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RESEARCH FEATURE
Enhancing the
Public Healthcare
Quotient in India

Vision - 2030
Quality & Affordable

Healthcare

for All – Telangana

IN FOCUS
A New Dawn for the
Insurance Industry

INTERVIEW

ANIL AGARWAL

Chairperson of Federation of Trade Chambers
of Commerce and Industry (FTCCI)



PLUS

ROUND UP • MY MARKET • THE PRESCRIPTION



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VIEWPOINT

MESSAGE FROM PUBLISHER & EDITOR

Quality & Affordable Healthcare for All – A Patient-Centred Approach



EVERY CITIZEN HAS the right to access quality, safe and affordable healthcare! All stakeholders - from the member countries within the United Nations engaged in the healthcare delivery system and our Hon'ble Prime Minister Narendra Modi to consumer organisations and the healthcare providers themselves - repeatedly endorse the concept of universal health coverage.

And yet, 'Health for All' remains a distant dream with consumers falling victim to lack of timely and quality medical care in more ways than one. We continue to top the charts for out-of-pocket expenses which drain out the lower middle class section of the population.

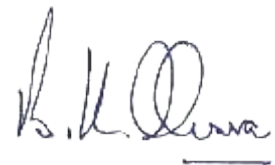
I have always been a strong proponent of the need for all consumers to have access to safe and quality healthcare services without any discrimination and financial hardship, which has reflected across several of our initiatives since the last two decades. The Federation of Telangana Chambers of Commerce and Industry (FTCCI) recently invited me to chair their 'Health Insurance Vision 2030 - Quality & Affordable Health For All' summit in the state of Telangana.

I firmly believe that one must start with an all stakeholders' consultation to encourage an open discussion on the challenges and find sustainable solutions, which will be India-centric and in the interests of the Indian Citizens. As a part of the Vision Document 2030, it is proposed to organise a national summit that will

involve all the stakeholders in plugging the yawning gap between the healthcare services required and what is actually available for the patients, covering various realms of healthcare. There is a strong emphasis on spreading awareness on innovative products on health insurance coverage across the country, thus increasing accessibility to safe and quality healthcare in an affordable manner to achieve universal health coverage.

What attracted me to accept the invitation of FTCCI is that it will be the first-of-its-kind to focus on 'patient first'! Indeed, the beneficiaries will be the front and centre point across all domains of this initiative and I am thrilled to be able to contribute, in my small manner, my 40 years of experience and expertise in a way that will help put consumers in control of their healthcare.

This will be a collaborative effort of critical partners involved in the healthcare sector. Our shared vision is to promote quality healthcare and wellness in a patient-friendly environment!



Prof. Bejon Kumar Misra
Publisher & Editor
bejonmisra@theawareconsumer.in

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PRAFULL D. SHETH

Editorial Board Member

ATTAINING THE UTOPIA OF UNIVERSAL HEALTH COVERAGE



INDIA HAS NEVER been placed better in terms of health coverage! The average life expectancy is rising while the number of infant deaths has fallen considerably. More children are vaccinated than ever before and most of the deadly diseases are in abeyance.

We are committed to achieving universal health coverage – as stated in the UN Sustainable Development Goals 3.8 - by 2030. All stakeholders from the government to the healthcare providers and health insurance companies to pharmaceutical companies and patient safety organisations are focused on ensuring that the 'Health for All' dream becomes a reality.

The goal of 150,000 health and wellness centres has been attained and the government is providing free health insurance coverage to the bottom 40% of the population under the Ayushman Bharat scheme. Digital health is bringing healthcare within reach of the deprived citizens residing in rural and remote areas. As per the recent Economic Survey, our public health

spending scaled 2.1% of the GDP in 2022-23 and we are on the path to achieving the crucial 2.5% by 2025.

Healthcare is among the largest and fastest growing industries today – it was valued at Rs. 21.14 trillion in 2021 and is expected to grow at a CAGR of 30.7% between 2022 and 2027, reaching Rs. 110.21 trillion by 2027.

But can we deny the fact that patients still

continue to spend large amounts on healthcare while experiencing poor health outcomes? Scores of people continue to suffer due to lack of access to quality and affordable healthcare.

Indeed, despite making such huge strides, something is amiss somewhere. Why are we not able to realise the

full potential that medicine has to offer?

We are poised to achieve so much more on the long road of universal health coverage. I sincerely hope that this path-breaking FTCCI event will leverage our journey while reinforcing our commitment to the greater good! ▶





13

RESEARCH FEATURE

ENHANCING THE PUBLIC HEALTHCARE QUOTIENT IN INDIA



It has been rightly said that, "Health care is vital to all of us some of the time, but public health is vital to all of us all of the time!"



26

HORIZON

FTCCI BATS FOR PATIENT-CENTRIC HEALTHCARE



FTCCI has evolved into an apex forum for interaction between business, industry and the government with a global perspective.



35

INTERVIEW



Mr. ANIL AGARWAL

Chairperson of Federation of Trade Chambers of Commerce and Industry (FTCCI)

40

MY MARKET

HEALTH INSURANCE BESET WITH CHALLENGES



Everyone needs health protection - and the best cover for medical emergencies is health insurance as it makes healthcare affordable for the common man.



43

IN FOCUS

A NEW DAWN FOR THE INSURANCE INDUSTRY



The healthcare insurance delivery system has been calling for reforms since a long time.



47

OUT OF THE BOX

IRDAI SETS ITS HOUSE IN ORDER FOR REDRESSING GRIEVANCES



SRI T. HARISH RAO
HON'BLE MINISTER FOR FINANCE, HEALTH, MEDICAL & FAMILY WELFARE, GOVERNMENT OF TELANGANA

The number of beds with oxygen facility in government hospitals had gone up to 27,966 from 1400 oxygen-beds in Telangana before 2014. The Chief Minister had accorded top priority to the health sector and allocated Rs. 12,161 crores in the State budget.



ROUNDUP

Health in India's Amrit Kaal!

Nirmala Sitharaman
Finance Minister

IN THE LATEST Union Budget 2023-24, Finance Minister, Nirmala Sitharaman allocated Rs. 86,175 crore (\$10 billion) for healthcare, roughly amounting to Rs. 615 per citizen. While we have recorded a 2.7% increase over the previous fiscal, it still stands lower than the rate of inflation. Meanwhile, the outlay for the Department of Health Research was a measly Rs. 2980 crore.

Furthermore, the government continues to neglect the medical devices sector – neither do the policies protect the manufacturers nor did the budget do anything to bring down our dependence on imports of medical equipment.

Then again, it was expected that the central government will prioritise the health insurance sector and take necessary measures – like increasing the tax deduction limit and removing GST on health insurance - to boost its penetration, enhance accessibility and make it more affordable. However, there was no mention

whatsoever of health insurance in the budget speech.

The government did not even introduce the Insurance Laws (Amendment) Bill, 2022 in the budget session of the Parliament.

UNION BUDGET 2023-24	
Healthcare Allocation	
Rs. 86,175 crore	Rs. 615 per citizen

DATA BRIEFING

The Government aims to develop India as a global healthcare hub, and is planning to increase public health spending to

2.5%

of the country's GDP by 2025.





Though our Honourable Prime Minister urges India to become Atmanirbhar in medical devices, the medical devices imports continued to grow at an alarming level by 41% in FY22. Imports of medical devices from China went up by nearly 50% last year on account of low duties and convenience to import. These are the same domestic manufacturers, when imports got disrupted during the COVID-19 crisis, the government relied heavily on them to meet the rising demand for essential COVID items.



– Mr. Rajiv Nath

Coordinator of the Association of Indian Medical Device Industry (AiMed)

In view of the changing needs of the insurance sector, the Ministry of Finance undertook a comprehensive review of the legislative framework governing the sector. After consulting with the regulator and other stakeholders in the industry, it proposed a significant revamp of the insurance framework to enhance insurance penetration, improve efficiency and enable product innovation and diversification. The draft amendment bill was released for comments on 29th November, 2022.

The Ministry stated, "The proposed amendments primarily focus on enhancing the financial security of the policyholders, promoting the policyholders' interests, improving returns to the policyholders and facilitating the entry of more players in the insurance market, leading to

economic growth and employment generation."

One of the marked modifications relates to the issuance of composite licences to insurers – this will allow an insurance company to offer different types of insurance (general, life and health) without having to seek separate licences from the regulator for each business. Further, it also proposed a change the composition of the General Insurance Council and the Life Insurance Council - a Central Government appointee on the Councils as opposed to the earlier system of self-regulation.

However, the Bill has been put on hold for now following demands from the industry for major changes, including dropping the composite licence provision. ▶

Telangana Government Swings into Action for HEALTHCARE

THE STATE GOVERNMENT is laying special focus on healthcare and medical education. In the 2023-24 budget, Rs. 12,161 crore has been allocated to the Medical and Health Department. It is also planning to enact the Clinical Establishment Act for regulation of private hospitals in the state.

Meanwhile, the government has also decided to introduce a new Employees Health Scheme (EHS) for employees and teachers in the coming financial year. An Employees Health Care Trust will be formed on the lines of the Aarogyasri Health Care Trust with representatives from government, employees, teachers and retired employees.

A pilot digital health profile project was launched in two districts with great success.



KT Rama Rao

Now the state is planning to cover all the districts in a phased manner. According to **KT Rama Rao, Minister for Municipal Administration, IT & Industries**, Government of Telangana, "The idea is to collect the personal health profile of people in the State as a step towards

personalised medical care in emergencies as well as in case of complicated treatments."

The state's Medical Devices Park is leading the way for 'Made in Telangana' with almost every advanced medical device being manufactured here. The Park is the country's largest medtech research and development, innovation and manufacturing cluster and continues to be the destination-of-choice for leading medtech companies.

The state also boasts of Asia's largest stent manufacturing facility with a capacity of million stents and 1.25 million balloon catheters. In a complete turnaround from when we had to wait for long periods to import quality stents and catheters, 'Made in Telangana' stents and catheters are now being exported to over 89 countries!

Giving credence to the capabilities of Telangana in the life sciences sector, the World Health Organisation and the World Economic Forum have chosen Telangana for setting up their projects at Genome Valley. ▶





IMA Telangana Adopts Villages in the State

'**AAO GAON CHALE**' (Let's go to the villages) is a dream project of the Indian Medical Association (IMA) to bring about holistic improvement in the village health scenario using existing infrastructure and promoting inter-sectoral coordination and networking through active involvement of IMA, public sector health delivery system and the community.

Under the campaign, a doctor will adopt a village and hold medical clinics and educational programmes there (in collaboration with elected leaders and government officials). Villagers will receive total medical care in addition to health awareness programmes.

All the state branches of IMA have taken up this project in a big way. Even the Telangana chapter is keen on doing its bit to improve the healthcare delivery system in the rural areas of the state.

In fact, IMA Telangana has called on its 19,000 members across the State to adopt a village/urban slum/industrial area. 24 doctors from IMA Karimnagar branch have already come forward and adopted 30 villages.

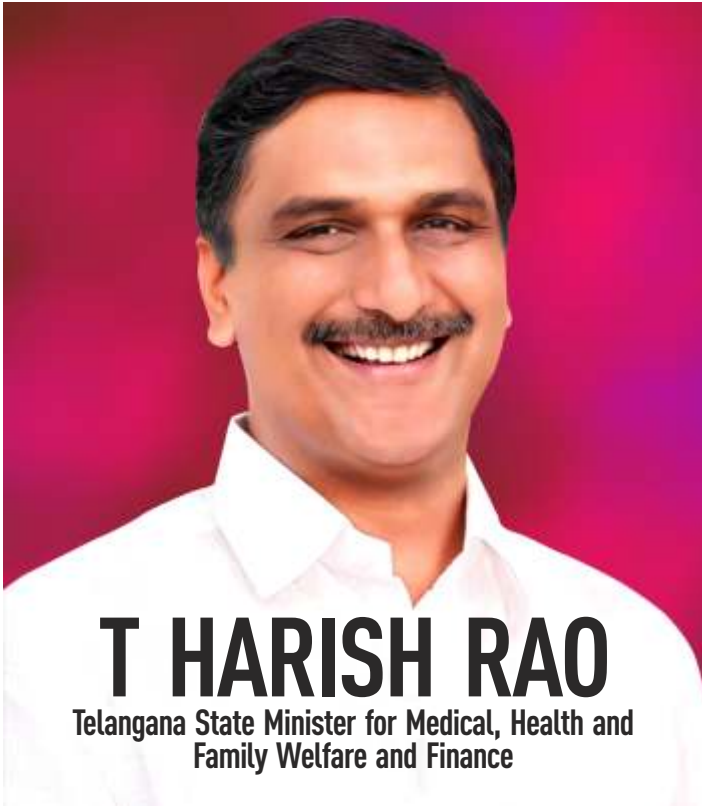
The other 75 IMA branches in the state are in the initial stages of adopting a minimum of five villages under their limits. They plan to adopt about 400 villages in the next 6 months.

After adopting a village, the IMA will conduct a health profile to understand the demographic profile of the people. During the course of the programme, a monthly camp will be held in order to conduct regular checks, especially for the elderly people and monitor their blood pressure and diabetes levels. Prevalence of anaemia will be the focus for adolescents. Another key goal is to address menstruation in the rural areas.

DR. RANGA REDDY BURRI, Chairman of the programme said, "We will be identifying the prevalent diseases in the location and figure out the ones which are preventable and those which need treatment. The focus will be given for prevention so that the wellness of the population is sustainable and long term. The purpose of the camp is to help the poor and needy in the villages, in a way it will also help reduce the burden on the government." ▶



The doctors will visit the villages once a month, conduct free medical camps, distribute medicines and organise health awareness programmes. They will ensure that infants are vaccinated, perform health awareness for adolescent girls and pregnant women and check anaemia, identify patients suffering from diabetes and hypertension and distribute medicines.



T HARISH RAO

Telangana State Minister for Medical, Health and Family Welfare and Finance

5 pm and must be available to the public. Snakebite and dog bite medications must be in the PHCs and will be treated as a liability if complaints are received that they have not been treated."

On the occasion of International Women's Day, on 8th March, the Health Minister launched the 'Arogya Mahila scheme' for women that has been initiated simultaneously in 100 hospitals across the state. This initiative is based on survey results which revealed that 40% to 50% of women suffer from different types of health problems. He was saddened that, "Although they suffer from health problems, a majority of the women would not approach doctors due to various reasons including poverty, because of their busy schedules at home, or because of reluctance to consult male doctors in hospitals."

With Arogya Mahila, eight types of services are provided to women on every Tuesday, and the identified clinics will be open exclusively for women. Moreover, only female staff including doctors, ANMs, lab technicians, and others will be deputed to those clinics on that day. Besides giving treatment, medicines will be given and tests done free of cost. If necessary, the women will be referred to the district headquarters hospital for further treatment including operations and others.

He further stated that, "Our priority is to become the number one State in India with minimum maternal deaths. There is a need to further address systemic deficiencies in healthcare and also focus on maternal care in remote areas and regions where tribal population is substantial."

Preparing the citizens for the unpredictability in the future, he emphasised, "Everybody must be aware about CPR as incidents of cardiac arrests and heart attacks had increased following the changes in health conditions after the Covid pandemic."

Commenting on the plans in the pipeline, he observed, "There is no law to regulate private hospitals in the State. We are planning to enact a new Act to regulate them. However, our aim is to improve facilities and provide corporate healthcare for the poor through the government hospitals." ▀

FOREWORD

THE GOVERNMENT OF Telangana, especially the Minister for Medical, Health and Family Welfare and Finance, T Harish Rao, is making stupendous efforts to provide state-of-the-art medical facilities to the people.

Under his stewardship, the state government has strengthened the facilities and services across all government health centres and has reaffirmed the faith of the general population in government hospitals. These centres are now equipped with state-of-the-art diagnostic equipment.

He has clearly instructed the officials to ensure availability of essential medicines at all the Primary Healthcare Centres (PHCs) all the time and said patients having to go outside for buying medicines would invite action on the officers managing the PHCs. Those that operate 24 hours a day are also required to provide emergency services at all times. His strict directives are, "Doctors and staff must be on duty from 9 am to

HEALTH FOR EVERY AGE HEALTH AT EVERY STAGE TOWARDS AROGYA TELANGANA



Consumers, Beware

Challenges Faced by the Indian Healthcare System

The three priorities of healthcare delivery – cost, quality and access – itself seem to have become the bane of the healthcare ecosystem. There is a pressing need to develop robust healthcare, as healthy consumers translate into a progressive and prosperous nation.



The landscape of healthcare in India is peppered with shortcomings in every genre

THE INDIAN HEALTHCARE system is largely uncoordinated and fragmented. The interventions to improve healthcare delivery to the masses seem to be falling short at one juncture or the other. This is because the healthcare system is riddled with challenges – let us take a look at the major ones which keep us from achieving the paramount goal of 'Health for All'.

Inadequate Infrastructure – The preponderance of glitzy, high-rising hospitals offering hi-tech medical care in the urban areas becomes an eyewash as India lacks sufficient healthcare infrastructure to cater to the masses. There is a characteristic insufficiency of everything from medical institutes and beds to equipment and instruments. To add to this, there is a grave imbalance of facilities between cities, towns and rural areas. This can be attributed to the fact that healthcare still remains severely underfinanced in our country.

Shortage of Personnel – It goes without saying that the insufficiency of medical teaching/training facilities translates into scarcity of trained doctors, nurses, paramedical staff, et al. Then there is the severe paucity of specialised faculty to treat major diseases. The availability-to-requirement ratio in the workforce becomes difficult to bridge given the burgeoning population and its demands. Therefore, majority of the people are underserved by healthcare and it remains difficult to access in villages and other remote settings.

Unmanageable Patient Load – Both the lack of infrastructure and skewed population demographics has most of the existing healthcare facilities teetering under the humungous patient-load burden. Everything from the hospitals to out-patient nursing homes are overcrowded, especially in the rural areas. The healthcare system was already strained and the COVID-19 pandemic stretched it to breaking point. Our resources are still not able to cater to everyone.

Lack of Transparency – The healthcare system is riddled with

malpractices like unnecessary medical treatments, fake and spurious drugs, etc. There is callous exploitation at every level with helpless patients charged for redundant services, that too, at inflated rates. Healthcare organisations and personnel continue to flout the rules in the absence of strict regulations to control the sheer abuse. Bringing accountability into the equation is the need of the hour.

Less Emphasis on Preventive Care – Preventive care is grossly undervalued in India with an



Shortage of healthcare infrastructure and poor quality at primary level is one of the major hurdles

exclusive focus on curative medicine. Even the patients are only concerned with medical interventions when sorely required and remain studiously unaware about the need for comprehensive health management.

A preventive approach in healthcare – through health tracking, early diagnostics and fitness – can avert key health issues, reduce medical expenses, prolong the lifespan and even save lives. This will ease the strain on the healthcare system as well. The pandemic highlighted the need for prioritising preventive healthcare.

Low Insurance Coverage – Healthcare is neither accessible nor affordable for everyone. There is the rapid and unsustainable increase in healthcare costs on the one hand and the extremely low insurance penetration on the other. Most people do not have health insurance coverage; they pay the medical expenses from their own pocket. This burns a huge hole in the savings and can even completely wipe out the funds of a common man!

Yet, people are either not aware of the concept and utility of insurance or the hefty premiums remain out of their reach. Despite a plethora of government-sponsored health coverage schemes and awareness campaigns that have translated into dramatic improvements in insurance coverage, insurance inclusiveness is yet to become a reality.

Poor Quality – The less said about the quality of our healthcare the better! Alas, the horrifying fact is that more Indians die due to poor quality care than due to lack of access to healthcare! Negligence remains rampant across domains. What is even worse is that poor quality prevails in spite of patients footing the huge costs out of their own pockets!

Lack of quality healthcare not only prolongs the suffering and wastes resources, but also wipes away the trust in the system. Bringing quality into the discourse will lead to improved health outcomes even as it makes our healthcare reliable and resilient.

Conclusion

It is virtually impossible for the existing system to meet the healthcare needs of the entire population in a feasible manner. The future has potential but is marred by clouds of uncertainty. The FTCCI event in Hyderabad is a visionary step to recognise the myriad challenges and work out how to overcome the prevailing ills of the system! The ensuing report will craft an actionable vision that will be presented to the government to form a unified front that will fight against ill-health for the benefit of all Indians! ▶

Enhancing the Public Healthcare Quotient in India

It has been rightly said that, “Health care is vital to all of us some of the time, but public health is vital to all of us all of the time!” We cannot deny the fact that the centre and states are taking several proactive measures to ensure affordability and accessibility of public healthcare for the masses.



Healthy citizens are the precursor to a healthy nation!

HEALTHCARE IS ONE of India's largest and fastest growing industries as it perseveres to serve the ever-growing population of the country. The health sector recorded a growth of 33.4% in 2021-22 followed by 21.9% in 2022-23. It is also characterised by massive progress over the last couple of decades, with successful diagnosis and treatment of critical ailments that were considered incurable and fatal earlier.

However, the Indian healthcare system continues to be ailed by marked deficiencies and irregularities. The public health facilities are sorely underfunded with a severe crunch of staff and supplies. The quality is in the doldrums as well. This weighs down the private healthcare sector which has to cater to around 70% of the population. Last mile delivery and continuum of care pose severe challenges as well.

To add to this, not only are a majority of the consumers spending on healthcare out of their own pocket; they are also unable to get high-end tertiary care when needed. Alas, the trio of quality, accessibility and affordability of healthcare continue to be at odds with each other for the common man!

What is the Government Doing?

The government is responsible for providing quality, accessible and affordable healthcare to its people. To secure the health of the nation, the Indian government strives to spread awareness about medical issues while ensuring adequate health infrastructure facilities to meet the needs of the population. It further tries to plug the gap by providing public health insurance for those at the bottom of the pyramid.

A government health insurance scheme is a medical insurance plan sponsored and/or supported by the government. It can be at both central and state levels.

A plethora of health insurance schemes have been launched by the government right since independence:

Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) –

This is the flagship health insurance scheme of the Government of India. Launched in September 2018, it covers over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) that form the



Public health insurance usually comprises a substantial sum insured – the premium will be affordable, negligible or even free.

bottom 40% of the Indian population (see Figure 1). The coverage is upto Rs. 5 lakh per family per year for secondary and tertiary care hospitalisation across public and private empanelled hospitals. It provides cashless treatment for almost 1400 procedures (including treatment, drugs, physician fees, diagnostics, ICU charges, etc.). 3 days of pre-hospitalisation and 15 days post-hospitalisation expenses are also covered. There is no restriction on the family size, age or gender. All pre-existing conditions are covered from day one.

Central Government Health Scheme (CGHS) –

This extends comprehensive healthcare facilities to the Central Government employees/pensioners and their dependents (see Figure 2). The medical facilities are provided through Wellness Centres (earlier termed CGHS Dispensaries). It covers hospitalisation expenses along with Ayush therapies as well.



Cardholders / Beneficiaries		
15,08,383	6,80,944	8,27,439
CARD HOLDERS	SERVING	PENSIONER
42,71,657	25,64,820	17,06,837
BENEFICIARIES	SERVING	PENSIONER

Employees' State Insurance Scheme (ESI) –

This is a multi-dimensional scheme that provides social security and socio-economic protection to the people working in factories, shops, hotels, cinemas, construction sites,



FIGURE 1 Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana

Last Updated: 19/03/2023 05:15 AM

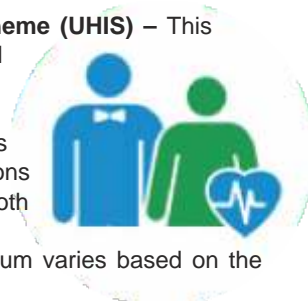
NOTE: *Figures displayed in this dashboard are not updated on a real-time basis and are subject to reconciliation. | *Figures may include state's schemes data for few states. | *Another 2 Cr cards have been issued using states own IT systems.



etc. and their dependants. Started in just two industrial centers - Kanpur and Delhi in 1952, the scheme is now implemented at over 843 centres in 33 states and union territories. It applies to over 7.83 lakhs factories and establishments across the country, benefiting about 2.13 crores insured persons/family units. The total number of beneficiaries at last count was over 8.28 crores.

Besides full medical care 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. In case an insured person dies due to industrial accidents/employment injury/occupational hazards, the dependants receive a monthly pension.

Universal Health Insurance Scheme (UHS) – This scheme aims to provide universal healthcare to persons below the poverty line and their families. It covers hospitalisation, accident as well as disability for eligible persons between 5 to 70 years of age. Both individual and group insurance policies are available – the premium varies based on the size of the family.



The insured get reimbursement of medical expenses (upto Rs. 30,000) for hospitalisation of any family member. However, when the earning head of the family is in hospital, the family will also get compensation for the loss of earnings @ Rs.50 per day up to maximum of 15 days.

Aam Aadmi Bima Yojana (AABY) – This social security scheme is targeted towards the unorganised sector and rural landless households who are not on any payroll as such. It covers the head of the family or one earning member in the family (aged between 18 to 59 years). This provides a life cover and accidental death cover to people involved in 48 vocations like fishermen, auto drivers, cobblers, etc. A free add-on benefit of scholarship to children is also available. Administered by LIC, the premium of Rs. 320 per person per annum is divided between the policyholder and the government - this can be the central government, state government, or the Nodal agency, depending upon the region.

Coverage	Benefit
Death from natural causes	Rs.30,000/-
Accidental death	Rs.75,000/-
Partial disability	Rs.37,500/-
Permanent total disability	Rs.75,000/-
Scholarship	Rs.100/- per month per child

Pradhan Mantri Suraksha Bima Yojana (PMSBY) – This scheme provides accident insurance cover to people in the age group of 18 to 70 years who have a bank account. The beneficiary gets an annual cover of Rs. 1 lakh for partial disability and Rs. 2 lakhs for total

disability/death. The premium has been raised to Rs. 20 per year (from Rs.12) which is automatically debited from the bank account of the beneficiary every year.



In addition to these health insurance schemes provided by the centre, many states operate their own programs. Like Mahatma Jyotiba Phule Jan Arogya Yojana in Maharashtra, Bhamashah Swasthya Bima Yojana in Rajasthan, Karunya Health Scheme in Kerala, Chief Minister's Comprehensive Insurance Scheme (CMCHIS) in Tamil Nadu, Mukhyamantri Amrutam Yojana in Gujarat, Yeshasvini Health Insurance Scheme in Karnataka, Aarogyasri Community Health Insurance Scheme in Telangana and Andhra Pradesh and the West Bengal Health Scheme (WBHS).

Therefore, people below the poverty line are well-protected by a plethora of health insurance options from the government. However, the actual awareness and usage is another question altogether. This is why one of the sessions of FTCCI's Vision 2030: Quality & Affordable Health For All event is dedicated to 'How to Further Improve Government Driven Health Assurance Reach'.

To top this, the schemes are administered by the government with the insurance companies (life and non-life) either implementing them or bidding for the business. The latter are then responsible for paying the claims to the beneficiaries or footing the bill in case of cashless insurance facilities. However, almost none of the non-life private sector companies bid for the schemes, leaving only the government-run insurance companies to implement them.

Bringing Affordability in Medicines

People are prone to pop tablets for any minor ailment like fever, cold, nausea, diarrhoea, etc. Then there are those who are afflicted with some lifestyle disease or the other – they have no choice but to take prescription

Medicines account for 60% to 90% of the healthcare spending for the poor. High costs of medicines lead to decreased access to healthcare.

medications on a regular basis to control diabetes, thyroid, cholesterol, hypertension, etc. And the less said about chronic ailments requiring long periods of drug use the better.

As we are well aware, medicines are anything but cheap; they eat into a significant part of the basic monthly healthcare budget of the average consumer. Many a times, buying the necessary drugs even becomes almost unaffordable for the economically weaker sections.

Access to quality and affordable healthcare for all is a prime focus of the government – this reflects in varied initiatives to not only provide healthcare insurance to the poorest of the poor but also to bring down the heavy cost of medicines and medical items. To reduce the cost burden associated with medicines, the Centre launched the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) with the motto of 'Quality Medicines Available at Affordable Prices To All!'

It is operated by the Department of Pharmaceuticals (through the Pharmaceuticals & Medical Devices Bureau of India, earlier known as BPPI) in association with central pharma public sector undertakings (CPSUs). To provide access to affordable medicines without compromising on quality, dedicated outlets called Jan Aushadhi Kendras (JAKs) have been set up to provide generic drugs – these 'unbranded' variants are priced much lower, but still their quality and efficacy is equivalent to the expensive branded drugs. Therefore, this will translate into substantial savings in healthcare costs while delivering the same level of wellness to the patients.

The medicines are procured only from WHO Good Manufacturing Practices (GMP) certified and CPSU manufacturers. Each batch of drugs is tested randomly at Bureau of Pharma PSUs of India's (BPPI) empanelled National Accreditation Board for Testing and Calibration Laboratories (NABL) accredited laboratories thereby ensuring quality, safety and efficacy of medicines and conformance with required standards.

Objectives of PMBJP:

- Create awareness among public regarding generic medicines
- Create demand for generic medicines through medical practitioners
- Create awareness that high price need not be synonymous with high quality



A generic medicine is priced on the principle of maximum of 50% of average price of the top three brands of the said drug. Thus, the prices of Jan Aushadhi medicines are cheaper by at least 50% and in some cases, by 80% to 90% of the market price of the branded medicines.

Launched in 2008, PMBJP aimed to set up one Jan Aushadhi outlet in each of the 630 districts of the country, to be extended to sub-divisional levels as well as major towns and village centres. At last count, 9205 JAKs were operating across the country. The Jan Aushadhi product basket comprises of 1759 drugs and 280 surgical items.

- Provide all the commonly used generic medicines covering all the therapeutic groups
- Provide all the related healthcare products under the same scheme

In a study released last year, researchers at the KLE College of Pharmacy Belagav, Karnataka evaluated the 'Real-World Effectiveness of Generic Antihypertensive Drugs' at JAKs. It also attempted to assess the knowledge and attitude towards generic drugs. With a sample size of 90 hypertensive patients studied for a period of 4 months, it was concluded that there was a significant reduction in systolic and diastolic BP for all the hypertension stages with low-cost generic Jan Aushadhi medicines. Moreover, approximately half of the patients (53.36%) knew the difference between generic and branded medicines. A significant proportion of the participants believed that taking Jan Aushadhi medications reduces the cost burden.

Furthermore, the drug pricing regulator - National Pharmaceutical Pricing Authority (NPPA) under the Department of Pharmaceuticals - is

responsible for fixing the prices of controlled bulk drugs and formulations with a view to ensuring availability, affordability and accessibility of essential drugs in the country. Accordingly, it regulates the prices of all medicines and medical devices – whether branded or generic.

The ceiling price of scheduled medicines specified in the first schedule of the Drugs (Prices Control) Order,

Amrit

Affordable Medicines and Reliable Implants for Treatment

On the lines of Jan Aushadhi Kendras, the government has also launched AMRIT (Affordable Medicines and Reliable Implants for Treatment) pharmacies. This retail pharmacy network offers more than 5200 branded drugs, implants, surgical disposables, ophthalmic products and other consumables at average discounts of up to 60% of MRP. These include drugs for cancer, cardiovascular diseases and other lifesaving medications. This makes medical care affordable and accessible to all sections of the population.

2013 are fixed by the NPPA. This was replaced by the National List of Essential Medicines (NLEM) 2022 covering 384 medicines used in anaesthesia, anti allergies, neurological disorders, anti-cancer agents, cardiovascular medicines, dialysis component, antiseptics, ear, nose and throat medicines; gastrointestinal medicines, among others. The list also added a new section of medicines for Covid-19 management.

The NPPA revises the prices and includes new medications in its controlled list on a regular basis. Over the past few months, it has fixed the retail prices of 74 formulations, including the medications to treat diabetes and high blood pressure, revised ceiling price of 65 scheduled formulations and more. Prior to this, it had revised prices of 128 drugs, including antibiotics and antiviral medications, leading to a decrease in most of the prices.

The regulator not only implements and enforces the provisions of the Drugs (Prices Control) Order but also recovers the amounts overcharged by manufacturers for controlled drugs from consumers. Additionally, it monitors the prices of decontrolled drugs in order to keep them at reasonable levels. The manufactures are free to fix the prices of the non-regulated medicines, however, it is ordained that this price cannot be increased by more than 10% over that of the preceding twelve months.



**JAN AUSHADHI
"SUGAM"
MOBILE APP**

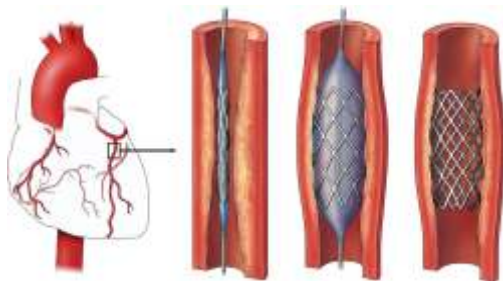
helps consumers find Jan Aushadhi Kendras nearby. People can also search for generic medicines and share their feedback and suggestions as well.

For more information about your nearest Jan Aushadhi Kendra, please call our toll-free no.: 1800-180-9080

Conclusion

India is doing its best to provide an adequate health security net for its poorest. It is reducing the economic burden of healthcare on the population while bringing down the healthcare budget of every citizen of India (without compromising on quality)! The FTCCI Vision 2030 report will prove to be a step in the right direction in this regard. ▶

One of the laudable achievements is the reduction in prices of cardiac stents and knee implants.

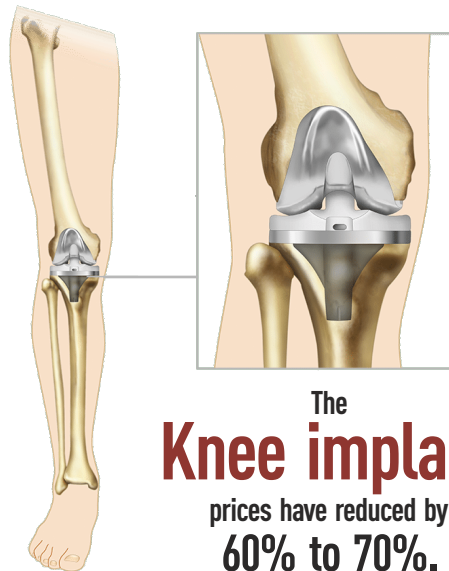


Coronary stents

are now available at less than

Rs 30,000

(price before regulation was around Rs. 2 lakh).



The **Knee implant**

prices have reduced by **60% to 70%.**

THE CAPPING OF PRICES HAS RESULTED IN ESTIMATED SAVINGS OF Rs. 4547 Crores FOR CARDIAC PATIENTS.
THOSE UNDERGOING KNEE IMPLANT SURGERY SAVED Rs. 1500 Crores ANNUALLY.



#65YearsOfSuccess

65th Anniversary

Thank you to everyone who has helped make this possible.
We hope to continue serving you for many more years to come.



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Ranked Third in Terms of Healthcare, Telangana Marching Towards the Top Spot



Telangana's health machinery is propelling the health of the state to greater heights by the day. Indeed, the state government is constantly working to strengthen the health delivery systems which is clearly reflected in both the NITI Aayog Health Index and the state's Annual Health Report.



Shining the Light on the Health Status of Telangana – the state recorded noteworthy improvements in health status; ensuring quality and affordability are on the agenda now!

TELANGANA IS DOING wonderfully well in terms of healthcare. NITI Aayog has ranked the state as the third best in the country in the health sector. It also topped the charts for the per-capita health budget. The state's health budget allocation was a whopping Rs. 11,440 crore in 2022-23, making it a per-capita allocation of Rs 3,092! The budget recorded a 76% from the previous year. (see Figure 1)

Healthy States Progressive India - Health Index Round IV

NITI Aayog (in collaboration with the Ministry of Health and Family Welfare, Government of India and the World Bank) crafts an annual Health Index for tracking Overall Performance and Incremental Performance across all states and union territories. This Health Index is

a weighted composite score incorporating 24 indicators covering key aspects of health performance.

Among the larger states, Kerala, Tamil Nadu and Telangana emerged as the best three performers in terms of Overall Performance. In fact, Telangana is the only state that demonstrated strong Overall and Incremental Performance, securing the third position in both instances. (see Figure 2)

FIGURE 1

Health Budget and Per Capita Health Allocation

State	Health Budget (in ₹ crores)	Per Capita Allocati
Delhi	9,769	5,141.50
Himachal Pradesh	3,032	4,331.40
Telangana	11,441	3,092.10
Haryana	8,595	3,069.60
Andhra Pradesh	15,708	3,020.70
Kerala	9,967	2,874.60
Rajasthan	20,111	2,646.20
Chhattisgarh	6,465	2,308.90
Assam	7,516	2,210.50
Karnataka	13,982	2,151.10
Maharashtra	22,536	1,862.40
West Bengal	17,786	1,852.70
Gujarat	12,207	1,821.90
Madhya Pradesh	13,903	1,716.40
Jharkhand	5,630	1,521.60
Bihar	15,898	1,347.30

FIGURE 2

Larger States: Overall Reference Year (2019-20) Index Scores and Incremental Change from Base Year (2018-19) to Reference Year (2019-20), with Overall Reference Year and Incremental Ranks

States	Overall Reference Year Index Score					Incremental Change					Overall Reference Year Rank	Incremental Rank
	0	20	40	60	80	100	-10	-5	0	5		
Uttar Pradesh	30.57					5.52					19	1
Assam	47.74					4.34					12	2
Telangana	69.96					4.22					3	3
Maharashtra	69.14					3.60					5	4
Jharkhand	47.55					3.38					13	5
Madhya Pradesh	36.72					3.35					17	6
Punjab	58.08					1.74					8	7
Tamil Nadu	72.42					1.62					2	8
Gujarat	63.59					1.14					6	9
Andhra Pradesh	69.95					1.07					4	10
Bihar	31.00					0.76					18	11
Kerala	82.20					0.60					1	12
Uttarakhand	44.21					0.58					15	13
Odisha	44.31					0.13					14	14
Himachal Pradesh	63.17					-0.06					7	15
Chhattisgarh	50.70					-0.09					10	16
Rajasthan	41.33					-0.25					16	17
Haryana	49.26					-0.55					11	18
Karnataka	57.93					-1.37					9	19

The state also attained the best possible performance for several indicators. Some of the remarkable achievements are:

- Universal full immunisation of children
- Total case notification of tuberculosis
- Fully functional First Referral Units (FRUs)
- All Primary Health Centres (PHCs) and urban PHCs functional as Health and Wellness Centres (HWCs)

- Operation theatres and labour rooms of all district hospitals certified under LaQshya and Kayakalp scores more than 70%
- No vacancies of Auxiliary Nurse Midwives in sub-centres and medical officers in PHCs

Telangana Annual Health Report 2022

The state's Annual Health Report 2022 (prepared by the Department of Health, Medical and Family Welfare, Telangana) was released at the beginning of the year indicating

excellent results across all major health indicators. (see Figure 3) It reveals that the maternal mortality ratio (MMR) plunged from 92 in 2014 to 43 in 2018-20 (see Figure 4) while the infant mortality ratio (IMR) decreased from 39 in 2014 to 21 in 2020 (see Figure 5).

Meanwhile, institutional deliveries in the public health system soared from 30.5% in 2015-16 to 61% last year. 685,226 pregnant women had registered in 2022, of which 540,864 had institutional deliveries. Of the 61% that gave birth in government hospitals, 55% were normal deliveries.

FIGURE 3

HEALTH INDICATORS

Sl. No.	INDICATOR	DEFINITION	TELANGANA		INDIA
			2014	2022	2022
1	Maternal Mortality Ratio (MMR)	No. of Maternal deaths per 1,00,000 live births	92	43 (SRS 2018-20)	97 (SRS 2018-20)
2	Infant Mortality Rate (IMR)	No. of Infant deaths per 1,000 live births	39	21 (SRS-2020)	28 (SRS-2020)
3	Under 5 Mortality Rate (U5MR)	No. of under 5 deaths per 1,000 live births	41	23 (SRS-2020)	32 (SRS-2020)
4	Neonatal Mortality Rate (NMR)	No. of neonatal deaths per 1,000 live births	25	15 (SRS-2020)	20 (SRS-2020)
5	Total Fertility Rate (TFR)	No. of Children per woman in child bearing age group	1.8	1.6 (SRS-2020)	2.5 (SRS-2020)
6	Full Immunization	Percentage	68	100 (HMIS)	79 (HMIS)
7	Institutional Deliveries	Percentage	91	97 (NFHS-5)	79 (HMIS)

FIGURE 4

Reduction of Maternal Mortality Ratio in Telangana over the Years (SRS)

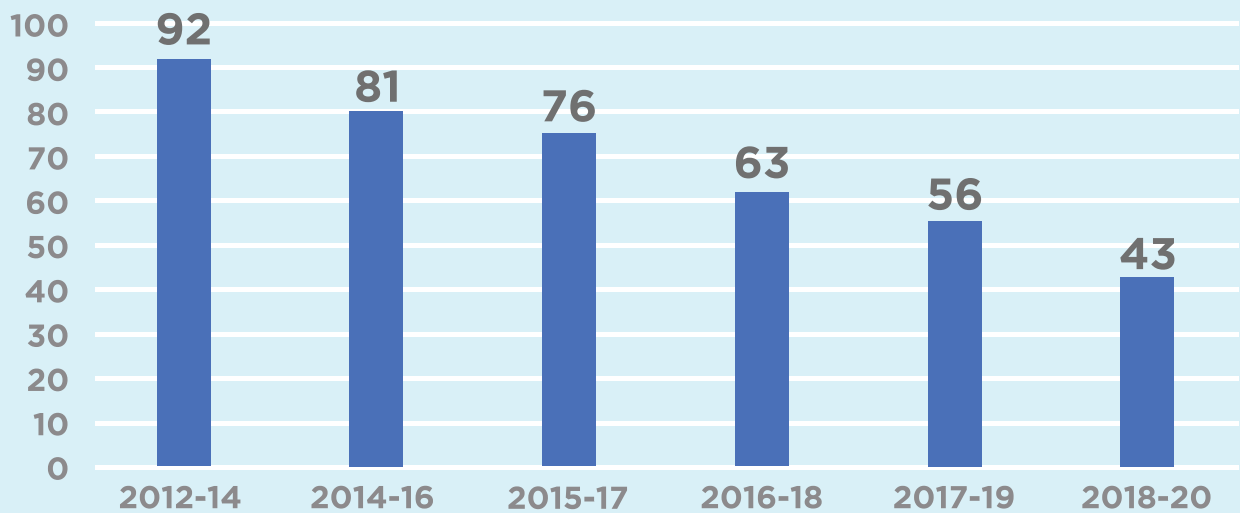
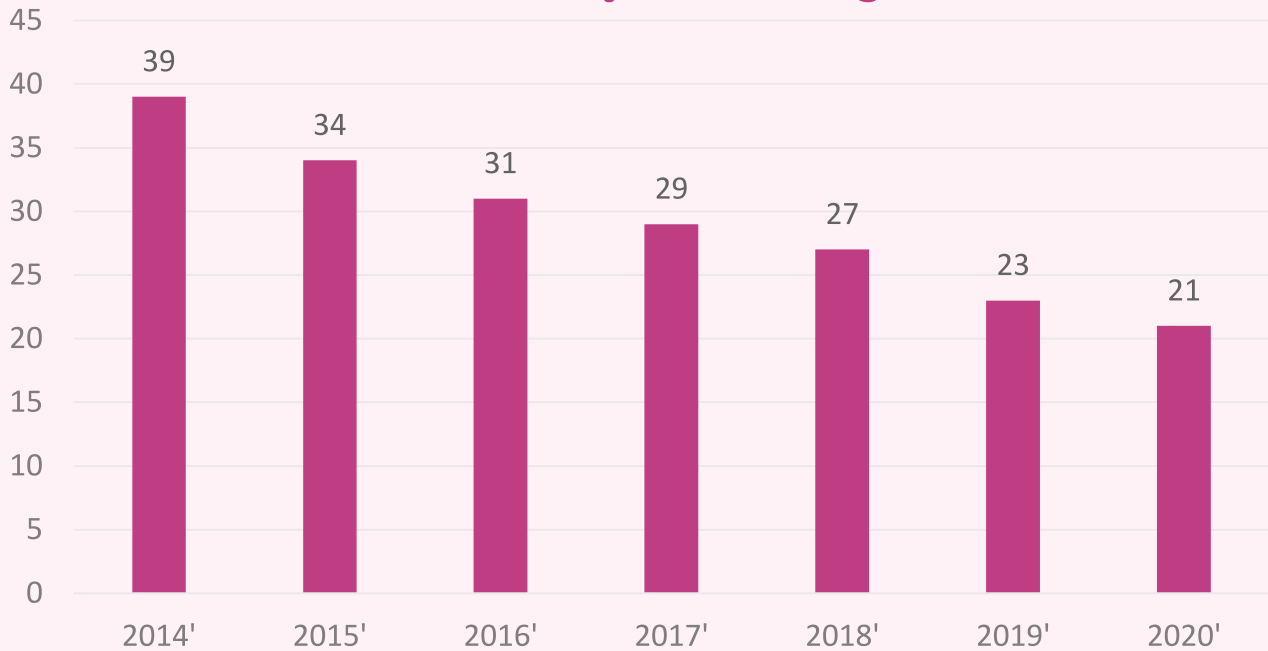


FIGURE 5

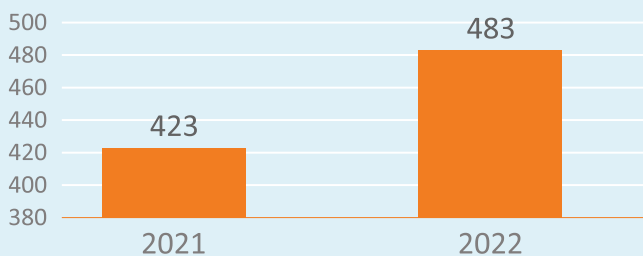
Infant Mortality Rate- Telangana



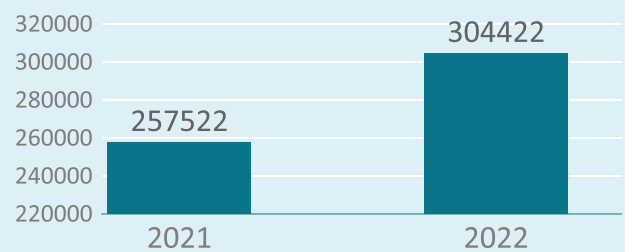
A total of 4.83 crore out-patient and 16.97 lakh in-patient admissions were registered in the state in 2022. 3.04 lakh minor and major operations and 152 crore laboratory tests were carried out during the same period.

HOSPITALS' PERFORMANCE

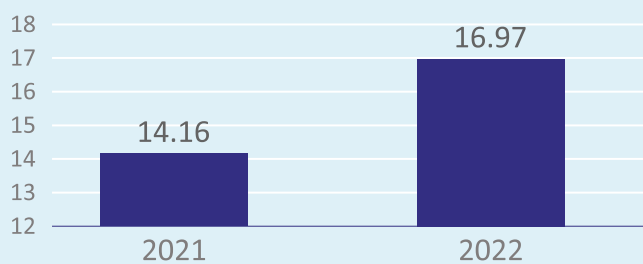
OUT-PATIENT FOOTFALL (IN LAKH)



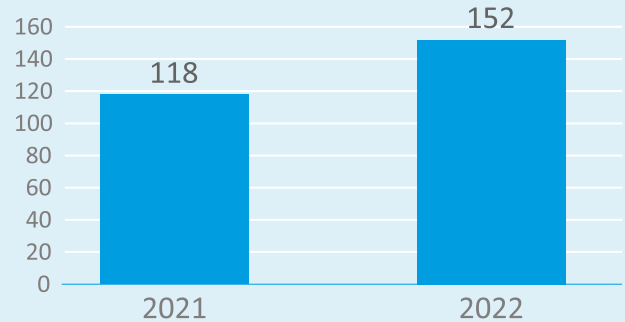
OPERATIONS (MAJOR AND MINOR)



IN-PATIENT ADMISSIONS (IN LAKH)



LAB TESTS (IN CRORES)



New medical colleges and hospitals are being constructed while the existing ones are undergoing a major revamp. Medical education is becoming accessible in the rural areas too. Admissions have been completed for eight new medical colleges and nine more new ones have been sanctioned. As T Harish Rao, Health Minister, Telangana proudly announced recently, "With 19 medical seats and 7 PG seats per lakh population, Telangana is now the leader in medical education in the country".

Five super-speciality hospitals (four in Hyderabad and one in Warangal) will be established in the course of this year. An expansion of NIMS is also on the cards, with bed numbers escalating from 1489 to 3489 and a 200 bed unit dedicated to mothers and children.

61 new dialysis centres with 515 new dialysis machines and state-of-the-art diagnostic facilities were established in hospitals. As many as 50 lakh free dialysis sessions have been provided in

government hospitals in the public-private partnership (PPP) mode.

Over one crore free lab tests (benefitting 25 lakh people) have been conducted by Telangana Diagnostics since 2018. This runs on a 'Hub & Spoke' model and is available in 22 districts. More than 31 lakh telemedicine consultations have been facilitated by government health facilities in 2022.



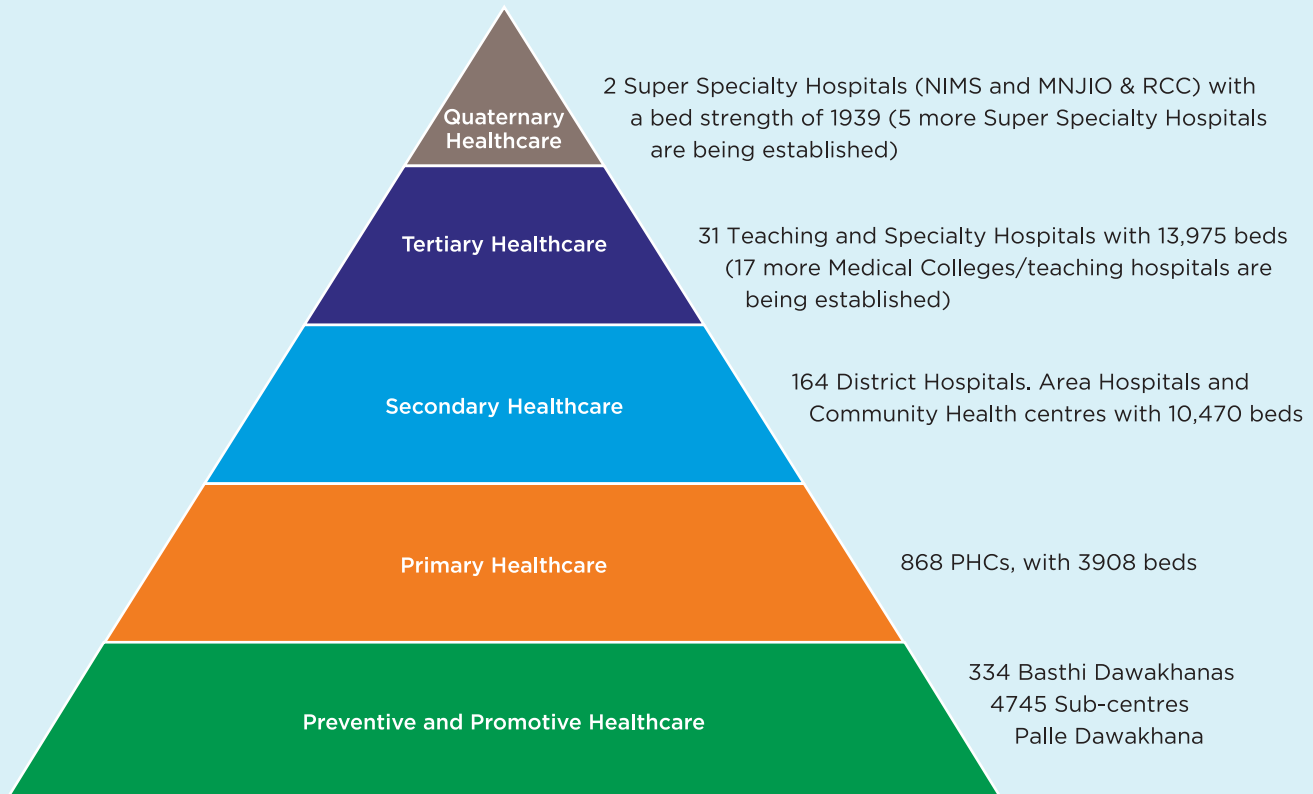
Beneficiary receiving NCD Drug Kit

A Unique 5-Tier Healthcare System

The healthcare delivery mechanism is generally divided into three levels across India:

- **Primary Level** - Primary Health Centres (PHCs) and sub-centres that provide basic consultation and medicines
- **Secondary Level** - District Hospitals (usually located in the district headquarters) with 100 to 200 bed capacity and providing services to patients referred from PHCs and sub-centres

The 5-tiers of Telangana's healthcare representing increasing degree of specialisation and technical sophistication



- **Tertiary Level** - Teaching hospitals with over 500 bed capacity that provide multi-specialty healthcare

Telangana has added two more levels:

- **Preventive Care** - Basthi Dawakhanas in cities and PalleDawakhanas in villages
- **Super-Specialty Facilities** - AIIMS-level super-specialty hospitals in the form of the Telangana Institute of Medical Sciences (TIMS) and the upcoming high-end medical hub in Warangal

The Basthi Dawakhanas bring essential primary healthcare facilities within the reach of the marginalised sections in urban areas, thus reducing their out-of-pocket expenses for medical treatment. These centres provide as many as 53 kinds of free services - OPD consultation, basic lab diagnosis, medicines, antenatal/postnatal care, screening for non-communicable diseases such as hypertension and diabetes and even telemedicine



Each Basthi Dawakhana caters to approximately 5000 to 10000 people

PALLE & BASTHI DAWAKHANAS

- Basthi Dawakhana initiative provides quality health services to urban poor in GHMS
- There are **256** Basthi Dawakhanas under GHMS area
- **288** more Basthi Dawkhanas in **141** municipalities
- **4,745** sub-centres to be upgraded into Palle Dawakhanas
- Free consultation, diagnostics and drugs provided to urban poor
- Located in or near slum settlements under GHMC
- Since **2018-19**, a total of **1.03 cr** patients benefitted
- State government spent **Rs. 86.69 cr.**



A Basthi Dawakhana

"I am coming here for treatment for the last two years. Here everyone, from children to elders is getting free of cost treatment. We are thankful to the KCR government for giving medical assistance to nearby our houses." - Mohd Abdul Razak, a patient at a Basthi Dawakhana

facilities. The patients are referred to a higher government facility, if deemed necessary.

As many as 339 Basti Dawakhana centres are located in the urban slums across the state, catering to about 5,000 to 10,000 people each. The outpatient footfall at Basthi Dawakhanas was 47 lakhs in 2022. This has substantially reduced the outpatient load in major hospitals, like Osmania and Gandhi.

Buoyed by the success of Basthi Dawakhanas in urban centres, the state government rebranded the existing Rural Health and Wellness Centres into Palle Dawakhanas across Telangana to provide the same quality healthcare services as their urban counterparts. It is launching 3000 Palle Dawakhanas with free diagnosis and treatment for minor ailments along with essential medicines free of cost. This has brought comprehensive healthcare facilities closer to the homes of people.

On the occasion of Universal Health Coverage Day on 12th December 2022, Telangana received an award for achieving the target of operationalising Ayushman Bharat Health & Wellness Centres for the year 2022-23. The state also won 2 out of 3 awards as part of Azadi ka Amrit Mahotsav in December 2021 for:

- Highest Number of Wellness Activities
- Highest Number of NCD Screenings

The government has also initiated a number of other noteworthy initiatives and has been honoured with other awards for notable achievements.

Conclusion

The state of Telangana is making great strides in improving the availability of healthcare services to its people. FTCCI's Vision 2030 initiative will curate useful recommendations to further improve awareness and trust in the overall healthcare system of Telangana with the overarching aim of promoting quality and affordability for all. ▶



The Federation of Telangana Chambers of Commerce and Industry

FTCCI Bats for Patient-Centric Healthcare

FTCCI has evolved into an apex forum for interaction between business, industry and the government with a global perspective. With the onset of the pandemic, it has taken on itself to lead from the front even in terms of healthcare issues.

THE FEDERATION OF Telangana Chambers of Commerce and Industry (FTCCI) was established way back in 1917 to support and develop trade and industry. Over the 100 plus years of its existence, the federation has been tirelessly servicing the industry with an aim of fostering trade, commerce, employment and the economy.

The forum engages with the government, participating and suggesting on policies related to the industry, energy, environment, labour laws, direct and indirect taxes and other issues. It has emerged as the voice of the industry, advocating the issues and challenges on the one hand and nurturing a healthy and pro-business environment on the other.

FTCCI has a membership of more than 2500 direct members and indirect membership of over 25,000 through its 160 Associations/ Chambers of Commerce. It enables change through meaningful interactions which energise the industry at large.

Formation of the Health Committee

In the face of the unprecedented health emergency of COVID-19 that unleashed merciless suffering and deaths in the community, FTCCI chose to tackle the situation head-on by constituting an expert committee on Healthcare and Disaster Management on 1st July, 2020. After all, how can the industry expect to function in the absence of good health!

The committee has been collaborating with doctors,

The Healthcare Committee is headed by Mr. Shekhar Agarwal (Past President of FTCCI and Managing Director, Bhagyanagar Polymers Pvt. Ltd.) He is ably assisted by a strong team of co-convenors, advisors, government officials, public institutes, public and private hospitals, Ayush, industry and more.



professionals and institutes – both in the government and private sector – to initiate a range of proactive measures to ensure better health for the people. It includes:

- **Research** – Released 'Analytics and Forecasting Report on COVID-19' involving a daily bulletin of projections of cases during the first and second waves with the support of Administrative Staff College of India (ASCI) and Federation of Indian Chambers of Commerce & Industry (FICCI). The estimates helped the government, hospitals, doctors and other stakeholders to plan and prepare accordingly.
- **Real-Time Services** – Initiated tie-ups with many doctors and NGOs to provide the following COVID-related real-time services to members, their families, employees and even the regular folks who were reaching out to us:
 1. Free online consultations
 2. Hotel quarantine at nominal charges in three star hotels with provision for all meals and even oxygen concentrators available at the reception
 3. Hospital beds
 4. Oxygen concentrators (100 to 200) for home use for patients
 5. Plasma donors records
 6. Vaccination camps
 7. Free general health check-ups related to both allopathy and homeopathy
- **Knowledge-based Webinars** – Associated with top doctors of the city – like Dr. G. Satheesh Reddy (Chairman, DRDO), Dr. Rakesh Mishra (Director, Centre for Cellular & Molecular Biology CCMB), Dr. K. Hari Prasad (President, Apollo Hospitals), Dr. Nageshwar Reddy (AIG Hospitals), Dr. Nitin Kabra (Chief Cardiologist, Gandhi Hospital), Dr. Anand Agarwal (Cardiothoracic Surgeon at Malla Reddy Hospitals), Dr. V. S. Alagu Varsini, (IAS, Director, Department of AYUSH, Government of Telangana), Dr. Bhavani (Superintendent, Nature Cure Hospital) and even Dr. Harsh Vardhan (then Union Minister for Health and Family Welfare) along with other health experts from the ministry - to conduct online webinars and offline conferences. This covered vital issues like Treating COVID-19 and Managing Health, Naturopathy and COVID-19, Eyes – Your Windows to the World, Healthier Heart for a Better Tomorrow, etc.



Vaccination Drive



Free Health Camp



Seminar on Eyes - Your Windows to the World
 – LV Prasad Eye Institute & Eye Care, Telangana

FTCCI has actively played a leading role in highlighting the challenges faced by the industry due to COVID-19. It submitted a number of representations to the concerned ministries and officials.

Despite the plethora of initiatives, the Health Committee still discerned a huge imbalance between the demand and supply of medical services. Therefore, it is once again working with like-minded institutes and professionals to overcome the inherent obstacles by creating a patient-centric 'Vision 2030 Document for Telangana' to provide 'Quality and Affordable Health for All'.

The summit comprises of a range of seminars that are being conducted on an ongoing basis. They cover various health verticals like general medicine, nutrition, orthopaedics, cardiology, neurology, psychiatry, oncology, obstetrics, paediatrics, gastroenterology, endocrinology, dermatology, diabetes and radiology. Individual events will be dedicated to naturopathy, ayurveda and homeopathy as well.

The mega event is being organised in association with Administrative Staff Collage of India (ASCI) as the knowledge partner. L.V. Prasad Eye Institute (LVPEI), Asian Institute of Gastroenterology (AIG) and Indian Medical Association (IMA), Telangana are the associate partners.

The FTCCI health committee is inviting many more healthcare experts

and aligning with all genres. It will incorporate both allopathy and Ayush teams at every level. Along with government and private sectors, it is also calling for a strong public private partnership. This will be followed by awards for various healthcare domains.

The areas that will be focused on in the various seminars include:

- Re-building community trust on healthcare systems and health force
- Promoting and strengthening healthcare systems through public (primary, secondary and tertiary), private and public-private-partnerships
- Reducing medical cost through increasing efficiency
- Providing healthcare for the financially low income, middle income and high-income groups
- Improving the existing healthcare education
- Making healthcare more patient-centric through innovation and technology
- Suggesting government policies that are more patient-centric
- Studying and addressing the gap between resources available vs. resources required: manpower, infrastructure, technology, investment, etc.
- Observing of good practices for the purpose of replication
- Proposing economically viable and sustainable models



Round Table Meeting with Dr. Prashant Garg, Executive Chair, LVPEI on Quality & Affordable Eye Care For All



Discussions on Vision 2030 with Padma Bhushan Padmashree Dr. Nageshwar Reddy, Chairman, AIG Hospitals (Chief Advisor for the event)

The end goal is to prepare a quality, actionable Vision 2030 report, providing patient-centric, easy, accessible, affordable, quality healthcare to all citizens in Telangana. The report will address equity, disparity and pains of the patients.

The final report will be presented to the Telangana government with ready-to-use pointers for improving awareness and trust in the public healthcare system. It will also help the overall healthcare system of Telangana to become the best health destination and medical hub. The overarching aim is to promote better health and well-being and help in creating a patient-friendly environment.

Health Insurance Vision 2030 - Quality & Affordable Health for All

As part of the initiative, FTCCI is hosting a 2-day summit on health insurance on the 21st and 22nd of this month. It is chaired by our esteemed editor, Prof. Bejon Kumar Misra – he has become a strong partner of the forum for spreading awareness of health insurance across the country.

The event will be a collaborative effort of critical partners involved in the health insurance delivery system

with participation from top healthcare providers, intermediaries (TPA's & web aggregators), insurance companies, IRDAI officials, IRDAI ombudsmen, NGOs, agent associations and policyholders in the august presence of the Union Finance Minister and Telangana Health Minister. The varied entities will come together on a single platform to deliberate strategies and finalise action plans for achieving universal health coverage.

Conclusion

The high point of this landmark FTCCI event is that it is patient-centred – it gives top consideration to the patient's individual needs, culture and beliefs. And patient-centred care is vital to the implementation of universal health coverage! ▶

KEY GOALS

- Documentation of the perceptions shared by all stakeholders based on inputs from experts in the health insurance domain
- Providing intellectual inputs for the creation of 'Vision 2030 Quality & Affordable Health for All – Telangana'
- Recommendations to the policymakers and lawmakers in the state of Telangana and Government of India
- Building ownership by creating a networking relationship between the various stakeholders on the proposed short-term and long-term action plan



OBJECTIVES

- To create awareness on existing health insurance schemes like Aarogyasri, ESIC, PMJAY and private health insurance products
- To further increase the health insurance penetration in Telangana to achieve universal health coverage
- To develop and innovate patient-centric health insurance schemes and products to improve accessibility and affordability
- To understand and find solutions to overcome the challenges in the health insurance sector

Public Health Coverage in Telangana

The state is responsible for ensuring the health and well-being of its citizens. And the state of Telangana takes its health responsibility very seriously! Apart from developing public health infrastructure and collaborating with the private sector, the government is implementing robust health schemes for the benefit of the people.



Telangana banks on insurance to uphold public health!

EVERYONE HAS THE right to health! Yet, healthcare remains far from affordable for the masses. To bridge the huge gap, most governments resort to public health insurance programs. The policymakers use legislation to provide access to free healthcare services that usually covers hospital care and physician services; it should ideally cover diagnostics and pharmaceuticals as well. The costs are footed by the government.

The Telangana state government is on a mission to achieve 'Health for All' by providing quality health services to the marginalised sections of the population who are unable to afford it. Towards this end, it operates a range of health initiatives for its people.

According to NITI Aayog's 2021 Multi-Dimensional Poverty Index (MPI), 13.74% of the people in Telangana lack basic needs on various levels, including healthcare. They need financial assistance to meet the catastrophic health needs.

Aarogyasri Community Health Insurance Scheme

Aarogyasri is the flagship health insurance scheme of the state of Telangana. It provides a sum insured of Rs. 5 lakh (raised from Rs. 2 lakh after merging with Ayushman Bharat) for treatment of identified diseases involving hospitalisation, surgery and therapy including coverage for life-threatening conditions. It is fully funded by the government and the beneficiaries are not required to pay any premium. (see Figure 1)

FIGURE 1

Year	Unique Patients	No. of Pre-Auth. Cases
2022	2,59,787	5,22,504

The scheme was launched in 2007 in united Andhra Pradesh and has been continued by the newly formed state of Telangana from June 2014.

Eligibility

In general, the Aarogyasri program is open to all the people who are:

- Residents of Telangana
- Below Poverty Line (BPL) as enumerated and photographed in BPL Ration Card and available in Civil Supplies Department database
- Have been identified as vulnerable by the government
- Have a valid identification card issued by the government
- Referred from a government hospital or primary health centre

Around 87.5 lakh families are covered by Aarogyasri

Aarogyasri Health Care Trust Scheme Telangana



Last year, Governor, Tamilisai Soundararajan appealed to the Telangana government to include the expensive cancer treatments and diagnostic tests related to cancer screening under Aarogyasri to help needy patients, especially women with breast cancer. As of now, only chemotherapy and cancer surgery is included.

Additionally, specific eligibility criteria are applicable for certain types of medical procedures and treatments.

Features

- Recognised beneficiaries who require hospitalisation/surgery are covered for a sum assured up to Rs. 5 lakh per year per family on floater basis. This can be availed for the treatment of a single family member or collectively by members of the family.
- It covers the cost of hospitalisation, diagnostic tests, surgery and other medical procedures related to the treatment of covered illnesses.

Aarogyasri provides initial screening, registration and further evaluation, surgery/therapy and 10 days post-discharge medication. The patients get free food while in the hospital and transportation charges (equivalent to R.T.C fare from Mandal headquarters to the hospital).

- 949 procedures are covered under the scheme including their pre-existing conditions. For cochlear implant surgery plus auditory verbal therapy, the coverage extends up to Rs.6.5 lakh. However, it excludes treatments for certain specific procedures as well as the ailments that are covered under national programs like Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana.

COVID-19 treatment has been included in the Aarogyasri scheme from August 2021.

- Beneficiaries can avail follow-up services where needed (free consultation, tests and medicines) for 125 identified surgeries/therapies. This is available from the 11th day of discharge from the hospital up to a year.
- The beneficiaries can access treatment at a wide network of empanelled hospitals which include both government and private ones.

Around 2400 public and private hospitals are registered under Aarogyasri

- The scheme remains free and cashless. This removes the hassle of paying a lumpsum amount and then having to apply and wait for the reimbursement.
- In case a beneficiary undergoes diagnostic tests but does not go through the surgery or other treatment, he/she will still get the coverage as initial evaluation for the identified diseases is free under the scheme.
- The network hospitals are required to conduct free health camps to mobilise the beneficiaries, thus taking evaluation and treatment to their doorstep.

In April 2022, the state government extended Aarogyasri services to the primary health centres (PHCs) and required them to enrol for Aarogyasri accordingly.

The Aarogyasri Health Care Trust (under the Department of Health and Family Welfare, Government of Telangana) runs the Aarogyasri scheme. It also conducts mega health camps at the revenue division level to spread awareness of the scheme to the maximum number of people.

Aarogyasri Telangana was merged with the Centre's Ayushman Bharat scheme in May 2021, raising the maximum health protection to Rs. 5 lakh per year. It has also increased the number of ailments and treatments covered to 1672. Now, eligible beneficiaries from other states can also opt for free treatment in Telangana.

How Does it Work?

All BPL families holding valid white ration card are automatically covered under Aarogyasri. In case of doubt, you can check with the Aarogyasri Health Care Trust, a government hospital or primary health centre. To apply for the Aarogyasri card:

- Visit the Aarogyasri Telangana website (<https://aarogyasri.telangana.gov.in/>) and click on the 'New Enrolment' tab

- Fill in the required personal and family details in the application form
- Upload scanned copies of the required documents, including proof of identity, residence and income (if applicable)
- Submit the application form and wait for the verification
- Once the application is approved, you will receive an Aarogyasri card which can be used to avail the healthcare benefits offered under the scheme

There are Aarogyasri help desks (with an Aarogya Mitra) in primary healthcare facilities, district hospitals and network hospitals. The Aarogya Mitras help beneficiaries with registration, verification, hospitalisation, claims, registering grievances, etc. Any claims for reimbursement of medical expenses can be submitted through the Aarogyasri website or at designated centres.

Using Aarogyasri is as simple as showing the white ration card/Aarogyasri card and beginning treatment. Beneficiaries can also select a hospital of their choice for treatment, subject to the coverage's specific terms and conditions. The Aarogya Mitra will register the patient's details and he/she will be examined in the hospital before starting inpatient/outpatient treatment as per the needs. The hospital will raise pre-authorisation on the patient's note and send it to the trust. Once it is approved, the hospital will perform the treatment.

In case of an emergency, when a beneficiary is not carrying the white card or Aarogyasri card, they can still get admitted and start treatment in a network hospital by registering with the Aarogya Mitra. A 48-hour window will be provided to produce the card.

From August 2022 onwards, the people of Telangana can use their food security cards to avail free treatments at the Aarogyasri empanelled hospitals. This has benefitted 10 lakh beneficiaries.





Implementation





This pathbreaking scheme has made great strides in improving healthcare delivery in the state (see Figure 2).

During the last financial year, government hospitals registered a substantial rise in offering healthcare services and surgeries that are covered under Aarogyasri health insurance scheme.

104/14555 is the 24/7 free Aarogyasri Telangana helpline. Anyone can call these numbers to check details of eligibility, coverage, benefits, speciality services, network hospitals, availability of beds, doctor's advice, complaint registration, etc.

Figure 2: Snapshot of Aarogyasri statistics (as on 20-3-2023)

Vital Statistics			
Vital statistics			Since 2 nd June, 2014
	Health Camps		1174
	Preauthorizations	Government	1101510
		Private	1829771
		Total	2931281
	Out Patients	Government	546217
		Private	3300119
		Total	3846336
	In Patients	Government	1170492
		Private	1801936
		Total	2972428

Vital statistics			Since 2 nd June, 2014
	Patients	Screened	855609
		Registered	6908021
	Surgeries/Therapies	Government	1075300
		Private	1822983
		Total	2898283
	Amount Preauthorized	Government	Rs.2430.20 Cr
		Private	Rs.4457.28 Cr
		Total	Rs.6887.48 Cr
	Death Cases	Government	27736
		Private	23834
		Total	51570

“I have claimed 1st time before 9 years back for heart stroke and again I have claimed 3 years back. So it works well. And I got for 3rd time again now” – exclaims a happy patient, D Laxminarayana

However, there are certain shortcomings as usual. Patients complain that they are still asked to buy medicines on their own or pay for devices. Many hospitals were not even admitting patients under the Aarogyasri scheme during the COVID-19 waves. They used the pretext of lack of beds while giving priority to the well-heeled 'paying' patients.

As a disgruntled patient, Laxmi Narayana complained, “So I admitted in a hospital, they have charged me for the reports saying we rely on other hospitals so claiming this money is not possible. Terms of ArogyaSri mentioned that even the bus fares to reach the home will be given but why this hospital is charging the report fees? We rely on Aarogyasri cause we in a situation that we are not able to pay!”

Then there is the lack of specialists in the government hospitals. Some don't even have the Aarogya Mitra assistants.

The government is planning to digitise health records of all residents under the Aarogyasri Healthcare Trust (AHCT) portal with a mobile app to upload and maintain data of all network hospitals and wellness centres with doctor details. People can then self-register on the app using Aadhaar-based authentication and add family members as part of their dataset. Facial recognition - like artificial intelligence - to monitor healthcare staff is also on the cards.

The empanelled hospitals have their own woes. Many from the private sector report that the government is lax in clearing their dues which continue to pile up for months. The reimbursement rates are also quite low which becomes a financial strain for the hospitals.

Employees and Journalists Health Scheme

The state of Telangana does not neglect the health of its employees either. It has floated the Employees and Journalists Health Scheme (EJHS) for the benefit of all serving and retired state government employees, journalists, pensioners and their dependent families. (see Figure 3)



EJHS provides cashless healthcare facilities to beneficiaries for:

- In-patient treatment for a list of pre-defined therapies
- Outpatient treatment for an identical list of pre-defined therapies
- Cashless service up to 10 days for post-discharge medications
- Coverage of up to 30 days post-discharge for those undergoing treatment for any listed diseases

Telangana Govt. Employee & Journalists Health Scheme (EJHS)

Telangana Health Card



FIGURE 3

344
Empanelled Hospitals

12,04,654
Beneficiaries

Year	Unique Patients	No. of Pre-Auth. Cases
2022	43,702	65,552

- Follow-up services for one year for investigations, drugs and consultation
- Treatment for chronic long-term diseases that do not require hospitalisation (in notified hospitals)



- Basti Dawakhana (neighbourhood clinics that bring healthcare to the citizens' doorstep)
- KCR Nutrition Kits for newborn children
- Amma Odi for pregnant women
- Midwifery Initiative
- Adolescent Health Program
- Kanti Velugu (free eye screening)
- Free ENT screening
- Balika Aarogya Raksha (health and hygiene kits for young girls)
- Dialysis centres
- Telangana Diagnostics Central Hub
- Super-specialty government healthcare services and more

EJHS does not have any upper limit on the financial coverage!

The beneficiaries can register for the Telangana Health Card or EHS Card on the official website <https://ehf.telangana.gov.in/>. Personal assistance can be availed by calling the helpline 104.

This scheme is also administered by the Aarogyasri Health Care Trust and coverage is available at the empanelled hospitals. It does not cover those who are covered under other public health insurance schemes (like CGHS) along with law officers, AIS officers, casual and daily paid workers, etc.

Many More

In addition to the above prominent schemes, the Telangana government has introduced many other initiatives with the goal of bringing qualitative improvement in the health of the people –

Conclusion

The state of Telangana is indeed doing extremely well in terms of providing financial protection for healthcare to the underprivileged. It is successfully delivering a complete curative experience! ▶



Mr. ANIL AGARWAL

Chairperson of Federation of Trade Chambers of Commerce and Industry (FTCCI)

speaks to The Aware Consumer about the status of healthcare in the country and how the Vision 2030 document can make quality and affordable healthcare accessible to all.

Mr. Agarwal has served in the Managing Committee of FTCCI for over a decade and played a key role in several expert committees such as Energy and International Trade. He has actively represented to the government on various issues on tariff pertaining to the industry.

A Commerce graduate from Osmania University, Mr. Agarwal is engaged in the family business of iron and steel. He has 34 years of experience in steel manufacturing and sound knowledge of finance, taxation and management skills.



Telangana has done wonders and ranks amongst top 3 states in healthcare sector under the leadership of Chief minister K Chandrashekhar Rao, health minister T Harish Rao and their team.



Q Please share your views on the Vision Document 2030 on Affordable Quality Healthcare Accessible to All in Telangana by FTCCI. What do you expect to achieve from the various events planned in Hyderabad?

More than two and half years into COVID-19 pandemic, the healthcare sector continues to face tremendous challenges as they strive to deliver quality healthcare. Underlying all these challenges is increasing pressure on the bottom line. There are several fundamental problems which needs to be taken care of.

To address these challenges, FTCCI along with several experts from different domains, have come together to create the Vision Document 2030 on Quality & Affordable Healthcare For All in Telangana. The purpose of the entire Summit is to prepare quality, actionable Vision 2030 report, providing patient-centric, easy, accessible, affordable, quality health care to all citizens in Telangana. The Report will address equity, disparity & pains of the patients. It also promotes better health & well-being and help in creating a patient friendly environment, also providing healthcare for financially low-income middle income groups.

Events like this would help in bringing awareness and promoting good healthcare practices that are followed in the state as well as address gaps in the system, to achieve the above purpose.

Q This is the first patient-centric event of its kind. What made you agree on the theme and in what manner will it benefit the citizens of Telangana?

This summit is a collaborative effort of important partners and all stakeholders in healthcare system like policy makers, regulatory bodies, health insurance companies, healthcare providers, intermediaries, patient representatives and technology providers to come on a single platform to finalize patient centric health insurance schemes and strategies and action plans.

The patient should have quality healthcare services when in need without facing any financial hardships. The time the citizens get access to quality health insurance services when they are in need, without facing any financial hardship, they would find immense benefit from this.

Q How will the ensuing proposed recommendations emerging from the Summit be used by the government and other authorities as a facilitating tool?

The recommendations emerging from the summit would help the government to enable providing of patient centric, accessible and affordable health for all. It would create much more awareness and also help in building more trust in healthcare system among citizens. As mentioned, this will be a one of a kind report that would also be addressing the gaps in the system and therefore prove to be potentially useful to the government.

Q What are the primary challenges in the delivery of quality, affordable and accessible healthcare to the masses?

India's healthcare sector is defined by striking contrasts - while it offers hospitals and universities which are shining examples of progress and are globally-lauded for their innovative contributions, citizens in rural and low-income areas are underserved when it comes to accessing affordable quality healthcare.

The most important challenges in the delivery of quality, affordable and accessible healthcare is awareness among citizens, shortage of manpower, lack of healthcare infrastructure, lack of technology to improve healthcare accessibility especially to rural population. Then there are the high healthcare costs and increasing out of pocket expenditure. Lack of research and development in healthcare to keep up with medical technology advances also has to be noted.

Q What can be done to improve the outcomes of the public health schemes in the country?

- Increasing awareness among public about health and wellbeing.
- Promoting physical fitness from school level.
- Rebuilding trust of citizens on public health schemes.
- Public health schemes must include all financial groups of society



Telanagana is focused on ensuring good health for all.

– Mr. ANIL AGARWAL

- Adoption of patient friendly technology and specially improving connection of the rural population.
- Expand insurance to cover health care costs
- Training of rural youth in healthcare and deploying them locally, connecting them digitally with the doctors and hospitals to increase the reach of healthcare to everyone.
- Public private partnership models
- Strengthening health education system.
- Increasing efficiency to improve quality and reduce costs.
- To build healthcare models which are more economically viable.

Q What is the role of insurance in healthcare?

All citizens should have access to quality health services when in need without facing any financial hardship, with patient centric health insurance schemes which are easy, accessible and affordable.

There is always a probability of unexpectedly becoming sick and requiring expensive treatments in our lives. Fortunately, there is health insurance, which ensures that undergoing long term treatment does not throw a family into dire financial straits. By paying some amount of premium to the insurer, one can take a cover under a health insurance plan. In this way, health insurance acts as a protective cover. It also increases access of healthcare and in this way can help the community.

Q The state of Telangana is making big strides in healthcare delivery. What do you think are the key factors which has made it possible?

Telangana has done wonders and ranks amongst top 3 states in healthcare sector under the leadership of Chief Minister K Chandrashekhar Rao, Health Minister T Harish Rao and their team. The State is driven by the vision of developing a 'Healthy Telangana' through an effective and ideal Healthcare Model. With a mission to ensure — 'Good Health for All' — Telangana is fast emerging as a leader in the country and also youngest state in the country to implement various first-of-its-kind and effective healthcare initiatives by increasing healthcare budget.

Initiatives like KCR kits & Amma odi, kantevelugu, Arogyasri insurance programs, Basti dawakhana, establishing superspeciality hospitals like 2000 bedded hospital in Warangal, Program for girls health and hygiene have paved a way for measures boosting healthcare delivery system in the state.

Q Can you give some suggestions for building a consolidated healthcare ecosystem for all in Telangana and India as a whole?

The consolidated healthcare ecosystem must be patient centric, easy, accessible and address equity, disparity and pains of patient, promote better health & wellbeing to create patient friendly environment. In addition this, what needs to be done is:

- To increase awareness about health and fitness from primary school level
- Re-building community trust on healthcare systems and health force.
- Providing quality health care for the financially low income, middle income & high-income groups
- Promoting and strengthening healthcare systems through Public (Primary, Secondary and Tertiary), Private and Public -Private-Partnerships.
- To reduce medical costs by increasing efficiency
- Improving the existing healthcare education
- Keeping up with new innovation and technology ▶



Pyush Misra
Trustee,
Consumer Online Foundation



Ensuring
healthcare
coverage for
every Indian!

Are we Staring at a New Landscape for the Insurance Sector?

“In an ideal world, everyone will be fully covered by health insurance, without any out-of-pocket expenses for healthcare! India is betting big on making this perfect scenario a reality in its Amrit Kaal!”

– muses Pyush Misra

HEALTH INSURANCE IS a must-have for everyone! And why not!

People with health insurance have a huge advantage over those who don't. It serves as a ring of financial security that will ease the impact of health eventualities and contingencies. On the other hand, people who don't have access to health insurance or cannot afford the coverage or opt to stay uninsured for some other reason often end up delaying or foregoing necessary medical care. And the repercussions can be heavy!

Only 1 out of 100 people in India have a non-life insurance policy. The non-life insurance penetration was 0.70 in 2011. – Economic Survey 2022

The insurance sector plays a key role in each of the above factors that keep people from availing health insurance. Ideally, it should:

- ensure that health insurance schemes are accessible for everyone
- ensure that everyone can afford to pay the premium
- ensure that everyone is aware of the need for health insurance coverage

Needless to say, as the apex insurance regulator in the country, the onus falls on the Insurance Regulatory and Development Authority of India (IRDAI). In its new avatar of reforms, the supervisory body has adopted a two-pronged approach - increasing insurance penetration across the country and facilitating sustainable growth of the industry.

100% Insurance at India@100

On the occasion of our 75th Independence Day, Prime Minister Modi invoked the term Amrit Kaal as the 25 year period leading up to India@100 in 2047! He set a target that India will become a developed nation with economic growth and social justice. A crucial element for achieving this dream of a bright and better future is a fully insured India@100. Therefore, the IRDAI is aiming that every Indian must possess the insurance trifecta: life, health and property insurance by 2047!

The regulatory body is accelerating reforms for crafting a progressive, supportive, facilitative and forward-looking regulatory architecture that will foster a conducive and competitive environment. The end goal is to foster wider choice, accessibility and affordability to the policyholders/prospects for their insurance requirements.

The focus of IRDAI is to strengthen the three pillars of the entire insurance ecosystem:

- insurance customers (policyholders)
- insurance providers (insurers)
- insurance distributors (intermediaries)

For the customers, it will work on making the right products available, fostering various distribution channels and creating a robust grievance redressal mechanism. For the insurers, it will emphasise facilitating ease of doing business, ensuring the regulatory architecture is aligned with the market dynamics, making the sector more investment-friendly and moving towards a principle-based regulatory regime. For the intermediaries, the focus will be on boosting innovation, competition and distribution efficiencies while mainstreaming technology. Furthermore, it will work on facilitating the reach of insurance to the last mile.

A plethora of amendments have been proposed in the roadmap and are awaiting approval before initiation. Above all, IRDAI is making efforts to engage all the stakeholders of the insurance industry!

The pressing question is – how can access to quality healthcare depend on where a person lives or how much money he has and so on and so forth?

Long Road Ahead

It is high time that every Indian has an appropriate life, health and general insurance cover. Addressing the yawning insurance protection gap is crucial here. Both the regulator and the insurance firms have to work dedicatedly to penetrate the appropriate insurance solutions among the people as well as the enterprises.

What we need is a future where every individual can easily opt for the insurance coverage that works best for him/her. This calls for an open and competitive insurance market where everyone has affordable choices of insurance plans that ride high on the quality and utility element.

Furthermore, there is a pressing need to restrain the abuses that remain rampant in the insurance industry. How can insurance companies deny coverage to a person because of pre-existing medical conditions? The policyholders should also have the power to challenge the decisions of the insurance companies when their claims are denied for genuine and necessary treatments.

We seem to be on the right path as gross direct premium income underwritten by health insurance companies grew 13.3% year-on-year to Rs. 58,572.46 crore (\$7.9 billion) by 2020-21.

Conclusion

Why should healthcare for all remain a distant dream when we have it within us to offer universal health coverage? So, can we expect that an insured India by 2047 will become a reality? Will this spell a new and healthy dawn for our country? ▶



Health Insurance Beset with Challenges

Everyone needs health protection - and the best cover for medical emergencies is health insurance as it makes healthcare affordable for the common man. Then, why is the sector still finding it difficult to drive the expected uptake?



Awareness about health insurance is growing, but numerous hurdles still have to be overcome!

THE COVID-19 PANDEMIC has been an eyeopener in more ways than one. The grave fear that a medical emergency can strike at any age or stage of life is finally taking hold in the hearts and minds of the people at large. This has heralded a positive change in the consumer perception of health insurance. Even youngsters are waking up to the crucial importance of having health insurance coverage.

Going by this, the health insurance sector should be having a field day with people falling over themselves to secure their health with adequate insurance. Indeed, health insurance is one of the fastest growing service sectors in the country today.

Health insurance has become a priority for the Indian populace. The demand will continue to grow given the increase in both medical costs and lifestyle disorders!

And yet, insurance companies and their intermediaries alike are still struggling to find buyers for their products.

The Insurance Companies' Side of the Story

The insurers are plagued by a number of tribulations. The primary factors that are coming into play here are:

- **Lack of Knowledge** – The masses are still largely unaware about the need for health insurance. While some are not exposed to the benefits of being insured, others consider it merely a financial tool for investment or saving taxes. The authorities are doing their best to spread awareness about the actual utility of health insurance and the other industry stakeholders have to pitch in as well.

Health insurance penetration (around 20%) and density still remain abysmally low in India!

- **Lack of Trust** – Many people harbour misgivings that the health insurance companies will reject their claims and they will end up

burdened by both the premium and the hospital bills. Then there are harrowing stories of mismanagement and delays in processing. More and more consumers are demanding to know why they have to pay 25% to 30% of the total cost of treatment from their own pocket despite being insured! The insurers have to clean up their act to wipe out the prevailing misconceptions. It should become clear that all claims will be accepted as long as they are raised as per the terms and conditions of the policy.

- **Rising Costs** – Inflation is becoming a sore point for the insurance industry. It is not just about increase in administration expenses and employee costs. The constant rise in medical and healthcare charges – riding on new treatments, procedures, services, technological advancements, etc. – has to be absorbed by increase in premiums levied on the policies. This is making it harder and harder to offer affordable plans to the clients. Meanwhile, the policyholders and potential customers are aggravated by the elevated charges as they fail to understand the reasons thereof.

Cost of medical care, supplies and medications is rising faster than the prices of other goods and services

- **Regulatory Environment** – The Insurance Regulatory and Development Authority of India (IRDAI) is on a spree of reforms with a slew of new rules and policy changes in the existing regulations to rationalise and tighten the sector. The insurance companies are feeling the pain of the constant need to stay abreast of the ongoing reforms and incorporating the mandatory requirements in their operations.



- **Digital Transformation** – InsurTech companies are setting the pace for the insurance industry

as the urban population is more inclined to buying health policies off the internet. The regular insurance companies have no choice but to migrate to the online medium if they are to remain competitive. They have to upgrade their legacy systems by incorporating websites, mobile apps and digital assistants that will engage the new tech-savvy consumers with quick access and instant solutions to facilitate a seamless insurance experience. This should allow them to access policy information, make claims and interact with their insurer on the move. Moreover, staying updated with the latest technological tools has become imperative.

- **Cyber Risks** – With the health and insurance information moving online, it opens up the vulnerability to cyber attacks and data breaches. The onus is on the insurers to use adequate security measures to ensure that customer data is protected at all times along with channels for recovering lost information.

Insurance companies have to develop new policies and also restructure the existing ones to ensure comprehensive and affordable coverage with minimal deductions to be able to expand their outreach

The Intermediaries' End of Things

Insurance selling has always been a tale of brokers and agents – they approach prospective clients, educate them about the policy provisions and persuade them to buy one. It also



involves other intermediaries like claims specialists and third party administrators. They play a key role in insurance distribution and management. But, the road ahead is lined with potholes for them as well.

► **Consumer Behaviour** – There is a marked shift in consumer appetite fuelled by the changed circumstances which is affecting their policy needs. Their demands are increasing as well – they are looking for customised products that will suit their specific situation. Brokers have to hunt for suitable products at reasonable prices that will meet the client's budget; they cannot get by with marketing standard (and high commission) policies alone!

concepts like deductibles, co-pays, network providers, etc. Explaining them to the clients in a clear and simple manner is not easy for all agents. Some prospects too may feel intimidated by the heavy jargon. The agents have to become adept at providing comprehensive information about the policies in a way that customers can understand and make an informed decision.

► **Digital Competition** – Technological developments are not only changing the insurance industry, but also eating into the business of brick-and-mortar agent companies. There is a wave of online insurance providers that operate on an aggregator model, offering speed, convenience and

deliberately peddling wrong information, creating unrealistic expectations and failing to disclose full information about the products. They also use other aggressive marketing techniques to rake in sales, without a care for the fact that the policy may not tie in with the customer's needs or expectations. Such tactics of distorting, exaggerating or falsifying the facts are driven by the pressure of sales targets and compounded by the lure of fat commissions.



“Analysis of channel wise mis-selling complaints shows that banks and broker channels received more mis-selling complaints than other channels.”
– IRDAI Annual Report 2020-21

However, the IRDAI is clamping

down heavily on such unethical business practices with mandatory statutes, rules and Code of Conduct. Agents are left with no choice but to operate in a fair, honest and transparent manner. And yet, they still have to sell policies to stay in business. Therefore, the focus has to shift to connecting with the clients and offering a cohesive experience. Make it all about meeting the customer's needs and not just earning a commission!

Conclusion

The challenges will not only persist but continue to increase – yet, the solutions are within reach as always.

The future is bright if the insurance sector can proactively address the challenges and adapt to the changing landscape.

Wondering how to do it? FTCCI's Health Insurance Vision 2030 vertical seeks to explore actionable solutions to the same. ►



With changing consumer needs and behavior, health insurance selling has to be redesigned to cater to them in the manner they desire.

► **Consumer Expectations** – Consumers are demanding better service as a matter of course. This includes convenience, on-demand information and always-on service. The intermediaries have to keep up with the evolving expectations and focus on prioritising the customer experience to drive satisfaction. Delivering unique and efficient service that is steeped in personalised guidance will enable them to evolve into a trusted advisor they can count on. In fact, client engagement and strong relationships have become the new pillars of the game.

► **Poor Communication** – Insurance involves various complicated

cost-effectiveness. Consumers can easily access the policy details, compare premiums and buy a policy instantly without any paperwork or even paying commission to the agent. The intermediaries can stay relevant by adopting new tools and reinventing their ways of working so as to deliver more value to the customers.

► **No More Mis-selling** – Mis-selling is common in insurance with rogue agents





INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY OF INDIA



A New Dawn for the Insurance Industry

The healthcare insurance delivery system has been calling for reforms since a long time. IRDAI is rising to the occasion with a positive revamp not just for health, but across all verticals of insurance in favour of the consumers.

THE BUSINESS OF insurance is regulated by the Insurance Regulatory and Development Authority of India (IRDAI). This is a statutory body under the jurisdiction of the Ministry of Finance, Government of India.

Ever since its institution in April 2000, the apex body is on a mission to protect the interests of the policyholders while promoting orderly growth of the insurance industry. Accordingly, it supervises and regulates the insurance sector with varied measures that safeguard consumer interests and ensure that they are treated in a just manner.

The IRDAI opened up the insurance sector more than two decades ago and the market has grown from strength to strength. It is the relentless efforts by the regulator that has buoyed this niche industry to march on a journey of growth, marked by the emergence of new distribution channels, shifts in product mix, etc.

One of the key milestones – apart from the deregulation of the sector – was the 2015 amendment which recognised Health Insurance as a standalone class of business so as to improve access to health services for all segments of the population.

The non-life sector comprises of 27 general insurance companies (including 6 public sector insurers) most of which offer health insurance. There are 5 standalone health insurers -

- Aditya Birla Health Insurance Company Limited
- Star Health and Allied Insurance Company Limited
- Max Bupa Health Insurance Company Limited
- Manipal Cigna Health Insurance Company Limited
- Care Health Insurance Limited

Operational Framework

The IRDAI comprises of two representative bodies that serve as a crucial link between the Authority and the industry players:

- **General Insurance Council** – This is a self-regulatory organisation for the non-life insurance industry that supervises its practices and facilitates overall growth. All general insurers (including standalone health insurers, specialised insurers, reinsurers, foreign reinsurer branches (FRBs) and Lloyd's India) registered with IRDAI to carry out business in India are members of the Council. It provides leadership on issues having a bearing on the industry's collective strength and image. The council also works to shape



Our esteemed editor, Prof. Bejon Kumar Misra has been nominated to the Executive Committee (EC) of the General Insurance Council by IRDAI

and influence decisions made by the government, the regulator and other public authorities in the interests of the industry at large.

- **Life Insurance Council** – Similarly, this is a forum that connects the various stakeholders of the life insurance sector, including all 24 life insurance companies in India. It develops and coordinates all discussions between the government, the regulator and the public.

These councils represent the interests of the industry. They also promote better understanding of insurance among the consumers while maintaining high standards of service for the policyholders.

The IRDAI amended the rules to incorporate not just industry stakeholders but other eminent persons (not connected with insurance) into the committees and councils. These individuals are now participating in both the activities and decision-making processes of IRDAI.

The IRDAI is in the process of revamping the role and functioning of both the councils to make them more vibrant bodies that will play a much larger role in the industry. They will deal with data and also come up with new and innovative ideas.

The regulator has also formed various committees through the General Insurance Council to suggest reforms in several areas of insurance regulation, products, distribution, etc. so as to overhaul the sector.

Last year, IRDAI circulated 'tentative targets' for growth to all insurers to increase insurance penetration. This is the first time the regulator prescribed premium growth guidelines for individual companies. For standalone health insurers, the suggested increase in premium is to Rs 1.51 trillion from around Rs 20,000 crore.

IRDAI operates an exclusive Consumer Education Website - <https://www.policyholder.gov.in/> - that hosts rich content about all the basic concepts of insurance that policyholders should be aware of. This serves as a single reference point with a wide range of materials (in eleven

Did you know that you can switch your insurance company after buying a policy while keeping the benefits intact? This porting flexibility to a choice of insurer allows you to gain better coverage, prices, services, etc. without compromising on the discounts or bonuses provided by the previous policy. This is applicable to individual and family floater health insurance policies issued by a non-life insurance provider.

The regulating authority is also considering bringing in the option of agent portability in insurance. Once the new norm is underway, if policyholders are not happy with the service of an insurance agent, they have the option to change their agent in the existing policy itself. This will enhance the customer experience, while making services better and more convenient for the policy buyers.

What usually happens is that agents put in their best efforts to convince people to take insurance. However, the service becomes lax after a point of time and many policyholders are quite vexed with their agent's behaviour. However, there's nothing they can do about it as it is not possible to change the agent during the insurance period. With portability, agents will have to up their service standards or risk losing the clients!

Indian languages) including handbooks on the different types of insurance available. Consumers can browse through the website to understand the do's and don'ts while buying various insurance policies, procedure for submitting claims and redressal mechanisms for their complaints. A new policyholder website also went live in early 2022 at <https://policyholder.irdai.gov.in>.

The IRDAI Chairman, Mr. Debasish Panda recently remarked that India is moving towards personalised and instant insurance. He was cheerful that going forward, consumers will see insurance products with more customisation at an individual level. The Chairman also called on the industry to prepare a roadmap - focussing on the three mantras of 'awareness, accessibility and affordability' - to reinforce the trust of policyholders.

Reforming the Insurance Sector on all Fronts

The IRDAI Chairman, Mr. Debasish Panda is constantly interacting with the industry stakeholders to identify steps that can be taken in the short, medium and long term to



Mr. Debasish Panda, IRDAI Chairman



The IRDAI Chairman firmly upholds that to achieve greater penetration, there is a need for more distribution partners who can hawk more differentiated products that suit the needs of the new generation as well as the senior citizens, who are more discerning and demanding now. He exhorted, "We need more players who can offer unique and more differentiated products and to achieve that we also need more and more differentiated players with deep pockets and also to drive awareness as insurance is still mostly sold with a lot of push, we should make it a pull product."



Pushing for Consumer-Centricity in Health Insurance

The Chairman, Mr. Debasish Panda is of the view that high priced products make health insurance unaffordable for large sections of the society. He urged the industry to work on optimising the costs. He further suggested that health insurance companies should work closely with healthcare providers to design products that cover exclusions and pre-existing illnesses. He urged, "Just because somebody has diabetes doesn't mean you should deprive him completely from an insurance cover. Doesn't mean that a diabetic patient is going to have a heart attack or stroke every day. People are ready to pay a little higher premium for such covers. We should think of providing more cover for them."

He nudged the health insurance providers to overhaul their products, pricing and distribution strategies so as to be more consumer-centric. He noted, "Can we also look at more comprehensive health insurance solutions - end-to-end coverage for all categories of targeted insurance population?"

The IRDAI has recommended to the government to bring in statutory changes that will enable health insurance providers to offer value-added services to customers. The aim is to develop a platform for managing entire healthcare — including yoga training, gym membership, etc.



REVIEWING THE REGULATOR

The first Chairman of IRDAI, Mr. N. Rangachary had suggested a couple of years back, "It is time to do a review of IRDAI. There should be a review committee to go into all regulatory aspects. It is time to see whether the original goal of forming the regulatory body has been fulfilled and if not, the action to be taken."

The two insurance industry councils had set up the Regulations Review Committee (RRC) in September 2022 with a mandate to streamline various regulations and recommend appropriate draft regulatory stipulations for the industry. The RRC has formed nine sub-groups to represent various stakeholders.

Even Finance Minister Nirmala Sitharaman announced in the latest budget that the financial sector regulators will be requested to carry out a comprehensive review of the existing regulations governing the sector. The self-review will assimilate suggestions from the regulated entities and the public.

However, it has been noted that the RRC does not have any representation from major stakeholders like the policyholders and the intermediaries (agents and brokers).



Mr. N. Rangachary

support healthy growth of the insurance industry, rationalise the regulatory framework and reduce the compliance burden.

A slew of announcements have been made over the past couple of months related to product regulations with a focus on simplification and consolidation activities. The overall aim is to deepen the insurance penetration in the country. For instance, allowing more tie-ups for intermediaries and corporate agents will bring a wider choice for the policyholders and prospects. Easing of registration norms will beget ease of doing business and attract new players, thus encouraging innovation and better offerings for the consumers. There are proposals for widening the distribution channels as well which will facilitate access to insurance and its reach to the last mile.

Even the insurers are hailing the ongoing reforms as customer-centric and terming this as an exciting time for the industry.

Conclusion

The insurance sector is poised for radical evolution in the times to come. In the words of the IRDAI Chairman, reimagining insurance and looking at it with a fresh pair of eyes is essential to achieve the 100% insurance target by 2047. As he himself stressed, "Why can't we have products that suit the millions of small businesses that are not properly covered yet? Why can't we have differentiated strategies and products for other sectors like cyber and climate risks, logistics, shared mobility and a long list of other uncovered sectors?" ▶

WHY INSURANCE? BECAUSE YOUR FAMILY IS WORTH IT!

In life, there are
TWO MAJOR RISKS

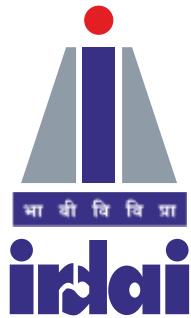
**DYING
TOO SOON**

**LIVING
TOO LONG**

The goal is to protect
yourself and your family
in the event of either



Payal Agarwal
Editorial Consultant



IRDAI Sets Its House in Order for Redressing Grievances

“Insurance policyholders have a right to be served in an acceptable manner. In case of any dissatisfaction, a robust grievance redressal mechanism is in place with clearly laid out procedures for the insurance companies. Policyholders need to understand how it works and the recourses available if the steps taken fail to live up to the expected standards”

– states Payal Agarwal



THE IRDAI IS focused on providing a fair, independent and consistent grievance redressal system for the aggrieved consumers. The overarching aim is to promptly address consumer issues and provide an appropriate resolution in a timely manner.

Redressal of concerns of policyholders is governed by the IRDA Protection of Policyholders' Interests (PPHI) Regulations 2002, recently updated in 2017. The Consumer Affairs Department (CAD) of IRDAI oversees compliance of insurers with these regulations. It facilitates an environment where the insured public can avail proper procedures and redressal mechanisms efficiently and speedily.

The Department further established a Policyholders' Protection & Grievance Redressal Department to deal with redressal of grievances, policyholder protection initiatives, public awareness initiatives, matters relating to insurance ombudsmen and more.

The IRDAI works on empowering consumers by educating them on the various grievance redressal channels apart from spreading awareness about the need for insurance and generic products available in the market.

The Grievance Redressal Cell of this Department is charged with looking into the complaints/grievances from policyholders and taking them up with the respective insurers for redressal, if needed.

IRDAI's grievance redressal is based on the following principles:

- Customers are treated fairly at all times
- Complaints raised by customers are dealt with an open mind, with courtesy
- Customers are informed through policy documents about the avenues for escalation of their complaints and grievances within the organisation
- All complaints are handled efficiently and fairly as they can damage the company's reputation and business if not treated properly

A grievance is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard of service/deficiency of service of an insurance company and/or any intermediary or seeks remedial action

The IRDAI has mandated that all insurers should comply with the following requirements:

- Ensure a board-approved grievance redressal policy document is in place

- Have a grievance redressal officer (GRO) whose contact details are provided in all communications with the policyholders
- Abide by the grievance redressal guidelines advised by IRDAI
- Log all complaints in the IGMS portal (now Bima Bharosa) of the Authority
- Regularly report all categories of complaints and carry out reconciliation of pending complaints
- Place the category of complaints number, intermediary involved, action taken and RCA (root cause analysis) before the Committee of Policy Holder Protection of Interests at every meeting for discussion and directions

The Flow of Redressal for a Grievance

In case you are feeling dissatisfied with anything to do with an insurer:

- The first step is to register your complaint with the Grievance Redressal Channel of the said insurance company. (Grievance Redressal Officer (GRO) details of all insurance companies are listed on <https://www.cioins.co.in/>)

Submit the complaint in writing along with the necessary support documents. This can be done in person or sent by post/email. Get a written acknowledgement of the complaint date. The insurance company is bound to deal with all complaints within 15 days.

- In case the insurer fails to resolve your grievance within the stipulated time or you are not satisfied with the resolution, you can reach out to the IRDAI by –
 - ▶ Registering the complaint on IRDAI's online portal at <https://bimabharosa.irdai.gov.in/>
 - ▶ Sending the complaint through email to complaints@irdai.gov.in
 - ▶ Calling the toll free number 155255 or 1800 4254 732 (This is the IRDAI Grievance Call Centre or IGCC now renamed as Bima Shikayat)
 - ▶ A physical complaint can be mailed to –
General Manager
Policyholder's Protection & Grievance Redressal Department - Grievance Redressal Cell
Insurance Regulatory and Development Authority of India (IRDAI), Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500032

Please Note: The IRDAI's Cell only entertains complaints from the insured or the claimants. It will not consider complaints written by advocates, agents or any other third parties on behalf of the policyholder.

Complete details of the complaint have to be submitted in the complaint registration form; only then will it be registered. The form can be downloaded at <https://irdai.gov.in/documents/37343/620662/policyholder+complaints+registration+form29092021.pdf/5ff5e0af-a34e-6cba-91d2-fe053b076624?t=1633587167192>

Operation Revamp in Progress

The IRDAI is revamping the grievance redressal mechanism to make it more tech-savvy and easy to use for the consumers.

Its primary grievance redress monitoring tool, Integrated Grievance Management System (IGMS) has been upgraded to make it more convenient for the policyholders. Renamed as Bima Bharosa, this is a gateway for registering and tracking grievances online in real time.

The landing page - <https://bimabharosa.irdai.gov.in/> is simple with a clean design. The focus is on two main actions – 'Register a Complaint' and 'Track Complaint'. It facilitates easy onboarding of the complainant as you have to fill only eight mandatory fields to lodge the grievance. There is the option of filing complaints in 13 regional languages, thus driving greater efficiency in the system.

The web interface has a mechanism to capture complaints received in physical/email form as well as voice calls received by the IGCC

The new Bima Bharosa portal is dynamic - all transactions will happen here, starting from registration of complaint against any entity to processing of the complaint through various stages to final closure of the complaint.

Different types of complaints are classified separately based on pre-defined rules before assigning unique complaint IDs. The complainant will get an SMS on the registered mobile/e-mail ID after registration of complaint and upon attending by the insurance company. Intimations will also be sent to the other stakeholders, as required, within the workflow.

The registered complaint will flow to the insurer's system as well as the IRDAI repository. Updating of status will be mirrored in the IRDAI system. Therefore, Bima Bharosa serves as a standard platform to all insurers to resolve policyholder grievances.

The game-changing system is equipped with a mechanism to deal with the issues in a more time-bound manner. It enables the Target Turnaround Times (TATs) and serves to measure the actual TATs on all complaints with alerts for pending tasks nearing the laid down TATs. Thus, the system will automatically trigger activities at the appropriate time through rule-based workflow. In this way, all complaints will be attended to within the stipulated 15 days.

Various scenarios of Bima Bharosa complaint:

- Best case scenario: New → Acknowledged → Pending → Attended To → Closed
- If TAT crossed: New → Acknowledged → Pending → Escalated → Reopened → Attended To → Closed
- If resolution is not acceptable to policy holder: New → Acknowledged → Pending → Attended To → Escalated → Reopened → Attended To → Closed

In all cases of escalated complaints, a provision is made for the complainant to post his feedback after the insurer has given the final resolution.

The Bima Bharosa platform is a comprehensive solution - centralised and online access to the policyholders on the one hand and complete access and control to the IRDAI to monitor disposal of grievances by insurance companies on the other. Indeed, it will also serve as an industry-wide grievance repository and the regulator can use it to track market conduct issues too.

The Bima Bharosa portal is implemented through both General Insurance Council and Life Insurance Council

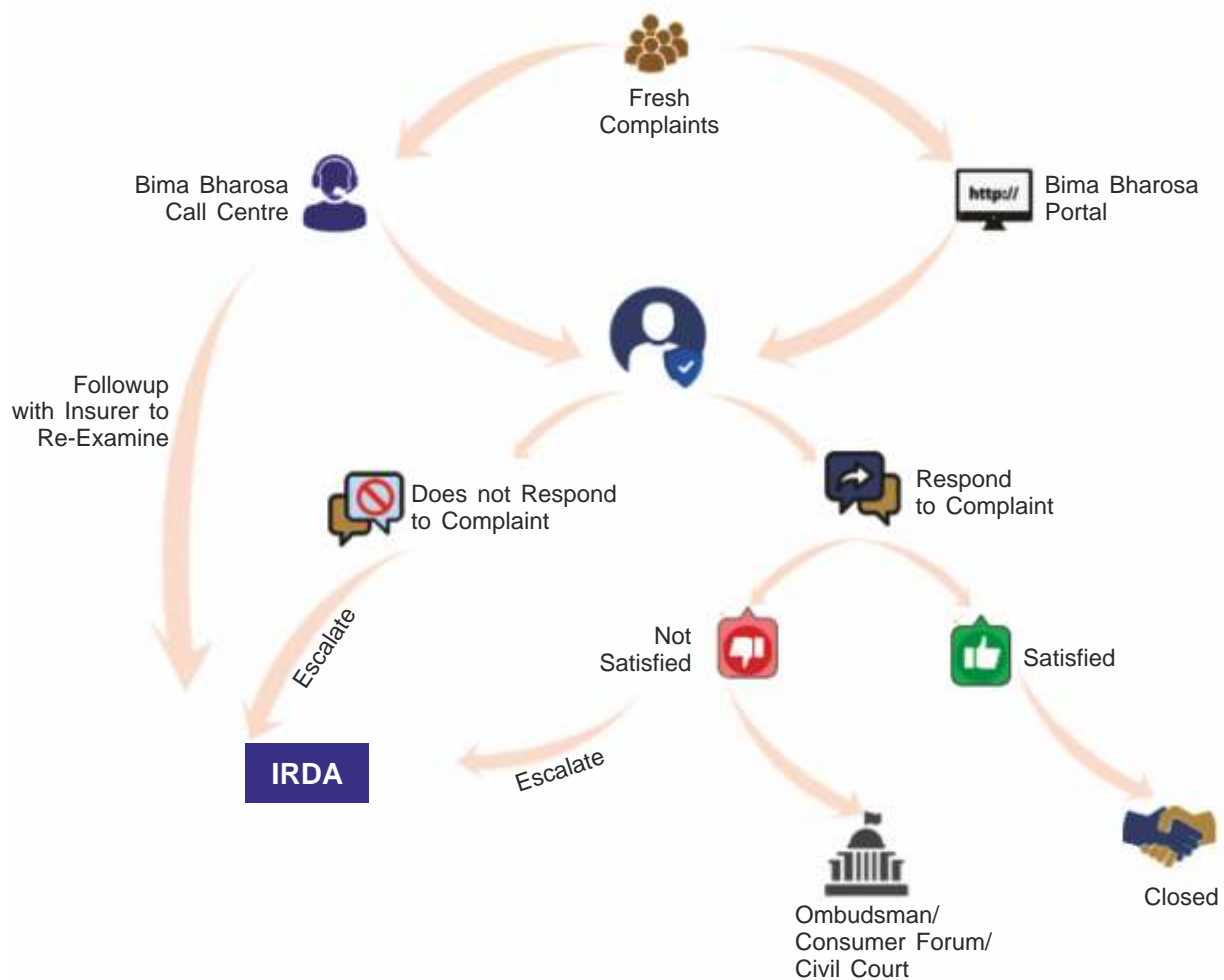


Policyholder protection has various dimensions. Of which, customer satisfaction is an important element. It is hoped that Bima Bharosa will serve as the easily accessible platform to all the policyholders who can raise the concerns related to their insurance policy and get them addressed efficiently by the insurance companies. As a regulator, the feedback/complaint from the customers will also provide us valuable inputs for policy changes or process improvements.

– Mr. Debasish Panda, IRDAI Chairman

Quick and prompt resolution for insurance policyholders is just a click away now!

Grievance process in BIMA BHAROSA



Ombudsmen for Everyone

In case a complaint is not attended to within 15 days of registration in Bima Bharosa (or you are dissatisfied with the insurer's response), you can approach the Insurance Ombudsman as per the procedure laid down under Insurance Ombudsman Rules, 2017.

The Insurance Ombudsman scheme was created by the Government of India as a quasi-judicial body for individual policyholders to have their complaints settled out of the courts system in a cost-effective, efficient and impartial manner.

The Office of Insurance Ombudsman is an alternate grievance redressal platform setup with an aim to resolve grievances of aggrieved policyholders against insurance companies and its intermediaries or insurance brokers in a speedy and cost-effective manner. It is under the administrative control of the Council for Insurance Ombudsmen (CIO). The CIO works in close coordination with the LI Council and GI Council at regular intervals.

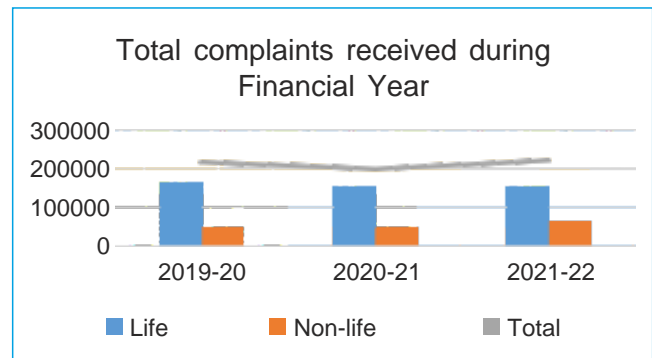
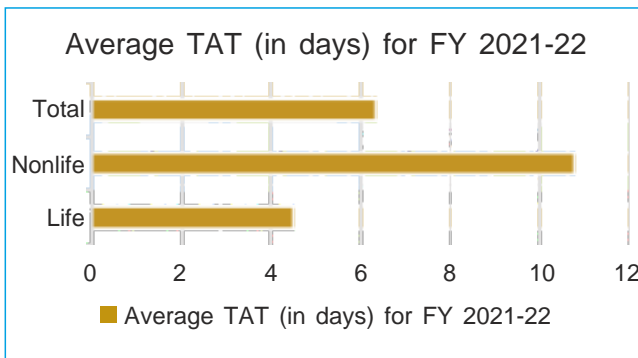
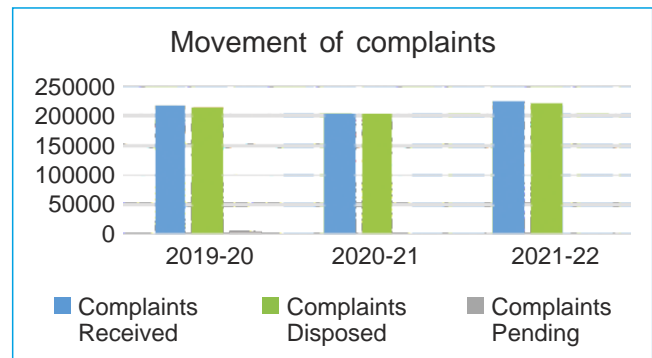
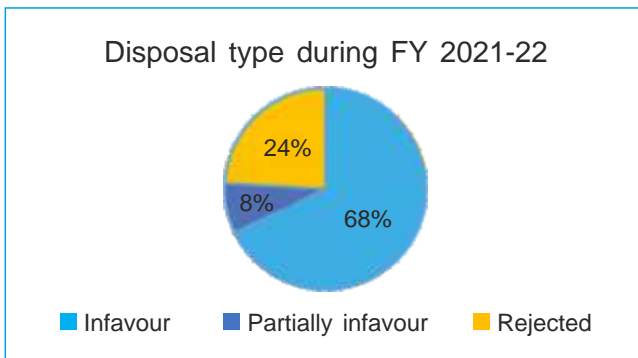
There are 17 Offices of Insurance Ombudsman across the country - Ahmedabad, Bengaluru, Bhopal, Bhubaneswar, Chandigarh, Chennai, Delhi, Guwahati, Hyderabad, Jaipur, Kochi, Kolkata, Lucknow, Mumbai, Pune, Patna and Noida.

The Council appoints Insurance Ombudsmen who are empowered to receive and consider complaints alleging deficiency in performance required of an insurer (including its agents and intermediaries) or an insurance broker. Details of all the ombudsmen with their respective jurisdiction is available at <https://www.cioins.co.in/Ombudsman>.

“The Insurance Ombudsman does not charge any fee for the resolution of complaint against life, general and health insurance companies and insurance brokers” - Atul Jerath, Insurance Ombudsman, Chandigarh

How it works - An insurer, may himself or through his legal heirs/nominee/assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial

IRDAI Grievance Dashboard



Insurance Ombudsman: Resolve Insurance-Related Disputes With Ease



- Complaint to the Insurance Ombudsman has to be made within one year from:
 - Date of rejection of the complaint by the insurance company/insurance broker
 OR
 - Expiry of one month of filing the complaint if the insurer fails to reply
- The amount of compensation sought in Insurance Ombudsman should not exceed Rs. 30 lakhs

A complaint will not be entertained on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

The key benefits of the Insurance Ombudsman (Amendment) Rules 2021



01

Increased the Ambit of Authorities

02

Inclusion of Insurance Brokers

03

Strengthened the Ombudsman Mechanism

04

Online Filing and Tracking Mechanism

05

Facility of Video Conferencing for Hearings

06

Relief in case of Vacancy

jurisdiction the branch/office of the insurer complained against falls or the place of residence of the complainant is located. Complaints can also be registered online (introduced in April 2021). There is no need to engage a lawyer, per se.

The following documents are required:

- Copy of representation submitted to insurance company/insurance broker
- KYC particulars (Aadhar card, Pan card, driving license, etc)
- Photograph (in case of online registration of complaint)
- Letter from insurance company/insurance broker rejecting the representation/repudiating the claim
- Copy of insurance policy
- Any other document(s) as deemed necessary

The Ombudsman will act as a mediator and arrive at a fair recommendation based on the facts of the dispute. If you accept this as a full and final settlement, the Ombudsman will inform the company which should comply with the terms in 15 days.

Apart from regular hearings at the Centres, Insurance Ombudsmen hold outstation hearings within their territorial jurisdiction for the convenience of complainants. Online hearings are also being conducted.

Award - If a settlement by recommendation does not work, the Ombudsman will:

- Pass an award within 3 months of receiving all the requirements from the complainant which will be binding on the insurance company
- Once the award is passed, the insurer should comply with the award within 30 days of the receipt of award and intimate the compliance of the same to the Ombudsman

There is no appellate authority governing an Ombudsman order; it is final and binding. However, if you are not satisfied with the decision of the Insurance Ombudsman, you can exercise the right to take recourse to the normal process of law against the insurance company/insurance broker.

Increasing awareness among the consumers remains crucial. As Consumer Affairs Secretary, Rohit Kumar Singh asserted, "Consumer cases can be reduced if the insurance policy terms and conditions are made simpler, clear and in understandable language. It is also important to create awareness among consumers that they should not sign the policy document without properly understanding terms and conditions of the policy".

Conclusion

The insurance regulator is making several changes in its complaint redressal mechanisms for the benefit of the consumers. Meanwhile, Telangana's Vision 2030 initiative is hosting a separate session dedicated to Insurance Grievance & Redressal - Ombudsman & Policyholder's Representatives based on the theme of 'Modernising customer grievance redressal mechanisms and to assure customer delight! Better things can be expected for sure! ▶

From 2000 to 2021, the Offices of Insurance Ombudsmen have handled 428,054 complaints and given relief to aggrieved claimants. The complaint disposal rate of 87.34% (till March 2021) is extraordinary!



Dr. Sanchita Bhattacharya, MBBS

Preventive and Promotive Health Holistic Lifestyle Physician,
Certified Health Coach, Speaker, Best seller Author
Empanelled COVID-19 Holistic Health Expert at AIIMS, Delhi

Lifestyle Medicine Is The Future For Reduced Healthcare Costs

IN INDIA AND the world, healthcare costs are increasing at an enormous speed especially because of the rise in chronic lifestyle diseases. What is heart-wrenching to me is that, according to a study conducted by the Public Health Foundation of India, over 54 million Indians through funding their own healthcare for treatment and hospitalisation, fell below the poverty line in a single year. What is also alarming is that 38 million people fell below the poverty line by just spending on medicines because chronic diseases like diabetes, heart disease, kidney disease, autoimmune diseases require lifelong treatments. Even people with good health coverage are paying a large fraction of their healthcare bill, in the form of co-pays, deductibles and other out-of-pocket expenses and this is not a happy situation.

As a doctor, I know that these diseases mean a constant increased cost of living for the family because

of regular medications, frequent laboratory tests, diagnostic tests and procedures. More over chronic diseases, despite medications, progress over the years often leading to complications. For example, many diabetics end up with chronic kidney failure and long-term dialysis which means even more regular higher expenses.

People are succumbing to stress and anxiety and the caregivers in turn are unable to maintain their balance leading to more sickness in the family and more medications. Vicious cycles are formed in every way possible. So drastic changes need to be made and it will have to start with a change in mindset.

What Does it Entail?

A change in mindset is required to understand that medicines hardly ever cure diseases but are mainly used to suppress the symptoms for as long as possible. If medicines were the answer to lifestyle diseases, chronic

disease would not exist considering the immense research that has been going on in modern medicine for the last many decades. From my personal experience, I have seen that medicines are not the answer to chronic diseases. Modern medicine focuses more on symptoms rather than the root causes. If the root causes are removed, then the body has immense power to self-heal, provided it gets the right environment in the form of a few simple changes with regard to nutrition, exercise and movement, sleep, positive social connections and the ability to handle stress. And that's the truth from my experience of the past two decades!

I was trained in modern medicine - that is allopathy - but my interest had always been prevention rather than treating sickness. However, the good news is that lifestyle medicine is no longer restricted to preventive health and can actually be used to treat almost all chronic conditions. Not needing healthcare is the surest way

of spending less money both for the individual as well as the society.

Most people are not aware that over the last many decades research has found that evidence-based nutrition can, not only prevent diseases, but actually help get them in remission or even reverse in many cases.

What changes in nutrition are required? It's not expensive super foods or specially prepared exotic dishes, but understanding a few basics of causes of chronic diseases.

Decoding the Blue Zone

Before delving into the causes, let us understand the lifestyle of people who live in the blue zones of the world. In these areas people not only live longer, but they are physically very fit till they die as they do not majorly

is a simple yes. The reason being the root causes in diabetes, hypertension, autoimmune diseases, arthritis, obesity happen to be the three reasons mentioned above.

A predominantly plant-based diet naturally low in fats, as is followed in the blue zones, can be adopted all over the world according to the local produce available in that particular region. A plant-based diet includes whole grains, beans and lentils, fruits and vegetables and nuts and seeds. Sounds too simple to be true for disease remission or treatment and often discarded as something not possible by doctors and patients alike!

But the world is gradually becoming aware and patients are willing to be coached to bring about changes in their long-term habits from

included, we are safe to be on such a lifestyle.

The Results Speak for Themselves

Extraordinary turn around in health can happen on a plant-based diet. For instance, one patient despite being on medication had a fasting blood sugar of 160mg/dl. Within one month of diet changes, he lost 8 kgs and could stop both her medications of diabetes and hypertension. That's one goal achieved but the challenge also lies in maintaining that level of optimum health lifelong which requires some counselling and changing mindset that will improve long-term health and happiness. But it's worth it, considering the benefits of avoiding costly medicines and complications of diabetes, such as dialysis and heart disease lifelong.

Taking responsibility of one's health - instead of depending on doctors totally - will bring down health costs considerably and ensure a more fulfilling and active life. Fortunately, the Indian Society Of Lifestyle Medicine is working to spread awareness of lifestyle changes among doctors today as they are the ones that people depend on for advice regarding their health and wellness.

If physicians would start treating the causes of diseases and the disease risks instead of the symptoms, it would be possible to cut down the healthcare costs significantly. Simple lifestyle changes can be so effective sounds too good to be true and that is why I mentioned earlier that the first thing we need to do is to change our mindset!

In conclusion, a change in lifestyle is something that has to happen at the grassroot level through awareness programs, increasing access and promotion of healthy nutritious foods, increasing access to exercise and physical activity and promoting a more balanced and holistic lifestyle with adequate hours of sleep and encouraging positive social connections. ▶



eat plants
keep moving
sleep well
be present
stay calm
love people

suffer from chronic diseases. A few observations in these regions reveal that they are very family-oriented, physically more active throughout the day, socially more connected, but most importantly, their diet is predominantly plant-based.

So how do plant-based foods decrease the rate of chronic diseases in the world? Over the last many decades, research on chronic diseases has shown that the underlying root causes of such conditions are due to inflammation in the body, excess fat and gut imbalance. Can the same changes in dietary habits reverse or manage all chronic diseases equally? The answer

is a diet rich in animal foods to a diet that is predominantly or fully whole foods plant based. And, they in turn, become advocates of such a lifestyle among their friends and family. Such a diet requires no supplementation with expensive supplements either, because a plant-based diet has all the nutrients we need for our daily health, except for Vitamin D and B12 which needs to be compensated, if tests reports show a deficiency.

It's a myth that a plant-based diet would mean a protein or a calcium deficiency. As long as we are having a variety of plant produce on a regular basis and understand the proportion of foods that needs to be

I firmly believe, "To find health should be the objective of the doctor. Anybody can find disease!"



Mr. Shekhar Agarwal

(Convenor, Healthcare Committee, FTCCI and Past President, FTCCI, 2010-11) shares his views and expectations from the ground-breaking Vision 2030 initiative. He is also the Managing Director at Bhagyanagar Polymers Pvt. Ltd., Hyderabad.

The Vision Behind Vision 2030 for Quality and Affordable Healthcare in Telangana, India and Beyond

COVID-19 PROVED TO be a grave catalyst that finally brought healthcare to the centre stage for nations, governments, healthcare providers and the common people across the globe! We at FTCCI were also feeling helpless in the early days and months with so many calls for help from everyone around us. The rampant suffering shook us up, especially when we lost some of our close and cherished members to the unprecedented pandemic.

As the apex chamber of commerce and industry, FTCCI has a number of expert committees dedicated to furthering trade in the state through both our direct and indirect members. But unable to bear

the tragic pain of the citizens and members, we concluded that while our focus is limited to trade, industry and commerce, these sectors lose all meaning without life and well-being.

Realising that neither our institution, nor the hospitals or even the government is equipped to handle a health emergency of such gigantic proportions, we organised online meetings with ASCI and FICCI. The germ of an idea to form a Health Committee took root which took the shape of a new expert committee on Healthcare & Disaster Management.

Health Committee Takes Shape

The Committee was formed on 1st

July, 2020 and I felt honoured to get the opportunity to be the Chairperson. We have undertaken distinct activities of COVID case projections, real-time assistance for the COVID-19 patients and knowledge-based webinars. While these helped the common man as well as the authorities, the Committee continued to be distressed by the yawning gap between demand and supply of healthcare services.

What is the gap here you may wonder? To put it simply, it is nothing but a sick person not getting a bed in a hospital when he needs it or a patient not getting the medicine that will heal him. The reason could be accessibility, affordability or something else.

A person who wants to drink tea can buy it at a roadside stall in Hyderabad or a regular cafe or at a luxurious hotel. He is sure to get good quality irrespective of his financial status. So why can't the same be extended to healthcare?

And this breach is not just limited to Telangana or even India, but can be perceived across the world. In fact, if we were to rank the countries in healthcare delivery on a scale of 0 to 10, not even the developed ones will be able to score higher than 5 or 6 at best!

It is easy to rest the blame at the government's door. However, we have to acknowledge that the state of Telangana is trying its best – we have good hospitals, good doctors and other professionals who are working for the betterment of society.

To draw a parallel analogy – it was one Bill Gates' dream in the early 1980s that everyone on the planet should use a computer. What seemed farfetched then has catapulted into every man owning at least one mobile phone which is almost an extension of his/her life! When one person could transform the whole world, it is quite troubling that why so many of us together are still unable to plug this gap? We are missing the bus somewhere and addressing this gap through the Vision 2030 document is our primary mission now.

When we look at the western world, there is a lot we can learn from them in terms of research and development, technology and organisation in healthcare. USA is such a huge economy and spends as much as 20% of its GDP on healthcare. Yet, there remains a wide gap between the federal efforts and the satisfaction level of the patients. Therefore, it is clear that while

finances are imperative, it cannot do everything! Something is needed beyond money here!

How to Address the Gap?

Healthcare is a gigantic subject that cannot be catered to by a single individual, institute or even the government. A number of noble-minded people and organisations are doing what they can to meet the healthcare needs of the society and achieving good results at that. Now if the three S of 'Sarkar', 'Samaj' and 'Sanstha' can come on the same platform, they can truly work wonders.

Our Health Committee zeroed in on the fact that we need to prepare a blueprint to meet the healthcare needs of the entire population. And we have christened this as 'Vision 2030 Quality & Affordable Health for All'. It has been designed with a clear purpose while keeping the focus on 'patient-first'. We firmly uphold that unless the patient is kept at the centre of all discussions and conclusions, the whole idea will be self-defeating.

In tandem with our renowned set of knowledge and associate partners, we started working on charting a path that will turn all the talks and discussions into actual action. As it is always said, any noble deed attracts positivity from all around. We started getting associated with one prominent healthcare professional in the city after another, with each one readily volunteering to extend their valuable time and cooperation with speeches, guidance, encouragement and other assistance – some taking up formal positions in the Committee while others lent their support behind-the-scenes.

Our healthcare mission covers around 20 to 25 varied health domains – from general medicine, orthopaedics, cardiology, dentistry, urology and ophthalmology to

neurology, psychiatry and oncology to even diagnostics and radiology. It's not just about allopathy for us! Parallely, our committee is incorporating traditional domains of ayurveda, naturopathy and homeopathy. Here the focus is on leveraging the strengths of each other to deliver the best healthcare to the people.

Specific teams of doctors and other professionals worked on creating the mission document based on their rich experience and expertise in their domains. The Health Committee merely provided the primary impetus and the teams were free to draft their own agenda based on the relevant requirements and observations raised during their deliberations.

For instance, we have merely touched on the issue of validation for Ayush. The real truth is that the world of science is questioning the effectiveness of traditional therapies in place of word-of-mouth commendations. It is the lack of proof which is curtailing the spread and acceptance of the potential waiting here. This validation will come from tests and trials which will make everyone accept the benefits of Ayush.

Even in India, barely one or two of every ten allopathic doctors are open to traditional Ayush therapies. The remaining are not as comfortable with these domains as they lack sufficient information about them. If they gain awareness from reliable professionals – like basic traditional healing principles being incorporated in the MBBS course – the acknowledgment and acceptance will become better.

However, FTCCI's Health Committee is not mandating any of the above solutions. We have left it to the teams to decide their core areas and come up with pathways in the ensuing seminars that can help the people.

I distinctly remember what Dr. A.G.K. Gokhale (leading cardio-thoracic surgeon at Apollo Hospitals) once told me during our deliberations, "There are 3 Ps of healthcare – prevention, prevention and prevention!"
Another memorable comment came from Dr. G.N. Rao (founder of L.V. Prasad Eye Institute), "A person cannot be denied healthcare just because he does not have money!"

What we are specifically looking at is developing healthcare across public services, private practices and even public-private partnerships. The latter will reduce costs for the private sector, thus reducing the end costs for the patient. Similarly, improving efficiency and reducing wastage in healthcare will tone down the costs for sure.

In fact, when we talk about the medical costs, unfortunately a number of instances of inflated charges crop up. Patients are prescribed unnecessary tests at times and the prices of services are also hiked artificially which becomes a huge burden for the common man. And in case the patient happens to be insured, the insurer will foot the extravagant bill, but will charge high premiums to absorb the costs.

Therefore, if the hospitals charge reasonable and affordable prices keeping the patients in mind, it will ease the burden on both the people and the insurance company. As the insurers can levy lower premiums, the consumer stands to benefit once again!

Yet, none of these measures should compromise on the quality of healthcare in any circumstance!

How to Take this Forward?

Today, nobody is promoting health, everyone is promoting medicine and testing – much to the detriment of the patients, both in terms of health and finances! The personal diagnosis and empathy of the doctor to treat you like a family member has also disappeared over the years. As the foundation of trust has been lost, it has shaken up the roots of medicine. Our motto is to rebuild trust and get the personal touch back to healthcare.

We hail from the land that propagates the ancient philosophies of Vasudeva Kutumbakam (One World, One Family) and Om Sarve Bhavantu Sukhinah (May everyone be happy, healthy and free of suffering)! The central government has put these principles into action by sending essential medicines to needy countries during COVID-19 times even though our own people were

facing shortages. Similarly, our nation did not hesitate to export the lifesaving vaccines to other countries.

In a similar vein, once our Vision 2030 document is ready, it will not only help the people of Telangana but can be used across the country. We have complete faith in the government that if our work is genuine, done properly and with patience, the authorities will respond in a positive manner. The stakeholders are already doing commendable work and will openly welcome the valuable inputs. It will be great if this can be executed as a pilot project for the state, before taking it across the nation and the world right till the WHO at a later stage!



And yet, we would like to reinforce that while building medical tourism is helping the Indian economy, can this be at the cost of ignoring the needs of our own people? As our resources are still limited, can we deprive those back home to heal the outsiders? Why not subsidise quality healthcare for the needy to maintain their health?

Technology can come to the rescue of taking healthcare to every person in the form of teleconsultations, registrations, payments, etc. without any wait times as such. We can train technicians in the rural areas and provide them the equipment to extend digital health connectivity to the local folks. Similarly, intermediaries can also be trained to assist the limited medical manpower by performing the basic health checks and other parameters, thus easing the burden on the healthcare professionals.

In fact, there is an acute shortage of manpower at every level in the healthcare sector – not only in India

but across the globe. Every challenge brings an opportunity and there is a massive scope for training healthcare personnel at all levels. The benefits will be multi-pronged – the workers will get employment; the people will get healthcare; and the economy will grow as well!

Therefore, we cannot blame lack of resources alone. There are scores of instances across top doctors and philanthropists who have the fire in the belly to help the people and the resources for transformation have made their way to them in some form or the other!

In conclusion, it is health which is most important to us till our last breath. Therefore, it is not just doctors and nurses, but, every human should study the basic fundamentals of health across domains right from KG to PG, covering both theory and practical concepts! And if a person knows how to take care of his nutrition, build immunity and keep himself healthy, why will he fall sick in the first place? Not only will his performance and productivity be top-notch, but even the personal out-of-pocket health expenditure will come down drastically. This will, in turn, reduce the gigantic burden on the government of providing healthcare to the people!

To quote one of the greatest scientists and philosophers of all time, Albert Einstein, "A hundred times every day I remind myself that my inner and outer life depend on the labours of other men, living and dead, and that I must exert myself in order to give in the same measure as I have received and am still receiving!" Therefore, everything we have and use is given to us either by nature or the society. Our life is indebted to others and it is our sacred duty to contribute to their well-being in some form or the other till our very last breath!

To come back to our tea analogy, what is important is that everyone should get good tea irrespective of where they buy it, while every roadside stall, cafe and five-star hotel should be able to carry on their operations as usual! ▶



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Will Ayush Really Get Due Recognition Under Health Insurance?

Traditional healthcare practices are deep-rooted in the Indian culture. With people aligning with 'alternative' treatments and exploring holistic wellness once again, we need all-encompassing insurance policies that cover Ayush therapies as a matter of course!



Does it make sense for holistic wellness options to be denied insurance coverage?

INDIA HAS A glorious history of traditional medicine. Natural therapies like Ayurveda are being used since time immemorial to treat a range of injuries and diseases. In fact, once upon a time, this was considered the best way to treat illnesses and lead a healthy lifestyle.

The advent of modern allopathic medicine spelt a slow death for our conventional treatments that are rooted in natural remedies, plant-based medication and above all, ancient wisdom. Fortunately, the central government is going all out to revive the use of 'alternative medicine' like Ayurveda, Yoga, Unani, Siddha and Homeopathy – which are collectively abbreviated as Ayush.

The initiatives and interventions of the Ministry of Ayush to spread awareness about our traditional health and wellness treatments (especially among the younger generation) has breathed new life into this sector. In fact, today, we are seeing a convergence of conventional and modern health practices for the overall wellbeing of the patient. Many people are opting for Ayurveda, naturopathy or homeopathy as the first line of treatment in times of sickness rather than as the last resort!

Ayush in Health Insurance

With the growing popularity and demand for alternative therapies, does it make sense for Ayush to be excluded from health insurance coverage?

In 2013, the Insurance Regulatory and Development Authority of India (IRDAI) asked all insurance companies to provide coverage for Ayush treatments as part of their health insurance plans. The government even released a list of specific Ayush therapies, treatment procedures, average period of hospitalisation and other expenses to be considered for coverage under health insurance. But the uptake at the insurers' end remained negligible as

Can Ayush coverage remain outside the purview of health insurance when....

- It involves organic components and is highly effective
- It has lesser to even zero side effects
- It eradicates the root cause of the disease rather than simply treating the symptoms
- It can tackle lifestyle diseases such as diabetes and hypertension
- It can address some ailments that still remain a challenge for allopathy
- It is especially beneficial for recuperating from critical illnesses like cancer
- It is considered ideal for senior citizens
- It may be the only treatment available in certain locations
- The costs are much lower than regular allopathic treatments, especially for neurological and psychosomatic ailments, thus making it a cost-effective option.

usual. Very few offered Ayush treatment plans, that too, with a sub-limit (like 10%) on the sum insured.

Again, at the onset of the COVID-19 pandemic, the IRDAI mandated that all health insurers should offer Arogya Sanjeevani, an affordable health insurance product with standard product features across the industry including compulsory coverage for Ayush treatments up to the sum insured (minimum Rs. 50,000 to a maximum of Rs. 10 lakhs). Further, expenses on pre-hospitalisation (30 days) and post-hospitalisation (60 days) are also covered.

It has been noted that many insurers are still refusing to reimburse Ayush claims under the Arogya Sanjeevani policy. Some place caps while some deny coverage for pre- and post-hospitalisation expenses.

There are a few other policies that cover Ayush treatments, but usually for an extra charge, that too, with caps on coverage, like, say a maximum of Rs. 50,000. Some even offer preventive and wellness healthcare, but as an additional add-on! Other terms and conditions of the Ayush cover may also vary between insurance companies.

The general eligibility criteria for Ayush reimbursement are:

- Medical expenses incurred for in-patient hospitalisation treatment (minimum of 24 hours) under Ayush
- Treatment should be availed at a government hospital/institute or a medical facility recognised by the Quality Council of India/National Accreditation Board on Health (NABH)

The IRDAI has classified an Ayush hospital as a healthcare facility where medical, surgical or para-surgical treatments are carried out by Ayush medical practitioners. It should have at least five in-patient beds and a qualified medical practitioner in charge.

However, the list of exclusions for Ayush coverage is longer:

- Pre and post-hospitalisation expenses
- Health check-up or medical evaluation (even if it involves hospitalisation)
- Day care procedures
- Rejuvenation or preventive treatments that are not classified as medical treatment.

The Gaping Loopholes

- As most Ayurveda, naturopathy, Unani and homeopathy treatments are out-patient only, they will never be covered by health insurance.
- Claims for therapeutic or wellness related treatments are not entertained by the insurers. However, body massages and similar therapies are an integral part of Ayurveda.

Point to Ponder – Apart from Aarogya Sanjeevini, why do policyholders have to pay an extra premium to get an Ayush cover in their health insurance policy?



On their part, the health insurance companies have to cover their back as well. Like, Dr. S. Prakash, Managing Director, Star Health and Allied Insurance said, "We respect the system and acknowledge the benefits in select areas out of Ayush, but the biggest challenge is to identify the right connect and the right place where an evidence-based treatment is given."

- A preventive and rejuvenation treatment may not be considered medically necessary, but it can not only help recovery and well-being, but also keep other ailments at bay.
- Most of the alternative treatment facilities are not full-fledged hospitals and do not have certification. This is obvious from the low numbers of Ayush hospitals accredited by NABH (only 98 as per the National Health Portal in February 2023)

- Even the doctors may not be registered or the facility may lack 24*7 para-medical staff which can exclude the coverage.

Moreover, most of the insurers do not offer cashless treatment. The patient has no choice but to make the payment and apply for a reimbursement later by submitting the bills.

Will their claims actually get approved is another question altogether. The internet is heaving with complaints of aggrieved policyholders whose claims for Ayush treatments were denied, sometimes for the flimsiest of reasons!

For instance, in August 2020, the central government-owned National Insurance Company Ltd itself rejected a claim for Ayurvedic treatment on the grounds that the Ayurvedic hospital has less than 15 beds.

Conclusion

Isn't it high time Ayush coverage becomes the norm across health insurance plans? Only then will the insurance policy become comprehensive in the true sense of the word! ▶

We are waiting for the day when an insurer will reimburse the enrolment fees for a yoga institute as part of the health and wellness treatment!

UPDATE ...



Moving a Step Ahead

Update on the February edition on

Consumer Grievance Redressal in India:

Needs Urgent Attention



THE UNION DEPARTMENT of Administrative Reforms and Public Grievances has undertaken a comprehensive reform of the Centralized Public Grievance Redress and Monitoring System (CPGRAMS) to make it more responsive to the needs of the citizens. Their endeavor is that the individual citizen's voice must be heard, and citizen must be empowered adequately to repose trust in the system. In this regard, several measures for strengthening CPGRAMS will be introduced.

Moreover, the central government flagged six major issues in the insurance industry, including ambiguity in insurance contracts and inflexible policy terms and urged the stakeholders to address them to reduce the huge pendency

of consumer cases. "We are hopeful that the insurance companies will address them voluntarily. If the need arise we will also request the regulator to make it mandatory," Consumer Affairs Secretary, Rohit Kumar Singh.

The links for the dedicated grievance portals for different sectors like airlines, banking, electricity, internet, financial services, legal metrology, insurance, telecom, pension fund, etc. are available at <https://consumerhelpline.gov.in/grievance-portals-differentsectors.php>. However, to be able to satisfactorily resolve the grievances of the citizens, all the Ministries/Departments need to review, streamline and strengthen their internal resolution mechanisms. ▶

YOUR OPINION MATTERS

Letters to the



editor

We are truly humbled by the praise and acknowledgment that is flowing in from varied sources. Please feel free to send in your comments, views or feedback on The Aware Consumer magazine at bejonmisra@theawareconsumer.in – we will publish your opinions and implement your feedback while ensuring that your voice is heard on the right platforms.

(Feb issue: Consumer
Grievance Redressal in India:
Needs Urgent Attention)



Once again a great edition and very informative compilation. Loved the message from the editor, its insightful and telling.

My personal experience with State Commission, like many others, was really frustrating and shattering after looking to the state of affairs and ground reality. I booked a flat with Ansal's in 2013 when the tower was almost complete and possession was to be given in 6 months. My wife and myself put in all our hard

earned savings and started paying our EMIs. Till 2018 when the builder failed to give possession, we filed a case in the State Commission. Till 2021, we got only adjournments from the commission. The opposite party advocate flouted that they have been instructed to get adjournments and new dates, and managed to get the same for intervals of one year. So till 2021, we got five dates. Even the builder was ex-parte in last three dates, but still no decision was given by the commission.

This reflects how the commission works which has been aptly touched in your message from the editor. In 2022, when Ansal's were taken to NCLT, our case was thrown out from the commission with directions to seek relief from NCLT.

As per statute, definitive timelines are given but no one really bothers to review or monitor this.

Great edition, but with no granular data or analysis accordingly, the message which is to be sent is possibly missed out in various articles. When I see your institution, I am so happy to note that all centres really go all out to adhere to the same. My story is not an exception. Even in RERA and NCLT, we find similar apathy towards consumers. These forums have become mere extension of courts and play no differentiator role.

Customer delight is probably good to speak about in various forums, management and government speeches, but ground reality is so different.

– **Atul Jerath**, Chandigarh • atuljerath@gmail.com



The current consumer awareness levels are a very sore point - both from the perspective of the consumers and the corporates. On one hand, consumers are woefully unaware of their rights and miss out on seeking redressal, and on the other this lack of awareness creates a negative impact in a

system where a corporate may have a robust consumer grievance ecosystem but is unable to provide the best services.

The Aware Consumer Magazine is doing a yeoman service in creating awareness amongst all the stakeholders concerned. The magazine stands out as an information bank and ready-reckoner on all related aspects. Kudos to you and your team for the phenomenal efforts. Keep up the good work.

– **Jatin Mahajan**, New Delhi

Managing Director, J Mitra & Co. • www.jmitra.co.in



As always, I feel there is a huge gap between what people want and what the authorities are doing. There is a need to put in a lot more effort which has been clearly highlighted in the magazine. I would like to congratulate you on doing a commendable job as always! I hope we continue to see such relevant and well-covered issues in the future!

– **Jatin Parikh**, Hyderabad • jatinparikh@gmail.com

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