The National Health Protection Scheme.

The National Health Protection Scheme, promises Rs 5 lakhs per year per family for secondary and tertiary care hospitalization and aims to cover 10 crore families.

a. The scheme was, in fact, announced in the 2016 Budget
The sum assured was Rs. 30,000 raised to Rs. 1.5 lakhs and now Rs 5 lakhs.

b. The financial requirement for this scheme
Based on the premium paid in successful state-run schemes, the Premium needed to provide Rs.5 lakhs cover will not be less than Rs 3,000 per household, which would mean an outlay of close to Rs. 30,000 crores needed.

c. Time frame for implementation of the Scheme
The Finance Secretary Hasmukh Adhia, opined that it would take six more months to finalize the scheme and then perhaps a few more months to contract insurance agencies and providers. In his view, it is uncertain if the scheme will be fully implemented this year.

d. Budget allocation for National Health Protection Scheme
The Rs 2,000 crores allocated for health insurance in the Budget is less than what most state governments spend on similar schemes. There is, of course, the possibility that the Central government may give a small top-up to what the states are spending and include these state schemes – but it is unlikely the states would agree to this.

Implementation of the National Health Protection Scheme

Indians deserve quality healthcare that is affordable and available. The National Health Protection Scheme can deliver it with ease. The funds are available and now the question is to make the Scheme viable. It should self-sustain and scaleup, providing quality care to the beneficiaries while generating marginal surplus to the Insurer and the Care Provider Hospitals.

Anyuta Proposal

Here is a simple way to touch the hearts of every Indian by providing Family Group Health Insurance on Floater and winning their votes. We have meticulously structured the Care Delivery, Medical Documentation, Payment Module, Billing and Accounting. Our system is totally digitized, with minimal managerial costs. There is no scope for Moral Hazards by any of the
players in the Health Care Industry, Care Financiers or the Beneficiaries. All financial transactions are through Banks only. Our system there is neither burdens the State Exchequers nor the poor. It does not discriminate the rich and poor for basic health care.

Ours is an inclusive and participatory Insurance Driven Health Care where

a. Rich pay for the poor and themselves
b. Insurance Companies sell the Family Group Health Insurance on retail basis
c. Anyuta Insurance TPA in Health Care Private Limited Company IRDAI-17 provide TPA Services
d. Insurance Companies Directly Settle Claims by RTGS
e. There is no duplication of work

Here is how it works

Product: “sabka-saath-sabka-vikas” Family Group Health Insurance policy

a. Premium: Rs.1500 per Family per year
b. Cover Values: Rs.5 lakhs
c. No age band & no Exclusion Clauses
d. TPA : Anyuta Insurance TPA in Healthcare Pvt. Ltd. IRDAI – 17
e. Claim Settlement : Directly by the Insurer through RTGS

Coverage is for all ailments, major or minor, acute or chronic, like Heart Bypass surgery, Heart Valve Replacement, Total Knee & Hip Replacements, Kidney Transplant. Chronic Medical Conditions like Cardiac, Respiratory, Liver, Spleen, Bone and Joint diseases. Cancer treatment is totally covered.

Seed Money
Central Government parks Insurance Fund of Rs.1500 Crores with a Public Sector Insurance Company

Working Module

a. Premium is split and paid by the Center : State:Family or Center : CSR : Family
b. Premium is split as Center : State : Family at 40 : 30 : 30 ratio i.e. Rs.600 : Rs.450 : Rs.450

The reasons for splitting the premium three ways is to

a. Make health care inclusive and participatory
b. Provide basic Health Insurance to all irrespective of economic status (rich or poor)
c. Make the Premium affordable to every citizen (Rs.450 is a Day’s wage)
d. Make people fulfill Individual Social Responsibilities (Employer pays for their Staff like, maids, watchman, gardener, etc.)
e. Corporate Social Responsibility Funds can step in if State refuses to pay its share
f. Central and StateGovernments along with the Families can directly pay their part of the Premium to the Insurance Companies.

We want you to
1. Call up the CMD of, The New India Assurance Company Limited and United India Insurance Company Limited and tell them to implement “Anyuta Universal Health Service” Policy proposed by Anyuta Charitable Trust with 80G Tax Relief, on retail basis.
2. Tell them to make IRDAI license No 17, Anyuta Insurance TPA in Healthcare Pvt. Ltd., as its Third-Party Administrator in Healthcare Private Limited to make it viable by bringing in transparency and accountability.

Anyuta Trust Proposal is based on successful SIPF Mediclaim Policy of Rajasthan State for its entire government employees and their families.
1. SIPF Mediclaim generated surplus revenue to the Hospitals and the Insurer
2. Anyuta Insurance TPA in Healthcare Pvt. Ltd., provided TPA services for over 5 years.
3. SIPF Mediclaim covers all ailments with a Premium less than Rs.600 per Family. There is no age band & no Exclusion Clauses. SIPF coverage is for all ailments, major or minor, acute or chronic, like Heart Bypass surgery, Heart Valve Replacement, Total Knee & Hip Replacements, Kidney Transplant. Chronic Medical Conditions like Cardiac, Respiratory, Liver, Spleen, Bone and Joint diseases, etc. Cancer treatment is totally covered. The SIPF Mediclaim generated surplus revenue to the Hospitals and the Insurer while providing quality care.

Dr. N. Ravi Shetty
Orthopedic Surgeon