DRAFT_Report on Ayushman Sangam Western Regional Review Meeting

30th June – 1st July 2022
Pune, Maharashtra

Background

Ayushman Sangam (Regional Review Meeting) is a platform that provides an opportunity for National and State teams to showcase their progress on various aspects of the scheme, exposure to cross-learning experiences and sessions to reflect on past learnings and recommendations to improvise the efficacy of AB PM-JAY and ABDM scheme. This annual regional review meeting includes brainstorming sessions, presentations, discussions, and exposure visits in order to develop an understanding of SHA's work done in a year. The forum provides a chance for the National team to interact with SHAs and understand their work through best practices, innovations and new initiatives as well as challenges faced in the implementation of the scheme.

This Regional Review Meeting Report synthesises all the inputs received from representatives of the Western Zone States and Union Territories on AB PM-JAY and ABDM and plan the roadmap for further implementation of the schemes.

SHAs participated
1. SHA Maharashtra
2. SHA Rajasthan
3. SHA Goa
4. SHA Gujarat
5. SHA Dadra & Nagar Haveli and Daman & Diu

The Regional Review meeting of Western region was convened on 30th June & 1st July, 2022 at Pune (Maharashtra). There were detailed deliberations and total fifteen sessions were held spreading two days event. The review meeting was held in august presence of Dr. R.S. Sharma, CEO, NHA, Dr. Dr. Vipul Aggarwal, Dy. CEO, NHA, Dr. Pradeep Kumar Vyas (Addl. Chief Secretary, Public Health), Maharashtra & Dr. Neelima Kerkatta, Pr. Sec (H) Maharashtra, also other Senior level Officers from NHA Dr. Pankaj Kumar Arora, Director & FA, Sh. Rohit Deo Jha, Deputy Director, Dr. Kameshwar Rao, Executive Director, Dr. Shankar Prinja, Executive Director, Dr. J.L. Meena, Joint Director, Ms. Parvathy Rahul, Deputy Director, Consultants, NHA attended the meeting. The office bearers of SHAs of five participating western region States viz. Maharashtra, Goa, Gujarat, Rajasthan, Dadra & Nagar Haveli and Daman & Diu also participated in the meeting. *(List of participants as **Annexure-I**)*

Inaugural Session:

1. At the outset of meeting, **Dr. Sudhakar Shinde, CEO, SHAS, Maharashtra** welcomed all the participants and thanked NHA to giving the opportunity to host two days event in Maharashtra state. He briefed the participants about implementation of the scheme in the State of Maharashtra as brown field state. He mentioned that Maharashtra state has launched the scheme in year 2012 in name of Rajiv Gandhi Jeevan Dai Aarogya Yojana and have implemented the AB-PMJAY since its inception.

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2.	Further, **Dr. Neelima Kerkatta Principal Secretary (Public Health)** Maharashtra addressed the participants during inaugural session of the event. She mentioned that it's an honor and matter of great privilege to host this prestigious event in the state of Maharashtra in year of celebration of Azadi ka Amrit Mahotsav, in which our Hon'ble Prime Minister has reiterated that all the program should be citizen centric and mission Antyodaya could be achieved with people centric approach only. She mentioned that initially Rajiv Gandhi Jivan Dai Aarogya Yojana was started in the state of Maharashtra in 2012 covering eight districts initially then was ruled out in all the districts of Maharashtra in 2013, now State has integrated Mahatma Jyotirav Phule Jan Aarogya Yojana & AB-PMJAY scheme since 2018 and serving the beneficiary of 2.2 crores with a low cost of insurance premium Rs 799 per beneficiary.

3.	Further, she highlighted that our state is facing some operational issues in portability claim settlements, since state data are based on SECC beneficiary also there are some issues being faced due to lack of clarity about office expenses, TA/DA for the staff involved in the scheme and other general expenses, for which NHA may provide a detailed guideline to the states.

4.	She pressed the importance of having digital ecosystem, in which robust infrastructure has been articulated with well-defined structure from entry to discharge of the patient from hospital, and use of AI providing us an additional opportunity for technology inputs under ABDM, which has greatly been inspired by the existing leadership at NHA the Hon'ble CEO NHA and his team.

5.	**Dr. R.S. Sharma, CEO, NHA** thanked all the state officials and the persons involved in organizing the event at such pleasant venue with offering nice hospitality during this fifth Aayushman Sangam event, being organized at Pune. He further briefed about the scheme which is based on insurance and assurance model. AB-PMJAY is a flagship scheme which touches the poor man directly so we must proud to working with this scheme. It provides portable digital framework based on technology but in different states we may have common platform. There are many brown field states which are providing the learning opportunity. Further, having the AB-

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PMJAY Ayushman card is very necessary since it provides a feel and a token of empowerment and authority to approach hospitals confidentially by all the poor beneficiaries.

6.   Further, CEO, NHA mentioned that as we know that brownfield States has large database beyond the SECC database & it is essential for the brown field States to have co-branding while preparing or creating the Ayushman cards, so the representations of state and the national schemes may be ensured hand in hand. Now based on our previous learnings we are focusing on the outcome best payments for the card delivery to ensure the delivery of card to the poor beneficiaries and to stop pilferage in the card delivery system. Thus, expenses of Rs 20 for card creations and delivery are beneficial to achieve the saturation of beneficiary who has Ayushman card, and it is very important to have the Ayushman card in the way that it provides a token of empowerment to the poor beneficiaries.

7.   The **Hon'ble CEO, NHA** further mentioned the importance of rolling out of ABDM, and he highlighted that there are various registries under the ABDM, consist of building blocks which are important to have since availability of the health facility and services need to be known by the beneficiaries to achieve UHC and experiences suggest that outcome-based implementation of the scheme is more effective and result oriented. It is; therefore, we need to focus on the outcome-based approach and we may have deliberations further how to take this forward in implementation of ABDM.

8.   Further, he mentioned that ABDM is as powerful as Aadhar in terms of transformation in healthcare services, however, it is much difficult to implement then Aadhar since having multiple stakeholders. It has incentive aligned architecture which has worked well for Aadhar and may work for ABDM scheme as well. He called upon to let us work together all the committed individuals to achieve a great success and appraised using the green channel payment system by all States/UTs.

Technical Sessions:

Day-1
I.   National Level workshop on ABDM:

Key Highlights:

1.   The National level workshop on ABDM was held virtually and it was inaugurated by Secretary (H), Ministry of Health and Family Welfare, GoI, from Nirman Bhawan, New Delhi. The participants from Ayushman Sangam (Regional Review Meeting) and other various organization's/ States/UTs attended virtually.

2.   The **Secretary (HFW), MoHFW, GoI** highlighted the thematic areas under ABDM. He mentioned that IT, Admn & Support and Coordination makes whole governance structure of ABDM. Another thematic area is Innovation and strong IEC system, which may convince Doctors & other health functionaries/ Health facilities/ Hospitals (public/private) to onboard under HFR/HPR and create the ABHA IDs.

3.   **Dr. R.S. Sharma CEO, NHA** highlighted that we all need to sensitize for digitization which ensures the affordability accessibility and quality of Health Services.

He further mentioned the key components under ABDM, viz. HFR, HPR, ABHA ID, HICM (Health Information Consent Manager), UHI (Unified health interface) which is like UPI, The HCE (Healthcare exchange) etc.

Further, **Dr. R.S. Sharma, CEO, NHA** added that HMIS being a critical piece of information is very crucial and once ABHA is generated, all the records can be linked with it and we can monitor all the records actively in the real time using the HMIS database under ABDM architecture. Since, we have an interoperable system as like COWIN platform and by that interoperability activated UHI provides a wide platform of networking like in UPI platform, with following all needful protocol and compliance, like an open system of e-Sanjeevani, thus it will be truly transformational. The ABDM has multiple ecosystems, so the adoption would be a real challenge to accelerate it further.

4.   During the deliberation, the **Joint Secretary (Policy) MoHFW**, briefed about the functionality of HMIS across various States/UTs and he focused that all States/UTs need to ensure utilizing funds appropriately. He highlighted that, to boost up HMIS functionality under NHM also there is provision of fiber net internet connectivity through BHARTNET at all Ayushman Bharat Health and Wellness centers.

Further, three short sessions held under this National workshop, the first session was taken by **Dr Praveen Gedam Additional CEO, NHA** on ABDM overview, the second session was focused on ABDM funding & proposed governance structure for ABDM in States/UTs, wherein it was mentioned that total Rs 1600 Cr has been allocated by Govt of India, which consists part-A of Rs 1100 Cr (GoI) for scheme implementation and Rs 500 Cr expenditure for only Human Resource as part -B (States/UTs). It also consists of Population of registries, ABDM Integrated HMIS, Governance structure, creating model facilities of ABDM, IEC and capacity building.

The third session was taken by **Dr. Akshay Jain, Joint Director, ABDM** on status of ABDM implementation in States/UTs of west region, in which all western region States/UTs has appointed State Mission Directors, and NHA has empaneled 12 software development agencies (SDA's) for providing various software development and maintenance services. He also highlighted the desired features in HMIS and mentioned that MVP (Minimum Viable Product Requirements) guidelines (version 2.0) has been published on ABDM portal.

II. Implementation & new initiatives under AB PM-JAY

Key Highlights:

1. The session was taken by **Dr Vipul Agarwal, Deputy CEO, NHA,** at the outset he welcomed all the participants from various States/UTs and thanked all the state officials from Maharashtra for hosting the wonderful event. He mentioned that presently total 8 states are in Assurance model among which three states are from Western region. Achieving the Universal health coverage in terms of Ayushman card saturation, the UT of Dadra Nagar Haveli and Daman & Diu has best performance in the region, with 100% of families with at least 1 Ayushman Card, followed by Gujarat with 62.7 %.

2. Further, he mentioned that to distributing the Ayushman card, the ground level functionaries need to be aligned for card creations and achieving the saturation. The roll out e-Rupee in whole country likely to take place soon which is now in pilot mode in few States. Dr Agarwal further reiterated that to curtail the out-of-pocket expenditure we have provisioned of e-Rupee, which covers several diagnostic tests, since during the line of treatment there are many diagnostic tests may require to undertake, which initially sometimes required to spend money at the patient level, now the e-Rupee would be very useful to have such diagnostic tests free of cost. He urged that all the states may take up this positively to reduce out of pocket expenditure.

3. Further, Dy CEO mentioned that convergence of public hospitals is less than 10% and the Beneficiary Facilitation Agency (BFA) may require to take up this to have claim submission & processing in time, as BFA was institutionalized on 23rd December 2021. The case study of Madhya Pradesh suggests 79% increase in pre-auth for public EHCPs with BFAs v/s 37% increase in private EHCPs.

4. He also focused to use 'green channel payment' which has aimed at instantaneous release of 50% of the amount on claim submission, he urged the states to accept this for increased hospital participation and boost their interest to have active participation in the scheme. He further highlighted that Uttar Pradesh is the 1st State to adopt Green Channel Payment mechanism, whereas Gujarat, DNH and DD are in process of adopting GCP; but no concurrence from Rajasthan and Maharashtra has received so far.

5. Further, the Dy CEO highlighted that since BIS 2.0 deployed in 13 states/UTs which has provision of self or assisted verifications, facility of add member,

Compulsory Aadhaar authentication, self download and print the card and village level data are visible with improved interface.

6. Further he mentioned that Gujarat state has constituted Joint Review Mission (JRM) the Monitoring and evaluation task force for on-ground assessment of PM-JAY and nominations is awaiting from other states so the States/UTs may provide nominations.

7. Some key IEC initiatives viz. Hospital Kiosks, Collaboration with NGOs and other organisation, MyGov Quiz on PMJAY, Ayushman Mitra launch, Coffee Table Book, Master Ayushman Comic Book for children have also been taken in recent past to generate awareness among the beneficiaries on AB PM-JAY.

Further, in follow-up of above sessions, State specific presentations were held for all the participating States/UTs of western region i.e. Maharashtra, Goa, Gujarat, Rajasthan, Dadra & Nagar Haveli and Daman & Diu. The participating states presented the status of implementation & performance of the schemes, i.e. AB PM-JAY and ABDM, in their respective State/UT.

III. Presentation on AB PM-JAY and ABDM by Maharashtra:

Dr. Sudhakar Shinde, CEO, SHAS, Maharashtra highlighted that the scheme is being implemented in Hybrid (Insurance and Assurance) mode and gave an overview of the scheme implementation and stated that Maharashtra state has launched Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY), earlier known as Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY), on 2nd July, 2012 initially in 8 districts, then rolled out in all remaining districts on 21st November 2013. Further, it was integrated with AB-PMJAY on 23rd September 2018 for 83.63 lakhs SECC families.

In state of Maharashtra total 74.76 lakh Ayushman cards have been distributed engaging four card creation agencies and one thousand hospitals has been empanelled out of which 282 are Government while 718 hospitals are private. State has organised 19,739 health camps and Rs 3.04 Crores paid as claims. He further mentioned that all pre-existing diseases are covered and AB-PMJAY Beneficiary can avail treatment in any hospital empanelled in any state which is implementing PMJAY. However, there is no portability facility for MJPJAY (State scheme) beneficiaries.

He further mentioned that a trigger SMS is sent to patient's registered mobile number once the pre-auth approval is done which provides information related to free treatment under the scheme and package covers all the costs from the admission of the patient till his/her discharge and follow up. Upon discharge of patient, a feedback letter in local language from SHAS is dispatched directly to the address of the beneficiary to assess patient's satisfaction on Quality of services provided.

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ABDM: It was highlighted that State has appointed SMD and Nodal officers HFR/HPR for ABDM and HMIS (eSushrut, CDAC) is already operational. It was further mentioned that 1,45,72,398 ABHA IDs has been created out of total 12,43,52,926 population of the State (>11%). Also, State has on boarded 13,106 Public Health facilities out of 13,274 in HFR portal. For Onboarding of Private Facilities, state has planned to form a Committee at District level of District Collector, Corp. Commissioner, CEO, CS, DHO and at Block level Tehsildar, THO, MS, BDO & CO will be part of Committee to speed up this activity by taking various meetings & review at District and Block level.

IV. Presentation on AB PM-JAY and ABDM by DNH & DND:

Dr. V K Das, CEO, SHA, DNH & DND highlighted that the scheme is being implemented in Insurance mode covering SECC and Non- SECC data. The premium of Rs 2450 for SECC families borne by NHA & UT and also for Non SECC families whose annual income is below 1.5 lakh. UT has total 3,08,607 beneficiaries under the scheme and 83,112 hospital admissions has taken place. It was mentioned that total 77,136 claims paid amounting to Rs. 49.2 Cr. The UT has adopted HBP 2.0 as per mandate of NHA.

Further, Dr Das mentioned that Empanelment of agencies for Beneficiary Facilitation Agency (BFA) does not require in the UT since uptake of the scheme in the UT is very good at public hospitals. The UT highlighted that training needs to be imparted for Green Channel Payment System. All the SECC families have been identified and PMJAY card has been provided.

It was mentioned that for Beneficiary Awareness Various IEC activities namely door to door campaigns, TV advertisements, flex and banners at prominent places, Kiosks in all empanelled hospitals, SMS, Radio talks, newspaper advertisements, pamphlet distribution, flash mobs etc are carried out in the UT. Also, a dedicated helpline number is live in the UT for PMJAY related queries. It was highlighted that funds (Premium and admin cost) may expeditiously paid by the NHA, since UT is facing challenge of non- availability of funds.

ABDM: **Dr. Meghal Shah, Nodal Officer, ABDM** mentioned that UT has appointed SMD and Nodal officers HFR/HPR for ABDM and HMIS (E-Arogya) is already operational. Total 5,23,964 ABHA IDs has been created out of total 5,86,950 population of the UT (>89%). Also, UT has registered 210 Pvt health facilities out of total 263 in HFR, whereas all public health facilities have been registered in HFR. Further, UT has mentioned that for efficient functioning of PMU, some expenses viz. Office, Logistics, IT Hardware and mobility should be included in ABDM financial guidelines. It was also suggested that the ambit and scope of mission can be widened by linking it with all National Health Programmes and other State/UT sponsored benefit schemes.

V.   Presentation on AB PM-JAY and ABDM by Goa:

Dr. Rajasekhar Yellapu, CEO/ACS, Goa highlighted that the scheme is being implemented in trust mode covering 36,431eligible families as per SECC data. The State has generated Golden record for 9,137 families (24,265 Individuals). It was mentioned that total Rs. 70.96 lakhs of claim have been paid till 31st March, 2022. It was mentioned that package rates of State run Deen Dayal Swasthya Seva Yojana (DDSSY) are higher than NHA package master. The state is currently implementing HBP 1.0(1653 procedures). The procedures are mapped with the state health scheme (DDSSY) and the rates of common procedures are same as that of procedure under the state health scheme.

Further, he mentioned that State has already integrated NFSA (National Food Security Act) with Rashtriya Arogya Nidhi (RAN) and Health Minister Discretionary Grant (HMDG). Implementation of the scheme is taken care at State level, and there is no District Implementation Unit in the State. It was mentioned that, under Apke Dwar Ayushman (ADA) enrolment Drive 2.0, the PMAM's are visiting house to house in villages to identify beneficiaries and generating their Golden Records (GR). Also, an initiative named "Sarkar Tumchya Dari" has been started in the state.

It was highlighted that the ppreliminary comparison between state procedures and HBP 2022 indicates that the state procedure rates are 20-30% higher than HBP 2022. The Tagging exercise of NFSA families is under way in the State. For the beneficiary awareness & IEC activities on the scheme, the State has undertaken sensitization workshops for Health Care Workers, Aganwadi Workers, ANM's, Social Workers, Public Leaders, & Departmental Officials.

It was also mentioned that for improving utilization in Public Hospitals, incentives are being provided to the treating doctors, nurses in order to encourage cases from the public hospitals. However, some operational issues being faced with respect to usage of Transaction Management System, the Bio-authentication device does not work many times and patients gets suffered unduly.

ABDM: Ms. Dikshita Borkar, Operations Manager, Goa highlighted that State has appointed SMD and Nodal officers HFR/HPR for ABDM and HMIS (E-Health Goa) is already operational. However, HMIS e-Sushrut implementation is in process in collaboration with Centre for Development of Advanced Computing (CDAC) and Infotech Corporation of Goa Ltd (ITG). It was further mentioned that 3,33,391 ABHA IDs has been created out of total 15,00,000 population of the State (>22%). Also, State has registered 289 (100%) public facilities in HFR, but no private health facility has registered in HFR. Further, it was mentioned that State has planned to drive adoption of HPR for Govt. professionals in next 6 months and for Pvt professionals within next 12 months.

VI. Presentation on AB PM-JAY and ABDM by Gujarat:

Dr. S.G. Jain, Assistant Director, SHA, Gujarat highlighted that the scheme is being implemented in Insurance mode covering SECC and Non- SECC data. The insurance premium is Rs 2,177 per family per annum. State pays 100 % for state scheme of MA –MAV beneficiaries. State has impanelled 2,663 hospitals (783 Private & 1,880 Government/Corporation/ GIA Hospitals) under the scheme for giving treatment against 2,711 procedures. Total 1.38 Cr Ayushman Cards has been issued in the State, including the beneficiaries of State run schemes, i.e. Mukhyamantri Amrutam (MA) (BPL families) Mukhyamantri Amrutam Vatsalya (MAV). It was mentioned that total Rs. 1524.09 Cr of claim have been paid till 31st March, 2022.

Further, it was highlighted that State is implementing HBP 2.0 & implementation of HBP-2022 is under process, NHA may clarify about tier 1-2-3 under the package. Further, every district has DIU in place with District Project Coordinator (DPC), also there is a District Coordinator (appointed by Ins. Co.). The ADA (Enrolment Drive) 2.0 will be rolled out in July-2022. The NFSA API is integrated with specific fields for RAN and HMDG.

Upon Empanelment of agencies for Beneficiary Facilitation Agency (BFA), it was mentioned that recently State has decided to implement PMJAY-MA from 100% Ins. to Hybrid Model and once it gets implemented decisions will be taken further. The SHA has integrated 3 APIs (NFSA, Income Certificate and State specific Enrolment data). State has made provisions for incentive to staff in public hospitals and Green Channel Payment System is under process. The "Green Corridor" facility has been made functional in all government hospitals. It was also highlighted that as fraud control measures total 1,74,525 Cards has been disabled, and 12,146 BIS user ID deactivated. Also, penalties/recoveries been done from DEOs, MPHW, MO, CSC VLE, PMAM of Private hospitals, Insurance company's Approvers and beneficiaries for impersonation.

It was mentioned that for improving utilization in public hospitals continuous awareness through various kind of IEC activities at field level and with public hospitals being under taken. Awareness generation among scheme beneficiaries in campaign mode being done by distinct initiatives viz. Vande Gujarat Vikas Rath Yatra, Maha-Jumbesh, Seva Setu Camps, Niramaya Gujarat etc. However, some challenges also being faced viz. frequent issues related to BIS & TMS logins, also in HBP 2.0, revision of package rates etc. It was suggested by the State that IT related issues should be addressed timely and States may be consulted before any major deployment.

ABDM: **Sh. Ravi Shukla, Director (IT), Gujarat** presented that State has appointed SMD and Nodal officers HFR/HPR for ABDM and HMIS (Gujarat Hospital Management System) is operational in 33 hospitals. Total 83,26,328 ABHA IDs has been created out of total 6.90 Cr population in the State (>12%). Also, State has

registered only 34 health facilities out of total 1596 in HFR. The State has no incentive plan for linking health records to ABHA/ registering in HFR/HPR. State has planned to setup PMU. Also State Has planned to promote the ABDM during upcoming Vande Gujarat program starting from 5th July to 19th July, 2022 for mass generation of ABHA.

VII.   Presentation on AB PM-JAY and ABDM by Rajasthan:

Dr. Amit Yadav, ACEO, RSHAA, Rajasthan highlighted that the scheme is being implemented in Insurance mode w.e.f. 30.01.2021 covering 1.35 Cr families. State has adopted, HBP version 2.2 and total 1633 packages are being provided in which 1572 are on Insurance mode and 61 are on trust mode. Also, State has onboarded 1,625 (810 Public & 815 Pvt) EHCPs under the programme, with total bed strength of 1,02,420 in the State.
Further it was mentioned that, every citizen in State is entitled for Health Insurance benefit, irrespective of Income status and which is the highest coverage as per NFHS-5 (88%) across states with risk cover of Rs. 10 Lakh, under Ayushman Bharat – Mukhya Mantri Chiranjeevi Swasthya Bima Yojana. It was mentioned that total Rs. 1362.4 Cr of claim have been paid in FY 2021-22. It was highlighted that 94% claims are processed within 7 days & 90% claims are paid within period of 7 days. State is implementing HBP 2.0 & implementation of HBP-2022 is under process HBP 2.2 adopted & HBP 2022 is taken in New RFP.

Upon Empanelment of agencies for Beneficiary Facilitation Agency (BFA), it was mentioned it has been engaged for medical colleges. The Data sharing with NHA being done and state is working on real time data sharing. The Hospital empanelment criteria & package utilization, trend, unnecessary package booking/ suspicious transactions etc. are regularly being reviewed. Also, the Bio metric verification with Aadhar Authentication (>95%) being done in the State.

It was highlighted that, to increase beneficiary awareness, the IEC activities being augmented by providing incentive to field beneficiaries for increasing enrolment, also added this in Gram Sabha agenda. For having Convergence of the scheme, various state schemes viz. Mukhyamantri Jeevan Raksha Yojana, Rajasthan Government Health Scheme, Mukhyamantri Chiranjeevi Accident Insurance Scheme, Mukhyamantri Nishulk Upchar Dawa / Jaanch Yojana has been converged with AB-MMCSBY.

Further, some key challenges & issues highlighted, viz. BIS and wallet API Integration for portability. Also, suggested that the NHA may extend technical support to ensure real time data sharing from SHA's for NAFU triggers, M&E, strengthen SHA's IT system etc. He further suggested that Health Informatics Audit may be done with enabled IT system in place. Also mentioned that the frequent HBP revision with

increased rates puts extra burden on the state, in such cases NHA may share the burden.

ABDM: State has appointed SMD and Nodal officers HFR/HPR for ABDM and HMIS (iHMS-Integrated Health Management System) is operational in 756 hospitals which will be integrated with ABDM. Total 68.83 lakh ABHA IDs has been created in the State. All the government health facilities are registered in PCTS Software which will be shared with ABDM, also 764 private hospitals recorded under AB-MMCSBY will be shared with ABDM. For HPR, iHMS has mapped 7822 doctors, which can be shared with ABDM.

Further it was suggested that, the State has unique identification number "JAN AADHAR" for a family, every household member has linked with his/ her AADHAR no in that "JAN AADHAR", it may act as ABHA ID. Also mentioned that, iHMS generates Unique Health ID for the patients visiting to the government health facilities, and iHMS has integrated with "JAN AADHAR" and the information can be shared by integration with ABDM. It was also suggested that Integration of ABDM may take place with existing digital health initiative/ iHMS/ PCTS/ MMCSBY of State.

Day-2

VIII. Doctor's Day Celebration:

The Doctors Day was celebrated on 01.07.2022 at 10:00 A.M, **Dr. R.S. Sharma, CEO, NHA** addressed the participants & other virtually connected Doctors/ SHAs staff from all the States/UTs, through recorded video. On the occasion, it was highlighted that Doctors are the back bone of the health system and AB PM-JAY scheme as well and their dedicated services to the beneficiaries, especially during the Pandemic has made the AB PM-JAY a big success. The gathering was also addressed by Dr. Pradeep Vyas,

ACS (PH), Maharashtra and five doctors from locality of Pune also awarded on this occasion for their best services.

Further, on this occasion three announcements of Awards and fellowship under AB PM-JAY were also made by NHA, which will be given during forthcoming 'Aarogya Manthan', are as follows:

a) Ayushman Bharat Utkrist Chikitsak Samman-05 Awards (21,000 each)
b) Ayushman Bharat PM-JAY Fellowship (5 Numbers, Rs. 1 Lac grant to each candidate)
c) Utkrist Ayushman Chikitsalaya under AB PM-JAY (1 Lakh each to the best hospitals in each state)

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The above mentioned awards were unveiled by the Senior Officials from NHA & SHA dignitaries of the host state (Maharashtra). It was mentioned that good work done by the key stakeholders under this ambitious scheme requires to be recognized, which may further develop a sense of belongingness and level of motivation can be boosted with the objective to achieve Universal Health Coverage among all States/UTs.

IX.   ABDM-Recent Policy Development:

Dr. Akshay Jain, Joint Director, ABDM, NHA put light on the recent policy development in ABDM. He mentioned that, ABDM envisioned to create an Inclusive, Accessible, Affordable and Efficient Digital Health Infrastructure across the Country in a Safe and Time bound manner. Also, highlighted that how the technology and policy together driving the ABDM. There are three enabling new Digital Public Goods for the Health Ecosystem under ABDM, viz.

- Enable inter-operable Health Data via Health Information Exchanges
- Enable inter-operable Health Claims via Health Claim Exchanges
- Enable inter-operable Health Services Via Unified Health Interface (UHI)

He further mentioned about, ABDM Ecosystem, how it may function with or without Unified Health Interface (UHI). Also, about three key components & their benefits under ABDM, i.e. ABHA- A 14-digit number, Healthcare Professionals Registry- A Healthcare Professional ID, Health Facility Registry- A Facility ID.

He further, highlighted about allocated funds for ABDM, proposed governance structure for ABDM in States/UTs. Also, highlighted on expectations from States on

Population of registries, State-wide HMIS, Governance Structure, Identification of Health Facilities where end to end implementation of ABDM can be observed, IEC campaigns for creation of ABHA and onboarding on HFR and HPR and increasing use of ABDM ecosystem. Also, he mentioned briefly about the status of implementation of ABDM in western region.

X.   Ayushman Card Saturation:

Dr. Rohit Deo Jha, Deputy Director-SPC, NHA highlighted on Ayushman Card Saturation and the importance of generating Ayushman card on priority basis. He mentioned that States with larger beneficiaries can use their own database but in a reasonable time it should be tagged with SECC database as per Cabinet note. Also, the beneficiary base has expanded from 8.94 Cr Families (as per SECC 2011) to 14.74 Cr families.

Further, some initiatives for increasing generation of Ayushman card were highlighted Viz. Access to village level database for mobilization, Onboarding of agencies for card creation, Engagement of agencies for quick approval of Ayushman card, adopted Crowd Sourcing model for card approval, revamped the BIS with Self/assisted verification & download, Updated SECC data from other welfare schemes e.g. PMUY, PMAY for better beneficiary targeting, On-ground convergence of HCWs, FLWs, PRIs etc. It would further be benefitting in saturation of beneficiary identification process and will provide better visibility to the scheme ensuring last mile utilization, achieving UHC. He further mentioned on process of tagging and timeline for completion of Tagging Activity by end of July, 2022. It was also mentioned that, NHA is implementing convergence schemes in majority of the States and if State/UT agrees to issue Co-branded card to State specific beneficiaries, NHA shall fund total cost of issuance of cards to all beneficiaries. As the Co-branded Ayushman card promotes uniformity and strengthens scheme identity, promotes ease in delivery of portability services. The NHA has targeted issuance of 22 Crore Ayushman cards by December' 2022.

During the deliberation, ACEO, Rajasthan added that since database is already there in state/s, which is Aadhar based, so it may be considered as beneficiary, upon which Dr Rohit Jha said that this tagging of SECC and Non SECC and mapping helps in convergence and it propagates among people for health seeking behavior benefitting the poor people, making them aware about the scheme providing better visibility among the beneficiaries.

XI.   New HBP policy & DRG/ICD-11:

Dr. Shankar Prinja, Executive Director, HPQA, NHA made a presentation and discussed on Policy Decisions on Health Benefit Package & New HBP2022,

Implementation of ICD-11/ICHI, Progress on Diagnosis Related Grouping (DRG) and Updates in STGs & Quality.

He mentioned that, in HBP 2022 cost evidence has been considered taking cost-price differential as per the CHSI study. Also, 365 new procedures have been added & the total procedure count has increased to 1949 and new high-end procedure viz. Bone marrow transplant & cochlear implant surgery has been added. Also. The prices being rationalized as per evidence on cost, stakeholder consultation, scheme utilization review & acceptance of package prices. A wide stakeholder consultation has been undertaken with state health agencies, policy researchers, public and private hospitals, also a Health Financing and Technology Assessment (HeFTA) unit has been created to evolve new interventions on ground of equity to reduce out of pocket expenditure and making it cost effective. He further mentioned about Strategic Purchasing under PMJAY. An Expert Advisory Committee (EAC) has been constituted to develop an operational plan on Strategic Purchasing.

He further appraised the audience about the new initiatives approved by Governing Board, viz. Implementation of 15% incentive for NQAS National Level Certification under AB PMJAY over and above the base package rate as available to NABH certified hospitals, Co-payment by beneficiaries in case of packages costing beyond limit of Rs. 5 Lakhs, flexibility to States/ UTs in deciding & approving the procedures to be booked under unspecified surgical package upto Rs. 5 Lakhs, Flexibility to States / UTs in deciding the cost of health benefit packages in the States/UTs subject to adherence to ceiling guidelines. Also, briefed the participants about Standard Treatment Guidelines, Quality Assurance. He further put light on strengthening Patient Classification System (ICD-11 & ICHI) and Provider Payment System and Diagnosis Related Groups (DRGs).

Further, during the deliberation **Dr. Pradeep Vyas, ACS (PH), Maharashtra** raised his concerns on frequent revision of pricing & DRG analysis, he added that it may deviate the scheme objectives and with this the insurance model likely to be boosted, so we should avoid revising the prices or increase prices on continuous basis on the cost of coverage of the scheme, further he mentioned that Maharashtra model of the scheme may be explored by the NHA.

XII.   Anti-Fraud Framework under AB PM-JAY:

Dr. Kameshwar Rao, Executive Director, M&R, NHA gave a presentation on Anti-Fraud Framework under AB PM-JAY which is robust and best-in-class anti-fraud system with having culture of Zero Tolerance with Prevention, Detection and Deterrence and State-of-the-Art Technology in place. There are 51 triggers, 47 in TMS and 4 in BIS. He also briefed about fraud detection workflow and process flow of fraud

detection and investigation, process of Artificial Intelligence & Machine Learning Image Analytics, Image De-Duplication, Facial Landmark Detection, Similarity checking of images and Social network analysis etc.

Further, he mentioned about RADAR (Risk Assessment, Detection and Analytical Reporting) which enables near real time monitoring of scheme utilization. Also put light on FACTS Portal (Fraud Analytics Control & Tracking System) which provides all suspect/confirmed fraudulent transactions/entities involved in committing fraud under PM-JAY with workflow enabled end to end tracking and closure. He further added that >16,000 suspicious cases have been found out in State of Gujarat, Maharashtra and Rajasthan, among which 1.32 Cr penalty has been levied and recovery of 72.3 lakh have been made.

It was highlighted that, Quality of data shared by States, especially Brown-field States are not up to the mark to run NAFU triggers. Also, functioning of SAFUs is sub-optimal due to lack of trained and adequate human resources, also SAFUs are not utilizing RADAR and FACTS appropriately. Dr. Amit Yadav, ACEO, SHA, Rajasthan requested that NHA may share SAS based algorithm model and the triggers may be shared with State/s for better understanding and to streamline the Anti-fraud mechanism.

XIII. Insights Dashboard:

Dr. Ruchira Agrawal, Division Head, M&R division apprised all the participants about existing Data Ecosystem at NHA and distinct dashboards viz. Insights, RADAR, Impact and FACTS. She further given overview of INSIGHTS dashboard, public dashboards and internal dashboard suite. She mentioned that, Public Dashboards have been added on the website for increased transparency and to encourage quantitative research engagement with NHA. She mentioned that Insight dashboards are a collection of interactive dashboards (both static and dynamic) that help to use analytics across geographical, gender, time horizon, BIS, TMS. HEM.

Further, she highlighted that it has been developed by NHA to monitor and evaluate overall operations & performance of PM-JAY at National and sub-national level. There are seven major dashboards viz. State & District Performance Dashboard, Procedure-Hospital Dashboard, Hospital Empanelment Dashboard, Portability Dashboard, Village Penetration Dashboard, Impact - ISA / TPA Performance and SECC State Demographics, covering various aspects of scheme implementation and strategy.

She mentioned that dedicated state dashboards for specific purposes have also been created under Additional dashboards. The NHA Insights Dashboarding Suite is based on Power BI which has a distinct interface. The public dashboards have numbers and trends across BIS, TMS, and HEM systems. These have been colour-coded for strong mnemonic connections.

The meeting ended with vote of thanks by **Dr. Pankaj Arora,** Director, Convergence, NHA. He thanked Dr. Pradeep Vyas, ACS (PH) and Dr Sudhakar Shinde, CEO- SHAS, Maharashtra and his team for successfully organizing the workshop and support extended by the NHA & all other SHA officials of participating States/UTs.

Key Action Points:

S.No.	Key Action Points	Responsibility
1.	It is essential for the brown field States to have co-branding while preparing or creating the Ayushman cards, so the representations of state and the national schemes may be ensured hand in hand.	SHA
2.	Ayushman Card Saturation of all (eligible and tagged) beneficiaries should be ensured and tagging activity should be completed by July 2022.	SHA
3.	It is essential that availability of the health facility and services are known to the beneficiaries to achieve UHC.	SHA
4.	We require to focus outcome-based implementation of the scheme, since it is more effective and result oriented.	NHA/SHA
5.	Functionality of HMIS across various States/UTs need to be ensured for which all the States/UTs needs to utilize funds appropriately to make ABDM a success.	SHA
6.	All the States/UTs urged to take up provisioned e-Rupee positively to reduce the out-of-pocket expenditure among poor beneficiaries and to achieve scheme's objective more realistically.	SHA/NHA
7.	Since, the convergence of public hospitals is very poor, the Beneficiary Facilitation Agency's (BFAs) may require to take up to have claim submission & processing in time. Therefore, convergence of State Schemes and onboarding of BFAs should be on priority.	SHA
8.	All the States/UTs may promptly accept & use the Green channel payment, which aimed at instantaneous release of 50% of the amount on claim submission, it would be increasing & boosting hospital's active participation in the scheme.	NHA/SHA
9.	States/UTs may provide nominations for Joint Review Mission (JRM) the Monitoring and evaluation task force for on-ground assessment of PM-JAY, Gujarat has already nominated for JRM, nomination from others states is yet awaited.	NHA/SHA
10.	It is crucial to generate Ayushman card on priority basis, the States with larger beneficiaries may use their own database but all states require to match state data with SEEC database, in a reasonable time frame, probably due to which scheme (AB PM- JAY) visibility lacked than its actual coverage. It therefore, tagging of Non SECC beneficiaries against SECC data should be completed on priority.	SHA
11.	Maharashtra State, ACS Dr Pradeep Vyas raised his concern and cautioned on frequent revisions of prices/package costs on account of coverage of scheme which may deviate the mandate & objectives	NHA

	of the scheme, he suggested that Maharashtra model may be explored.	
12.	To streamline Anti-fraud framework, states need to ensure uploading of respective photos/images in the system at appropriate place correctly, by all Public and private hospitals.	SHA
13.	Rajasthan ACEO, SHA requested that NHA may share SAS based algorithm model and the triggers may be shared with State/s for better understanding and to streamline the Anti-fraud mechanism.	NHA
14.	States/UTs should prioritize the adoption of HBP 2022.	SHA
15.	Initiating comprehensive and sustained IEC activities for awareness under AB PM-JAY	NHA/SHA

State specific actionable points:

MAHARASHTRA

- State requires to complete the process of tagging of Non SECC beneficiaries under AB PM-JAY on priority.
- Sustained enrollment drives & IEC Campaign needs to undertake to cover all eligible beneficiaries in the State.
- State needs to streamline the data sharing through API on priority
- State needs to take adoption of HBP 2022 on priority.
- State has reported to facing some operational issues in portability claim settlements.
- State has reported having lack of clarity about office expenses, TA/DA for the staff involved in the scheme and other general expenses, for which NHA may provide a detailed guideline to the states.

RAJASTHAN

- State should undertake convergence of MMCSBY (Sate scheme) with AB PM-JAY
- Data sharing through API on regular basis along with portability need to be ensured
- State should opt issuance of Co-branded cards to eligible beneficiaries in the State.
- Scheme related IEC activities requires to be strengthened.

GUJRAT

- State to uptake Aapke Dwar Ayushman 2.0 campaign going to be launched by 15th July 2022.
- State needs to take adoption of HBP 2022 on priority.
- Onboarding of BFA needs to be ensured by the state.

DNH & DD

- State requires to boost the empanelment of more private hospitals under AB PM-JAY
- State may establish State Anti-fraud unit on priority
- Quality Certification for EHCPs has to be established under AB PM-JAY

GOA

- State needs to complete the scheme convergence with NHA IT platform
- State needs to boost to increase empanelment of hospitals under AB PM-JAY scheme
- State requires to complete the process of tagging of Non SECC beneficiaries under AB PM-JAY on priority.

Feedback analysis of Ayushman Sangam (Western Regional Review Meeting)

Day 1:

National level workshop on ABDM															Total Marks Obtained	Total Marks	Percentage
Content:	4	5	5	4	5	4	5	4	5	5	4	4	5	5	5	69	75	92%
Timing	4	4	4	4	5	4	4	4	4	5	4	5	5	5	5	66	75	88%
Competency	5	5	5	5	5	5	5	4	5	5	4	5	5	4	5	72	75	96%
Engagement	4	5	5	4	4	5	4	4	5	5	4	-	5	3	5	62	70	89%

Implementation & new initiatives under AB PM-JAY															Total Marks Obtained	Total Marks	Percentage
Content:	5	4	5	5	5	4	4	4	5	5	5	4	5	5	5	70	75	93%
Timing	5	5	5	4	5	4	4	4	4	4	4	5	5	5	5	68	75	91%
Competency	5	4	5	5	5	5	5	4	5	5	5	5	5	5	5	73	75	97%
Engagement	4	5	4	5	5	5	4	4	4	5	4	-	5	5	5	64	70	91%

Presentation on ABDM															Total Marks Obtained	Total Marks	Percentage
Content:	4	5	5	4	4	4	4	5	4	4	4	4	5	3	5	64	75	85%
Timing	4	4	4	4	5	4	4	4	4	5	4	5	5	3	5	64	75	85%
Competency	5	4	5	5	5	4	5	4	4	5	5	5	5	3	5	69	75	92%
Engagement	4	4	4	4	3	4	4	4	5	4	4	-	5	3	5	57	70	81%

Presentation on AB PM-JAY & ABDM by Maharashtra																Total Marks Obtained	Total Marks	Percentage
Content:	5	4	4	5	4	4	5	4	4	4	4	5	5	5	5	67	75	89%
Timing	4	5	5	4	5	4	4	4	5	4	4	5	5	4	5	67	75	89%
Competency	4	4	5	4	5	4	5	4	5	5	5	5	5	5	5	70	75	93%
Engagement	5	4	4	5	4	4	4	4	4	4	4	-	5	4	5	60	70	86%

Presentation on AB PM-JAY & ABDM by SHA, DND & DNH																Total Marks Obtained	Total Marks	Percentage
Content:	4	4	5	4	4	4	4	4	5	4	4	4	5	4	5	64	75	85%
Timing	4	4	5	5	4	4	4	4	4	5	4	5	5	3	5	65	75	87%
Competency	5	5	4	4	5	4	5	4	4	5	4	5	5	2	5	66	75	88%
Engagement	4	4	4	4	4	4	4	4	4	4	4	-	5	4	4	57	70	81%

Presentation on AB PM-JAY & ABDM by SHA, Goa																Total Marks Obtained	Total Marks	Percentage
Content:	4	4	4	4	5	4	4	4	4	5	4	4	5	3	4	62	75	83%
Timing	5	5	5	4	5	4	4	4	4	5	4	5	5	3	4	66	75	88%
Competency	5	5	5	4	4	4	5	4	5	5	4	5	5	3	5	68	75	91%
Engagement	4	4	4	4	4	4	4	4	4	5	4	-	5	3	4	57	70	81%

Presentation on AB PM-JAY & ABDM by SHA, Gujarat																Total Marks Obtained	Total Marks	Percentage
Content:	5	5	5	4	4	4	4	4	4	5	5	4	5	4	4	66	75	88%
Timing	5	5	4	4	4	3	4	4	5	4	4	5	5	3	5	64	75	85%
Competency	5	5	5	4	5	3	5	4	4	5	5	5	5	4	5	69	75	92%
Engagement	5	5	5	4	5	3	4	4	4	4	4	-	5	5	4	61	70	87%

Presentation on AB PM-JAY, ABDM by SHA, Rajasthan																Total Marks Obtained	Total Marks	Percentage
Content:	5	4	4	5	5	4	4	4	4	4	5	5	5	5	4	67	75	89%
Timing	4	5	5	4	4	4	4	4	5	5	5	5	5	5	4	68	75	91%
Competency	4	5	5	4	5	5	5	4	5	4	5	5	5	5	5	71	75	95%
Engagement	5	4	5	4	5	4	4	4	5	4	5	-	5	5	4	63	70	90%

Day 2:

Session on ABDM-Recent policy development												Total Marks Obtained	Total Marks	Percentage
Content:	5	5	4	5	4	3	4	5	4	4	4	47	55	85%
Timing	4	5	5	4	5	5	4	4	4	4	4	48	55	87%
Competency	5	5	4	5	5	5	5	4	4	4	4	50	55	91%
Engagement	4	5	5	5	4	5	5	4	4	4	4	49	55	89%

Session on Ayushman card saturation												Total Marks Obtained	Total Marks	Percentage
Content:	5	5	5	5	5	5	5	5	4	4	4	52	55	95%
Timing	5	5	4	5	5	5	4	4	5	4	4	50	55	91%
Competency	4	5	4	5	5	5	5	5	5	4	4	51	55	93%
Engagement	5	5	4	4	5	5	5	5	5	4	4	51	55	93%

Session on New HBP policy & DRG/ICD-11												Total Marks Obtained	Total Marks	Percentage
Content:	5	5	5	5	5	4	5	5	5	4	5	53	55	96%
Timing	4	4	5	5	4	5	5	5	5	4	5	51	55	93%
Competency	5	5	4	4	4	5	5	4	5	4	5	50	55	91%
Engagement	4	5	4	5	5	4	4	4	5	4	5	49	55	89%

Session on Hospital Engagement & IMPACT Dashboard												Total Marks Obtained	Total Marks	Percentage
Content:	5	5	5	4	4	5	4	5	5	4	4	50	55	91%
Timing	5	5	4	4	5	4	5	4	4	5	4	49	55	89%
Competency	4	5	4	5	4	4	4	5	5	4	4	48	55	87%
Engagement	5	5	5	4	4	5	4	5	4	4	4	49	55	89%

Presentation on Insight Dashboard												Total Marks Obtained	Total Marks	Percentage
Content:	4	5	5	5	5	4	4	5	4	4	4	49	55	89%
Timing	5	5	5	4	4	4	4	5	5	4	4	49	55	89%
Competency	5	5	5	5	4	5	5	5	5	4	4	52	55	95%
Engagement	5	5	4	5	5	4	4	4	4	4	4	48	55	87%

Presentation on Anti-Fraud Framework under AB PM-JAY												Total Marks Obtained	Total Marks	Percentage
Content:	4	5	4	5	5	5	5	4	4	5	4	50	55	91%
Timing	5	4	4	5	4	5	4	5	5	4	4	49	55	89%
Competency	4	5	5	4	4	4	4	4	5	4	4	47	55	85%
Engagement	5	5	4	5	4	4	4	5	4	4	4	48	55	87%

P.S: Dash (-) indicates that participant did not give any mark for that particular session.

List of Participants

NHA:

1. Dr R.S Sharma, CEO, NHA
2. Dr. Vipul Aggarwal. Dy CEO, NHA
3. Dr. Kiran Gopal, Executive Director, IT, NHA
4. Dr. Pankaj Arora, Director, Convergence, NHA
5. Dr. Shankar Prinja, Executive Director, HPQA, NHA
6. Dr. Kameshwar Rao, Executive Director, M&R NHA
7. Dr. JL Meena, Joint Director, SPE, NHA
8. Dr. Akshay Jain, Joint Director, ABDM, NHA
9. Ms. Parvathy Rahul, Dy. Director, IEC Division, NHA
10. Sh. Rohit Deo Jha, Dy. Director, SPC Division, NHA
11. Dr. Ruchira Aggarwal, M&R Principal Consultant, NHA
12. Dr. Upendra Singh, Dy Principal Consultant, CB, NHA
13. Mr. Aviral Gupta, OSD to CEO, NHA
14. Mr. Veer Bharti, State Coordinator, SPC-NHA
15. Ms. Samriddhi Shree, State Coordinator, SPC, NHA
16. Mr. Edwick Bilung, State Coordinator, SPC, NHA
17. Mr. Ashish Agnihotri, Project Manager, Coordination, ABDM, NHA
18. Ms. Kritika Walia, Regional Coordinator, ABDM, NHA
19. Mr. Anuj Dayal, IEC, NHA

State/UT (SHA)

State/UT	S.No.	Name	Designation
Gujarat	1.	Shri Ravi Shukla	Director (IT)
	2.	Dr. S.G.Jain	Assistant Director
	3.	Dr. Shailesh A. Anand	General Manager
Goa	4.	Dr. Rajasekhar Yellapu	CEO/ACS (IAS)
	5.	Miss Dikshita Borkar	Operations Manager
	6.	Mr Pawan Kumar Raikar	Operations Manager
	7.	Dr Yogesh Potdar	Medical Management & Quality Manager
	8.	Dr Kedar Raikar	Nodal Officer ABDM
Rajasthan	9.	Dr. Amit Yadav	ACEO, SHA (IAS)
	10.	Sh. Gyan Sharma	CO-PM, RSHAA

	11.	Dr. Rajendra Sharma	SNO-IT (ABDM)
	12.	Mr. Akash Aggarwal	
Maharashtra	13.	Dr. Pradeep Vyas	ACS (PH) IAS
	14.	Dr. Neelima Kerkatta	PS (PH) IAS
	15.	Dr Sudhakar. Shinde	CEO- SHAS
	16.	Mr Dilip Kawatkar	General Manager
	17.	Dr Bahubali Nagaonkar	Chief Medical Consultant
	18.	Dr Kanchan Kalvale	Sr Manager
	19.	Dr Aparna Makhwana	Sr Manager
	20.	Dr.Neha Panchal	Sr Manager
	21.	Ms Madhavi Chamal	Sr Manager
	22.	Dr.Kalpesh Patil	Manager
	23.	Dr Sreekanth Pundakar	Manager
	24.	Dr Nitin Patil	Sr Manager
DNH & DND	25.	Dr. V K Das	CEO, AB PM-JAY
	26.	Dr. Meghal Shah	UT Nodal Officer ABDM

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