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Dear Sir

**Subject: "The Eyes Don't See What the Mind Don't Know"
A Physician's Journey to Faith**

We at Anyuta wonder why "**Ayushman Bharat Health Scheme**" was offered to only to 10 crore families and not to every Indian family on 25, September 2015? Being the Doctor based IRDAI licensed TPA in Health Care, we know that this is a viable product and it should be offered to each and every Indian family to widen the Premium base.

There are two ways of doing it, Trust and Insurance route. To make it simple the State owned Trusts funded by the Central and State Governments can cater to 10 crore poor families as planned. The rest will pay the full Premium and buy the product from the Insurance Companies. But then Government should make it available through the Insurance Companies. This method will neither burden the poor nor the State Exchequer but cover the entire country at one stroke.

So where is the problem?

India has the health care infrastructure and health care laws in place. There are enough health care providers, i.e. Doctors, Nurses, Technicians and Paramedics. All that you have to do is maximize the utilization of the space, equipment and manpower. At present our hospitals are working to half its capacity. Pay the Doctors and the Hospitals separately and allow the Doctors to admit and operate in any hospital. Doctors are responsible for Medical Negligence and courts are there to provide justice.

"Ayushman Bharat Health Insurance Company"

The Insurance Companies should sell "Ayushman Bharat Health Scheme" as a Product to those families who are willing to pay the full Premium and buy. Government should create a State owned Standalone Health Insurance Company to sell and service this policy.

To make the system transparent, accountable and paperless there should be a single digital platform for the Insurer, TPA, Policyholder, IRDAI, Hospitals and Banks to log in and operate individually. You have it for the Trust, create one for the Insured patients.



Since the government is thinking to merge the National, Oriental and United India Insurance Companies to form a single General Insurance Company, it is only sensible to name it as “Ayushman BharatHealth Insurance Company” and makes it a standalone Health Insurance Company.

“Ayushman Bharat Health Scheme”

“Ayushman BharatHealth Scheme” is Actuaries wetted a time tested Insurance Product. We have no doubt this product will generate marginal revenue surplus to the Insurer and the hospitals while providing quality care to the beneficiary.

There is no Health Insurance Policy like “Ayushman Bharat Health Scheme” anywhere in the world

The “Ayushman BharatHealth Scheme” has a cover value of Rs.5 lakhsat a Premium less than Rs.1500 per family per year. It is cashless and covers the primary, secondary and tertiary care together with pre and post hospitalized care. The family unit comprises of sponsor, spouse, 2 children below 21 years and parents or parents in law. In this policy there is no age restriction or exclusion clauses and the treatment can be availed anywhere in the country.

It is time to change the way Indian health care is financed and delivered.

All these 71 years of Indian independence the government hospitals under the Principal Secretary Health & Family Welfare Department were treating the poor without payment. The management failed to raise the standards of these government hospitals to the Corporate or Private Sector standards. None of these hospitals are NABH accredited and about 80% of the poor prefer treatment in private hospitals and so are the politicians, bureaucrats and their family members.

Now under “Ayushman BharatHealth Scheme” the State owned Trusts will pay for the treatment received by this target group in these government hospitals and also to those patients treated at State empanelled private hospitalsat 20% less than the CGHS rates. This is a classic example of bureaucrats lowering the Care standards of Private Hospitals.

Instead of raising the standards of the government hospitals theChief Executive Officer NHA National Health Agencyand his team of bureaucrats have attempted to lower the standards of Private and corporate hospitals to government hospital level by fixing the care costs 20% less than the CGHS rates. The Chief Executive Officer of National Health Agencyshould have appointed all IRDAI licensed TPAs at 5.5% Fee as the Implementing Agency instead tendering for Implementing Agency!

Ideal way would have been

Provide “Ayushman BharatHealth Scheme” as an Insurance product and make the Insurance Companies to sell it and service. Allow policyholder to select the TPA of his choice, Hospital and Doctor to treat him/her. Make Insurance pays the Doctor and Hospitals for their services separately.At present the TPAs only process claims and do not handle money, hence is more of a medical intermediary.

Summery

“Ayushman BharatHealth Scheme” is the replica of Rajasthan State SIPF Medclaim Policy in all aspects. The SIPF Medclaim Policy is digital and all financial transactions are through Banks only. The care provision, claim processing and submitting the Claim settlement Float to the SIPF to settle claim is done by the IRDAI licensed TPA. The TPA is selected by tendering for claim processing fee per Insured and not on turn over basis. The SIPF Medclaim Policy provides all facilities to the patient that “Ayushman BharatHealth Scheme” provides and generates marginal revenue surplus to the Care Provider hospitals and the Insurer while providing quality care to the beneficiaries. The Anyuta TPA serviced SIPF for over 5 years.

Regards,

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CEO Anyuta Insurance TPA in Health Care is the TPA – IRDAI – 17