

All about Current Public Health Schemes in India

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Introduction

For the last six decades Central Government Health Scheme is providing comprehensive medical care to the Central Government employees and pensioners enrolled under the scheme. In fact CGHS caters to the healthcare needs of eligible beneficiaries covering all four pillars of democratic set up in India namely Legislature, Judiciary, Executive and Press. CGHS is the model Health care facility provider for Central Government employees & Pensioners and is unique of its kind due to the large volume of beneficiary base, and open ended generous approach of providing health care.

CGHS provides health care through following systems of Medicine

- Allopathic
- Homoeopathic
- Indian system of medicine
 - Ayurveda
 - Unani
 - Siddha and
 - Yoga

The Central Government Health Scheme (CGHS) was started under the **Indian** Ministry of Health and Family Welfare in 1954 with the objective of providing comprehensive **medical care** facilities to **Central Government** employees, pensioners and their dependents residing in CGHS covered cities. This health scheme is now in operation with cities such as Delhi, Allahabad, Chennai, Hyderabad, Kanpur, Kolkata, Jaipur, Mumbai, Meerut, Thiruvananthapuram, Bhubaneswar, Bhopal, Chandigarh and Bangalore.

National Health Insurance Schemes

1. Rashtiya Swasthiya Bima Yojana (RSBY)

RSBY (Rashtriya Swasthiya Bima Yojana) has been launched by Ministry of Labour and Employment, Government of India to provide health insurance coverage for Below Poverty Line (BPL) families.

The objective of RSBY is to provide protection to BPL households from financial liabilities arising out of health shocks that involve hospitalization. Beneficiaries under RSBY are entitled to hospitalization coverage up to Rs. 30,000/- for most of the diseases that require hospitalization.

Government has even fixed the package rates for the hospitals for a large number of interventions. Pre-existing conditions are covered from day one and there is no age limit.

Coverage extends to five members of the family which includes the head of household, spouse and up to three dependents. Beneficiaries need to pay only Rs. 30/- as registration fee while Central and State Government pays the premium to the insurer selected by the State Government on the basis of a competitive bidding.

Unique Features of RSBY

The RSBY scheme is not the first attempt to provide health insurance to low income workers by the Government in India. The RSBY scheme, however, differs from these schemes in several important ways.

- **Empowering the beneficiary**– RSBY provides the participating BPL household with freedom of choice between public and private hospitals and makes him a potential client worth attracting on account of the significant revenues that hospitals stand to earn through the scheme.
- **Business Model for all Stakeholders**– The scheme has been designed as a business model for a social sector scheme with incentives built for each stakeholder. This business model design is conducive both in terms of expansion of the scheme as well as for its long run sustainability
- **Insurers**– The insurer is paid premium for each household enrolled for RSBY. Therefore, the insurer has the motivation to enroll as many households as possible from the BPL list. This will result in better coverage of targeted beneficiaries.

- **Hospitals**– A hospital has the incentive to provide treatment to large number of beneficiaries as it is paid per beneficiary treated. Even public hospitals have the incentive to treat beneficiaries under RSBY as the money from the insurer will flow directly to the concerned public hospital which they can use for their own purposes. Insurers, in contrast, will monitor participating hospitals in order to prevent unnecessary procedures or fraud resulting in excessive claims.
- **Intermediaries**– The inclusion of intermediaries such as NGOs and MFIs which have a greater stake in assisting BPL households. The intermediaries will be paid for the services they render in reaching out to the beneficiaries.
- **Government**– By paying only a maximum sum up to Rs. 750/- per family per year, the Government is able to provide access to quality health care to the below poverty line population. It will also lead to a healthy competition between public and private providers which in turn will improve the functioning of the public health care provider
- **Information Technology (IT) Intensive** – For the first time IT applications are being used for social sector scheme on such a large scale. Every beneficiary family is issued a biometric enabled smart card containing their fingerprints and photographs. All the hospitals empanelled under RSBY are IT enabled and connected to the server at the district level. This will ensure a smooth data flow regarding service utilization periodically.
- **Safe and fool proof**– The use of biometric enabled smart card and a key management system makes this scheme safe and fool proof. The key management system of RSBY ensures that the card reaches the correct beneficiary and there remains accountability in terms of issuance of the smart card and its usage. The biometric enabled smart card ensures that only the real beneficiary can use the smart card.
- **Portability**– The key feature of RSBY is that a beneficiary who has been enrolled in a particular district will be able to use his/ her smart card in any RSBY empanelled hospital across India. This makes the scheme truly unique and beneficial to the poor families that migrate from one place to the other. Cards can also be split for migrant workers to carry a share of the coverage with them separately.
- **Cash less and Paperless transactions**– A beneficiary of RSBY gets cashless benefit in any of the empanelled hospitals. He/ she only needs to carry his/ her smart card and provide verification through his/ her finger print. For participating providers it is a

paperless scheme as they do not need to send all the papers related to treatment to the insurer. They send online claims to the insurer and get paid electronically.

2. Employment State Insurance Scheme (ESIS)

Employees' State Insurance Scheme of India, is a multidimensional social security system tailored to provide socio-economic protection to worker population and their dependants covered under the scheme. Besides full medical care for self and dependants, that is admissible from day one of insurable employment, the insured persons are also entitled to a variety of cash benefits in times of physical distress due to sickness, temporary or permanent disablement etc. resulting in loss of earning capacity, the confinement in respect of insured women, dependants of insured persons who die in industrial accidents or because of employment injury or occupational hazard are entitled to a monthly pension called the dependants benefit.

Coverage

Applicability

- The Act is applicable to non-seasonal factories employing 10 or more persons.
- The Scheme has been extended to shops, hotels, restaurants, cinemas including preview theatres, road-motor transport undertakings and newspaper establishments employing 20* or more persons.
- The Scheme has been extended to Private Medical and Educational institutions employing 20 or more persons in certain States/UTs.

Areas covered

The ESI Scheme is being implemented area-wise by stages. The Scheme has already been implemented in different areas in the following States/Union Territories of Indian Union.

States :- All the States except Manipur, Sikkim, Arunachal Pradesh and Mizoram.

Union territories :- Delhi and Chandigarh

3. Central Government Health Scheme (CGHS)

The “Central Government Health Scheme” (CGHS) provides comprehensive health care facilities for the Central Govt. employees and pensioners and their dependents residing in CGHS covered cities. Started in New Delhi in 1954, Central Govt. Health Scheme is now in operation in Allahabad, Ahemdabad ,Bangalore ,Bhubhaneshwar ,Bhopal ,Chandigarh , Chennai ,Delhi , Dehradun ,Guwahati ,Hyderabad, Jaipur , Jabalpur , Kanpur , Kolkatta , Lucknow , Meerut , Mumbai , Nagpur , Patna , Pune , Ranchi , Shillong , Trivandrum and Jammu. The Central Govt. Health Scheme provides comprehensive healthcare to the CGHS Beneficiaries in India.

The main components of the Scheme are:

- The dispensary services including domiciliary care
- F. W. & M.C.H. Services
- Specialists consultation facilities both at dispensary, polyclinic and hospital
- level including X-Ray, ECG and Laboratory Examinations.
- Hospitalization
- Organization for the purchase, storage, distribution and supply of medicines and other requirements
- Health Education to beneficiaries

4. Aam Aadmi Bima Yojana(AABY)

Aam admi bima yojana, a Social Security Scheme for rural landless household was launched on 2nd October, 2007. The head of the family or one earning member in the family of such a household is covered under the scheme. The premium of Rs.200/- per person per annum is shared equally by the Central Government and the State Government. The member to be covered should be aged between 18 and 59 years.

On natural death

Rs 30,000

On death due to accident/on permanent disability due to accident [loss of 2 eyes or 2 limbs]

Rs 75,000

On partial permanent disability due to accident [loss of one eye or one limb]

Rs 37,500

Benefits

A separate fund called "Aam Admi Bima Yojana Premium Fund" has been set up by Central Govt. to pay the Govt. contribution. Fund is maintained by LIC. A free add-on benefit in the form of scholarship to children is also available under the Scheme.

5. Janashree Bima Yojana

Janashree Bima Yojana (JBY) was launched on 10th August 2000. The Scheme replaced Social Security Group Insurance Scheme (SSGIS) and Rural Group Life Insurance Scheme (RGLIS). 45 occupational groups have been covered under this scheme

Occupations

1. Beedi workers
2. Power loom workers
3. Brick kiln workers
4. Carpenters
5. Cobblers
6. Fisherman
7. Hamals
8. Handicraft Artisans
9. Handloom Weavers
10. Printing
11. Handloom & Khadi weavers
12. Rubber and coal products
13. lady Tailors
14. Chemical products like candle manufacture
15. Leather Tannery workers
16. Mineral products like earthen toys manufacture

17. Paped workers attached to SEWA
18. Agriculturists
19. Physically handicapped self employed persons
20. Transport drivers association

It provides life insurance protection to people who are below poverty line or marginally above poverty line. Persons between aged 18 years and 59 years.

6. Universal Health Insurance Scheme (UHIS)

The four public sector general insurance companies have been implementing Universal Health Insurance Scheme for improving the access of health care to poor families.

The scheme provides for reimbursement of medical expenses upto Rs.30,000/- towards hospitalization floated amongst the entire family, death cover due to an accident @ Rs.25,000/- to the earning head of the family and compensation due to loss of earning of the earning member @ Rs.50/- per day upto maximum of 15 days.

The Universal Health Insurance Scheme (UHIS) has been redesigned targeting only the BPL families. The premium subsidy has been enhanced from Rs.100 to Rs.200 for an individual, Rs.300 for a family of five and Rs.400 for a family of seven, without any reduction in benefits.