AWARDS SCHEME FOR EXEMPLARY IMPLEMENTATION OF e-GOVERNANCE INITIATIVES

II. NAME OF CATEGORY-'OUTSTANDING PERFORMANCE IN CITIZEN CENTRIC SERVICE DELIVERY'

1. Coverage – Geographical and Demographic :-

(i) Comprehensiveness of reach of delivery centres: There are 64 empanelled hospitals under Mukhyamantri Amrutam (MA) Yojana across the state of Gujarat for availing treatment under MA Yojana. For enrolment under the Yojana, 227 Taluka kiosks and 52 Civic Centre kiosks have been established at the taluka level and municipal corporation level where beneficiaries can enrol themselves, can get his/her card split, addition/deletion in family members, and can get a new card in case of a lost card.

(ii) Number of delivery centres: 64 empanelled hospitals and 227 Taluka kiosks and 52 Civic Centre kiosks

(iii) Geographical:

State/UT level- Number of Districts covered: 33 districts

Please give specific details:-

(iv) Demographic spread (percentage of population covered): A total of 21,54,992 BPL families have been enrolled under 'MA' Scheme from September 2012 to July 2014. This is a population of about 10.7 million persons covered. This is close to 60% of the total BPL population of the State.

2. Situation Before the Initiative:

Increasing out-of-pocket expenditure of the BPL population of the state of Gujarat on catastrophic diseases was the main point of concern facing the State Government. Further, limited facilities at public hospitals and lack of comprehensive tertiary level care in terms of hospitalization, treatment and medicines for the underprivileged sections of the society in

remote areas also suggested the need for a universal healthcare coverage scheme for the BPL population, which provided quality tertiary level care to them.

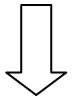
People living below the poverty line are subjected to poor living standards, poor surrounding environment, inadequate nutrition, overcrowding and lack of health awareness, which in turn leads to frequent occurrence of diseases. These families are pushed into a vicious debt poverty cycle due to excessive expenditures arising out of catastrophic health shocks. To address this key vulnerability faced by the BPL population in the Gujarat, Mukhyamantri Amrutum (MA) Yojana was launched by the State Government.

3. Scope of Service/ Activities Covered

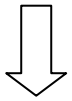
3.1 Extent of e-enablement in terms of number of services

End-to-end services are provided to the beneficiaries of the Scheme. The process flow can be summarized as follows:

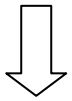
- Beneficiary approaches Network Hospital with QR-Coded card



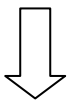
- Details of the beneficiary are transferred to the MA server via a dedicated online portal.



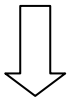
- Preauthorization for the required medical procedure is obtained through the portal from the Implementation Support Agency. Any additional preauthorization is also obtained via the same portal.



- Once the preauthorization is received, treatment of the beneficiary commences.
- After the completion of treatment, discharge details are entered in the portal and the claim for the procedure is sent to the Implementation Support Agency for payment.



- The ISA scrutinizes the claims and forwards the claims to the State Nodal Cell, which after due verification approves the claims.



- Payment of the approved claims to the hospitals is made directly through RTGS by the State Government. No intermediary agency is involved in the process.

- Mukhyamantri Amrutam Yojana utilizes the infrastructure set up by Ministry of Rural Development in terms of the database being used for identification of BPL beneficiaries of the state of Gujarat. National Informatics Centre (NIC) comes under the ambit of National e-Governance Plan (NeGP) and MA Yojana has incorporated systems so that it can leverage the database set up under NeGP.
- SMS alerts are sent to the BPL beneficiaries at 3 instances: after pre-authorization, after treatment and after discharge. Beneficiaries can also enquire about the status of claim amount remaining in their MA card for their treatment in the current year.

3.2 Extent to which steps in each service have been ICT-enabled:

All services being provided to the beneficiaries have been ICT-enabled.

4. Stakeholder Consultation

4.1 Type of stakeholders consulted:

- Policy Experts
- Health Financing Experts
- Private and Govt. Hospitals
- ICT Experts
- Advisory Committee consisting of senior physicians and subject matter experts

4.2 Number of stakeholders consulted: All the stakeholders were involved in the consultation and policy formulation stage so that an all round holistic view could be taken for the benefit of the poor families.

4.3 Stages at which stakeholder input was sought

A Task force was constituted at the State to conduct necessary market research exercises required for the formulation of a policy for an extensive tertiary care scheme which would be capable of providing cashless treatment to BPL families in Gujarat. The Task Force studied

various similar health insurance schemes operational in other states of India. To analyze the scheme in detail and to bring back key learnings for successful scalability in Gujarat, the Task Force also visited the state of Karnataka. Based on the findings and recommendations of the Task Force, the policies of MA Yojana were formulated.

Deciding package rates was a big challenge and therefore it was decided that since the Scheme is based on Public Private Partnership (PPP) model, market should decide the rates. Hence, package rates were decided by the market via a two-bid process involving a technical and a financial bid. The rates were invited from the market through e-tendering.

An Advisory Committee consisting of senior doctors from various specialties representing the government hospitals of the State was set up to decide the package rates. After several rounds of discussions and consultations 472 medical procedures were finalized. Upon further suggestions, consultations and feedback from stakeholders, additional procedures were added and currently 544 procedures are finalized.

4.4 Details of user satisfaction study done:

A Beneficiary Satisfaction Declaration is signed by the beneficiary at the end of each treatment and follow-up instance, which is overseen by Hospital Arogya Mitra (HAM).

5. Strategy Adopted

(i) The details of base line study done

Keeping in mind the long waiting list of patients requiring tertiary care treatment at Govt. institutions, a Task force was constituted at the State to conduct necessary market research exercises required for the formulation of a policy for an extensive tertiary care scheme which would be capable of providing cashless treatment to BPL families in Gujarat. The Task Force studied various similar health insurance schemes operational in other states of India. The task force analyzed the schemes in detail and brought back key learnings for successful scalability in Gujarat. Based on the findings and recommendations of the Task Force, the policies of MA Yojana were formulated.

(ii) Problems identified:

- Increasing out-of-pocket expenditure of the BPL population of the state of Gujarat on catastrophic diseases

- Lack of comprehensive tertiary level care in terms of hospitalization, treatment and medicines for the underprivileged sections of the society in remote areas
- Lack of uniform package rates for different medical and surgical procedures
- It was found that a substantial amount of delay in processing and payment of claims was due to the involvement of insurance agencies in other schemes. Therefore, it was decided to completely eliminate the involvement of intermediate agencies in 'MA'. This reduced the delay in payment of claims, bringing about transparency and efficiency in the process, thus delivering quality healthcare to the beneficiaries.
- Long waiting list of patients requiring treatment for life-threatening diseases at govt. institutions.
- Excessive travel time and cost incurred by the population of Gujarat for treatment to travel to govt institutions.

(iii) Roll out/implementation model:

- Cashless hospitalization benefit of a total amount of Rs.2,00,000/- per BPL family per annum on a family floater basis.
- Benefits to a unit of five members of the BPL family (Head of family, spouse, and three dependents). A newborn is covered as 6^{th} member of the family during that financial year.
- To avail benefits, the individual or family should get enrolled under the Scheme. A MA beneficiary will be confirmed only if a QR coded card (Quick Response Coded Card) which contains the photograph of the head of the family/ spouse, a unique registration number (URN), the biometric thumb impressions of all the enrolled family members is produced at the hospital.
- No premium is charged from the enrolled beneficiaries
- Benefits are against 544 defined tertiary care services.

(iii) Communication and dissemination strategy and approach used:

Information, Education and Communication (IEC) activities are very necessary for comprehensive reach of any public service scheme. The guidelines of MA Yojana mandate that extensive IEC activities be carried out. Under this, Mega Heath Camps are conducted in every district in which participation of empanelled hospitals, both private and govt. is necessary. In addition to Mega Health Camps, General Health Camps are also conducted by the empanelled hospitals every month. Radio and Print advertisements are given in local radio channels and newspapers to generate awareness about the scheme in the targeted population.

6. Technology Platform used-

(i) Description

The enrolment portal is built on Microsoft platform.

(ii) Interoperability

Complete interoperability with different operating systems

(iii)Security concerns

None

(iv)Any issue with the technology used

None

(v) Service level Agreements (SLAs)

Service Level Agreements (SLAs) exist at all levels, be it on the hospital empanelment front, or on the IT Suport agency front or Implementation Support Agency front. These SLAs are available in the form of Government Resolutions (GRs) and are available for public viewing on the MA Yojana website.

7. Citizen centricity and relevance

7.1 Details about impact on effort and time invested by user

The current package rates for procedures under MA Yojana are much lower than the current market rates, which is evident from the illustration below:

Illustrative examples of lower costs in the scheme as compared to market rates:

Sr. No.	**Procedures**	**Market Rates**		**MA rates**		**% of Market rates**
		Rs.	**approx. US $**	**Rs.**	**approx. US $**	
a	**b**	**c**	**d**	**e**	**F**	**G**
1	**Coronary Angiography (CAG)**	**4,500**	**75**	**3,500**	**58**	**77%**
2	**Coronary Balloon Angioplasty**	**35,000**	**583**	**21,000**	**351**	**60%**

3	**Intravascular Ultrasound**	**10,000**	**167**	**4,000**	**67**	**40%**
4	**Cysto Lithotripsy**	**20,000**	**333**	**8,500**	**142**	**42.5%**
5	**Brachytherapy HDR 1 application & multiple dose fraction**	**50,000**	**832**	**10,000**	**167**	**20%**

- The web application has had a positive impact on increasing the efficiency of claims processing and disbursement of payment to network hospitals.
- Once the preauthorization is received, treatment of the beneficiary commences.
- After the completion of treatment, discharge details are entered in the portal and the claim for the procedure is sent to the Implementation Support Agency for payment.
- The ISA scrutinizes the claims and forwards the claims to the State Nodal Cell, which after due verification approves the claims.
- Payment of the approved claims to the hospitals is made directly through RTGS by the State Government. No intermediary agency is involved in the process.
- With the help of this web application, administrative costs have been reduced. The time taken for processing and disbursement of claims has also been reduced. This application has been instrumental in detecting frauds and 2 such cases of frauds have been detected with the help of this application. Strong legal action has been initiated against the perpetrators of the frauds.

7.2 Feedback Mechanism

All suggestions and feedback from stakeholders are archived in the database for further processing and decision-making. Some examples of decision making based on feedback received from stakeholders are:

Additional procedures were added upon feedback by the empanelled hospitals so that more life-threatening diseases could be covered under the Scheme.

It was suggested by NABH accredited hospitals that there should be a quality incentive for hospitals that are accredited to National Accreditation Board for Hospitals and Healthcare Providers (NABH)/ JCI (Joint Commission International)/ ACHS (Australia) or by any other accreditation body approved by International Society for Quality in Healthcare (ISQua). Based on this suggestion, quality incentive for hospitals accredited to the aforementioned bodies was increased from 2.5% to 10% extra over and above the package rates.

72 Additional procedures were added upon feedback by the empanelled hospitals so that more life-threatening diseases could be covered under the Scheme.

7.3 Audit trails

Periodic audits are conducted by an Internal Auditor under MA Yojana. Internal web security audit is performed by our experienced professionals at a dedicated data centre.

7.4 Interactive Platform for service delivery

The MA Yojana website www.magujarat.com serves as an interactive platform for service delivery, wherein complete status of the scheme can be visualized by different stakeholders.

7.5 Need gap fulfillment

An extensive gap analysis was conducted prior to the formulation of policies of the scheme. Gaps regarding availability of tertiary care treatment services for BPL population in the state, availability of hospitals fulfilling the criteria required to be empanelled under the Scheme, and transportation facilities were identified and policies were formulated based on the need gap analysis.

8. User convenience

(i) Service delivery channels

- Benefits are given to a unit of five members of the BPL family (Head of family, spouse, and three dependents). A newborn is covered as 6th member of the family during that financial year.
- To avail benefits, the individual or family should get enrolled under the Scheme. A MA beneficiary will be confirmed only if a QR coded card (Quick Response Coded Card) which contains the photograph of the head of the family/ spouse, a unique registration number (URN), the biometric thumb impressions of all the enrolled family members is produced at the hospital.
- No premium is charged from the enrolled beneficiaries
- Benefits are against 544 defined tertiary care services.
- SMS alerts are sent to the BPL beneficiaries at 3 instances: after pre-authorization, after treatment and after discharge. Beneficiaries can also enquire about the status of claim amount remaining in their MA card for their treatment in the current year.

- For the claim processing, deployment of Arogya Mitras, District Coordinators, IEC activities, empanelment of hospitals etc., an Implementation Support Agency (ISA), MD India Healthcare NetworX Pvt. Ltd. has been selected. The ISA has appointed Arogya Mitras at the network hospitals. The Arogya Mitra facilitates the patient in availing diagnostic services, food, follow-ups and medicines after the discharge from the hospital.
- An IT Support Agency, (n) Code Solutions, has been hired by the State for the development of software, enrollment of beneficiaries, setting up of taluka kiosks etc.

(ii) Completeness of information provided to the users,

The information in the website is available in both English and Gujarati. The percentage break-up of English and Gujarati content is : 60% information is available in English and 40% information is available in Gujarati. Any update being done in the website is synced in both languages at the same instance so that there is no lag between dissemination of bilingual information. Other file formats like .xls, .doc and .pdf are also supported in the web application. Mobile and responsive versions of the website are available. The updation of website is done on a weekly basis and new and additional information is added whenever required. The website is being promoted through various modes of mass communication like print media, radio advertisements, and through health camps. SMS alerts are sent to the BPL beneficiaries at 3 instances: after pre-authorization, after treatment and after discharge. Beneficiaries can also enquire about the status of claim amount remaining in their MA card for their treatment in the current year.

(iii)Accessibility

The empanelled hospitals have been so selected that there should be minimum time to reach them. Hospitals have been empanelled in regions where the need for extending the scope of the scheme was felt.

(iv)Distance required to travel to Access Points

There are 64 empanelled hospitals under Mukhyamantri Amrutam (MA) Yojana across the state of Gujarat for availing treatment under MA Yojana. For enrolment under the Yojana, 227 Taluka kiosks and 52 Civic Centre kiosks have been established at the taluka level and municipal corporation level where beneficiaries can enrol themselves, can get his/her card split, addition/deletion in family members, and can get a new card in case of a lost card.

Care has been taken to ensure that beneficiaries do not have to travel large distances to avail services under the Scheme.

(v) Facility for online/offline download and online submission of forms

Yes.

(vi) Status tracking

Claim status of every patient can be tracked via a dedicated iClaims software deployed at the command of State Nodal Cell. The complete process of claims processing and disbursement of payment to network hospitals is online, thereby reducing paperwork.

9. Efficiency Enhancement

(i) Volume of transactions processed

Type of Hospitals	**No. of Claims received**	**Amount of Claims paid to network hospitals**
(a)	**(b)**	**(c)**
Private Institutes	**15,396**	**Rs. 31,54,51,412**
Public/Trust/Grant-in-Aid	**19,125**	**Rs. 37,67,72,841**
Total	**34,521**	**Rs. 69,22,24,253**

(ii) Coping with transaction volume growth

A dedicated data centre and server is present with a storage capacity of 5 TB to deal with the voluminous data being generated. The IT Support Agency, (n) Code Solutions, is responsible for the development of software, enrollment of beneficiaries, setting up of taluka kiosks etc.

(iii) Time taken to process transactions,

The Claims department of MA Yojana strives to keep turn around time (TAT) for processing, scrutiny and verification of claims at the lowest minimum possible and claims are verified and forwarded for payment to network hospitals within one day by the State Nodal Cell.

(iv) Accuracy of output,

The claims received from the network hospitals are scrutinized by the Implementation Support Agency (ISA), MD India Healthcare NetworX Pvt. Ltd. These claims are then

verified by the Claims Department of State Nodal Cell and then passed for payment to the network hospitals.

The scheme is revised regularly at the state level. An Executive Committee consisting of Principal Secretary (Public Health & Family Welfare) & Commissioner of Health, Family Welfare, Medical Services and Medical Education, Principal Secretary (Finance), Executive Director, Gujarat Informatics Limited (GIL) and other higher authorities take policy level decisions for the benefit of the poor families.

(v) Number of delays in service delivery

There have been no delay till date from either the empanelled hospitals or from beneficiaries regarding payment of claims or availing treatment under MA Yojana.

10. Cost to User

There are zero direct costs incurred by the beneficiaries of MA Yojana as all costs of treatment, medicines, follow-up and transportation etc are borne by the State.

11. Citizen Charter

The Request For Proposal (RFP) document acts as a guiding document for any information related to the Scheme. In addition, complete information about the Scheme is available on the MA Yojana website www.magujarat.com. Citizens can also call on the toll free number 1800-233-1022 and obtain information related to the scheme.

12. Problem Resolution and Query Handling

State Grievance Redressal Committee has been set up under the Chairmanship of Principal Secretary (Health & Family Welfare) & Commissioner (Public Health, Family Welfare, Medical Services & Medical Education). This Committee meets every quarter to handle and resolve grievances at the State level and those which have been forwarded by the District Grievances Redressal Committees. District Grievances Redressal Committees have been set up at the district level under the chairmanship of District Collectors. These committees meet every month to discuss and resolve various grievances related to the Scheme. A State Grievance Redressal Coordinator has been appointed under the State Nodal Cell for handling queries and grievances of all the stakeholders. Beneficiaries can call the toll free number 1800-233-1022 or visit the website www.magujarat.com to register their queries. A Frequently Asked Questions (FAQ) section has been included in the website for the benefit of

the families. Help desks are available at every empanelled hospital which provide information and assistance to the general public.

13. Privacy & Security Policy

Encryption of data is performed through the website. Finger print of beneficiaries and family members are stored in the MA Card for quick fetching of data from the central server. The data related to beneficiary details is kept confidential and secure at a dedicated data centre.

14. Innovation

Innovative Business Model/Strategy:

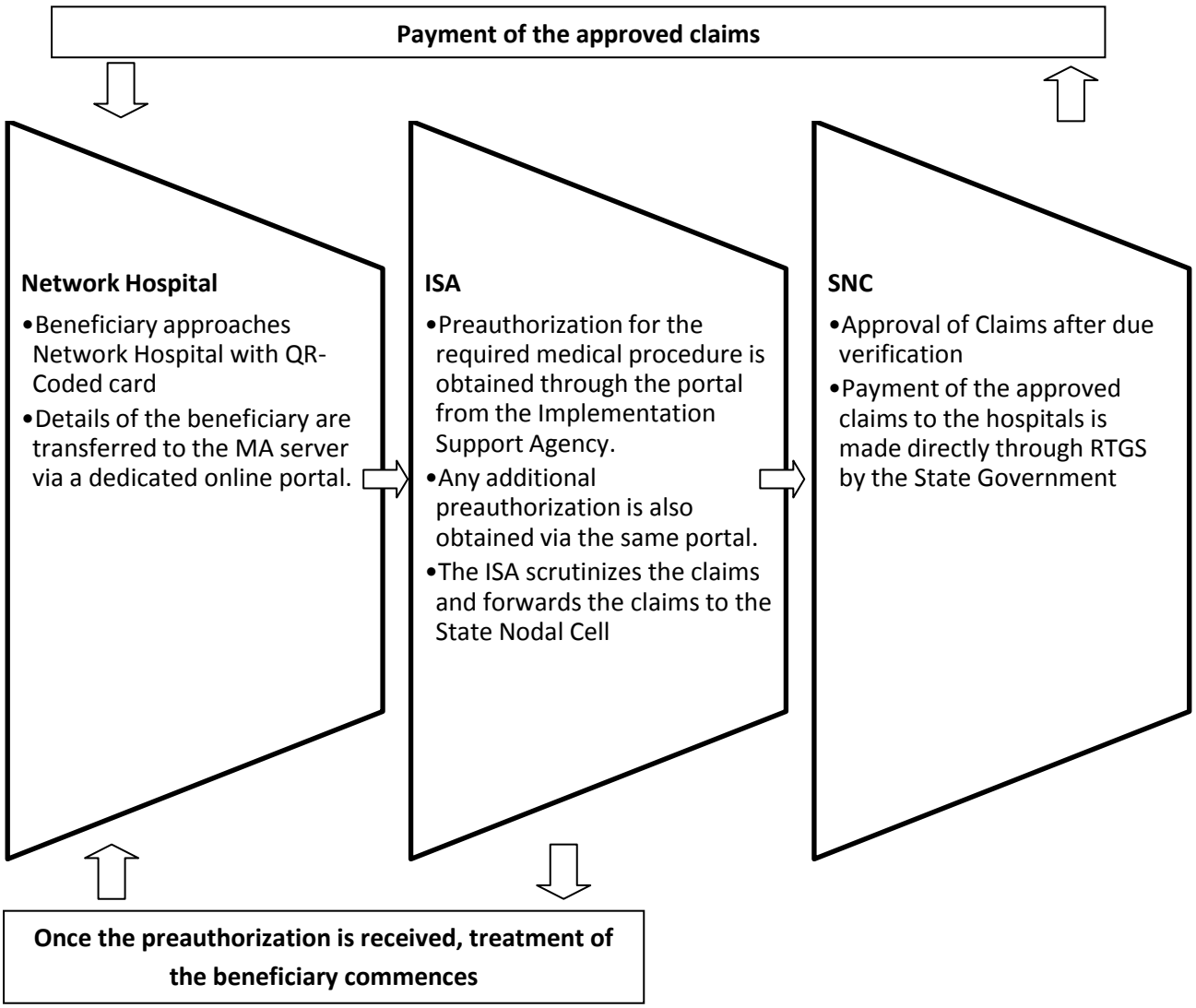
- This is a 100 % State funded scheme where the fund directly goes to the service providers.
- This is a health protection scheme, to provide Quality Health Care Services to the BPL population of the State. It protects BPL beneficiaries from catastrophic expenditures. No premium is charged from the enrolled beneficiaries (patients). Thus there is no scope for any intermediary to make profits.
- Package rates for the different procedures selected under 'MA' Scheme were derived from the market through competitive bidding process via e-tendering. This was done through a two-bid process, involving a technical and a financial bid from the hospitals, thus discovering a viable level of package cost unlike other states which went by the existing rates of Private Service Providers.

Innovative Management Practices:

- To have healthy competition and not to replace public institutions, it was very consciously decided to have participation of both private and public/trust/Grant-In-Aid hospitals to render their services under 'MA'. A total of 63 hospitals (44 renowned private & 19 public/trust/Grant-In-Aid hospitals) are empanelled across the state. MA provides an opportunity to all BPL beneficiaries to select hospitals of their choice from both private and public hospitals.
- The guidelines for the Scheme have been designed in such a fashion that it is a combination of both decentralized implementation and centralized governance. An Implementation Support Agency has been appointed which is involved in

implementation of the Scheme at the grass-root level, while the guidelines are decided by the State Nodal Cell.

Innovative Financial Model:



Innovative Supply Chain, Distribution, Retailing structures:

- The services are delivered to the beneficiaries by means of a QR coded MA card. For effective distribution of these cards, a Technical Support Agency has been appointed, which is responsible for printing, issuing and distribution of cards to the targeted beneficiaries.
- For left out BPL families, 227 Kiosks have been established all over Gujarat. At these Kiosks, beneficiaries can enroll themselves, can get his/her card split, addition/deletion in family members, and can get a new card in case of a lost card.

- Disbursement of the approved claims to the hospitals is made directly by a State Nodal Cell appointed by the Government of Gujarat directly. The involvement of intermediaries, as is the case in other state-run insurance schemes has been totally eliminated.

Human Resource capability enhancement:

- Organogram or Management Structure of the Scheme: The Scheme is under the direct supervision of Shri. P. K. Taneja (IAS), Principal Secretary (Public Health & Family Welfare) & Commissioner of Health, Family Welfare, Medical Services and Medical Education. The Scheme (Yojana) is spearheaded by a young and energetic team consisting of Project Director, who takes personal interest in the successful implementation of the Yojana. The other key officers responsible for the successful and smooth operation of this Yojana are Additional Director (FW), Public Health Manager, Operations Manager, SNC Medical Officer along with State Coordinators who collectively form the State Nodal Cell.

15. e-Inclusion

The information in the website is available in both English and Gujarati. The percentage break-up of English and Gujarati content is : 60% information is available in English and 40% information is available in Gujarati. Any updation being done in the website is synced in both languages at the same instance so that there is no lag between dissemination of bilingual information. Through the attempts of our website professionals, the website is now:

1. Perceivable

Information available in both English and Gujarati

2. Operable

All functionality on the website can be operated through keyboard.

Features like skip to content/skip to navigation/site map and search box.

Hyperlink policy.

3. Understandable

Multilingual website and improved content readability by providing features like word spacing, letter spacing and font size.

4. Robust

Websites can operate in **mobiles tablet PCs, iPads** etc.

Websites can operate in the areas having low bandwidth or low network connectivity.

e-governance Impact

- Better quality of websites.
- Everyone can operate these websites.
- More awareness among citizens.
- Encourages people to use web technology.
- People with little knowledge can use these websites

16. Sustainability

Encryption of data is performed through the website. Finger print of beneficiaries and family members are stored in the MA Card for quick fetching of data from the central server.

Training and development are important aspects of any successful program and Mukhyamantri Amrutam State Nodal Cell has deployed a team of 5 people for support, operation and maintenance of the portal. A demo version of the live application has been provided to ground level executives so that they can be involved in continuous training and quality improvement.

17. Number of users and services

Following are the details of the scheme activities in the past 6 months.

No. of Claims received	**Amount of Claims paid to network hospitals**	**Health Camps Conducted**	**Mega Health Camps Conducted**	**Patients Screened in Mega Health Camps**	**Patients referred to network hospitals for tertiary treatment under MA Yojana**
13759	**Rs. 25,58,85,00,000**	**156**	**13**	**28,620**	**2,225**

18. Result Achieved/ Value Delivered to the beneficiary of the project

(i) To organization

Mukhyamantri Amrutum Yojana translates as Chief Minister's scheme to provide tertiary care treatment to Below Poverty Line (BPL) population for catastrophic diseases. Families living below the poverty line are pushed into a vicious debt poverty cycle due to excessive expenditures arising out of catastrophic health shocks. To address this issue, the State Government of Gujarat has launched a tertiary care scheme called Mukhyamantri Amrutum "MA" Yojana since 4th September 2012. This is a 100% State funded Scheme. The objective of the scheme is to improve access of BPL families to quality tertiary medical and surgical care for the treatment of identified life-threatening diseases involving hospitalization, surgeries and therapies through an empanelled network of health care providers. MA provides an opportunity to the poorest of the poor beneficiaries to select hospitals of his/her choice from both private and public (government) hospitals for cashless hospitalization and treatment. Under the Scheme, all beneficiaries can avail cashless quality medical and surgical treatment for catastrophic illnesses related to: (1) Cardiovascular diseases, (2) Renal (Kidney) diseases, (3) Neurological diseases, (4) Burns, (5) Poly-Trauma, (6) Cancer (Malignancies), and (7) Neo-natal (newborn) diseases. The claim load is up to Rs.2,00,000/- per BPL family per annum on a family floater basis. Benefits are against 544 defined tertiary care services.

(ii) To citizen

A total of 21,54,992 BPL families have been enrolled under 'MA' Scheme from September 2012 to February 2014. This is a population of about 10.7 million persons covered. For the left out BPL families, 227 Kiosks have been established all over Gujarat. At these Kiosks, beneficiaries can enrol themselves, can get his/her card split, can add/delete family members, and can get new card in case of a lost card.

(iii) Other stakeholders

The scheme does not replace the existing public and private health care institutions. Instead, it gives an opportunity to both public and private health care institutions to promote quality healthcare services. Network Hospitals which are registered under National Accreditation Board for Hospitals and Healthcare Providers (NABH)/ JCI (Joint Commission International)/ ACHS (Australia) or by any other accreditation body approved by International Society for Quality in Healthcare (ISQua), are given 10% extra as quality incentive over and above the package rates.

A robust system to control moral hazard through the use of technology has been deployed, wherein a QR coded plastic card containing photograph of head of the family/spouse, a unique registration no., biometric thumb impressions of all the enrolled family members, is

issued to the beneficiary family. The QR coded plastic card ensures the genuineness of beneficiaries and avoids duplication and frauds. Instances of forgery are thus monitored and controlled.

For the claim processing, deployment of Arogya Mitras, District Coordinators, IEC activities, empanelment of hospitals etc., an Implementation Support Agency (ISA), MD India Healthcare NetworX Pvt. Ltd. has been selected. The ISA has appointed Arogya Mitras at the network hospitals. The Arogya Mitra facilitates the patient in availing diagnostic services, food, follow-ups and medicines after the discharge from the hospital.

An IT Support Agency, (n) Code Solutions, has been hired by the State for the development of software, enrollment of beneficiaries, setting up of taluka kiosks etc.

19. Extent to which the Objective of the Project is fulfilled

The objective of Mukhyamantri Amrutam Yojana is to improve access of BPL families to quality tertiary medical and surgical care for the treatment of identified diseases involving hospitalization, surgeries and therapies through a network of empanelled hospitals. This is a 100% State funded scheme. The operational costs as well as costs for software deployment, maintenance, upgrades and other costs are borne by the State government.

A total of 21,54,992 Million BPL families have been enrolled under 'MA' Scheme from September 2012 to February 2014. This is a population of about 10.7 million persons covered. For the left out BPL families, 227 Kiosks have been established all over Gujarat. At these Kiosks, beneficiaries can enrol themselves, can get his/her card split, can add/delete family members, and can get new card in case of a lost card.

20. Adaptability Analysis

(i) Measures to ensure adaptability and scalability

Additional procedures were added upon feedback by the empanelled hospitals so that more life-threatening diseases could be covered under the Scheme.

It was suggested by NABH accredited hospitals that there should be a quality incentive for hospitals that are accredited to National Accreditation Board for Hospitals and Healthcare Providers (NABH)/ JCI (Joint Commission International)/ ACHS (Australia) or by any other accreditation body approved by International Society for Quality in Healthcare (ISQua). Based on this suggestion, quality incentive for hospitals accredited to the aforementioned bodies was increased from 2.5% to 10% extra over and above the package rates.

The user database of BPL population of Gujarat is taken from the Ministry of Rural and Urban Development, hence maintaining the accuracy and reliability of data.

Based on feedback from various stakeholders, the Scheme is now being extended to target all the females and their children (below the age of 21 years) belonging to the families having an annual income up to Rs.1.2 lakh per annum'.

Sensitization meetings are conducted on a periodic basis with private practitioners.

(ii) Measures to ensure replicability

Since the service delivery of the whole scheme is based on a QR-coded card on which information about the beneficiary and details of his family are embedded, this service delivery model can be easily replicated in a diverse group of target population and in different geographical settings.

(iii) Restrictions, if any, in replication and or scalability

None.

(iv) Risk Analysis

After comparing other ongoing health insurance schemes in other states, projections were made regarding the expected claim load, prevalence rates and utilization of different clusters, and a budget pool was sanctioned accordingly.

It was consciously decided to eliminate the involvement of insurance companies in order to prevent any chances of forgery and misuse of state's funds. Hence, there is no chance of third party agency for making any profits.

To facilitate flow of correct and complete information to the beneficiaries, help desks have been set up at every service delivery point, where an Aarogya Mitra is present for assistance and information related to the Scheme.

21. Comparative Analysis of earlier Vs new system with respect to the BPR,

Change Management, Outcome/benefit, change in legal system, rules and regulations

This scheme in its third year of operation is performing better than other health insurance schemes in other states in terms of scale of operations, quality of services, health protection and enhancing the quality of life of the target population. Prior to the introduction of this Scheme, free of cost treatment was available to BPL population of the State only at 3 Govt. institutions. Now with the introduction of MA Yojana, private institutions have also been included to offer free of cost quality health care to BPL population of the State.

22. Other distinctive features/ accomplishments of the project:

1. Cashless hospitalization benefit of a total amount of Rs.2,00,000/- per BPL family per annum on a family floater basis.

2. Benefits to a unit of five members of the BPL family (Head of family, spouse, and three dependents). A newborn is covered as 6th member of the family during that financial year.
3. To avail benefits, the individual or family should get enrolled under the Scheme. A MA beneficiary will be confirmed only if a QR coded card (Quick Response Coded Card) which contains the photograph of the head of the family/ spouse, a unique registration number (URN), the biometric thumb impressions of all the enrolled family members is produced at the hospital.
4. No premium is charged from the enrolled beneficiaries
5. Benefits are against 544 defined tertiary care services.