

CORRESPONDENCE

Health Insurance and State Sponsored Health Scheme - Andhra Pradesh is a Role Model

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Sir,

Health is human right. There is progressively increasing cost of health care which is beyond the capacity of a common man in India. Even for a middle class man health care insurance can only can protect him from financial crisis during illness. Newer technology has made state of the art medicine almost impossible achievement for a common man.

Primary health care is the responsibility of the Government. Because of mushrooming costs of speciality state of the art care State Governments can have tie up with health insurance providers *to provide speciality care* for selective procedures both medical and surgical. Andhra Pradesh Government introduced Rajiv arogyasri scheme in 2007 and implementing successfully and it is renamed as NTR vaidya seva now. Under this scheme a total of 1044 procedures are covered for below poverty line people holding Arogyasri cards. Among them are included 873 surgical and 171 medical procedures.

Amount of money to be distributed to the empanelled hospitals is decided by the expert committee. As per the Andhra Pradesh NTR vaidyaseva statistics of the 47000 beds available 61% of beds are in the private sector and 39% are in the public sector. Both speciality and super-speciality services are covered under the scheme. 273 corporate hospitals and 149 Government hospital are authorized to treat patients under the scheme.

A total of 15 million population is covered under the scheme since 2007 and an amount of 2,50,000 rupees is allotted to a family per year.

Predominant procedures utilized by the people belonged to Oncology, polytrauma, Cardiology and Cardiothoracic surgery and Nephrology. Similar services are extended to state Government employees and disabled population in Andhra Pradesh. These services can be extended to middle class population on payment of premium. Each person is provided a maximum of two and a half lakhs of rupees per year and the money is transferred to empanelled hospitals.

Vigilance is needed to prevent any fraudulent activities. Preauthorization is required in every case admitted under the scheme. For emergency procedures telephone pre-authorization services are provided. In Andhra Pradesh the whole scheme is run under the administration of NTR vaidyaseva trust.

Stringent rules should be observed in recognizing specific hospitals for tertiary speciality care.

The Governments should take care of Primary medical care and health insurance like Andhra Pradesh model can help below poverty line population of India as a whole. The scheme is worth considering for expansion throughout India. Budget allotments have been generally low in many State Government budgets for health care. Government should allot enough budget for extensive primary care toward nutrition, immunization and other parameters of primary health care. Secondary health care can be covered under state sponsored health scheme by agreement with medical insurance companies and extra budget can be allotted by Governments for selective procedures which can cost more such as cardiac transplantation, renal transplantation and cancer surgeries in selective as decided by the expert panel.

Andhra Pradesh model is an ideal model worth expanding to the entire country.

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