Journey of Reaching out and Increasing Access to Healthcare for People of Uttar Pradesh
Pradhan Mantri Jan Arogya Yojana
September 2018-2019
The annual report has been developed by SACHIS with technical assistance from ACCESS Health International.
All photographs used have been taken after consent from the subject.
Data period for the report is 23 September 2018 to 31 August 2019.

ACCESS Health International is the technical partner to SACHIS in implementing the Pradhan Mantri Jan Arogya Yojana in Uttar Pradesh.
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The state of Uttar Pradesh is participating in the flagship program of the Government of India—the Ayushman Bharat. The program aims to strengthen the delivery of integrated primary healthcare through setting up of Health and Wellness Centers and reducing catastrophic expenditure on in-patient care and hospitalization through the Pradhan Mantri Jan Arogya Yojana (PM-JAY). The program is major reform towards universal health coverage for the people of India. PM-JAY provides coverage for hospitalization expenses for secondary and tertiary care services under pre-defined packages at all empaneled public and private hospitals across India. The Government envisages covering 107.4 million beneficiary households (Deprived categories from the Socio-Economic Caste Census of 2011; households involved in select occupations). When fully implemented this will be the world’s largest government-funded healthcare scheme in terms of coverage, to help reduce the financial burden on poor and vulnerable groups, and to ensure their access to quality health services.

The State Agency for Comprehensive Health Insurance and Integrated Services (SACHIS) the controlling and monitoring agency, launched PM-JAY in Uttar Pradesh on September 23, 2019, with the goal of providing quality secondary and tertiary healthcare to approximately 31 percent of its population through a network of public and private hospitals.

The first year of PM-JAY implementation in Uttar Pradesh by SACHIS has been progressive. Significant milestones have been achieved in reaching out to the beneficiaries, increasing awareness, building a network of healthcare provider to deliver healthcare services and putting in place institutional systems and processes to manage the ambitious scheme. While a lot still needs to be achieved to reach the full potential of the scheme, the year has been action packed and there are stories of joy, hope and triumph from the 1.5 Lakh beneficiaries who could utilize the benefits of the scheme.

This annual report showcases the key milestones reached on this momentous journey of implementing PM-JAY by SACHIS. The report has four key sections describing; (i) beneficiary engagement and empowerment (ii) setting up delivery and institutional systems (iii) report card for year one and (iv) conclusion and the way forward for year two.

*Data period for the report is 23 September 2018 to 31 August 2019. Data source is PMJAY Insights.*
Building Foundation for Success

Beneficiary Engagement and Empowerment

PM-JAY in Uttar Pradesh covers 1.18 crore households (77 percent in rural areas and 23 percent in urban areas) and provides a health cover to approximately six crore beneficiaries. The scheme’s success depends on the optimal and rational utilization by the targeted beneficiaries. Hence SACHIS, following the guidelines suggested by the National Health Authority (NHA) and through its own initiative, implemented a variety of beneficiary engagement and empowerment activities. Key among them are; (i) identification and verification drives; (ii) setting up helpline to increase awareness (iii) setting up mechanisms to seek beneficiary feedback and satisfaction.

For continuous beneficiary verification, SACHIS closely monitors identification and verification undertaken by the Pradhan Mantri Arogya Mitras at hospitals and by village level entrepreneurs at the common service centres, as per the Memorandum of Understanding (MoU) between the NHA and the Ministry of Electronics and Information Technology. SACHIS through the year has actively engaged with the empaneled hospitals to deploy Pradhan Mantri Arogya Mitras, as they are the first point of contact for the beneficiaries and most important link. At present there are more than 2000 Pradhan Mantri Arogya Mitras deployed across the state. They are responsible for identifying and verifying the beneficiaries, issuing a Golden Card to them and facilitating the uptake of services.

There are over 36000 CSCs in Uttar Pradesh, with the mandate to identify and verify the beneficiaries in PM-JAY. This provides an opportunity to beneficiaries to register in advance irrespective of hospitalization requirement and understand the benefits available to them under the scheme. The CSCs help a beneficiary to identify his name in the database and in identifying and verifying his name entitlement for the scheme and scan/upload his documents for verification, and issue the Golden Card for a fee of Rs.30, to be paid by the beneficiary, in return for a printed golden card.

By the end of year one, over 42 lakhs, i.e. seven percent of the beneficiary base has been verified. Some of the early operational challenges faced are gradual increase in awareness among the beneficiaries. Since PM-JAY is an entitlement based scheme, it does not mandate the beneficiary to verify in advance, so beneficiaries would verify only when they required services, but this trend is changing with the increase in the awareness activities and various drives.

SACHIS recognizes the operational challenges and has initiated special drives with a goal of verifying 50 percent beneficiaries by end of year two. This will help it to increase balanced utilization of services. Some initiatives have already started:

- 10 day statewide health camp organized in July 2019 identified and verified one-lakh beneficiaries
- Month long special drive in September through village level camps by the CSCs.

Local Stories of Mobilization

Etawah- created a local helpline number for the beneficiaries

Kaushambi- utilized the existing platform of gram chaupal to create awareness

Pratapgarh- along with CSCs took out an awareness rally and used the news media

Sambhal- spread awareness through ration dealers/public distribution system

Siddhartha Nagar- took the initiative to train Arogya Mitras on Transaction Management System / Beneficiary Identification System.

Beneficiary Feedback and Satisfaction Survey

SACHIS designed a structured feedback survey to reach out to 100 percent of the beneficiaries who have accessed services under PM-JAY. The first phase of the survey covered all beneficiaries till January 2019. The survey helped understand awareness level, experience, and satisfaction levels amongst beneficiaries, and if any out-of-pocket expenditure had been made by them while availing medical services. The results were

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encouraging and highlighted that 94 percent of respondent beneficiaries expressed satisfaction with the benefits utilized under PM-JAY and 91 percent confirmed that services were received cashless. The respondents who reported any grievances were reached out through the district implementation teams and most grievances were resolved. No major cases fraud and abuse was identified. The survey findings are being judiciously used by SACHIS to further strengthen implementation processes of the scheme.

Strategic Priorities For Year Two- While the existing activities will continue, SACHIS will undertake advanced data analytics on existing data systems to identify improved verification opportunities; promote active screening of PM-JAY beneficiaries at the public hospitals; prioritize beneficiary engagement in eight aspirational districts; and leverage inter-departmental coordination for ground mobilization. The feedback and satisfaction survey on a sample beneficiary base will also continue in year two.

SECTION 2
Setting up the Delivery and Institutional Systems

Building the Hospital Network

In the first year, SACHIS has steadily expanded the hospital network to increase access for its beneficiary base. From 644 empaneled hospitals in September 2018, at present there are 1900 empaneled hospitals - 461 public and 1439 private. This is an increase of 67 percent. SACHIS engaged with providers through orientation programs and addressed their operational challenges, thereby increasing their participation in the scheme gradually increased.

In addition to empanelment, participation of hospitals consistently increased over a period of time. At present, 76 percent claim share is from private and 24 percent from public hospitals. While participation of private hospitals has consistently increased, uptake from public hospitals and medical colleges has been slow. Medical colleges in the state (22 in public) provide a huge treatment capacity for the scheme.

For the first time we have been able to build confidence in the extremely deprived poor section of the society that they are entitled to and can receive cashless health services in private hospitals.

For us as private hospitals it is a meaningful association to participate in the scheme.

Director, K K Hospital, Lucknow

To increase the hospital participation in the scheme, SACHI organized several orientation programs with private hospitals (October 2018) and a cross-departmental orientation program, in participation with the leadership from Department of Health and Family Welfare and Department of Medical Education and medical colleges (September 2019). The workshop aimed to promote a mandate to create and learn together, resolve operational challenges and bring in greater participation of medical colleges towards improving access of quality healthcare for the people of Uttar Pradesh.

Strategic Priorities for Year Two- While SACHIS will continue to expand the hospital network, going forward it will be critical to understand the hospital network beyond the number of hospitals. SACHIS will focus on understanding the total hospital universe in the state - its distribution in the districts, beds, and specialties, to have a targeted empanelment strategy. Additionally, SACHIS will continue a proactive engagement with currently empaneled hospitals, seek their feedback towards improving and strengthening the processes and systems and increasing their participation.

“Happy to be a part of this noble and pro-poor people health scheme. It is heartening to see very deprived people receive best of the treatment and resume their work. For us in public hospitals the incentives are a great opportunity to improve our infrastructure and services. It is a win-win situation and we are happy to be at receiving end”.

Chief Medical Superintendent District Women Hospital, Barabanki

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Building the Frontline - Pradhan Mantri Arogya Mitras

SACHIS, early on in the scheme implementation ensured that empaneled hospitals deploy Arogya Mitras. The Pradhan Mantri Arogya Mitras (PMAMs) are the crucial first point of contact for the PM-JAY beneficiary in the hospitals who is responsible to identify, verify and ensure cashless and hassle-free delivery of services to the beneficiary. By the end of year one approximately 2000 Pradhan Mantri Arogya Mitras have been appointed and deployed. A number of orientation and training programs on the use of Beneficiary Identification System have been conducted. There are operational challenges where PMAMs have dual responsibilities in the hospitals affecting the interaction with the beneficiary, attrition due inadequate remuneration etc. Some of these issues were addressed and some of the challenges are being evaluated for appropriate solution.

"Ayushman Bharat Jan Arogya Yojna ke kaaran bahut se atyadhik gareeb jo sarkari haspatal tak me ilaj karane jaane me darte the, is Yojna ke maadhyam se swayam ko Samarth samajh rahe aur hain apna ilaj kara pa rahe hain. Mujhe bahut khushi aur garv hai ki mein samajh ke vanchit vag ki sahayata kar pa rahe hu. Yeh Yojna bahut saare logo ke liye aasha ki ek nayi kiranhai."

Pradhan Mantri Arogya Mitra Community Health Center Aliganj

Strategic Priorities for Year Two

SACHIS will focus on building capacities of PMAMs to strengthen processes, interpersonal communication skills and managing grievance. A feedback assessment with PMAM will be conducted to understand their challenges, identify solutions and increase motivation of the frontline teams.

District Implementation Teams

SACHIS deployed a workforce of over 200 staff in the districts to provide operational support to the empaneled hospitals and coordinate with district administration and Implementing Support Agency. Three-member teams comprising District Program Coordinator, District Information Systems Manager and the District Grievance Manager are in place since December 2018.

In addition to providing orientation, training on scheme related software and processes SACHIS has developed a District Performance Management System to standardize functioning and reporting of District Implementation teams. The system helps monitor the administrative functions of the staff and provides a structure to engage and resolve operational issues of the provider hospitals. The district teams report their monthly work progress on an online platform on 11 administrative functions and participation and issues of hospitals. The early test results of the system are encouraging and provided access to a lot of ground level information.

Strategic Priorities for Year Two - SACHIS will focus on promoting collaborative working in the districts between district teams, Implementing Support Agencies and District Administration; improve field visits by state teams, and building capacities for data analysis.

Implementing Support Agencies

SACHIS, in the early stages of scheme implementation, on-boarded four Implementing Support Agencies for four geographical clusters. The agencies played a vital role in setting up processes and systems, especially preparing the private empaneled hospitals to begin participating in the scheme. This included helping hospitals set up Transaction Management System, orienting the Pradhan Mantri Arogya Mitras, and resolving claims queries and facilitating claims review. Additionally, the agencies supported verification and rejection of the beneficiaries in the Beneficiary Identification System.

"PM-JAY scheme is India’s largest government funded health insurance scheme. We are very proud to be the implementing support partner to SACHIS. During the first year journey we have learnt a number of things. We do face challenges especially as the Internet connectivity is still a challenge in remote areas of the state and accessing large database becomes an issue. We appreciate SACHIS efforts in running the scheme successfully in the state”.

Implementing Support Agencies

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There are operational challenges, as faced in any large programs, however periodic reviews by SACHIS has helped resolved some of these. All four ISAs have accepted renewal of contract. The agencies will continue to support the implementation in year two and SACHIS will seek feedback and strengthen its engagement with the implementing support agencies.

Building Institutional Capacities

In the first year SACHIS invested in building institutional capacities to manage and monitor PM-JAY. Besides district teams, state level positions have been filled based on the approved organizational structure, which over a period of time will develop core insurance management functions. A skill mapping exercise has been completed to match the teams against the required role and key performance indicators. SACHIS has conducted trainings to build teams on function and technical areas. Operational processes for core functions of medical management, fraud management and control, grievance redressal mechanisms have been set up and functional committees have been constituted. The committees as recommended through the national guidelines are constituted and are functional. These include state and district empanelment committee, grievance redressal and claims review.

Medical Management

SACHIS medical management team comprises 10 in-house medical doctors. Additionally, to review the tertiary cases, specialist doctors are empaneled through an agency, Avigna. About five to six percent (of triggered cases) tertiary case are reviewed by specialist doctors. During the initial phase, to prevent cases of fraud and abuse, SACHIS instituted a system of 100 percent claims adjudication internally along with claims reviewed by the implementing support agencies. As the processes stabilized, an 80:20 ratio for claims approval has been initiated. In this process the claims are run through 11 triggers and 20 percent of cases are assigned to the medical management team for desk review and 80 percent of the claims are processed directly through the Accounts Officer and Chief Executive Officer.

Alongside, SACHIS has worked towards standardizing the claims review process. Some initiatives includes; standardizing language for raising query and making rejections; developing and enforcing standard treatment protocols for six most used packages (Cataract with foldable hydrophobic acrylic IOL by Phaco emulsification tech, Hemodialysis per sitting, 3- Hemodialysis/ peritoneal Dialysis (only for ARF) 4- Enteric fever, 5- Acute exacerbation of COPD, 6- Laparoscopic Cole cystectomy) and standard checklist of documents required for claims submission. These operational processes are regularly shared with the empaneled hospitals and Implementing Support Agencies.

With these efforts SACHIS has been able to ensure 68 percent (against a national average of 52 percent) of submitted claims disbursed and paid to the empaneled hospitals. This can significantly be improved with motivating the hospitals to submit the claims on time and increasing internal capacity of the medical management team.

Strategic Priorities for Year Two - SACHIS recognizes that medical management is the core function of SACHIS and is committed to strengthen it. SACHIS will expand the internal team by recruiting mid-level reviewers and strengthen the functioning of Implementing Support Agencies.

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Fraud Management

SACHIS has been vigilant to prevent, detect and deter fraud and abuse with scheme’s clear directive for ‘Zero Tolerance’ for corruption in any form. The state has set up the State Anti-Fraud Unit (June 2019), which is the repository of all cases flagged as potential for fraud and abuse by National Anti-Fraud Unit. In addition, SACHIS refers to the cases flagged by its implementing support agencies, identified by the in-house medical management team of SACHIS, as well as those reported through the beneficiary satisfaction survey. The State Anti-Fraud Unit (SAFU) then undertakes a desk review of all cases and segregates them on basis of severity and allocates to district implementation teams in case of beneficiary audit, and implementing support agencies in case of medical audits. The reviewers then are responsible for undertaking the physical audit and submit the reports through the Kaizala application. Initial trainings and orientations on medical audits have been conducted.

The beneficiary feedback and satisfaction survey conducted by SACHIS has been a good mechanism to identify cases where money is being paid by the beneficiary.

SACHIS recognizes that early precedents need to be established as deterrence and graded response has been implemented- advisories have been issued to non-complaint hospitals. In cases where it has been established that money has been charged to the beneficiary, these have been refunded by the hospital. There has been stricter action against hospitals with show cause notices and suspension of empanelment.

Strategic Priorities for Year Two

- While initial systems and processes have been established there is a lot of streamlining that is required in building capacities for effective fraud control. At present triggers are generated manually from the claims data an automated system that allows for submission, verificaton, and approvals of pre-authorizations and claims, and with in-built live triggers can be an efficient strategy. With the aim to reduce fraud, SACHIS will focus to identify fraud and deny payments before they are made, using advanced system-based analytics, both at pre authorization and claims submission stage. SACHIS will also focus on building capacities at district level to effectively implement guidelines.

Grievance Management System

The Grievance Redressal Mechanism is a three-tier system and includes constitution of committees at national, state, district level. The state and district committee and State Nodal Grievance Manager are in place. Along with this, SACHIS established a round-the-clock call center in December 2018 to provide immediate support to beneficiaries and stakeholders seeking information and for grievance related issues. Currently 55 executives provide uninterrupted customer support to callers 24*7 in three shifts. As of June 2019, the call center was responding to 3300 calls per day and over 3,68,208 queries have been responded. SACHIS has conducted several training workshops for the executives to build their understanding of scheme related information, beneficiary entitlement, as well as provided soft skills training for effective interpersonal communication.

Analysis of the call data, highlights that majority of the calls are to enquire the eligibility of the beneficiary and getting the golden cards. About one percent of the calls are grievance related and complaints. Thus, the call center is providing the much-required support for awareness and information on the scheme.

Strategic Priorities for Year Two

- Call center’s annual contract has been renewed and SACHIS will continue to engage them in pro-actively reaching out to beneficiaries to inform them of the scheme and answer their queries.

Performance Management & Supportive Supervision System

SACHIS has seven state managers to oversee 75 districts. For district implementation team, SACHIS developed a performance management system, which facilitates the state team to monitor and support district teams on standardized indicators. There are two components – monitoring administrative and hospital engagement functions. The district teams report monthly progress on these on online platforms. This simple tool has been successful in identifying a variety of operational issues in the field, helped district team resolve these and creates accountability of district teams.

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“Our work is in the districts and we do not get an opportunity to interact with SACHIS on day to day basis. Using the monthly online reporting system, we share our work, achievements and challenges. We receive support based on our reporting. It makes us feel connected with the SACHIS.”

“I am happy to receive an online reporting platform to report PMJAY. Since this scheme envisions a variety of tasks in the districts, it is difficult to a track of all of them on paper. Through this we are able to capture all key tasks. It will be good to have access of our own work data as well as other districts performance to improve further.”

District Program Coordinators

*Data period for the report is 23 September 2018 to 31 August 2019. Data source is PMJAY Insights.*
SECTION 3

Year One Report Card

Strengthening Provider Network- Over 1900 Hospitals Empaneled

Private. Vs. Public

Private 74%

Public 26%

75 Percent Multiple Speciality Hospitals

Single Vs. Multiple Speciality

Multiple 1463

Single Specialty 444

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Participation Of Public Hospitals

Public Vs. Private Participation

*Data period for the report is 23 September 2018 to 31 August 2019. Data source is PMJAY Insights.*
**Service Utilization**

A Balance between Medical and Surgical Packages

*Data period for the report is 23 September 2018 to 31 August 2019. Data source is PMJAY Insights.*

### Medical Vs. Surgical

- **Surgical 52%**
- **Medical 48%**

### Most Utilized Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Bronchitis</td>
<td>2567</td>
</tr>
<tr>
<td>Caesarian Delivery</td>
<td>2779</td>
</tr>
<tr>
<td>Dvaginal Hysterectomy with UTI</td>
<td>2987</td>
</tr>
<tr>
<td>Pyrexia of Unknown Origin</td>
<td>3261</td>
</tr>
<tr>
<td>Acute Febrile Illness</td>
<td>3619</td>
</tr>
<tr>
<td>Acute Gastroenteritis with</td>
<td>4007</td>
</tr>
<tr>
<td>Laparoscopic Cholecystectomy</td>
<td>4630</td>
</tr>
<tr>
<td>Acutre Excaberation of Copd</td>
<td>5921</td>
</tr>
<tr>
<td>Oncology</td>
<td>5941</td>
</tr>
<tr>
<td>Haemodialysis/Peritoneal Dialysis</td>
<td>8282</td>
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<tr>
<td>Kcataract with Foldable Hydrophobic</td>
<td>12458</td>
</tr>
<tr>
<td>Hemodialysis Per Sitting</td>
<td>15798</td>
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<tr>
<td></td>
<td>16611</td>
</tr>
</tbody>
</table>

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Uttar Pradesh: Key Milestones
September 2018-2019

SEP-18
- Constitution of Empanelment Committees
- Hospitals Empanelled (644)
- Cabinet approval for scheme (13 September 2018)
- Awareness drive - movie & song on PMJAY

OCT-18
- District Implementation Units (DIU) established
- Regional workshops for orienting private hospitals
- Set up review and monitoring mechanism for Implementing Support Agencies
- Changes in TMS software for 100% review

NOV-18
- Residential workshop for DIU teams
- Hospitals Empanelled (1000)
- District level workshops conducted for Hospitals
- Common Service Centres engaged for making Golden Cards

DEC-18
- State call centre set up
- Constitution of State and District Grievance Redressal Committees

JAN-19
- 15 lakh golden cards generated
- First regional workshop of PMJAY

FEB-19
- Initiation of Beneficiary engagement activities
- Early Implementation report on AB-PMJAY released
- Special awareness drive during Kumbh Mela
Initiation of Performance management system for DIU teams

Mukhya Mantri Jan Arogya Abhiyaan launched

Plastic cards launched for PMJAY beneficiaries

MARCH-19

Arogya Mitras Assessment

1,00,000 beneficiaries treated under PMJAY

Beneficiary engagement outcome report published

30 lakh golden cards generated

Hospitals Empanelled (1500)

State Anti Fraud Unit(SAFU) constituted

JUNE-19

Hospital booklet & coffee table book on PMJAY released

50 lakh golden cards generated

Hospitals Empanelled (1955)

1,77,000 beneficiaries treated under PMJAY

SEP-19

1,50,000 beneficiaries treated under PMJAY

Special drive for PMJAY Golden Cards started

MAY-19

May-19

June-19

AUG-19

Strategies and priorities for second year reviewed

State Anti Fraud Unit(SAFU) constituted

30 lakh golden cards generated

Hospitals Empanelled (1500)

1,00,000 beneficiaries treated under PMJAY

Beneficiary engagement outcome report published

Hospital booklet & coffee table book on PMJAY released

50 lakh golden cards generated

Hospitals Empanelled (1955)

1,77,000 beneficiaries treated under PMJAY

SEP-19

1,50,000 beneficiaries treated under PMJAY

Special drive for PMJAY Golden Cards started
What Beneficiaires Say

Name of the Patient: Arvind*
District: Sant Kabir Nagar

Arvind, an electrician by profession met with a disastrous accident on the job. He was electrocuted and both his hands were severely burned. He was rushed to the Bhaurao Devras Joint Hospital of in Lucknow. His family was informed that Arvind had suffered heavy burns and would have to lose an arm. Also, the cost of treatment would be high. Arvind being the only earning member of his family, was at a loss. He had no means of paying for his wellbeing. Just as Arvind and his family were contemplating the next line of action, possibly borrowing money from the local money lender, an Arogya Mitra, looked up his name and found him to be a beneficiary under the Ayushman Bharat scheme. This was music to Arvind's ears and a huge relief for his family. Not only was Arvind assured of treatment, it also meant that his family would not fall in debt. Arvind is now recovering, and though he lost one forearm, he is grateful for the support he received through Ayushman Bharat, in such a time of need.

Name of the Patient: Ramavatar Singh*
District: Agra

Ramavatar Singh aged 50 years suffered a heart attack and needed an angioplasty. Angioplasty being expensive, his family first sought treatment at a public hospital but were faced by long queues there. Finally, they took Ramavatar to Sparsh Malhotra Hospital of Agra, a private hospital empaneled under Ayushman Bharat. Ramavatar Singh’s family was already an identified PMJAY beneficiary household by way of receiving the Prime Minister’s letter. He was admitted immediately and received cashless treatment.

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Name of the Patient: Anwar Qureishi*
District: Siwal Khas village in Meerut District

Anwar, a young and able man aged 30 years, met with an accident about an year back, in which his hip was severely fractured. He required a total hip replacement surgery, the cost burden of which was unthinkable, given his socio-economic situation. For quite some time he took treatment from local doctors, bone setters in his area, trying to avoid the expensive surgery and to great discomfort.

He had almost given up, when his family received the Prime Minister’s letter informing them that they were identified as beneficiaries for cashless treatment under the Ayushman Bharat scheme. It was like having being given the ticket to treatment without having to bear the cost. Anwar got a total hip replacement surgery at the KMC Hospital and Research Centre, empaneled under Ayushman Bharat.


*Names have been changed to maintain beneficiary privacy.

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Conclusion and Way Forward
Moving Towards Balanced Growth

SACHIS, is committed to effective and efficient implementation of PM-JAY in Uttar Pradesh, which will improve access to quality healthcare and reduction of out-of-pocket expenditure for the people of the state. To achieve that SACHIS will strategize to achieve full viability of the scheme. While SACHIS will to continue to monitor all aspects of the scheme, focus will be to strengthen the core functions of beneficiary management- increase beneficiary empowerment through, outreach and feedback on the scheme; expand provider network and increase provider engagement to increase access to the scheme; and build institutional capacities for effective claim management and fraud control.

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