

The specialist committees examined the relevant sections of HBP and made suggestions, the review committee examined the suggestions made by the specialist committees and moderated them, and finally the recommendations of the review committee were put up to the Governing Board for approval. In this Governing Board meeting, Dr. Vinod Paul, Member, NITI Aayog and Dr. Balram Bhargava, Secretary, Department of Health Research were invited to participate in the discussions as

special invitees.

Dr. Indu Bhushan, CEO NHA explained “In the spirit of cooperative federalism, before finalizing the changes, feedback was also taken from the States and Union Territories. Their feedback was examined by the review committee”.

He added “States/UTs which are using insurance model or a combination of Trust and insurance model shall have autonomy to either continue using existing package master till their current contract period ends or shift to the new version after making suitable amendments in their contract.”

The revised oncology packages will revamp cancer care for the beneficiaries and are aligned to reflect the current best practices in the country.

Dr. Harsh Vardhan explained “These revised rates are expected to further augment cancer care in the country, along with drastic reduction in the catastrophic expenses associated with it. Oncology packages have been split, to include multiple regimens of surgical and medical oncology, complemented by radiotherapy regimens.”

NHA added that a conscious attempt has been made to standardize the nomenclature and definitions of the packages.

NHA, in collaboration with World Health Organization (WHO), has initiated the process of aligning the HBP with International Classification of Health Interventions (ICHI) and International Classification of Diseases (ICD) coding of the WHO. When completed, India may become the first country to use ICHI in its HBP list.

Several innovative concepts were used by NHA while revising the packages such as cross specialty packages, stratified packages and add-on packages which will enhance the ease of selecting the right package for the empanelled hospital.

NHA said that in preparation for the future, it is planning to configure the cost of implants / high-end consumables in its IT system separately at the backend. This will be useful whenever there is a movement in the price of these significant components of a package cost.

NHA said that it is confident that with the restructuring and rationalization of the HBP of PM-JAY, the concerns of various stakeholders will be addressed, more private hospital will get empanelled, and more poor beneficiaries will be able to avail of their entitlements. This will take India one step closer towards its goal of Universal Health Coverage.

PM-JAY has 1,393 treatment packages out of which 1,083 are surgical, 309 medical and 1 unspecified package. The package includes the cost of diagnostics up-to 3 days before hospitalization, and medicines up to 15 days post hospitalization.