Increasing Access to Healthcare for People of Uttar Pradesh

2 YEARS

of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana

ANNUAL | SEPTEMBER
REPORT | 2019 -2020

CONTENTS

VISION

Achieving Sustainable Development Goals 3.8: Ensuring financial protection against catastrophic health expenditure and access to affordable and quality healthcare for all

MISSION

To create the world's best health assurance programme in an efficient and technologically robust ecosystem

OBJECTIVE

To reduce catastrophic out-of-pocket health expenditure and improved access to hospitalization care.

Source: National Health Authority

"
Epidemics are a stress test for a system
"

Dr. Michael J. Ryan

World Health Organization
Informal Advisory Group.

Message from
Additional Chief Secretary,
Medical, Health & Family Welfare

Indeed, epidemics are a way to test a systems preparedness and resilience to deal with sudden emergency situations. The recent COVID-19 pandemic has not only threatened the existing healthcare systems across the world but has also given a food for thought to all the policy and health delivery decision makers of the world to relook at their systems, strategies and capacity to change and adopt.

The Government of Uttar Pradesh is standing strong in fighting the global pandemic with utmost commitment and faith in its healthcare system. Following the global guidelines and recommendation, we are working undeterred to contain and manage the COVID-19 by detecting, testing, treating, and isolating. We, as a department and the entire ecosystem of healthcare in the state and beyond, have evolved over the past year in not only managing and adapting to the crisis but also, strengthening our resources, skills and capacities across functions.

On Pradhan Mantri Jan Arogya Yojana, Uttar Pradesh, being the most populous state in the country, with the largest number of eligible beneficiaries, the scheme is bringing in more awareness, identifying and verifying beneficiaries, and assisting them to, utilize the program. The scheme is on a defined roadmap to bringparadigm change in the health and wellbeing of the most marginalized sections of society, and thereby in the overall productivity of the state. In the last two years, the State Health Agency of Uttar Pradesh – State Agency for Comprehensive Health Insurance and Integrated Services (SACHIS) has quickly progressed from setting up of systems to being an efficient health insurance service provider and scheme implementer. Most recently, SACHIS have evolved as a pillar to support the state's healthcare system in managing the pandemic.
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Initiatives taken by SACHIS, especially in the period of post lockdown to resume the PM-JAY services were an important vehicle to enable participation and ownership of the scheme. The initiatives also served the important function of increasing accountability of the scheme to the public. The efforts of increasing access of the public to PM-JAY services are encouraging. SACHIS have showed their responsibility of serious engagement with the functioning of its stakeholders, especially with payouts of claims within record time, and are also providing the leadership to ensure efficient and transparent functioning of PM-JAY.

I would like to congratulate SACHIS, which strategically planned its initiatives to implement the program, overcame recent operational and policy level challenges and now building its capacities to monitor and measure its performance. I would also like to acknowledge the support provided by technical support agencies - ACCESS Health International, GIZ and KPMG in the implementation of this ambitious scheme in the state.

Shri. Amit Mohan Prasad (IAS)
Additional Chief Secretary Medical, Health & Family Welfare Government of Uttar Pradesh

Message from
The Chief Executive Officer

The annual report of the State Agency for Comprehensive Health Insurance and Integrated Services (SACHIS), gives us an introspecting and inspirational review of the year two of implementing PM-JAY (September 2019 -2020). SACHIS the implementing and monitoring agency for the flagship program PM-JAY, has shown itself to be strong, resilient, and sturdy in the time of the COVID-19 pandemic. Although a time testing period, it has been a rollercoaster ride since the start of 2020 but with enthusiasm in pursuit of a cause. The report reflects the key milestones achieved by SACHIS in its quest to improve access to healthcare in Uttar Pradesh. Importantly, the report also attempts to capture our challenges and constraints, which we will address going forward. It is of critical importance that we learn from our achievements, as well as from our oversights and limitations.

It gives us immense pleasure to present the remarkable milestones achieved by SACHIS in the last one year. We have seen optimal increase in scheme utilization, hospital activation and public sector participation despite the challenges of the pandemic. SACHIS initiated a statewide beneficiary identification drive and reached 30 % families in the state. The provider network is now expanded with approximately 800 new hospitals empaneled - a total of 2667 public and private hospitals are now part of the network. SACHIS on boarded a team of medical auditors and vigilance officers to strengthen the medical management and fraud control function. The state has also successfully transitioned to Health Benefit Package 2.0 launched by National Health Authority (NHA).

As the state entered the COVID-19 unlock phase, SACHIS initiated 'Ayushman Samvad' a webinar series of dialogue and outreach to connect with our provider network, partners, ground functionaries and other stakeholders with relevant operating guidelines to ensure the services are resumed at the earliest. We joined forces and energies with the National Health Mission to leverage its ground force of ASHAs and the Health & Wellness Centers in increasing awareness and utilization of services by the beneficiaries.

We are proud of the recognition received by the National Health Authority for undertaking path breaking innovations during the Arogya Manthan in 2019.

We are guided and encouraged in our efforts by the state leadership, the Additional Chief Secretary, and the Principal Secretary, Medical, Health and Family Welfare. We acknowledge the support of our technical partners - ACCESS Health International, GIZ and KPMG, who have continued to support the program implementation. We want to thank ACCESS Health in supporting us to develop the annual report.

As we continue our journey, I would once again like to thank all my team and partners for their support and commitment towards our main stakeholders – the beneficiaries of the scheme.

Smt. Sangeeta Singh
Chief Executive Officer
SACHIS

FEATURES OF PM-JAY IN UTTAR PRADESH

Coverage

PM-JAY Families	MM-JAY Families	Total Families	Total Beneficiary Base
1.18 Crore	**0.08 Crore**	**1.26 Crore**	**6.5 Crores**

Provider Network

Empaneled Providers	Public	Private
2,667	**1,102 (41 %)**	**1,565 (59 %)**

Administration

- State and District Committees (Hospital Empanelment, Grievance Redressal)
- 4 Implementing Support Agencies for 4 clusters
- 24* 7 Call Center for Information and Grievance Redressal
- 35 State Staff and 225 District Implementation Staff
- 54 Vigilance Officers for Field and Medical Audits
- 75 districts categorized into 4 clusters
- 4 member technical support unit at State
- 2 technical partners for support to SACHIS

Highlights

E-Cards Issued[2]	Patients Treated/Registered	Value of Treatment Provided
96,17,029	**4,33, 936**	**₹ 432.9 Crores**

Portability Cases[3]	Grievance Resolved	Calls Addressed
10,474	**5,419**	**16 Lakh**

[1] As on Aug 23, 2020, source Insights
[2] Source Insights as on 30th Aug 2020
[3] Patients of other States Treated in Uttar Pradesh

Cluster- 1
Districts- **22**

Eligible Families- **2.87 million**

Empanelled Hospital- **647**

Public - **259** & Private- **368**

Cluster- 2
Districts- **14**

Eligible Families- **3. 47 million**

Empanelled Hospital- **608**

Public - **269** & Private- **339**

Cluster- 3
Districts- **20**

Eligible Families- **2.92 million**

Empanelled Hospital- **689**

Public - **262** & Private- **427**

Cluster- 4
Districts- **19**

Eligible Families- **3.39 million**

Empanelled Hospital- **726**

Public- **312** & Private- **414**

AROGYA MANTHAN 2019- NEWDELHI

MILESTONES

Year one focused on setting up systems and processes required for implementation of the scheme these included constitution of various state and district committees, hiring the state and district teams, contracting the Implementing Support Agencies, setting up round the clock helpline through a call center and establishing process and procedures for effective claims management. In Year two the focus has been to strengthen existing systems and processes and build new partnerships for: beneficiary engagement, targeted outreach of beneficiary and engaging stakeholders and adapting to withstand the COVID-19 pandemic.

	September - November 2019	**December 2019 – February 2020**
Beneficiary Empowerment	• Statewide beneficiary identification and enrollment drive.	• Linked SECC data with Public Distribution System for easy beneficiary identification. • Partnered with State Institute for Health and Family Welfare to train staff nurses and frontline workers to increase PM-JAY enrolment and utilization. • Arogya Melas in collaboration with National Health Mission
Provider Management	• Statewide awareness drive among providers to empanel hospitals in each district. • Reverification of infrastructure and clinical criterions of empanelled hospitals.	• Statewide outreach of the empaneled Community Health Centers to increase their participation. • Issued Government Order to public sector hospitals to encourage screening of all patients at the Outpatient Department to identify the PM-JAY beneficiaries.
Claims Management & Fraud Control		• Trained Medical Auditors and Call Centre staff on HBP 2.0. • Decentralized fraud management - 54 Vigilance Officer nominated at Mandal level.

[3] Since the start of 2020, the healthcare systems have been tested by the Novel Corona Virus pandemic across the globe. The virus was named Severe Acute Respiratory Syndrome Corona Virus 2 (SARS-CoV-2), and the disease was called Corona virus disease 2019 (COVID-19). The cases of COVID-19 are with unspecified etiology, presented with symptoms of dyspnea, fever, dry cough, and bilateral lung infiltration on radiographs. World Health Organization (WHO) declared Novel Corona Virus as a global pandemic on March 11, 2020 and advised on detection, testing, treatment, and isolation.

March – May 2020	June – August 2020
• Outreached 9 lakh migrant worker families returning home during the COVID-19 lockdown.	• Health Mission to train regional and district functionaries to increase awareness and uptake of services. • Trained the Community Health Officers of Health & Wellness Centers • Co-Created Ayushman Dastak Abhiyan with National Health Mission a door to door exercise to reach out to the beneficiaries.
• Mapped the private provider network to understand the infrastructure and service availability in the state to manage COVID-19. • Facilitated model contract with authorized private labs to ease COVID-19 testing for network hospitals.	• Initiated Ayushman Samvad – Webinar series with providers to resume healthcare services. • Private Provider Assessment to understand challenges to comply with COVID-19 testing and registering SARI cases under PM-JAY. • Assessment to empanel public health facilities not participating in PM-JAY.
• Expanded the team to include 4 Medical Auditors and six Data Analysts. • Expanded the role of State Anti-Fraud Unit to include identify and address fraud in beneficiary identification	

BENEFICIARY EMPOWERNMENT

PM-JAY in Uttar Pradesh provides health cover to 1.18 crore households (77 % in rural areas and 23 % in urban areas). This constitutes to approximately 6.5 crore beneficiaries. In year two (March 2019), the state included over 8 lakh additional beneficiaries from the marginalized tribes such as the Bantangia, Musahar, Antyodaya card holders etc. This group is covered through Mukhya Mantri Jan Arogya Yojana (MM-JAY).

SACHIS focused on strengthening three functions to empower the beneficiaries
(i) Awareness and enrollment
(ii) Grievance redressal
(iii) Feedback and satisfaction

While there was progress on the first two functions, beneficiary feedback and satisfaction during the year was limited to only patients who were tested and treated for COVID-19. The overall enrollment is 15 % (96 Lakh Golden Cards Generated) and 30% of families enrolled.

Awareness

Since PM-JAY is an entitlement-based scheme, there is no prior enrolment required to access the services. However, it is important to ensure that beneficiaries are aware of services and how to access it.. A variety of Information, Education and Communication (IEC) activities were organized during the year. The highlight was that these were organized in collaboration with other institutions.

Organized Arogya Mela with **NHM** and more than **one lakh population** was reached with **scheme details** and **benefits.**

Developed and **disseminated audio messages** from the **CEO appealing** the **beneficiaries to enroll** and **utilize services.** The **message** was **disseminated** and **heard by over five lakh beneficiaries.**

120 Staff Nurses working in **Primary Health Centers** and **Sub Centers trained** in **partnership** with **State Institute of Health & Family Welfare**

5000 Community Health Officers stationed in **Health & Wellness Centers trained**.

90 Regional and **District Community Process Managers** of **NHM trained** and **oriented.**

All **820 block** community process managers and above **1 lakh ASHA** and **ASHA sanginis** have also been trained.

Targeted Outreach for Migrant Workers Returning During COVID-19 Lockdown

Over 36 lakh migrant workers returned to the state during the COVID-19 lockdown. The state government set an elaborate process to screen and reach out to each person.

- SACHIS through the Call Centre called more than 9 lakh migrant workers to understand their well-being and if they exhibited symptoms and direct those in need of medical assistance to the state helpline for COVID-19. 92,000 migrant workers were identified as PM-JAY beneficiaries as a result of the outreach. Beneficiaries identified are now enrolled. So far 13,000 migrants from the above cohort are issued golden cards.
- Developed and implemented an incentive program to engage ASHA workers to identify and enroll 3.75 lakh reverified PM-JAY beneficiaries. An incentive of Rs. 2.0 is provided to ASHAs to enroll this cohort. Incentive is being provided by SACHIS to the office of the Chief Medical Officer who makes the disbursements.

Beneficiary Verification and Enrollment Drives

- Enrolment Campaigns- were organized between September and December 2019. More than 20 lakh golden cards were issued during this time.

- Participated in National Health Mission, Datask Abhiyan- a door to door exercise to screen households for Non-Communicable Diseases. ASHA workers were sensitized to inform every household about the PM-JAY benefits and motivated the households to enroll.. An audio video message from the CEO addressing ASHA's was shared.

MONITORING AND ENGAGEMENT WITH COMMON SERVICE CENTERS AND AROGYA MITRAS

Monitoring and Engagement with Common Service Centers and Arogya Mitras At present the beneficiary enrollment takes place at the empaneled hospitals and at the Common Service Centers. Enrollment at the hospitals is at no cost to beneficiary. However at the CSCs, a fee of Rs. 30 is required to be paid by the beneficiary to enroll and receive a golden card.
Majority of the golden card are generated at the hospitals when the beneficiaries seek services. The CSCs are currently under used possibly due to lack of interest and motivation at the CSCs and beneficiaries not wanting to pay for enrollment. SACHIS is closely monitoring the CSCs especially, in the districts with low coverage. The Pradhan Mantri Arogya Mitras (PMAM) were motivated through an audio message to ensure universal screening of all patients visiting the hospitals for enrollment.

Grievance Redressal

During the first year, SACHIS established around the clock helpline services through a 55-seater call center as the first point of contact for any grievance and information for all stakeholders. SACHIS has built capacities of the staff to be able to distinguish between a true grievance, complaint or simple outrage and query. This skill was critical to resolve a grievance. Special training has been provided to address grievance related to mortality or where beneficiary had to pay out of pocket. For all grievances, a predefined resolution and escalation process with turnaround time for every step has been developed and executed.

SACHIS strengthened its processes using the updated Central Grievance Redressal System of NHA, which offers updated features like SOS grievances which, are to be resolved within six hours else these are escalated to the CEO. The grievance dashboard was launched which helped to monitor indicators like SOS pendency, ageing of grievances, nature of grievances, grievance against providers etc. for appropriate action at the state level. 75 % of the grievances have been addressed with a turnaround time of 30 days. All grievances related to demand for money were resolved and money was returned to the beneficiary.

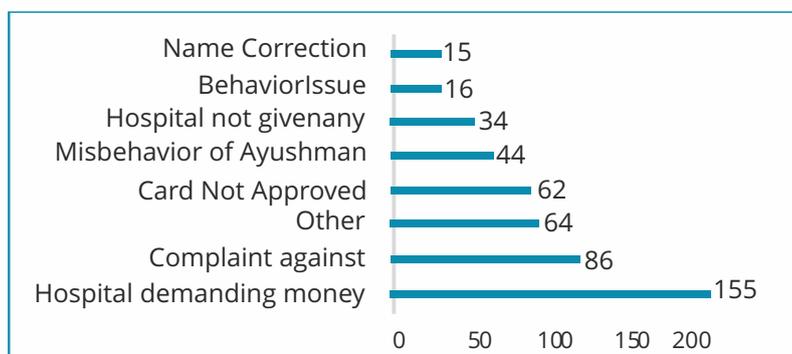## Monthwise Call Load Sept 19- Aug 20

Source- State Call Centre

Grievance Resolution Status

Resolved
Discarded
In process
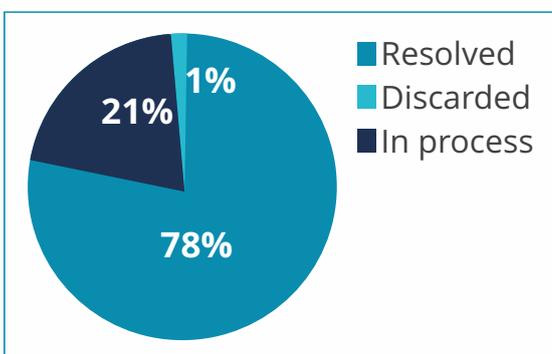
Source-CGRMS portal

Nature of Grievance

| Category	Value
Name Correction	15
BehaviorIssue	16
Hospital not givenany	34
Misbehavior of Ayushman	44
Card Not Approved	62
Other	64
Complaint against	86
Hospital demanding money	155

Source- State Call center

The Way Forward

- Forge inter departmental and institutional collaborations to increase beneficiary awareness and enrollment.
- Sustain communication and media campaigns.
- Increase operational efficiency of the Call Center teams and stakeholder coordination (Arogya Mitras, Implementing Support Agencies)
- Reinitiate the patient feedback and satisfaction system
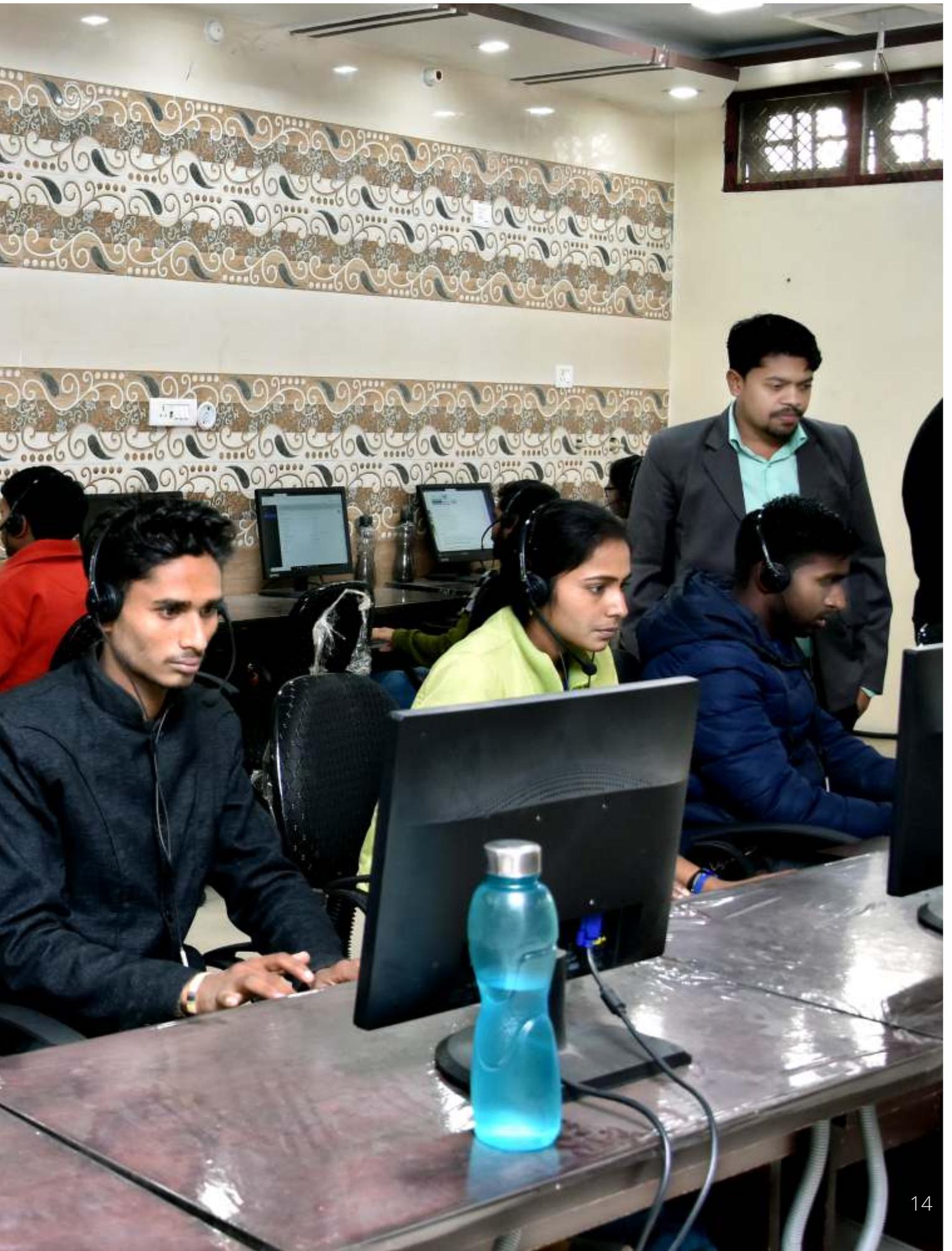
PROVIDER MANAGEMENT

SACHIS has built a large provider network base across all 75 districts that provide services in 24 specialties as per the Health Benefit Package. Year two focused on two critical functions: to expand provider network and to increase provider participation through large-scale outreach and studying the operational barriers.

New Empanelment

Close to 800 hospitals were empaneled to make a total of 2667 public and private hospitals (1102 public and 1565 private) in the network. These hospitals added over 26,000 new beds. The new empanelment also includes 69 hospitals from the Railways, Army and Employee State Insurance Corporation. While the provider network expanded, the total beds per lakh population are still 242 (Public – 107 & Private – 134). In the coming years the state will require double the beds per lakh population, to meet the standards set by World Health Organization i.e. 500 beds per lakh population and to serve the state.

SACHIS recognizes and is working towards one of the critical issues around the provider network i.e. inequitable distribution of the providers. There are regional disparities that exist and there are districts with fewer hospitals which affect access to services. While 85 % of the empanelled providers offer more than one specialty, only 27 % of the providers have empanelled for over ten specialties. This also affects access to the entire health benefit package. In the coming years, SACHIS is prioritizing to build an optimal network for its beneficiary base.

INCREASING PROVIDER PARTICIPATION

Ayushman Samvad

आयुष्मान संवाद

A webinar series designed in partnership with ACCESS Health to reach out to PM-JAY stakeholders with information and debottleneck operational barriers towards resumption of services.

[5]Total 2667 hospitals are part of the provider network in two years and few new hospitals were empanelled or suspended.

[6]Active is described is at least 4 preauthorization in a month.

- Webinars with private providers and private medical colleges were organized to orient the providers on state operational guidelines. Over 250 participants from 150 hospitals and 27 government medical colleges participated. Early results showed: setting up of PM-JAY and COVID help desk and resuming services.

- One on one outreach with over 800 empanelled Community Health Centres (CHCs) to reorient on PM-JAY and to understand operational challenges and solve problems. The focus was to encourage universal screening of all patients to identify and enrol PM-JAY beneficiaries and basic medical packages which can be utilized under the scheme.

- Assessment of private providers to understand the compliance and operational challenges to test patients of Severe and Acute Respiratory Disorders for COVID- 19.

- Coordination meetings with District Chief Medical Officer.

- The provider outreach and assessment highlighted operational barriers in public health facilities. These included – lack of dedicated Pradhan Mantri Jan Arogya Mitras (PMAMs), unavailability of specialists, need to reorient Medical Officer In-Charge about the scheme and utilization of scheme reimbursements.

- Early results highlight that activity in public hospital increased with the outreach activities conducted by SACHIS. The participation of public health facilities especially the CHCs is gradually increasing in last quarter of the year.

MEDICAL MANAGEMENT & FRAUD CONTROL

Medical Management and Fraud Control are the core functions of PM-JAY. SACHIS has strengthened these functions by increasing the human resource capacities and introducing variety of state and district level processes to improve the operational efficiencies during the year.

Medical Management

At state level, 5 new medical auditors were hired for claims adjudication.
The specialist agency
to review super specialty claims continued to support this critical function and the 4 Implementing Support Agencies continued to provide support for preauthorization and claim processing. SACHIS instituted periodic reviews with the Implementation Support Agencies and district teams to effectively monitor performance and resolve any issues.

Key Highlights

- Instituted a two-tier system of claims approval with a specialist agency to review super specialty cases.
- Transitioned to Health Benefit Package 2.0 in March 2020.
- Trained medical auditors, empanelled hospitals and district implementation teams on the revised packages.
- Technical support provided to empanelled hospitals through call center staff to transition from HB1.0-HB2.0.
- 93 % of the claims raised were settled within the turnaround time of 30 days.
- Reduced the rejection rates of claims submitted from 7.15 % in the first year to 3.86 % in the second year.

Fraud Control

SACHIS has actively built the system and process to be vigilant and to prevent, detect and deter fraud with the scheme's clear directive of 'Zero Tolerance' for corruption in any form. SACHIS established State Anti-Fraud Unit in April 2019 by nominating the existing state officials. In year two, the focus was to expand the scope of SAFU to include fraud related to beneficiary identification and decentralizing the fraud function to build capacities at the district level.

Building Operational Efficiencies

Building Operational Efficiencies
The Transaction Management System (TMS) allows to capture in-patient data on admission, treatment, and discharge, and onwards to hospital claims and financial settlement. To improve the state efficiency of TMS,in support from the NHA, several modifications were introduced. These enabled the system to integrate field audits, make provision for partial payments and include mandatory documentation of procedures. Packages for testing and treatment of COVI-D 19 and the Standard Treatment Guidelines were introduced.
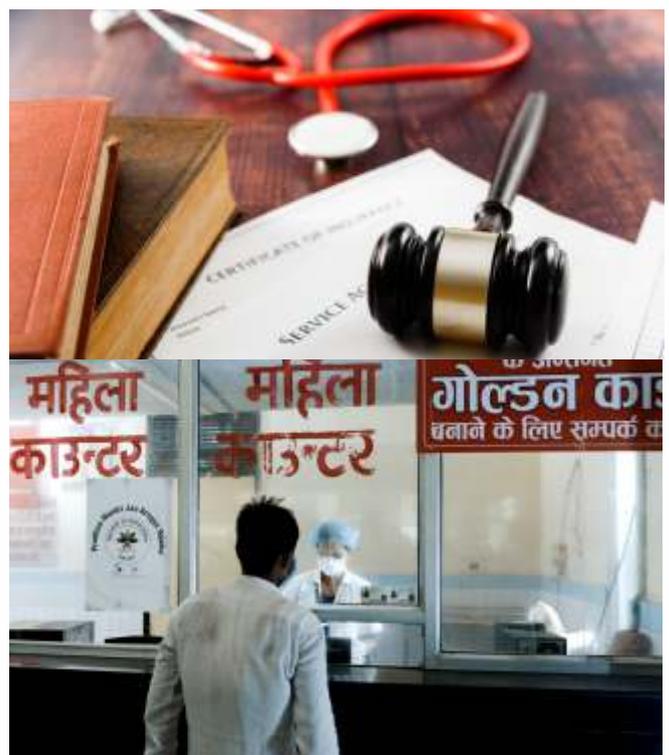
Key Highlights

- Fifty four Joint Directors at Mandal level nominated as Vigilance Officers responsible for field, beneficiary, and medical audits and to submit the report to SAFU within 7 days. The Vigilance Officers are trained in investigations and Kaizala application. Kaizala application was linked with TMS for auditors to refer before claim processing.
- Developed and executed a monitoring framework for Implementing Support Agencies to conduct 5 % medical audits and 10 % beneficiary audits. Weekly review meetings to monitor completed audits and penalties for non-compliance.
- Issued an Office Memorandum to provider network with a list of 150 triggers against which SACHIS monitors the submitted claims.
- Instituted a process of desk review of Beneficiary
- Identification System (10 % of approved cases and 100 % rejected), Preauthorization (10 % randomly selected) and Claims submitted (All claims against 11 triggers of SHA to review 20 % of the triggered cases)
- An assessment was initiated to check possible frauds in Non-PM-JAY beneficiaries treated for COVID-19 in private medical colleges.
- Action against fraud- 61 hospitals de-empaneled, 20 hospitals suspended, show cause notice sent to 80 hospitals and 1200 Common Service Centers were deactivated. A total of Rs 14 Lakh of penalty was imposed on the Hospitals and 15 Cr on Implementation Support agency for non-compliance.

The Way Forward

- Data driven functional reviews to increase operational efficiency.
- Build capacities for desk review and medical audits.
- Improved coordination and integration between the Medical Management and SAFU.

NEW COLLABORATIONS

Institution	Areas of Collaboration	Highlights
National Health Mission	• Beneficiary awareness and enrollment • Forward and backward linkages between Health & Wellness Centers and PM-JAY • Capacity Building	• Trained Master Trainers at Regional and District level to train ASHA workers and Community Health Officer • Over 1 Lakh ASHA workers across 59 districts were trained
SIHFWUP	• Capacity Building of Field Functionaries	• Created a cadre of 120 Master Trainers to train the staff nurses working in Primary Health Centers and the Sub Centers. • Developed a training module for the field functionaries
प्रेरणा	• The Uttar Pradesh State Rural Livelihood Mission with self-help group base of 3.5 lakh members in 52 district aims to mobilize rural poor households into self-managed institutions and support them for livelihood collectives	• Identified opportunities to leverage the SHG network to increase beneficiary awareness, enrolment, and utilization of services
Indian Institute of Technology Madras	• Research and Evaluation	• Undertaking a Process Evaluation of the PM-JAY implementation in Uttar Pradesh. The evaluation aims to assess the implementation progress, bottlenecks and challenges and the opportunities to develop a mid-tern implementation strategy

Way Forward
• Deepen operational engagement with National Health Mission towards integrating Health & Wellness Centers and PM-JAY.
• Formalize engagement with the Uttar Pradesh State Rural Livelihood Mission and State Institute of Health & Family Welfare.
• Identify and foster newer strategic partnerships.

GOVERNANCE

There is conscious move towards decentralized, data driven administration and monitoring of PM-JAY at all levels. Some of the innovative mechanisms introduced include:

Decentralized Administration

Seventy five districts are divided into 4 clusters with Cluster In-Charge at the state level to oversee and support the districts in their cluster. This strengthens the state oversight to support to the districts.

Clusters	Districts	Beneficiary [9] Population	Provider Network	Implementing Support Agency
1	22	2609503	646	Vidal
2	14	3373914	608	Health India
3	20	2706763	688	MD India
4	19	3116888	725	Heritage
Total	75		2667	

[9]This is not inclusive of MMJAA families

M-Connect

In support from ACCESS Health, a data driven review and action system is designed to build capacities and accountability of the claims management team. M-Connect aims to instill a process of tracking, documenting, and analyzing the claims for timely action at different levels.
Key components are
(i) Daily targets for Medical Auditors
(ii) Weekly review
(iii) Monthly review chaired by the CEO on issues and actions and
(iv) Standardizing documentation.

SACHIS aims to build a system to ensure zero pendency with medical auditors and reduction in claim rejection over a period. M-Connect will be tested and documented to understand its effectiveness over the coming year.

Performance Management System (PMS) for District Implementation Units

In support from ACCESS Health, a target driven performance review system was designed to strengthen the functioning of the district implementation team. The PMS aims to monitor the performance of the teams based on agreed indicators. These agreed indicators are as per the scope and support needed by the district teams to resolve any issues.
Key components include
(i) Allocation of targets
(ii) Evaluation and assessment based on quantitative and qualitative indicators (Beneficiary awareness and enrolment /Hospital empanelment and activation/Grievance Redressal)
(iii) District scoring and ranking
(iv) Periodic review by the Cluster In-Charge.
The process will be piloted over next one year to understand the effectiveness.

# COVID-19 MANAGEMENT

The state of Uttar Pradesh, like the rest of world has been battling the COVID-19 pandemic since March 2020. The latest statistics available suggest that over 3.5 Lakh people have been infected and over 5000 people have died from the virus in the state. The state has undertaken a variety of initiatives to contain the spread, this included, ramping up significant testing capacities, creating additional beds and required infrastructure in public and private hospitals, massive community mobilization etc.

The pandemic affected both access to healthcare and demand for services. There is a significant drop in non-COVID-19 services ranging from immunization to acute emergencies both in the public and private facilities. While the public sector is facing financial burden and operational load, the private sector is facing the brunt of low admission rates, inflated cost of running and maintenance of the hospitals. SACHIS, focus during the pandemic has been to ensure continuity of services and access to COVID-19 testing and treatment to PM-JAY beneficiaries.

Barriers to Maintain Essential Healthcare Services

- COVID-19 lockdown that restricted movement of people.
- Fear of contracting the virus in the facilities
- Non availability of transport during lockdown and transportation cost.
- Closure of some facilities as they are designatedas facilities for COVID isolation and treatment.
- Concern- availability of essential medicines
- Finances, Increased transport costs
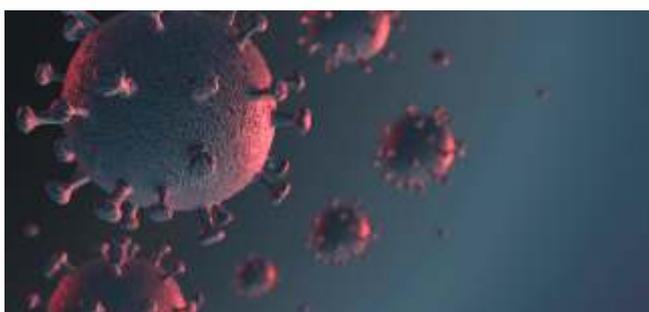
Key Highlights

- Conducted an assessment to estimate the available private sector infrastructure that can complement public sector testing.Assessed 4 categories of private labs; (i) NABL accredited stand-alone labs; (ii) hospital-based labs in PM-JAY Provider Network and other Private Hospitals and (iv) ICMR approved labs for COVID testing (April-May 2020).
- Conducted an assessment to estimate the available infrastructure among private provider network of PM-JAY for COVID-19 management to complement the Government of Uttar Pradesh efforts. (April- May 2020)
- Empanelled 20 New hospitals through the HEM Lite Portal.
- Facilitated arrangement between the provider network and with ICMR approved private labs to ensure access to COVID-19 testing for SARI patients.

PM-JAY's Response to COVID -19

- NHA earmarked six packages for COVID – 19 on April 4, 2020 based on common symptoms of the viral infection, which can be utilized by the hospitals for management and tracking of COVID -19 cases. These six packages are Acute Febrile Illness, Pneumonia, Severe pneumonia, Pyrexia of Unknown origin, Respiratory failure due to any cause (pneumonia, asthma, COPD, ARDS, foreign body, poisoning, head injury etc.) and Type ½ respiratory failures.
- COVID – 19 testing packages were introduced on April 13, 2020. Mandatory testing for COVID-19of all PM-JAY beneficiaries seeking treatment for Severe Acute Respiratory Infections (SARI).
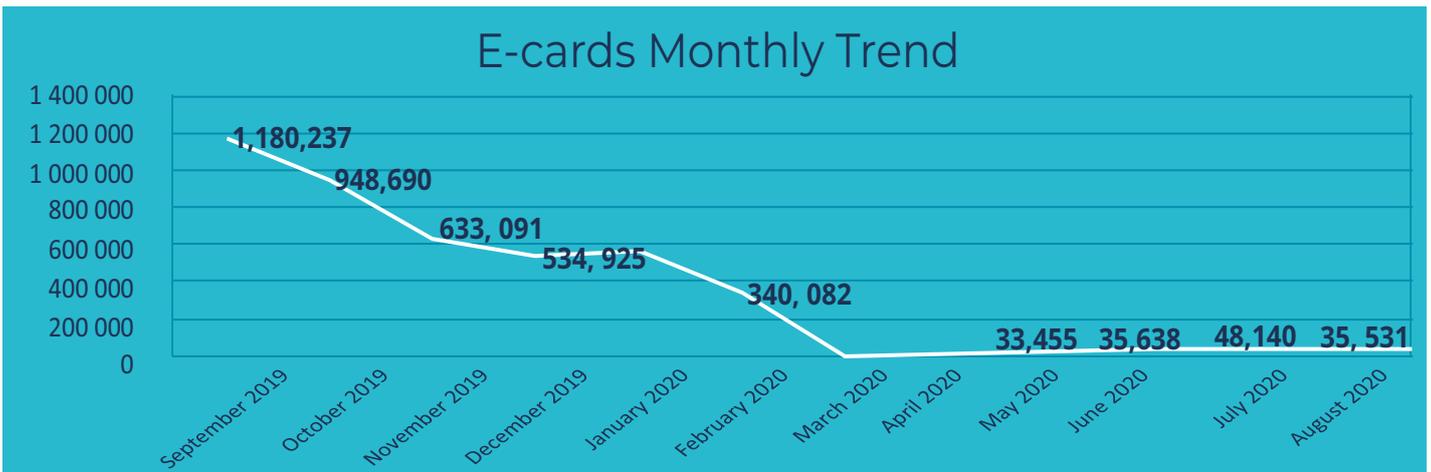
REPORT CARD YEAR 2

E-cards: Year1 Vs Year2

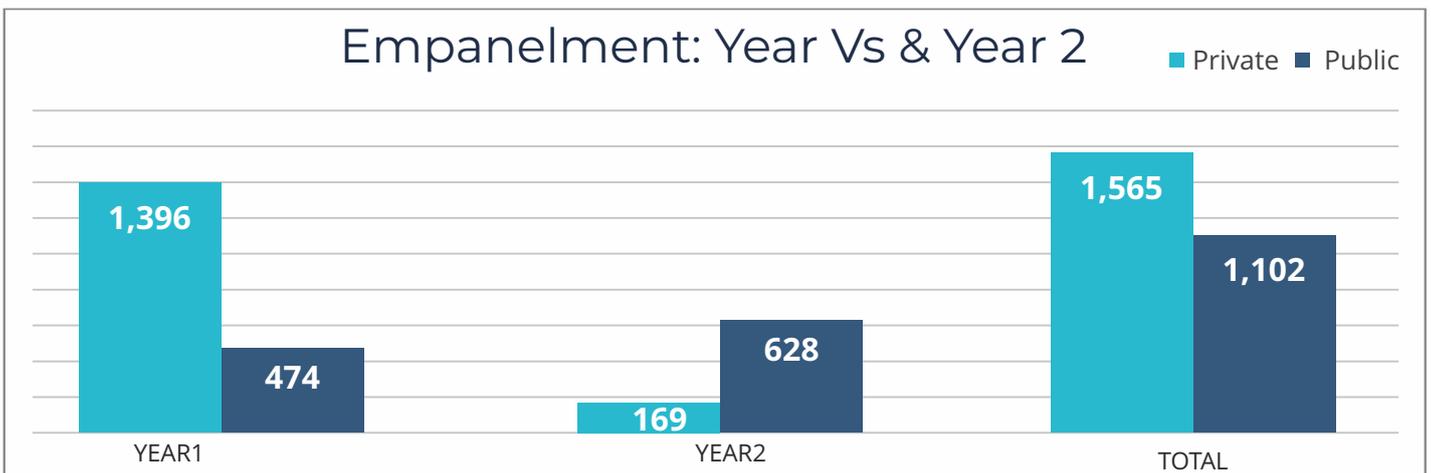|		
YEAR1	YEAR2	TOTAL
52,37,503	43,79,526	96,17,029
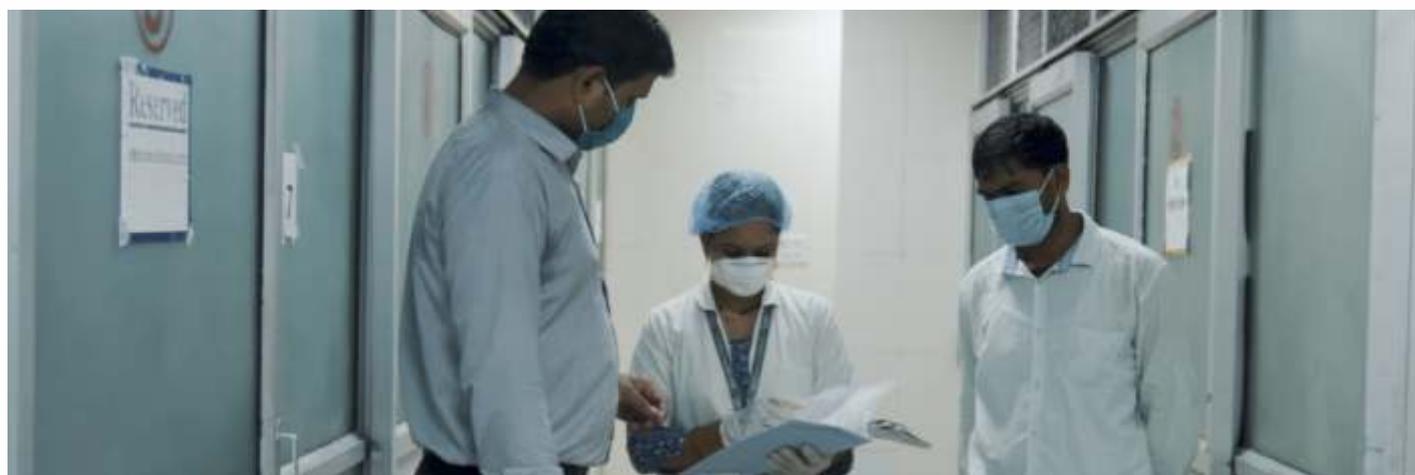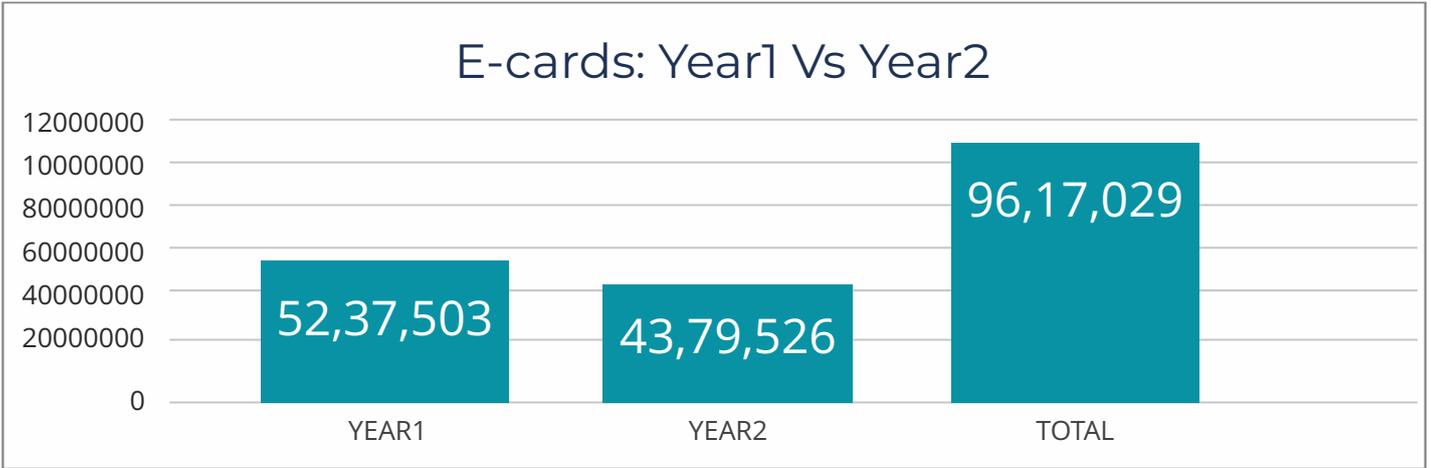
Source: Insights

Beneficiary Enrollment

Overall enrollment declined by 16 % and with steep decline after March 2020. This was due to lockdown. Only beneficiaries requiring hospitalization were enrolled. Community mobilization has been affected.
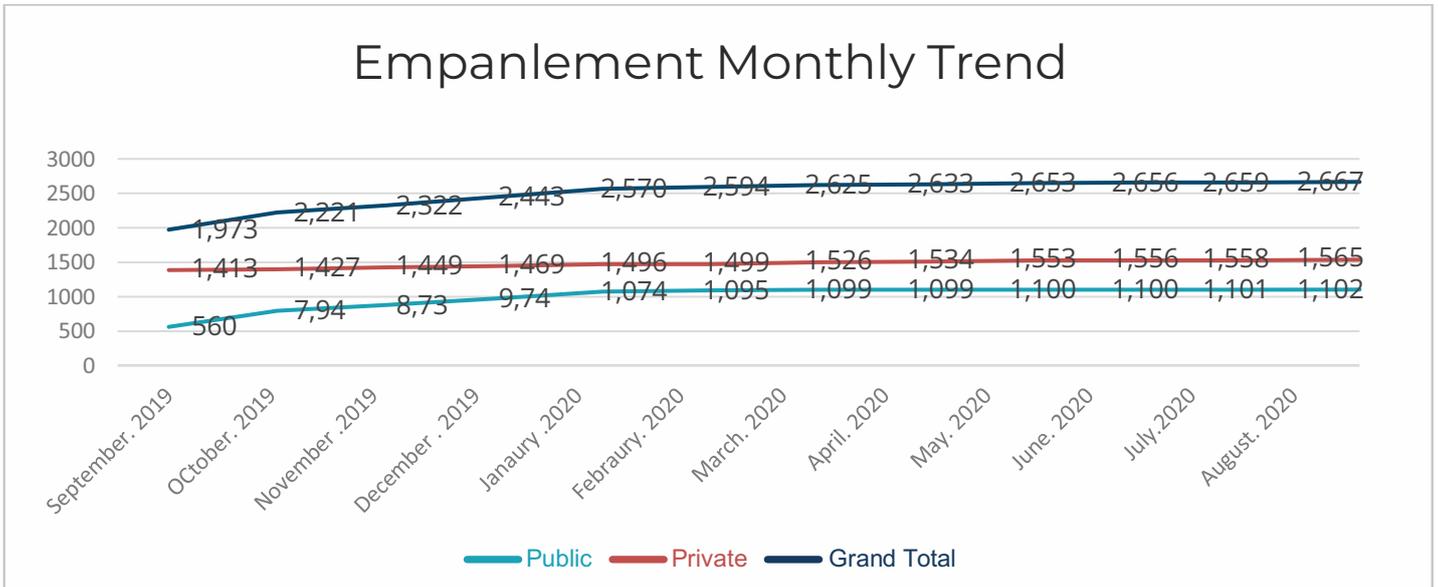
E-cards Monthly Trend

- September 2019: 1,180,237
- October 2019: 948,690
- November 2019: 633, 091
- December 2019: 534, 925
- February 2020: 340, 082
- May 2020: 33,455
- June 2020: 35,638
- July 2020: 48,140
- August 2020: 35, 531

Source: Insights

Hospital Empanelment

Empanelment: Year Vs & Year 2

■ Private ■ Public

	YEAR1	YEAR2	TOTAL
Private	1,396	169	1,565
Public	474	628	1,102

Source:Insights

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Empanlement Monthly Trend

	September. 2019	OCtober. 2019	November. 2019	December . 2019	Janaury .2020	Febraury. 2020	March. 2020	April. 2020	May. 2020	June.2020	July.2020	August. 2020
Public	560	7,94	8,73	9,74	1,074	1,095	1,099	1,099	1,100	1,100	1,101	1,102
Private	1,413	1,427	1,449	1,469	1,496	1,499	1,526	1,534	1,553	1,556	1,558	1,565
Grand Total	1,973	2,221	2,322	2,443	2,570	2,594	2,625	2,633	2,653	2,656	2,659	2,667

Source: Insights

Hospital Participation

The activity within the provider network was significantly affected during April- May. Encouraging trend of increased participation of public hospitals can be seen post lockdown as a result of sustained outreach with CHCs.

Monthly trend of Active hospitals
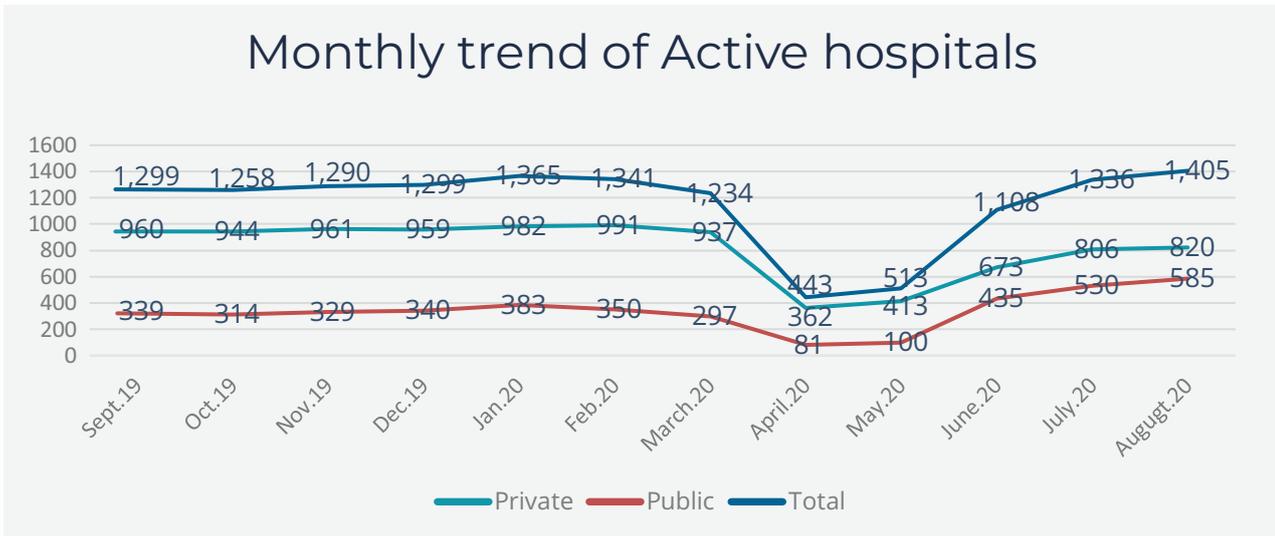
Source- TMS data

Service Utilization

Overall increase in the number of hospital admissions an increase of over 50% .

Year wise progress
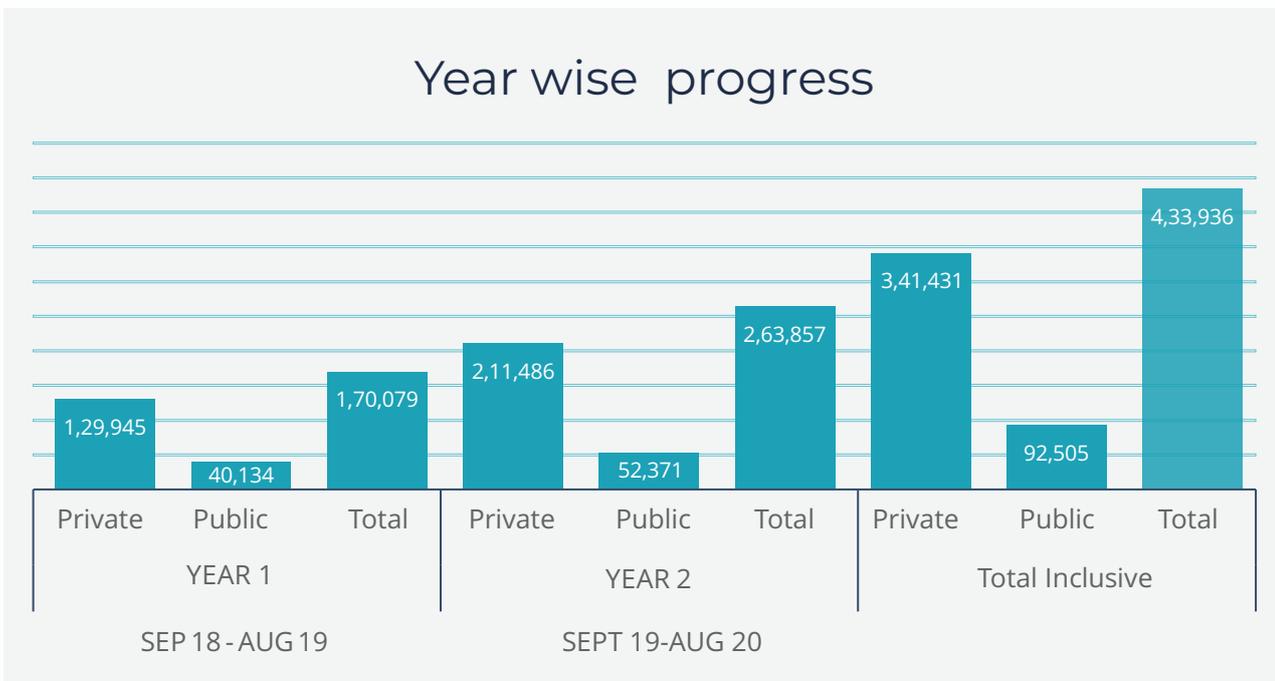
Source: TMS data

After 70% decline during lockdown, the service uptake is gradually increasing

Monthly Trend Hospital Admission

Values: Sep-19: 24,405; Oct-19: 24,164; Nov-19: 27,188; Dec-19: 26,340; Jan-20: 28,872; Feb-20: 31,216; Mar-20: 22,723; Apr-20: 9,471; May-20: 10,936; Jun-20: 15,974; Jul-20: 20,074; Aug-20: 21,568
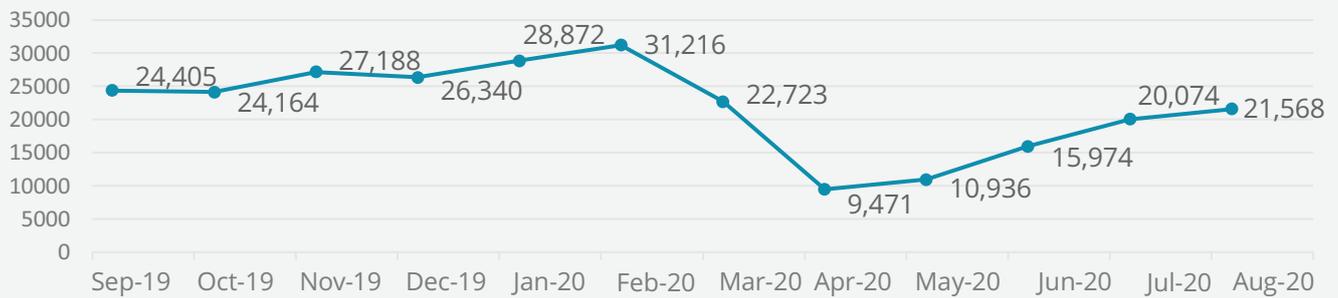
Source- TMS data

Encouraging trend of resuming participation from the public facilities

Monthly Trend Hospital admission Public and Private Hospitals

Private: Sep-19: 18,537; Oct-19: 19,130; Nov-19: 21,210; Dec-19: 20,776; Jan-20: 21,877; Feb-20: 24,711; Mar-20: 19,540; Apr-20: 8,938; May-20: 10,137; Jun-20: 13,620; Jul-20: 15,980; Aug-20: 16,510

Public: Sep-19: 5,868; Oct-19: 5,034; Nov-19: 5,978; Dec-19: 5,564; Jan-20: 6,995; Feb-20: 6,505; Mar-20: 3,183; Apr-20: 533; May-20: 799; Jun-20: 2,354; Jul-20: 4,094; Aug-20: 5,058

Source- TMS data

There was a decline of 75% in surgical cases during lockdown but now we can see a steep rise after a steep dip in cases post lockdown

Monthly Trend Hospital Admission for Surgical and Medical Cases

Medical: Sep.19: 11,832; Oct.19: 13,268; Nov.19: 10,996; Dec.19: 9,521; Jan.20: 11,138; Feb.20: 10,644; Mar.20: 13,607; Apr.20: 8,753; May.20: 9,667; Jun.20: 12,139; Jul.20: 15,214; Aug.20: 16,184

Surgical: Sep.19: 12,573; Oct.19: 10,896; Nov.19: 16,192; Dec.19: 16,819; Jan.20: 17,728; Feb.20: 19,549; Mar.20: 9,116; Apr.20: 718; May.20: 1,269; Jun.20: 3,835; Jul.20: 4,860; Aug.20: 5,384

Source- TMS data

IMPACT ON MOST UTILIZED PROCEDURES

Hemodialysis continued to be the most utilized package as it was one of the essential services. Hemodialysis continued at same pace even during lockdown. Almost 67% of hospitalization in April 2020 is for dialysis. However other procedures like Cataract and Cholecystectomy almost dropped down to nearly nil. Maternal care services like caesarean delivery and pediatric procedures also reduced to great extent.

Procedure Trend Pre and Post COVID

■ Post COVID ■ Pre Covid

Procedure	
Acute febrile illness (M100011)	
Pyrexia of unknown origin (M100026)	
Deliveries	
Fractures	
cholecystectomy	
Dehydration	
Chemotherapy	
Fever	
Cataract	
Dialysis	
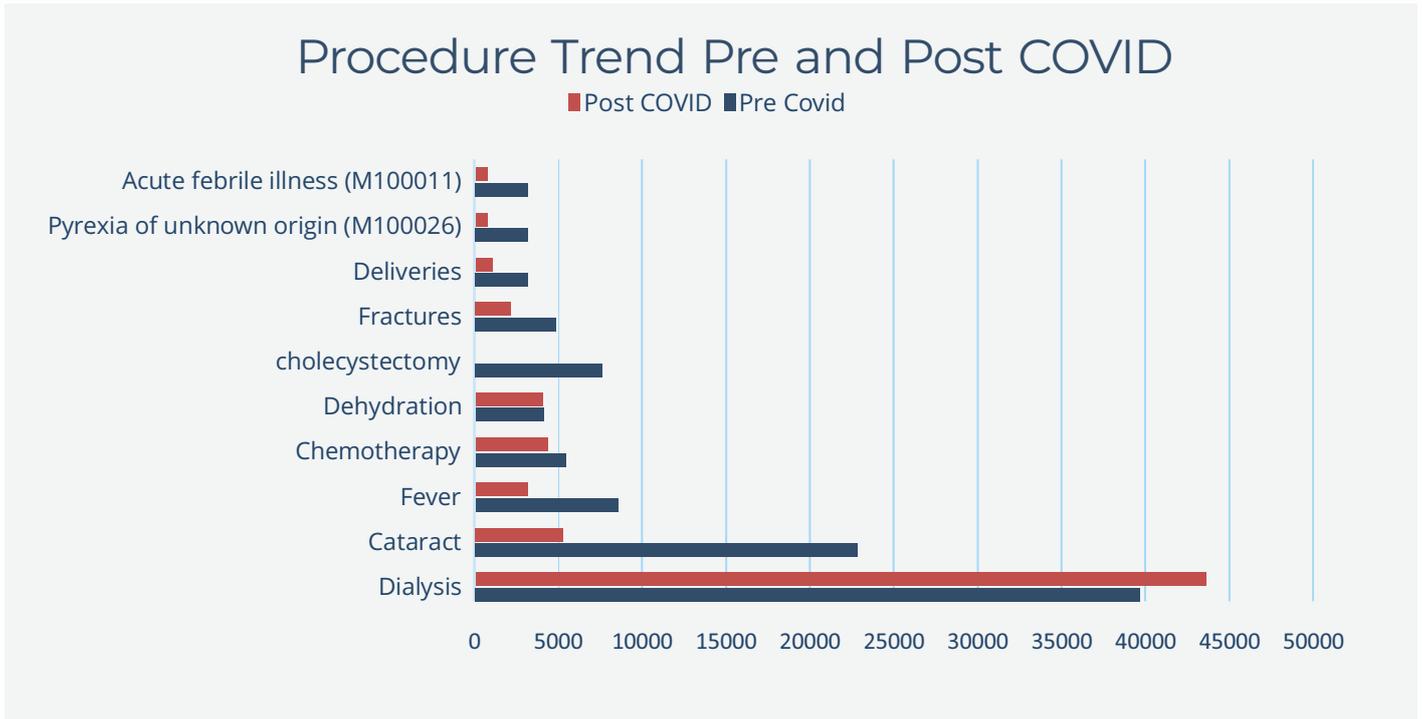
STAKEHOLDERS SPEAK

" National Health Mission, Uttar Pradesh, collaborated with SACHIS, the agency responsible for PM-JAY implementation in th state. This collaboration so far has worked towards extensive training of Regional, Distri and Block level officials and field workers including Health and Wellness Centers for community awareness, beneficiary identification and golden card generation. W look forward for a continued and productive partnership going forward where we intend provide HWCs and PHCs list of nearby empanelled hospitals and ensure 100% screening of PM-JAY beneficiaries. Referral prototypes utilizing technology can be developed and incentives can be planned fo proper follow up and reporting in future. Ou best wishes to team PM-JAY, SACHIS for completing successful two years. "

National Health Mission, Uttar Pradesh

" PM-JAY scheme was launched by the honorable prime minister in September 2018. It intended to provide 5 lakh worth health benefits to the marginalized population of the state. The primary health centers are also being converted into comprehensive centers to provide scheme related services. We have been able to train the frontline workers, staff nurses etc. stationed at the health centers across the region where SACHIS and their trainers have been very supportive. Together in future we along with SACHIS will keep imparting PM-JAY related training session and updates for standardized information dissemination in the field and community level. "

Dr. Ajit Kumar Gupta
Principal,
Regional Health and Family Welfare Training Centre (SIHFW), Indira Nagar, Lucknow

" The collaboration with PMJAY in uttar Pradesh will help ensure access to health services to the self help group members who are marginally poor women of the community otherwise deprived of any such service. It will help them reduce their out of pocket expenditure on health. We hope to continue our partnership for longer period to reach out to the last mile beneficiary ensuring entitlement and access to scheme. Wishing the team SACHIS for successful two years.

Shri S.M. Adeel Abbas
Thematic Lead-Institutions and capacity building Uttar Pradesh State Rural Livlihood Mission (UPSRLM)

SERVICE PROVIDERS SPEAK

" Under the PM-JAY, the CHC Rogi Kalyan Samiti has helped us by allowing the use of the account to make infrastructural facilities available to the patients such as proving drinking water.
Dr. Rakesh Maurya, Medical Officer In charge, CHC Badlapur, District – Jaunpur

" This is the first time that a scheme has been launched where the claims are settled within a months' time. We are not only able to now pay the salaries of frontline and grassroot level workers on time but also are setting up incentive payments.
Dr. Shivajee Singh, Medical Officer In charge, CHC Atraulia, District Azamgarh

BENEFICIARY SPEAKS

"When I went to the hospital with the issued Ayushman Card, the available doctors and the Arogya Mitra helped us. Our child received treatment in one of the best private hospitals in the city with the help of the Ayushman Card."

Patient Name – Pooja
Hospital Name- Maxfort
Multispeciality Hospital
District - ALIGARH
Disease- Child was having difficulty breathing immediately after birth

"I am very happy and satisfied with the treatment I was able to avail under the PM-JAY scheme. In the beginning it was hard to believe that the treatment is free of cost"

Patient Name- Vinay Kumar
Hospital Name- Radheyshyam Satya Prakash Hospital and
Trauma Center
District- FAIZABAD
Disease- Anemia

"We spoke to the father of Mahak, the scheme has been beneficial and very good for the poor public. Even after paying, we don't get such good treatment as much my daughter got through this card."

Patient name- Mahak
Hospital Name - Maxfort
Multispeciality Hospital
District Name- ALIGARH
Disease- Stomach Problem

"We spoke to Pushpa's husband. He said they were not able to get treatment in a good hospital due to lack of enough money with them. But, now she got good treatment without any expense in a good private hospital and this solved our financial problem. Pushpa is now completely fine and healthy."

Patient name- Pushpa
Hospital name- Shri Sai Hospital
District- BIJNOR
Disease- Blood ki Kami

"During lockdown, when we weren't able to get in any hospital, we not only got treatment in the PM-JAY network hospital but also, free of cost. We had not money for the treatment but because we had the PM-JAY Scheme card, we were able to get help with the treatment and facilities in the hospital were also very good"

Patient Name- Akanksha
Hospital name- SN Children Hospital Allahabad
District- ALLAHABAD
Disease- Fever/Breathing Issue/Infection

Disclaimer: Names of the Beneficiary and places interviewed have been changed for confidentiality

CONCLUSION

SACHIS is committed to implement PM-JAY in Uttar Pradesh, effectively and efficiently. It is anticipated that the scheme will improve access to quality healthcare and reduce out-of-pocket expenditure for the people of the state. To achieve that, SACHIS is strategizing to expand and build on existing structures and processes. While SACHIS will continue to monitor all aspects of the scheme, focus will be to strengthen the core functions of beneficiary management- increase beneficiary empowerment through enrollment, outreach and feedback on the scheme; provider management- expand provider network and increase provider engagement to increase access to the scheme. It will also build institutional capacities for effective claim management and fraud control. Alongside, SACHIS envisages to place structures and systems to grapple pervasive situations such as the COVID-19.

SACHIS envisions being a Centre of Excellence and a learning site for other states and countries. It intends to share its best practices and challenges from implementing PM-JAY in Uttar and enable cross learning.