

Ayushman Bharat – National Health Protection Mission (AB-NHPM)

Moving towards Universal Social Security

The Indian government which was formed in 2014, initiated various schemes aimed at improving the financial and social security of the citizens of the country. Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), Pradhan Mantri Suraksha Bima Yojana (PMSBY) and Atal Pension Yojana (APY) were launched on 9th May, 2015 to move towards creating a universal social security system. PMJJBY is a government backed scheme aimed at providing life insurance cover to all Indian citizens between the ages of 18 to 50 years at an annual premium of INR 330 with the sum insured benefit of INR 2 lakh on member's death. PMSBY is another government backed scheme aimed at providing accidental insurance cover to all Indian citizens between the ages of 18 to 70 years at a highly affordable annual premium of INR 12. The insurer gets an insurance cover for a sum of INR 2 lakh in case of accidental death or permanent full disability or a sum of INR 1 lakh in case of partial but permanent disability.

In spite of schemes listed above being active in India, the Health sector has immense loopholes requiring immediate attention. It is extremely worrying that nearly 55-60 million Indians are pushed into poverty every year as the citizens incur a high out of pocket expenditure on account of healthcare, especially hospitalization expenses (around 70% out of pocket expenditure is incurred). Major challenges the Indian public health care system is facing are the sheer complexity of financing and managing preventive and promotive care of assuring quality in public sector and of harnessing the resources of private sector with effective regulatory systems.

One of the major policy initiatives of the Indian government has been the launch of **Ayushman Bharat - National Health Protection Mission (AB-NHPM)** for the vulnerable section of the population which, if implemented effectively, will help India progressively achieve the Sustainable Development Goal of 'Universal Health Coverage'. The Universal Health Coverage (UHC) means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment and rehabilitation care.

Ayushman Bharat is launched with the goal of offering the highest possible level of health and well-being for all, at all ages, which will cover over 10 crore poor and vulnerable families (approximately 50 crore

beneficiaries) identified on the basis of the data of Socio-Economic Caste Census (SECC) 2011, providing sum insured benefit up to INR 5 lakh per family per year for secondary and tertiary care hospitalization on floater basis.

Ayushman Bharat will subsume the on-going centrally sponsored schemes - Rashtriya Swasthya Bima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS). The government has allocated INR 1,200 crore for strengthening the existing physical health infrastructure for primary and secondary care through upgrading the health and wellness centers and an additional 50 crore to expand the coverage of secondary and tertiary care services.

AB-NHPM is to be managed as under: -

- 1) Jointly by Central and participating State Governments.
- 2) A council namely, National Health Agency set up at the apex level chaired by Union Health and Family Welfare Minister will implement Ayushman Bharat.
- 3) State Health Agency started by the states to implement the scheme at the State level and to make sure that all required IT and other needed requirements can be fulfilled to provide services.

The Scheme is proposed to be implemented on two different models namely, Insurance Model and Trust Model: -

1) Insurance Model: Under this model, the state will pay premiums to an insurance company and the onus will be on the insurer to administer and pay the claims. The expenditure to be incurred by the Central and the State governments will be dependent on the real-time premium rates prevailing in the markets of the State and the Union Territories where the scheme will be applicable.

Advantages of using this model are: -

- ♦ Experience of working with third party administrators (TPAs).
- ♦ Use of short term surpluses to generate better returns.

Disadvantage of this model is: -

- ♦ Escalation of cost as the time passes through collusions between different entities like insurers, TPAs and health providers.

2) Trust Model: Under this model, each individual state will form its own trust to manage the scheme and claims will be disbursed from a corpus created from central and state government contributions. The expenditure by the Central government will be based on either the actual expenditure or the amount of maximum premium, whichever is less, in a fixed ratio.

Advantages of using this model are: -

- ♦ Not for profit orientation.
- ♦ Conducting awareness function using government administrative authorities at district and sub district level.

Disadvantages of this model are: -

- ♦ Weak governance structure that can fail to achieve professional conduct.
- ♦ Weak capacity to conduct critical functions that depend on quality of hired personnel.

States/Union Territories can opt for either of the two models or an integrated one.

Components of Ayushman Bharat - National Health Protection Mission (AB-NHPM):-

- 1) Setting up of 1.5 lakh 'Health and Wellness Centres' all over the country in order to bring basic healthcare facilities within the reach of the people. These centers will provide Comprehensive Primary Health Care (CPHC) which include child care, maternal care, treating of non-communicable diseases, free medications, and diagnostic facilities.
- 2) National Health Protection Mission (NHPM) is a health insurance coverage to be given to poor and deprived families thereby making it the world's largest government funded health care program. The above-mentioned health and wellness centers will help in spreading the awareness about Ayushman Bharat.

Main differences between Ayushman Bharat - National Health Protection Mission (AB-NHPM) and Rashtriya Swasthya Bima Yojana (RSBY) are:-

Ayushman Bharat - National Health Protection Mission (AB-NHPM)	Rashtriya Swasthya Bima Yojana (RSBY)
Providing cover to poor, deprived rural families and identified occupational category of urban workers' families	Providing cover to below poverty line (BPL) families
Providing sum insured benefit up to INR 5 lakh a year on family floater basis including 3 days pre-hospitalization & 15 days post-hospitalization expenses	Providing sum insured benefit up to INR 30,000 a year on family floater basis, including pre-hospitalization and 5 days post-hospitalization expenses
Any number of family members can be covered	Maximum five members covered in a family
Premiums to be shared between Centre and State in 60:40 ratio	Premiums to be shared between Centre and State in 75:25 ratio
Cashless Hospitalization cover for almost all secondary and most of tertiary care	Cashless Hospitalization cover for primary care
There is no enrolment process as it is an entitlement-based mission	Compulsory registration as a beneficiary to be done by the household head only with the registration fee of INR 30
Aadhar card is not mandatory under this scheme to avail the benefit but valid ID is required	Aadhar card is mandatory under this scheme.

Few shortfalls of RSBY which led to the formation of Ayushman Bharat for the upgradation of Health Protection Scheme are: -

- 1) Many beneficiaries were not aware about the entitlements and on how and when to use the RSBY

card. Use of digital platforms and enrolment as per the SECC 2011 data under Ayushman Bharat has helped spread awareness about the health insurance scheme.

- 2) Under RSBY, private hospitals had denied services for many categories of illness while under Ayushman

Bharat hospitals cannot deny treatment to any individual.

- 3) Under the RSBY scheme, some administrators and hospitals had also resorted to various fraudulent measures including charging informal payments but due to digitalization and identification of beneficiaries as per SECC 2011 data, the chances of frauds would reduce to a great extent.

Features

Other features of Ayushman Bharat - National Health Protection Mission (AB-NHPM) are:-

- 1) One of the principles of AB-NHPM is to promote co-operative federalism and flexibility to states.
- 2) Priority is given to girl child, women and senior citizens.
- 3) Beneficiary covered under the scheme will be allowed to take cashless benefits from any public/private empaneled hospitals across the country.
- 4) Hospitals cannot deny treatment and will not be allowed to charge any additional money from beneficiaries for the treatment.
- 5) Payment for the treatment will be made on a package rate basis defined in advance by the government in order to control the costs.
- 6) There are about 1,350 medical packages included in the scheme by the health ministry. These packages include surgical procedures and medical treatments involving expenses relating to medicines, transport, and diagnostics.
- 7) For multiple surgeries, the first will be covered with the highest package followed by 50% and 25% for the second and third respectively.
- 8) The funds for the implementation of the scheme will be directly transferred by the Central Government to the State Health Agencies by way of an escrow account on a timely basis.
- 9) The central government will create a strong, modular, and extensible IT platform in association with NITI Aayog to assist in paperless, cashless transactions. In every hospital, an 'Ayushman Mitra' will be appointed who will be responsible to guide the patients and the families about the process and to ensure that they get relevant help and to check all the documents to verify eligibility and enrollment to the scheme.

Challenges

- 1) Government faces the challenge of selection of insurance provider which is an extremely complex process which includes the design of tender documents, payment terms, legal agreements, penalties for non-compliance and pre-qualification of bidders through e-tendering process.
- 2) One of the challenges for the government is of allocating optimum funds to cover the population.
- 3) Difference between market price and NHPS price is higher for costly procedures, thereby

limiting the availability of these procedures. It is imperative to follow the right pricing strategy for the scheme to make maximum impact.

- 4) Development of a proper infrastructure to meet the increased demand of medical services by the hospitals over time.
- 5) Active participation needed by the state and also by the private sector hospitals to provide adequate services to the population.
- 6) Monitoring of the program after the implementation of the scheme and also to ensure that each beneficiary gets the advantage on fair terms.
- 7) Integration of technology at each level of healthcare such as health call-centers, tele medicine, etc. for improving the healthcare professionals and skilling programmers. This also includes integration of requisites hardware, software and IT team for all states.
- 8) Insurers' faces challenge that they will be left out because states have the option to select the Trust model that does not require insurers to participate. Where insurers participate, the auction may push premiums to low and unviable levels. There has been a recent report on tender of Nagaland where the lowest bid was less than INR 500 and other bids were more than twice the amount.

Conclusions

The scheme crossed the one-lakh beneficiary mark within a month of its launch on September 23, 2018. In the long run, AB-NHPM aims to enhance patient satisfaction by improving population-level productivity and efficiency, strengthen delivery system of public healthcare, inclusion of out-patient treatment and act as a steward to align the growth of private sector with public health goals. The scheme will cut down the financial strain on the poor and sensitive groups, improvise the current conditions of the poor and provide them with good medical facilities in the form of health insurance, thus achieving the goal of Universal Health Coverage in the true sense.

References

<https://www.abnhpm.gov.in/>

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