TO STUDY THE REASONS FOR LOW PRE AUTHORIZATION IN EMPANELED HEALTHCARE PROVIDER UNDER AB PM-JAY

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INDUSTRY SECTOR PROFILE

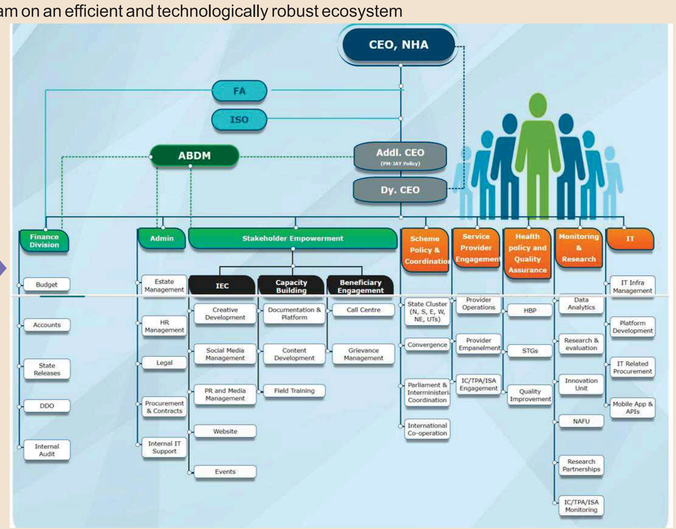
1. INTRODUCTION: ♦ National Health Authority (NHA) is the apex body responsible for implementing India's flagship public health insurance / assurance scheme called "Ayushman Bharat Pradhan Mantri Jan Arogya Yojana" & has been entrusted with the role of designing strategy, building technological infrastructure & implementation of "National Digital Health Mission" to create a National Digital Health Eco-system.
♦ NHA has been set-up to implement PM-JAY, as it is popularly known, at the national level. An attached office of the Ministry of Health and Family Welfare with full functional autonomy, NHA is governed by a Governing Board chaired by the Union Minister for Health & Family Welfare.

2. BRIEF HISTORY: National Health Authority is the successor of the National Health Agency, which was functioning as a registered society since 23rd May, 2018. Pursuant to Cabinet decision for full functional autonomy, National Health Agency was reconstituted as the National Health Authority on 2nd January 2019, under Gazette Notification Registered No. DL –(N) 04/0007/2003-18.

3. VISION: Achieving SDG 3.8: Ensuring financial protection against catastrophic health expenditure and access to affordable and quality healthcare for all.

4. MISSION: Creating the world's best health assurance program on an efficient and technologically robust ecosystem

ORGANIZATION STRUCTURE



5. BRIEF DESCRIPTION ABOUT HEALTHCARE INDUSTRY: ♦ Healthcare has become one of India's largest sectors, both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment.
♦ The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players. India's healthcare delivery system is categorized into two major components public and private.

LEARNING AND VALUE ADDITION

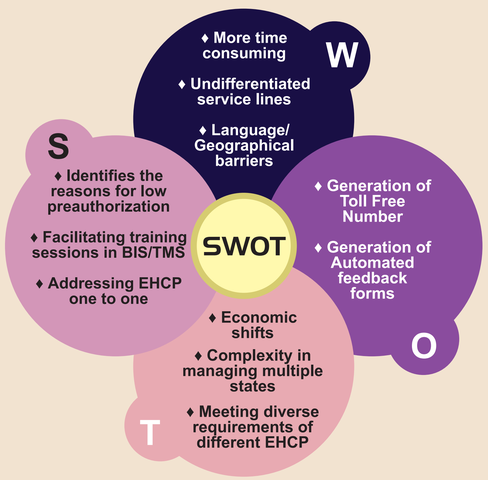
6. LEARNING & USEFULNESS
During my internship at National Health Authority, I gained first hand insights into the domain of government health schemes by getting a brief introduction about its implementation. I was given with the task of identification of the reasons of low preauthorization by empaneled healthcare provider under AB PM-JAY, which furthermore helped me in development of various attributes.

7. THEORETICAL KNOWLEDGE AND PRACTICAL EXPOSURE
Theoretical work helped me in learning about various scheme and how they are implemented whereas practical exposure helped acquiring the specific set of skills to apply the theoretical knowledge in real life.
Practical exposure not only led to the implementation of theoretical knowledge but helped in gaining more of the specialized knowledge. Theoretical & practical knowledge both held importance in different aspects.

8. CHALLENGES FACED DURING INTERNSHIP:
The major challenge faced was to understand the functioning and implementation of the scheme, because every department is associated to other in some or other way and therefore it was important to have a basic knowledge of all the departments to understand the functioning of the department in which I worked in.

9. SUGGESTION TO ORGANIZATION:
There can be improvement in the creating and communicating values. Embracing transparency can also be one of the areas organization can work upon.

SWOT OF THE STUDY TO IDENTIFY REASON FOR LOW PRE AUTHORIZATION



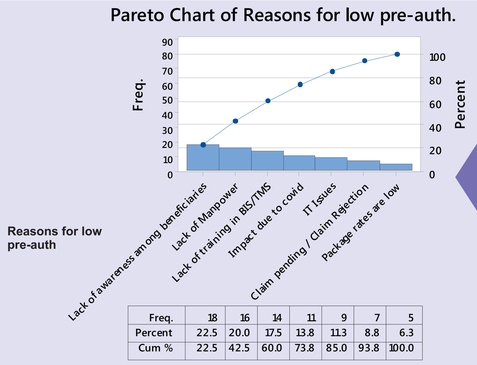
OBJECTIVE

- To Study about Ayushman Bharat Pradhan Mantri Jan Arogya Yojna.
- To Study reasons for low preauthorization by empaneled Healthcare provider under AB PMJAY

METHODOLOGY

- **MODE OF DATA COLLECTION:** Primary data collection method is used to study this data. The data is collected via directly calling the hospitals empaneled under Ayushman Bharat Jan Arogya Yojna Scheme.
- **AREA OF STUDY:** This study is conducted in the Hospital Operations Department at National Health Authority.
- **TOOLS USED FOR DATA COLLECTION:** A structured Google based checklist.
- **STUDY TYPE:** Qualitative study was conducted to identify the reasons for low preauthorization under Ayushman Bharat Jan Arogya Yojana.
- **RESPONDENTS:** 44 respondents
- **STUDY PERIOD:** Two months (04th April – 03rd June 2022)

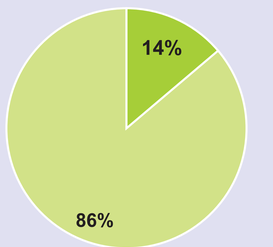
FINDINGS



Freq.	18	16	14	11	9	7	5
Percent	22.5	20.0	17.5	13.8	11.3	8.8	6.3
Cum %	22.5	42.5	60.0	73.8	85.0	93.8	100.0

♦ **Most common reason for low pre-auth were cited as lack of awareness among beneficiaries and lack of manpower (medical and para-medical staff).**
♦ **Another reason for low pre – auth is lack of training in BIS (Beneficiary identification system) which allows for searching beneficiaries through SECC or additional data sets And TMS (Transaction management system) which allows for capturing of in- patient data on admission, treatment, discharge, hospital claims and financial statement.**

This pie chart depicts the distribution of % of PMAM who need training. As reported by hospitals, 14% of PMAM's need training to increase the readiness. Therefore, lack of training in BIS/TMS of PMAM and lack of manpower (medical and para-medical staff) emerged as the most common challenges faced by hospitals.



RECOMENDATIONS

OBSERVATIONS	ACTIONS
Lack of training in BIS/TMS.	Need to increase training sessionsamong empaneled hospitals
Low awareness among STG's	SHA shall organize refresher training for the hospitals
Lack of awareness among Beneficiaries	SHA may explore other mass & mid media activities like banners, pamphlets etc.
Less Footfall Due to Covid-19	Need to increase IEC activities in empaneled hospitals