



In healthcare access and delivery Will Ayushman Bharat Be the Turning Point?

This scheme aims to cover over 10 crore poor and deprived rural families as well as families of identified occupational categories of urban workers (as per the latest Socio-Economic Caste Census, or SECC, data) for secondary and tertiary care hospitalization. This can have a real transformative effect if implemented effectively and, equally importantly, if the target population is made aware of the scheme. We all are aware of the economic consequences of poor health and a scheme such as this one can go a long way in achieving the goal of a nation of healthy, happy, productive and prosperous people.

As on date, the government claims to have identified 80 per cent of the beneficiaries in rural areas and 60 per cent in urban regions who will receive these benefits. So, exactly who all are eligible?

Those whose names are on the list of deprived

rural families and families of occupational categories of urban workers as per SECC data are eligible to receive the benefits of the scheme. Their details have been shared with the respective state governments as well as auxiliary nurses and midwives (ANMs)/block medical officers (BMOs)/block development officers (BDOs).

All family members are covered under the scheme. It may be noted that apart from those already identified, no additional/new families can be added during this phase. However, names of additional members (spouses/newborns) can be added for those families whose names are already on the SECC data.

Ayushman Bharat will subsume the ongoing centrally sponsored schemes Rashtriya Swasthya Bima Yojana (RSBY) and Senior Citizen Insurance Scheme (SCHIS).

What Does It Offer?

Under Ayushman Bharat – National Health Protection Scheme, the government is setting up or converting some 150,000 sub-centres in the country into so-called ‘health and wellness’ centres that will provide comprehensive primary healthcare to the target beneficiaries who otherwise cannot afford medical treatment due to the costly medicines and investigations. At these centres they will have access to free diagnostic services and essential drugs. The services will cover maternal and child health, mental health, vaccinations against selected communicable diseases, and screening for hypertension, diabetes and some cancers, among others.

Secondary Hospitalization Care

Secondary healthcare refers to a second tier of health system in which patients from primary healthcare are referred to specialists in higher hospitals for treatment. Centres for secondary healthcare include district hospitals and community health centres at block level.

Tertiary Hospitalization Care

This refers to a third level of health system in which specialized consultative care is provided, usually on referral from primary & secondary healthcare. Specialized intensive care units (ICUs), advanced diagnostic support services and specialized medical personnel are the key features of tertiary healthcare. In India, tertiary care service under public health system is provided by medical colleges and advanced medical research institutes.

These are the main features of the scheme:

- All eligible beneficiaries can avail free services for secondary and tertiary hospitalisation care for identified packages (1,350 medical packages) covering surgery, medical and day-care treatments, cost of medicines and diagnostics.

Does one need to apply/register?

No. This is an entitlement-based mission. There is no enrolment process. Identified families will be automatically covered for the benefits. Beneficiaries will have cashless and paperless (online) access to health services under the scheme.

Is there an upper limit for age to be a beneficiary?

There is no cap on family size and age. This is to ensure that all family members (specifically girl children and senior citizens) will get coverage.

Is Aadhaar necessary?

Aadhaar card information is ‘preferable’ but not ‘mandatory’.

Is there a provision for issue of policy/smart card?

The central government will print and hand-deliver the respective family cards through a major public contact programme, under which Ayushman Pakwaras will be organized in villages. The cards will carry the names of all those who are eligible to receive the benefits of the scheme and details of where they need to go to receive the services.



- All pre-existing health conditions are covered from Day 1 of the implementation of the scheme in respective states/union territories.
- Benefits of the scheme are portable across the country. A beneficiary covered under the scheme will be allowed to take cashless benefits from any public/private empanelled hospital across the country.
- Insurance cover of up to Rs 500,000 will be given per year per family.
- The yearly premium for the insurance will be shared between the central and state/UT government on a specified ratio.



Of Letters and Call Centres

The service provider will print information letters upon getting the beneficiary information from National Health Agency (NHA), sort these into bundles by area code, and deliver the lot to the district headquarters of the beneficiary. The information letters will then be sent to gram panchayats and distributed to the families at Ayushman Pakwaras organized in the villages or door to door by health workers.

Portal/Website/Helpline number

www.abnhpm.gov.in, www.india.gov.in
14555

The central government plans to set up a 24 x 7 call centre in Delhi to attend to complaints and queries from citizens. Zonal call centres are in the pipeline too.

The call centre, accessible by a national toll-free number, will help beneficiaries and other stakeholders have seamless and timely access to information and services. It will help beneficiaries with information/suggestions about the hospital they should approach for a particular ailment as well as the nearest hospital in the area of their residence. It will also enable them to register their suggestions and complaints.