, claim processing etc.
- Leverage innovative mechanisms to increase beneficiary awareness and capture feedback, i.e., Community radio, PM-JAY kiosks etc.
- Data supported mechanism to improve quality of services, reduce fraud, and better grievance management, i.e., HEM 2.0, AI supported Grievance Redressal, etc.
- Reduce any duplication of efforts by different divisions/processes to utilize resources efficiently

## Identifying innovative solutions to accelerate the access, affordability, and quality at PM-JAY hospitals

To focus on innovations supporting better service delivery of PM-JAY and increasing the efficiency of NHA internal operations, NHA adopted a select set of

objectives that focused on identifying key avenues for innovations in the PM-JAY ecosystem while creating a framework that enabled better utilization and facilitation innovations in PM-JAY service delivery. In this context, following initiatives were undertaken by the unit to foster an innovation-led scheme delivery.

### **Ayushman Bharat PM-JAY Grand Challenge**

Launched by The Hon'ble Prime Minister on 1st October 2019, the 'Ayushman Bharat PM-JAY Start-up Grand Challenge' acted as a platform to identify the home-grown innovations that could strengthen the service delivery within AB-PMJAY in turn providing quality of care to PM-JAY beneficiaries. The grand challenge received tremendous response with 320 submissions, out of which fourteen start-ups were selected based on the specific problem statements of PM-JAY.

### **Market Access Programme**

The Market Access Programme is NHA's flagship

initiative to facilitate access and adoption of PM-JAY focused innovations. MAP was launched during 'Arogya Manthan' 2.0 by the Honourable Union Health Minister, Dr Harsh Vardhan. The first cohort of the MAP comprised the winners and the runners-up of the AB PM-JAY Start-up Grand Challenge. The Market Access Programme enabled PM-JAY hospitals to adopt innovations by providing contextual support.

### **Partnership with IIT Delhi to augment innovations in-line with PM-JAY priorities**

National Health Authority (NHA) has signed a Memorandum of Understanding (MoU) with the Indian Institute of Technology Delhi (IIT Delhi). NHA will be a technical collaborator on the 'SAMRIDH Healthcare Blended Financing Facility' Through this partnership, SAMRIDH Healthcare Blended Financing Facility aims to catalyze market-based health solutions to improve access to affordable and quality healthcare services for low-income and vulnerable communities.



**(NHA team along with IIT team during the MoU signing)**

### **The way forward**

- It is aimed to institutionalize the process excellence initiatives to streamline existing processes, that will require following the detailed implementation plan, including the scope, objectives, critical success indicators, timeline, roles, and responsibilities etc.
- Finalize the incentives and disincentives document prepared by the NDHM team and inculcate any changes if required
- Form a market intelligence unit to identify more strategic initiatives and work on the implementation of the same
- Create a data base for frugal innovations which can augment PM-JAY's operations and functioning
- Enlist and pilot some use cases of AI/ML and Blockchain in healthcare sector with specific relevance to PM-JAY
- Operationalization and sustainability of NHA Market Access Programme by providing continuous support to MAP start-ups on validation, financing, advisory and market support
- Drafting an innovation handbook to document the journey of the Innovation Unit



## Highlights

- Of the 23 policy and operational recommendations, 6 have already received an approval from the Governing Board
- The Innovation Unit has been enabling various verticals to benchmark their processes through knowledge advisory and global best practices
- Through SAMRIDH MoU, NHA has opened a plethora of opportunities for the PM-JAY hospitals to identify, validate and adopt innovations

Moon-shot projects like partnership with 108 emergency service for PM-JAY beneficiaries have a potential to improve access to PM-JAY beneficiaries across the country

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## Information Technology

Since inception, NHA's IT vision has been to provide the most advanced, reliable, accountable, effective, and efficient digital health ecosystem to its stakeholders.

To enable service delivery under PM-JAY, NHA has developed a comprehensive IT based solutions stack that is designed to help States/UTs rapidly implement PM-JAY scheme which includes a layer of core IT systems/ platforms which were developed/ made available for integration and for use by states.

States which implement PM-JAY have been granted the flexibility to either use NHA's IT system or their existing IT platforms. In all cases, states are required to provide data to NHA in a standardized format that enables monitoring the scheme on a set of common parameters.

Under the scheme, the states could deploy any beneficiary database of their choice with the requirement that it can interoperate with BIS through open APIs. The process allowed the states to fully retain their existing software while providing all the necessary data to NHA required for monitoring and evaluation of the Scheme. Current PM-JAY IT ecosystem is developed and maintained by IT partners and deployed either on NIC Cloud or on NHA's Government Community Cloud.

The key achievements in the key IT platforms during the past year are detailed below:

### **Beneficiary Identification System:**

Beneficiary Identification System (BIS) is a process, of applying the identification criteria (as per AB-PMJAY guidelines) on the SECC and RSBY database to approve/ reject the applications entitled for the benefits.

During last year, several initiatives have been undertaken under the BIS system to expand the range of services being provided to beneficiaries. Numerous health schemes have been integrated on the BIS platform which includes Central Armed Police Force (CAPF), Employees' State Insurance Corporation (ESIC), Building and Other Construction Workers Welfare Board (BoCW), Central Government Health Scheme (CGHS) and RAN/HMDG. Further more, several new functionalities have been introduced in the BIS system for enhanced performance. PVC card printing application has been launched which is being used by CSCs to print the PVC cards and distribute to the PMJAY beneficiaries. Download 'PMJAY Card' facility has been provided on the BIS application where Aadhaar authenticated beneficiaries can download their PMJAY cards after 'Aadhaar OTP' authentication.

In addition to this, 'Crowd Sourcing' rule engine has been introduced to reduce the turnaround time of approving the records of beneficiaries. CSC users will be acting as verifiers/approvers in this application and will approve/reject the records. Each record will be approved/ rejected based on an inbuilt rule engine. PoC is being conducted presently with SHA- Uttar Pradesh taking 5000 records as reference. Further more, there were two separate application codes being maintained for PMAM and CSC users. Hence, to reduce the efforts of development team and ensure that the field level users are in sync, the CSC users were integrated on a 'Unified BIS Application.'

With an objective to improve and scale up the existing system, convergence with MoSJE Scheme with BIS is also envisaged. Further, new functionality with self-enrolment of beneficiaries on BIS is currently in progress. It is proposed to have a new BIS application for identification of PMJAY beneficiaries via SECC database.



### **Transaction Management System (TMS):**

TMS enables PMAM to register beneficiary for availing treatment in hospital, raise pre-authorization, file treatment details, raise claim to the TPA for further processing of claim requests sent by hospitals. It also provides an efficient and systematic approving of the claims process by SHA and making payments to the hospitals through banks.

During last year, several initiatives have been undertaken under the TMS System to expand the range of services being provided to beneficiaries. Numerous health schemes such as Central Armed Police Force (CAPF), Employees' State Insurance Corporation (ESIC), Building and Other Construction Workers Welfare Board (BoCW), Central Government Health Scheme (CGHS) and RAN/HMDG have been integrated in the TMS system. Further, several new functionalities have been introduced in the TMS system for enhanced performance. As part of scheme convergence with Ayushman Bharat PM-JAY, TMS application integration for UHC enablement in SHA-J&K was undertaken.

Integration of 'SBI ePAY' service has been successfully completed with 'COWIN Payment Portal' which is developed and maintained by NHA. Turn Around Time (TAT) facility has been enabled for private PM-JAY Empanelled Health Care Provider (EHCP) in the multiple PMJAY States.

Additionally, revised COVID-19 vaccine payment features have been enabled in Transaction Management System (TMS) of PM-JAY, wherein hospital can procure vaccines from manufacturer after making payment for vaccine. Also, as part of supporting the COVID-19 vaccination program, 'COVID 19 Vaccine Payment Reversal Application' has been developed in Transaction Management System (TMS) of PM-JAY, wherein hospital can claim refunds on payment for COVID vaccines.

Similarly, STG phase 25 was made LIVE and updation of the 'Ayushman Mitra' feature was completed.

Furthermore, a new feature pertaining to 'realtime TMS logins' is in the pipeline. The release of the revised TAT feature is also planned for September 15 UAT.

### **Hospital Empanelment Module (HEM):**

It is a web-based platform developed for registration of a healthcare provider willing to get empanelled under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY). For providing the benefits

envisaged under the mission, the State Health Agency (SHA) through State Empanelment Committee (SEC) empanel or cause to empanel private and public health care service providers and facilities in their respective state/ UTs as per guidelines.

Since last September, HEM has achieved many major objectives including a nation-wide launch and roll out of CGHS Scheme. The department has also been able to apply latest security fixes as per the industry standards. Furthermore, HEM incorporates financial information for RAN HMDG Scheme and Latitude & Longitude updation of all PMJAY Hospitals.

On the integration front, HEM has integrated the 'Data Exchange' feature for QCI, incorporation of TPA users for Gujarat State. For new services, HEM has floated an RFP for a GIS service vendor for geo-plotting of hospitals.

HEM has major activities lined up for the next quarter as well which include revamping of HEM to HEM 2.0, state specific specialties and departments, statutory compliances in HEM, HEM Dashboard & public page and incorporation of GIS Services in HEM.

### **Security Measures:**

During last year, the Cyber Security Wing has taken major initiatives. As part of the regulatory compliance, annual AUA/ KUA audit FY 2020-21 has been completed by STQC for NHA and a final report has been submitted to UIDAI. In continuation to the efforts in establishing a sturdy 'Information Security Management System' at PM-JAY, NHA has undergone the stage 2 audit for ISO 27001: 2013 certification programme by STQC.

The developed policies and procedures in stage 1 which were based on the foundation laid by the NHA Information Security Policy and Data Privacy Policy, has been submitted to STQC. As part of ensuring 24\*7 monitoring of NHA environment for security incidents, NHA has on-boarded TCIL (Telecommunications Consultants India Ltd) for providing Security Operations Center (SOC) services along with security assessment services. To test NHA applications from an attacker perspective and resolve any gaps, STQC is in progress of conducting penetration testing for NHA applications hosted at CSP.

For the upcoming year, entire NHA infrastructure and applications are to be integrated with the SOC platform for 24\*7\*365 monitoring. Further, a robust security solution stack is planned to be implemented with CSP 2.0.

# National Digital Health Mission

National Digital Health Mission popularly known as NDHM was launched by Hon'ble Prime Minister Shri Narendra Modi on the auspicious occasion of 74th Independence Day; 15th August 2020 and has completed its 1st year. The mission aims to create a digital platform for the healthcare ecosystem linking practitioners with the patients digitally and giving them access to real-time health records.

## Evolution Of NDHM

The National Health Policy, 2017 lays the foundation of the NDHM whereby it envisages the goal of attainment of the highest level of health and wellbeing for all at all ages, through increasing access, improving quality and lowering the cost of healthcare delivery. The key principles of NHP 2017 included universality, citizencentricity, quality of care and accountability for performance. The policy laid significant emphasis on leveraging digital technologies for enhancing the efficiency and effectiveness of delivery of all the healthcare services.

In 2018, 'Niti Aayog' came up with a consultation paper relating to National Health Stack (NHS) to make health records available through cloud-based services. The National Health Stack envisaged a centralized health record for all citizens of the country to streamline the health information and facilitate effective management of the same. The proposed NHS was intended to address the challenge with the help of latest technology; Big Data Analytics and Machine Learning Artificial Intelligence, to create a unified health identity of citizens - as they navigate across services across levels of care, i.e. primary, secondary and tertiary and also across public and private.

After receiving feedback on the aforesaid consultation paper, a committee was formed under the chairmanship of Shri J. Satyanarayana, Former Chairman of Unique Identification Authority of India (UIDAI). The committee released the 'National Digital Health Blueprint' (NDHB) in July 2019. The blueprint indicated the need of a specialised organisation, called the National Digital Health Mission (NDHM), to facilitate the evolution of the National Digital Health Ecosystem.

On August 07, 2020, National Digital Health Mission (NDHM) released its strategic document detailing about digital registries of personal health records of persons, digital clinics, doctors, hospitals, pharmacies, and insurance companies.

On August 15, 2020, Hon'ble Prime Minister, Shri Narendra Modi announced this National Digital Health

Mission (NDHM), which will leverage the power of technology to ensure the attainment of the highest possible level of health and well-being for all citizens and create a healthier nation.

## Objectives

The National Digital Health Mission (NDHM) aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. It will bridge the existing gap amongst different stakeholders of the healthcare ecosystem through digital highways. The objectives of NDHM are :-

- To establish state-of-the-art digital health systems, to manage the core digital health data, and the infrastructure required for its seamless exchange.
- To establish registries at appropriate level to create single source of truth in respect of clinical establishments, healthcare professionals, health workers, drugs, and pharmacies.
- To create a system of personal health records, based on international standards, easily accessible to individuals and healthcare professionals and services providers, based on individual's informed consent.
- To promote development of enterprise-class health application systems with a special focus on achieving the Sustainable Development Goals for health.
- To adopt the best principles of cooperative federalism while working with the states and union territories for the realization of the vision.
- To strengthen existing health information systems, by ensuring their conformity with the defined standards and integration with the proposed NDHM.

## Implementation Areas

Currently, NDHM is implemented in six union territories of India namely, Ladakh, Chandigarh, Daman, and Diu, Dadar and Nagar Haveli, Andaman and Nicobar Islands and Lakshadweep.

## Activities during the year

### Development of apps and registries

NDHM is targeted towards getting health ecosystem on digital platform and thus requires digital applications to access health records, to search for

online facilities and professionals, to share details digitally, etc. while ensuring data privacy and security. Accordingly, a mechanism was put in place to create registries of healthcare professionals and citizens of India. The digital platforms/apps created by NDHM during the year are as follows.

### **Healthcare Professionals Registry**

The 'Healthcare Professionals Registry' is a comprehensive repository of all healthcare professionals in the country, across both modern and traditional systems of medicine such as Modern Medicine, Dentistry, Ayurveda, Unani, Siddha, Sowa-Rigpa, Homeopathy etc.

It covers all categories of healthcare professionals such as doctors, nurses, ASHAs etc. who will be onboarded in a phased manner and meets a critical need of having an updated registry of all healthcare professionals in the country.

At present, the HPR is for registration of doctors practising in Union Territories and over 3,300 professionals are verified and registered under it.

### **Health Facility Registry**

The Health Facility Registry (HFR) is a comprehensive repository of all the health facilities in the country across both modern and traditional systems of medicine - Modern Medicine, Dentistry, Physiotherapy, Ayurveda, Unani, Siddha, Sowa-Rigpa, Homeopathy.

It includes both public and private health facilities including hospitals, clinics, diagnostic laboratories, and imaging centres, pharmacies, etc.

To start with, the facilities at UTs are being registered and we are updating the system as per the requirements on daily basis. Presently, we have approx. 1,529 facilities registered with HFR

### **Health ID**

The Health ID is a unique 14-digit number assigned to individuals who want a hassle-free method of accessing their health records digitally. Presenting this Health ID to a compliant healthcare service provider will allow you to receive your lab reports, prescriptions, and diagnosis digitally from verified doctors and health service providers seamlessly.

Approx. 12.47 Lakh Health IDs have been created in UTs as on August 27, 2021.

Keeping the voluntary design principle of NDHM in mind, Health ID team has rolled out an Opt-out functionality with 'Delete/ Deactivate and Reactivate' features. This enables a user to electronically opt-out of the national digital health ecosystem temporarily or permanently.

### **NDHM Health Records (PHR Application)**

NDHM Health Record is an electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual. The record can be shared on consent via a citizen facing Public Health Record (PHR) application. The app is currently LIVE on Google Play store (Android Platform).

### **Development of Sandbox**

About 990+ applications integrated with the NDHM environment. NDHM Sandbox is a framework that allows technologies or products to be tested in the contained environment in compliance with NDHM standards. This helps organizations, including private players, intending to be a part of National Digital Health Ecosystem to be a Health Information Provider or Health Information User.

Activated dedicated development forum for technical queries for integrators to post queries and issues which will be managed by NDHM Sandbox support team.

A Separate Incidence Management Portal is under development to address production related issues and resolution of the same.

Interested integrators (government/ private) who want to be a part of NDHM ecosystem must achieve the defined milestones M1, M2 & M3 for successful integration with NDHM Ecosystem.

RFP to align functional processes for Sandbox automation is published for which the bids will be opened on 6th September 2021.



## Integration with government health programmes

- PMJAY system can now create Health IDs and share health records with NDHM upon consent.
- CoWIN system can also now create Health IDs after due consent from the user. A user can also request for his/her vaccination certificate through the NDHM Personal Health Records Application using their generated Health ID.
- Integration of Health ID with NCD programme and Government of AP (Enumeration Drive) has completed the NDHM Sandbox exit process.
- NDHM team has been working closely with RCH, NVHCP, Nikshay and NPCB to enable Health ID creation. Each of these programs is currently in the testing phase.
- To cater to the needs of NCD and RCH programmes, which have many beneficiaries living in low connectivity areas, NDHM is defining a process for health ID Creation in low resource settings.





## Implementation at 6 Union Territories

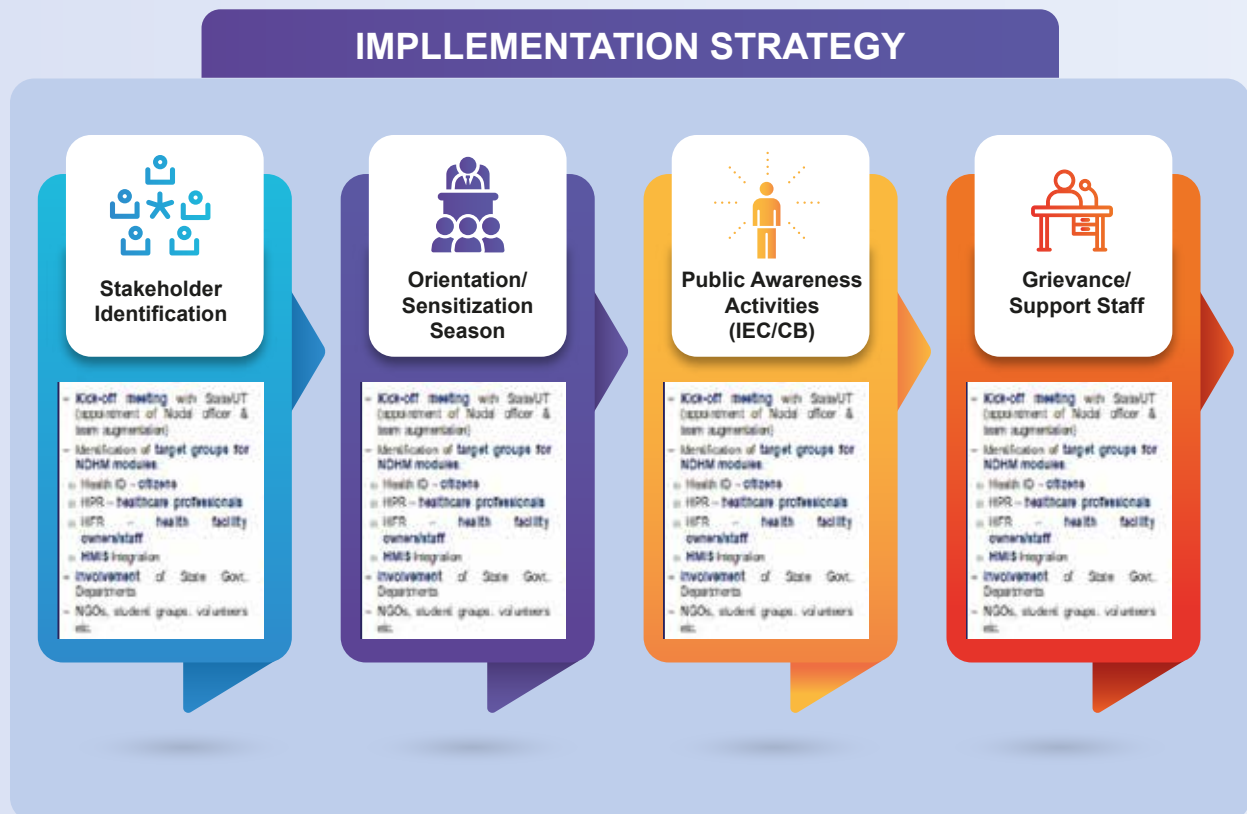
The pilot phase of NDHM is being rolled out in 6 union territories only: Ladakh, Chandigarh, Daman and Diu, Dadar and Nagar Haveli, Puducherry, Andaman and Nicobar Islands and Lakshadweep.

A team from the UT was requested to be created by NHA. In addition, regional coordinators from NHA were appointed for coordinating with the UT team for NDHM implementation.

## Awareness Generation and Capacity Building

Numerous training sessions were organised for different NDHM building blocks. Multiple training sessions was organised for following to sensitise stakeholders:

- Registration Desk Staff
- ASHA/ ANM
- Doctors/ Healthcare Professionals
- IT Department Staff



## **Details of trainings conducted in the UTs: -**

### **Chandigarh**

Health ID - 10+ Training's, 200+ employees trained.

Healthcare Professional Registry (HPR)/ (Digi Doctor) - 10 Training's, 30+ DEO's + 150+ trained.

HFR - 12 Training, 60 hospitals Attended.

EMR - 5 Sessions, 32 Doctors and Staff.

IEC Activities - Digital+ Print mode activities help repeatedly (5-6).

### **Ladakh**

Health ID - 2+ Training's, 10+ employees trained.

HPR/ Digi Doctor - 2 Training's, 3 DEO's trained + 10-15 Doctors trained.

HFR - Due to poor connectivity trainings were given to 15 facility managers on phone calls

### **Puducherry**

Health ID - 12 trainings - 250 employees trained

HPR/Digi doctor - 8 training sessions 600 doctors attended

HFR - 6 trainings 80 hospital attended

EMR - 4 sessions 30 doctors and staffs

### **DNHDD**

Health ID - 10 trainings - 250 employees trained plus 20 NCC scouts

HPR/Digi doctor - 10 training sessions 150 doctors attended, 3 workshops with IMA leadership

HFR - 6 trainings 50 hospital and small clinic owners attended

EMR - 2 sessions 40 doctors and staffs

### **Andaman & Nicobar**

HPR/Digi doctor - 1 training session

Rest information was shared, and capacities were built internally by the UT.

### **Trainings for HPR and HFR**

During the implementation of Healthcare Professionals Registry, more than 10 trainings were organized for councils of different systems of medicine - National Medical Commission, State Medical Councils, Dental Council of India, State Dental Councils, National Commission for Indian System of Medicine and related state councils, Central Council of Homeopathy and related state homeopathy councils. These training sessions covered the overview of the registry, which was earlier focussed primarily on doctors, the application procedure, verification of records etc. The council management and verifiers were the prime stakeholders for these sessions.

Apart from this multiple stakeholder consultations were conducted with industry bodies such as Indian Medical Association along with various doctors associations in respective regions. Multiple training sessions were also conducted for the call centre team, as well as for the teams deployed in the Union Territories

Similarly, for the implementation of Health Facility Registry, multiple sessions were organized for onboarding of health facilities. These sessions were organized both online as well as offline. The training sessions involved participation of state/district officials as well as health facility owners/managers. Training of trainer's model was

followed, wherein the UT officials were trained, and they further were involved in training as well as onboarding of health facilities.

Apart from the training sessions, several consultations with combined groups of doctors and health facilities including medical colleges were held for their feedback and to address their concerns, and actionable feedback incorporated in the application if applicable. The awareness generation also involved visits to the 6 UTs by NHA management, NDHM Project Officers deployed in the UTs, as well as respective module leads from time to time for review and propagation at the ground level.

The awareness generation and capacity building are a continuous activity, and refresher trainings are periodically organized, demo videos prepared and shared, apart from visits to the health facilities where required.

## **Publications**

### **Consultation papers on key building blocks**

Since the launch of the pilot project of NDHM in August 2020 in 6 Union Territories, multiple rounds of consultations with different groups of stakeholders have been held for both building blocks to surface concerns and challenges in adoption of the registries. Consultation papers are aimed at further engagement with stakeholders. To ensure that the policy and development is participatory and inclusive, comments and diverse viewpoints are invited from concerned stakeholders

The National Health Authority (NHA) released consultation papers on three building blocks of the National Digital Health Mission (NDHM):

- Health Facility Registry (HFR).
- Healthcare Professionals Registry (HPR)
- Unified Health Interface (UHI)



## Achievements

Building Block	Description	Pilot phase statistics in 6 UTs (as on 27th August 2021)
Health ID	Individual health identifier to allow seamless flow of health information with consent	12,42,735 Health IDs have been created which account for 34.3% of the population in 6 UTs
Healthcare Professionals Registry	Repository of healthcare professionals (presently doctors) in the country	38.39% of the doctors in 6 UTs have registered with NDHM
Health Facility Registry	Repository of health facilities in the country	56.33% of the healthcare facilities in 6 UTs have registered with NDHM Out of these 100% of government facilities are registered in HFR
NDHM Health Records (Personal Health Records)	Mobile application to view longitudinal digital health records of an individual and share with consent	5151 users have downloaded the NDHM Health Records App

### The way forward: -

NDHM is proposed to roll out nationally as it has proved its benefits during its pilot phase in Union Territories. The number of registrations under HPR, HFR and Health IDs reflects the trust of health ecosystem players in the mission. Accordingly, the proposal for national rollout is under consideration of the cabinet.

Once the proposal is approved, NDHM will target towards :-

- Establishing a Mission team at the state level and initiate on-boarding of states through mapping of HMIS with NDHM platform.
- Stakeholder sensitization and Awareness Campaigns to motivate healthcare professionals, healthcare facilities and citizens of India to register with NDHM platform and maximise its usage to take a step forward towards vision of NDHM.
- NDHM will implement 6+ reference building blocks.
- NDHM will seek to integrate with systems like eHospital, eSanjeevani, eSushrut, DigiLocker (as the preferred Health Locker framework) etc. to leverage the current strength of the public platforms.
- Ensure complete integration with government health programs and schemes.
- Publication of revised NDHM Strategy Overview, revised Sandbox Guidelines, revised Health Data Management Policy and subsequent notifications w.r.t revised Health Data Management Policy
- Publication of revised Guidelines for On-boarding of Voluntary Organizations in NHA



# Finance

Broad details of Grant-in-Aid received and utilised under above components during FY 2018-19, 2019-20, 2020-21 and 2021-22 are tabulated here below:

Particulars	2018-19				2018-19				2020-21				2021-22			
	BE	RE	Actual received from GOI	Grant Utilised	BE	RE	Actual received from GOI	Grant Utilised	BE	RE	Actual received from GOI	Grant Utilised	BE	Actual received from GOI	Grant Utilised as on 31/08/2021	Rs. in crore
Direct Head Office Grant	321.00	438.08	310.08	115.70	605.00	321.00	321.00	136.38	405.00	121.14	121.14	92.52	405.00	0.01	54.33	
Grant-in-Aid for Administrative Expenses	2079.00	1721.92	322.20	125.89	5795.00	2879.00	150.00	101.83	5995.00	2978.86	120.00	93.67	5995.00	3100.00	17.45	
Grant-in-Aid for Implementation			1368.89	1723.66			2729.00	2891.12			2439.43	2450.45		100.00	1247.22	
National Health Digital Mission										30.00	30.00	14.44			8.00	
Gross Total	2400.00	2160.00	2001.17	1965.25	6400.00	3200.00	3200.00	3129.33	6400.00	3130.00	2710.57	2651.08	6400.00	3200.01	1327.00	

GIA Fund Surrender to MoHFW

FY-2018-19 – 162.06 (return fund from WB)

FY-2019-20 - Rs. 44.39 (STSC NE region Component)



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