

### 8.1 Key initiatives by NHA

National Health Authority has been provided with full autonomy, accountability, and mandate to implement PMJAY. Some of the key initiatives undertaken by NHA in PMJAY are given below:

- NHA launched a mission mode campaign “Aapke Dwar Ayushman” to ensure free issuance of cards to beneficiaries undergoing verification during January 2021 to April 2021.
- NHA has unveiled Arogya Shiksha – a digital platform to support capacity building initiatives for PMJAY stakeholders.
- It facilitated the launch of Ayushman Bharat Sehat Universal Health Insurance scheme for UT of Jammu & Kashmir in December 2020.
- It has facilitated a campaign for migrant workers: “Ayushman Bharat ki Chhanv – Shahar Ho Ya Gaon”.
- NHA entered into MoUs with CSC and UTIITSL for mass issuance of PVC quality Ayushman cards. The cost of ₹ 20 of such cards is fully borne by NHA.
- NHA call centre took initiative of dissemination of information on COVID-19 precautionary measures via National Helpline Number “1075”.
- NHA has launched a program to converge PMJAY with other major health insurance schemes and programs for ESIC and CAPF, Building and Other Construction Workers, Rashtriya Arogya Nidhi and Central Government Health Scheme on NHA IT Platform.

### 8.2 State-specific initiatives

State-specific initiatives noted during the course of Performance Audit are discussed as under:

- In **Andaman and Nicobar Islands**, geographic landscape makes it uniquely challenging to provide access to healthcare. To make the portability feature convenient, SHA of the UT collects all medical documents of patient and informs SHA of the State, where patient is intending to receive healthcare services. All beneficiaries using the portability feature under PMJAY are also provided reimbursement of transport cost and wage loss compensation by SHA.

- In **Andhra Pradesh**, treatment is provided beyond the limit of ₹ five lakh per family for Cancer and Heart diseases.
- In **Assam**, beneficiaries who went outside the State were given air fare of up to ₹30,000 per annum per beneficiary and one attendant. Additionally, TA/DA of ₹1,000 per visit in case of treatment outside the State and ₹300 per visit within the State is provided for a maximum of 10 days. This amount was given from the State fund.
- In **Gujarat**, the State Government is providing ₹300 as transportation expenses to all PMJAY beneficiaries per hospitalisation. Out-of-pocket expenditure and overall healthcare costs incurred by the beneficiaries are thus minimized.
- In **Haryana**, 100 *per cent* Aadhaar seeding of Ayushman card and 100 *per cent* biometric authentication at the time of hospitalization except neonates has been done.
- In **Himachal Pradesh**, District Kullu achieved 100 *per cent* enrolment of all the eligible beneficiaries as per SECC data.
- In **Jammu and Kashmir**, extra expenditure on patients over and above approved amount of claim is being borne by Public hospitals from hospital fund.
- In **Karnataka**, SHA established a call centre as a monitoring unit of the Scheme. The call centre contacts all beneficiaries at the time of discharge for getting feedback regarding out-of-pocket expenditure of the Scheme and co-payments made (if any).
- In **Kerala**, Government hospitals caters to all the procedures notified through HBP 2.0. ₹179.61 crore was paid against 73,790 claims relating to COVID-19 treatments.
- In **Manipur**, SHA had collaborated with Tourism Department, MAHUD, Manipur State Legal Services Authority leveraging in the events organized by these departments for generation of awareness and increase in enrolment and currently taking active participation in Government sponsored programme, 'Go to Villages'.
- In **Mizoram**, SHA followed the system of offline collection of data in regard to the Beneficiary Identification System (BIS). Teams from SHA were deployed in the peripheral areas of the State who collected all details of village-wise beneficiaries.
- In **Nagaland**, State Government had engaged six organizations to undertake outreach beneficiary identification and verification drives in eight districts.
- In **Puducherry**, SHA took up with NHA issue of mismatch of SECC data which was the main hindrance in identification of eligible beneficiaries. Accordingly, SHA got NHA's approval for utilizing the dynamic data of National Food Security Act for identification of beneficiaries and target was increased from 1,03,434 families to 1,77,733 families.

- In **Rajasthan**, after treatment, a feedback form is filled by the beneficiary stating that no charge of any kind is collected from beneficiary for the treatment given and whether he is satisfied or not with the treatment given.
- In **Tamil Nadu**, a corpus fund has been created. *27 per cent* of every insurance claim of Government hospitals is being credited into the corpus fund. High end procedures involving more than ₹ five lakh per case is paid from Corpus fund for the poor persons.
- In **Uttar Pradesh**, State Government conducted an Additional Data Collection Drive to identify left-out eligible families on the same deprivation and occupational parameters of SECC 2011 to ensure that these additional families are provided with same benefits of PMJAY.