

Government of India
Central Water Commission
(Establishment – XIV Section)

Room No.901(N), Sewa Bhawan,
R.K. Puram, New Delhi-110066.
Dated the 21 December, 2020

OFFICE MEMORANDUM

Subject: VIP Reference of Dr. Harsh Vardhan, Hon'ble Union Minister for Health & Family Welfare, Science & Technology and Earth Sciences requesting to share interest for migrating to common IT platform offered by National Health Authority (NHA)- regarding.

The Undersigned is directed to forward herewith a copy of letter No.1801990 dated 27.07.2020 received from Hon'ble Union Minister for Health & Family Welfare, Science & Technology and Earth Sciences on the subject cited above for necessary action.

2. It is requested that views/comments, if any, in this regard, may kindly be forwarded to this Commission at balamurugan-upsc@gov.in latest by 28th December, 2020. If no letter/communication is received till the stipulated date, it would be presumed that the comments of the field unit is 'Nil' in this regard.



(R. K. Balamurugan)
Under Secretary (Estt-XIV)
Tel: 011-29583302

Encl: As above.

To

1. All the Chief Engineers of field units of Central Water Commission.
2. CWC website.

File: J-21013/5/2020-Coord
Government of India
Ministry of Jal Shakti
Department of Water Resources, RD & GR
(Coordination Section)

Room No. 01, Ground Floor, B-Wing
Shastri Bhawan, Dr. Rajendra Prasad Marg
New Delhi the 10th December, 2020

OFFICE MEMORANDUM

Subject: VIP Reference of Dr. Harsh Vardhan, Hon'ble Union Minister for Health & Family Welfare, Science & Technology and Earth Sciences requesting to share interest for migrating to common IT platform offered by National Health Authority (NHA) – regarding.

The undersigned is directed to forward herewith a copy of letter no. 1801990 dated 27.07.2020 received from Hon'ble Union Minister for Health & Family Welfare on aforesaid subject for necessary action. View/comments, if any this regard, may be forwarded to this Department at **coord-mowr@nic.in**.

(Rajan Bhasin)

Under Secretary to the Government of India

Tel: 011-23074033

Email: **uscoord-mowr@nic.in**

Enclosure: As above

To

1. All the Head of all Organizations under this Department.

signature Not Verified
Subordinate Secretaries/Wings/SMDs of this Department.

Digitally signed by RAJAN
HASIN
Date: 2020.12.10 20:05:49 IST





डॉ हर्ष वर्धन
Dr Harsh Vardhan

स्वास्थ्य एवं परिवार कल्याण, विज्ञान और प्रौद्योगिकी
व पृथ्वी विज्ञान मंत्री, भारत सरकार
Union Minister for Health & Family Welfare,
Science & Technology and Earth Sciences
Government of India

D.O. No. 1801990

Dated, the 27th of July, 2020

सबका साथ, सबका विकास, सबका विश्वास
Sabka Saath, Sabka Vikas, Sabka Vishwas

Dear Shri Gajendra Singh Shekhawat ji ,

I am writing to you in connection with the medical treatment coverage being provided either to various beneficiary groups under various schemes being implemented by your Ministry or to the employees including dependents, as eligible, by various departments/attached offices/autonomous bodies/PSUs under your Ministry. Usually such medical treatment coverage benefit is offered either through reimbursement/cashless payment to beneficiaries, self-owned/operated hospitals or empaneled hospitals under specific schemes or through paying premium pertaining to each beneficiary to an insurance company engaged through open tendering.

2. With so many departments/attached offices/autonomous bodies/ PSUs operating the schemes through their own resources, such medical treatment coverage which is extended to various beneficiaries as well as their employees including dependents, as eligible, usually turns out to be inefficient due to the segmented and fragmented nature of the market for such services.

3. In this regard, with a view to build economies of scale as well as to offer an effective and efficient solution for such services, National Health Authority (NHA) has developed a common IT platform which seamlessly integrates all stakeholders in the ecosystem on the same IT platform. This common IT platform developed by NHA for implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), has been widely acknowledged as a successful e-Governance platform.

3.1. In fact, NHA has evolved a robust and configurable state-of-the-art IT ecosystem that is extending health care services to over 13.2 Crore families through a network of 22,850+ hospitals (45% private hospitals) across 32 States/ UTs. More than 12.5 Crore beneficiaries have been verified with more than 1.1 Crore hospital admissions worth Rs. 14,444 Crores till date.

3.2. The architecture of the IT system allows interoperability, standardisation and convergence across schemes while ensuring seamless services for beneficiaries.

Contd/-

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(2)

Further, it enables data driven and evidence-based policy decisions for the programme. Fraud detection and data privacy have also been given utmost priority under the scheme. Some central government health schemes are already planning to leverage NHA's IT systems for the implementation of their schemes.

4. Moreover, it also gives me pleasure to inform that NHA is also working on the IT platform for National Digital Health Mission thereby making it easier for the IT platform for NHA to be fully compliant with the National Digital Health Stack offering scope for seamless integration with nation-wide health services. A note on the same is attached herewith.

5. In view of the above, I request you to share your interest for migrating to the common IT platform offered by NHA, along with the details of the medical treatment coverage scheme being extended by your respective ministry/department/attached offices or by autonomous bodies/PSUs under the administrative control of your Ministry.

With warm regards,

Yours sincerely,

(Dr. Harsh Vardhan)

Encls: As above.

Shri Gajendra Singh Shekhawat
Minister of Jal Shakti,
Shram Shakti Bhawan, Rafi Marg
New Delhi- 110001

Secretary (DHS)
Secretary (WR, RD & GR)

IT CONVERGENCE OF CENTRAL GOVERNMENT HEALTH SCHEMES

1. BACKGROUND

- 1.1 Medical treatment coverage is provided to all central government serving officials and pensioners including dependents.
- 1.2 Ministries or PSUs/Autonomous bodies either extend this coverage through Central Government Health Scheme (CGHS) or empanel their own hospitals through specific schemes or engage an insurance company through open tendering.

Key challenges faced in the current scenario

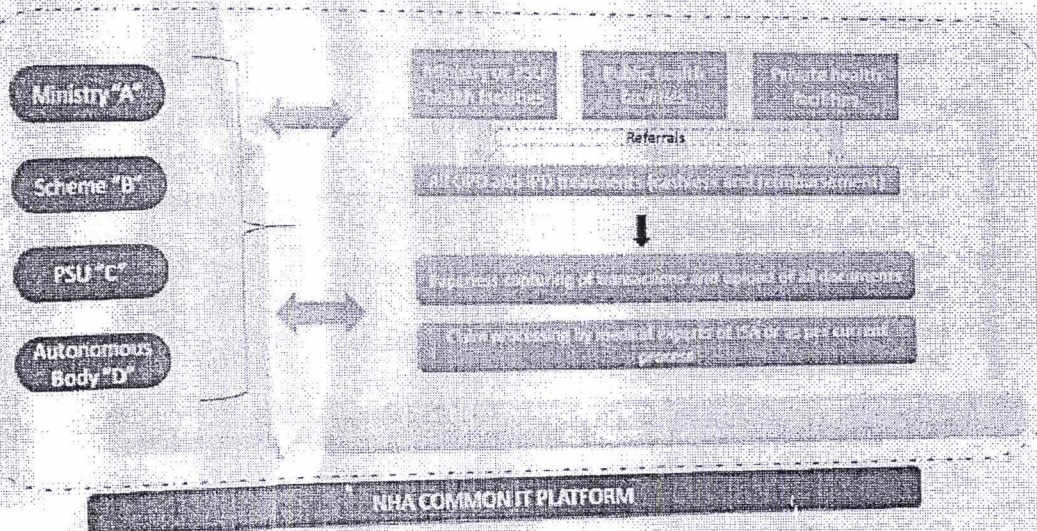
1. Duplication of efforts and resources as plethora of schemes exist for similar health coverage
2. Own hospitals of various ministries/PSUs are often underutilized with other government officials having no access to these hospitals - non-optimization of available resources
3. Non standardisation as same private hospital being empaneled under multiple schemes with different rates
4. Lack of an IT system for providing services to beneficiaries and tracking treatments under the schemes
5. Time-consuming and physical process of claim/reimbursement document submission and approvals to avail services under the schemes
6. Medical claim approvals being done by administrative staff with no to limited medical understanding
7. Lack of real-time data on services provided under the scheme for effective decision making, monitoring and fraud control provisions
8. Financial reimbursements to hospitals may be delayed, reducing the quality of services for beneficiaries.
9. Lack of common indicators for monitoring and evaluation of the relevance, effectiveness, efficiency, and impact of services

2. PROPOSAL

All central government health schemes extended by ministries/departments/PSUs/Autonomous to be converged for implementation on a common IT platform, seamlessly integrating all stakeholders in the ecosystem on the same IT platform, which is expected to enhance the overall efficiency and effectiveness of the extension of services.

- 2.1 Based on the current process involved for extending medical treatment coverage to central government serving officials and pensioners including dependents, an IT solution for reengineering the current processes for optimization of resources is proposed:

- a. NHA IT system to be leveraged as a single window platform for all central government health schemes
- b. Every Ministry/department/PSU/Autonomous body will have their separate space and customized processes as per their requirement on this common IT platform
- c. Digitised beneficiary base for each Ministry/PSU will be maintained for accessing medical treatment – unique health ID generated for every beneficiary verified by Aadhaar
- d. Unique registry of hospitals will be maintained on this common IT platform – one-time empanelment of each hospital on the platform upon submission of mandatory documents to ensure quality of care. The hospital will be enabled for extending services for respective Ministry/department/PSU/Autonomous body upon receiving request and signing of formal MoU. AB PM-JAY network or ministry owned hospital network may be added for other schemes as approved and required.
- e. Standardised package master for all schemes with approved rates
- f. All treatments will be digitally captured along with documents uploaded online in real time
- g. Treatment process may continue as existing – cashless or reimbursement or may be made cashless, as possible
- h. Claim processing by medical experts from Implementation Support Agency (ISA) or as per roles of officials defined centrally
- i. All payments to be made electronically through the IT system through parent organization or through NHA, as approved and required



2.2 The above proposal is aimed at seamlessly integrating all stakeholders in the ecosystem on the same IT platform and is thus expected to enhance the efficiency and effectiveness of the extension of services. The NHA IT platform will also support the referral mechanism for the cashless care to the beneficiaries, as far as possible, thereby reducing financial hardship and out-of-pocket expenditures.

2.3 In addition to the above reengineering of the current processes, NHA IT platform will also be able to offer AB PM-JAY specialized services like:

- a. Monitoring & Evaluation

- i. Real time data monitoring and analytics
 - ii. Contextualized dashboards at national, regional, state, hospital and case level
 - iii. Evidence based research for policy making
- b. Fraud Control**
 - i. IT platform with real-time triggers for fraud control and prevention
 - ii. Suspicious cases and e-cards are being shared with States for AB PM-JAY
- c. Grievance Redressal**
 - i. Online Central Grievance Redressal Management System (CGRMS) developed
 - ii. More than 25,000 grievances resolved across the country for AB PM-JAY in a transparent and confidential manner
- d. Call Centre**
 - i. 500+ human resources available in PM-JAY call centre
 - ii. 63 lakh calls addressed since the start of the scheme
- e. Capacity Building**
 - i. Online learning management system being developed for capacity building
 - ii. Over 29,000 human resources trained and oriented

3. ADVANTAGES FROM THE IT CONVERGENCE

3.1 The proposal as shared above for Convergence of all central government health schemes on NHA IT platform has the following advantages other than the operational streamlining and

Advantages from the IT Convergence

1. **Better transparency and accountability** through converged NHA IT platform
2. **Expanded access to services** through PM-JAY private hospital network and seamless portability
3. **Greater cost effectiveness** by reducing fragmentation and through collective bargaining
4. **Improved service quality** through monitoring and Standard Treatment Workflows
5. **Effective control on fraud and abuse** through PM-JAY systems
6. **Efficient grievance redressal** through PM-JAY platform and call centre

The IT platform as proposed will be an important enabling building block for moving towards **National Digital Health Mission**

efficiency:

4. ROLES OF STAKEHOLDERS

4.1 Role of NHA

- a. Developing a contextualised IT platform

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- b. Setting up the Project Management Unit, dedicated for managing the integration implementation related activities and engaging the Implementation Support Agency, as required
 - c. Running and managing the IT system
 - d. Coordinating with all Ministries/PSUs
 - e. Empanelment of all ministry/PSU owned, public and private health facilities (CGHS and beyond)
 - f. Monitoring the implementation for progress
 - g. Fraud/Abuse control
 - h. Setting up an online Grievance Redressal platform
 - i. Call centre support
 - j. Training and capacity building of all stakeholders

4.2 Role of Ministries/PSUs/Autonomous bodies

- a. MoU with NHA detailing out the current benefits being offered and the modalities of implementation going forward on the common IT platform
- b. Providing digitised beneficiary data
- c. Sharing list of all empanelled health facilities
- d. Empanelling all own health facilities – option to open them for others
- e. Sharing details treatment packages & current approval process for customisation in the system
- f. Integrating bank accounts for cashless treatment payments and reimbursements
- g. One-time IT development cost and annual maintenance to be paid to NHA
- h. Administrative budget to be allocated to NHA for supporting implementation and offering PM-JAY specialised services
- i. Establish a centralised claim/reimbursement approving mechanism
- j. Provide support to NHA's anti-fraud measures, especially those pertaining to an act committed by a covered member or his/her family members.
- k. Any other coordination as required from time to time

VIP Details

VIP Reference

Dr. Harsh Vardhan

Union Minister for Health & Family welfare,

1801990 dated 27-07-2020

Y(WR) MIN(WR)/202/VIP/2020 dated 06/08/2020

Nirman Bhawan, New Delhi

8518 Letter.pdf

N.A

Receipt in N.A

N.A

Reg. Connection with medical treatment coverage being provide deither to various beneficiary groups under various schemes being imple en ted by your mInistry or to the employees including dependents, as eligible various deptt/atqched etc.

status Current

it Description-N.A

Status Date-N.A

ment:

From User	To User	Forwarded Date	Remarks
Min (WR)	Secy (WR)	06/08/2020	
Secy (WR)	Addl. Secretary	07/08/2020	
Il. Secretary	JS (A & GW)	14/09/2020	Copy to JS(A)
(A & GW)	DIR (COORD)	01/12/2020	
(COORD)	US (COORD)	08/12/2020	Physically already sent. For circulation to all concerned
(COORD)	-	-	-

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Status Description	Status as on	Status
N.A	N.A	Pending