

Health Benefit Packages 2.0

Frequently Asked Questions

Version: December 2019

Frequently Asked Questions
Health Benefit Packages (HBP) 2.0

1. What was the need of HBP 2.0?

- A. Packages were rationalized against the following aberrations found in the original HBP
- a. Package rates offered for many packages were inadequate to cover the cost of procedures
 - b. Duplication of packages was observed both within a single specialty and across specialties
 - c. The terminology used for the nomenclature of packages was inconsistent
 - d. Few of the procedures were overlapping with the ongoing National Health Programs
 - e. Some of the high-end procedures / investigations / drugs are not covered in HBP 1.0
 - f. Due to the non-availability of certain treatments, a lot of procedures were being booked under Unspecified packages

2. What is the total package count of HBP 2.0?

- A. HBP 2.0 has 867 packages split into 1573 procedures. By the new nomenclature, many packages are a group of procedures split primarily based on surgical approach or different types of treatment modalities available for a similar type of treatment. Through the first year of implementation of AB PM-JAY, it was felt that frequency of utilization of individual procedures is required for analysis. Hence, there was a need to capture the different procedures covered under single package separately and thus the concept was introduced.

3. How many specialties are covered in HBP 2.0?

- A. HBP 2.0 covers 23 specialties (including 'Unspecified'). All specialties from HBP 1.0 have been retained except for Pediatric Cancer that has been discontinued. All procedures of pediatric cancers have been split into medical / surgical oncology.

4. The specialty of pediatric cancer has been discontinued. How will these patients be treated?

- A. All the procedures of Pediatric cancer have been included under the other three specialties of oncology viz. Surgical, Medical & Radiation Oncology. Hence Pediatric cancer specialty may not be visible under specialty list, but all the pediatric cancers are adequately covered.

5. How many procedures are covered under each specialty in HBP 2.0

A. The following is the break up of procedures by specialty in HBP 2.0

S. No.	Specialty	HBP 1.0 Packages	HBP 2.0 Packages	HBP 2.0 Procedures
1	Burns Management	12	6	20
2	Cardiology	39	20	26
3	Cardio-thoracic & Vascular surgery	92	34	113
4	Emergency Room Packages	4	3	4
5	General Medicine	72	76	98
6	General Surgery	253	98	152
7	Interventional Neuroradiology	15	10	15
8	Medical Oncology	52	71	263
9	Mental Disorders Packages	17	10	10
10	Neo-natal care Packages	10	10	10
11	Neurosurgery	83	54	82
12	Obstetrics & Gynecology	79	59	77
13	Ophthalmology	42	40	53
14	Oral and Maxillofacial Surgery	9	7	9
15	Orthopedics	101	71	132
16	Otorhinolaryngology	94	35	78
17	Pediatric Medical management	102	46	65
18	Pediatric surgery	34	19	35
19	Plastic & reconstructive Surgery	9	8	12
20	Polytrauma	12	10	21
21	Radiation Oncology	14	14	35
22	Surgical Oncology	48	76	120
23	Urology	161	94	143
24	Unspecified Surgical Package	1	1	1
Total		1393	872	1574

6. Have prices been reduced for some procedures in HBP 2.0?

A. Prices have been reduced for 57 procedures in HBP 2.0 as compared to HBP 1.0.

7. Have prices been increased for some procedures in HBP 2.0?

A. Prices have been increased for 270 procedures in HBP 2.0 as compared to HBP 1.0.

8. What was the rationale for discontinuing packages from HBP 1.0?

A. 554 existing packages were discontinued in HBP 2.0. Four primary principles were followed for discontinuation of packages between HBP 1.0 to HBP 2.0

- Removal of duplicate packages
- Exclusion of procedures which were covered under other packages
- Obsolete procedures
- Packages that were redefined / included elsewhere

The National Health Authority, through revision of packages ensured that no therapeutic area, initially covered under AB PM-JAY is left uncovered in HBP 2.0

9. With 554 discontinued packages, has the treatment coverage reduced in AB PM-JAY?

A. No. The National Health Authority, through revision of packages made a conscious effort to ensure that no therapeutic area, initially covered within AB PM-JAY is not left uncovered in HBP 2.0. The discontinued packages have been redistributed into other multiple procedures that are included in PM-JAY.

10. Will the unspecified package still be available in HBP 2.0?

A. Yes. While it has been the aim of package revision to include most commonly used treatment modalities within HBP 2.0, some state specific, or uncommon conditions may still have been overlooked. So, while it is expected that booking of procedures under the unspecified category would be reduced, the category has still been maintained in new revised package list.

11. Is Cataract still available under AB PM-JAY

A. Yes, It is available

12. What was the rationale for adopting new packages in HBP 2.0?

A. 237 new packages have been introduced in HBP 2.0. The following packages were introduced as new packages

- a. Packages that were booked frequently as unspecified packages
- b. Therapeutic areas that were earlier not covered
- c. Follow up packages
- d. Packages recommended by the expert groups

13. What is the new concept of Packages and Procedures?

A. By the new nomenclature, many packages are a group of procedures split primarily based on surgical approach or different types of treatment modalities available for a similar type of treatment. Through the first year of implementation of AB PM-JAY, it was felt that frequency of utilization of individual procedures is required for analysis. Hence, there was a need to capture the different procedures covered under single package separately and thus the concept was introduced.

14. Can the same package be booked under multiple specialties?

A. There are many procedures which fall under the purview of more than one specialty. In HBP 1.0, the practice was to repeat the same package under every concerned specialty with individual package codes and independent terminology, resulting in unnecessary repetition / duplication. Now such procedures have been consolidated under a single specialty and marked as '*Cross specialty procedures*', so that they can be used by other relevant specialties as well.

15. What is stratification of procedures?

A. In HBP 2.0, certain procedures have been identified that involve different treatment modalities for same or similar procedures e.g. type of anesthesia, surgical approach, unilateral / bilateral, etiology etc. Although the difference appears minor between the multiple stratifications of a procedure, there is a clear financial impact of the same. Such procedures have been classified as stratified procedures wherein an additional layer of stratification has been added to account for additional effort / cost.

16. Are implants / High end consumables included in surgical packages?

A. Yes, the price of both these entities, wherever used, are included in the final procedure price. In many packages, the final total cost (including procedure and implant / consumable) is given. In other packages, costs of procedure and implant / consumable is given separately. In such cases, these two costs are entered in the system already and reflected in the form of a final cost in the Transaction Management System (TMS). Thus, it is possible that for the same package, different rates may be seen for certain procedures based on the type of implant / consumable selected in such cases. (Also refer to answers for Q. 17 to 20)

17. Can more than one implant be booked for a procedure?

A. HBP 2.0 provisions for use of multiple implants within a procedure and independently accounts for the price of each implant used. However, for most procedures, there is a cap on the maximum number of implants that will be reimbursed in a procedure.

18. Will the hospitals be getting reimbursed separately for the implants?

A. No. Price of implant will be included in the price of the selected procedure. The price of the implant will be added to the procedure price at the back-end by the TMS and will be reflected in the final reimbursement. Some procedures may require details of the number / type of implant used from a selection dropdown to calculate the total price of implants used.

19. What is Static & Dynamic pricing of procedures?

A. A concept of static and dynamic pricing has been introduced in HBP 2.0 to account for variations in prices that are now possible in HBP 2.0 based on number / types of implants used. Procedures with no implants, or pre-defined included implants will follow a static price with no variations. On the other hand, in case of procedures where multiple implants are permitted, or in case there is an available choice in type of implant, the TMS would prompt for details of the number / type of implant used from a selection dropdown to calculate the total price of implants used.

20. How is the final procedure rate calculated in the TMS?

A. For final calculation of procedure rate, Final Procedure Price = Procedure price + Stratification rate (if any) + Incentive (if applicable) + Implant(s) rate (if any).

21. Is there any change in the incentives offered on the package rates under AB PM-JAY?

A. There is no change in the NHA policy for incentives. However, the percentage of incentive will no longer be applicable to the price of the implant. Incentive will only be calculated on the procedure rate. Indicative incentive mechanisms are as below, (this is a voluntary exercise at the States' discretion, with prior intimation to the NHA).

S. No.	Criteria	Incentive (Over and above base procedure rate)
1	Entry level NABH / NQAS certification	10%
2	Full NABH accreditation	15%
3	Situated in Delhi or some other Metro	10%
4	Aspirational district	10%
5	Running PG / DNB course in the empanelled specialty	10%

These percentage incentives are added by compounding rather than in simple way. Thus, for a package costing Rs. 10,000 otherwise, the payment made for a hospital with full NABH accreditation in an aspirational district will be ₹10,000 x 1.15 x 1.10 = ₹12,650. It will not be calculated as ₹10,000 x 1.25 = ₹12,500

22. What are the Aspirational districts?

A. 117 Aspirational districts have been identified by NITI Aayog based upon composite indicators from Health & Nutrition, Education, Agriculture & Water Resources, Financial Inclusion and Skill Development and Basic Infrastructure which have an impact on Human Development Index.

23. What are the Metros?

- A. The Metros include Delhi (UA) (including Faridabad, Ghaziabad, NOIDA and Gurugram), Greater Mumbai (UA), Kolkata (UA), Chennai (UA), Bangalore / Bengaluru (UA), Ahmedabad (UA), Hyderabad (UA) and Pune (UA).

[Cities classified as “X” in Ministry of Finance’s OM No. 2/5/2014-E.II(B) dated 21.07.2015]

24. What is an Add-on Procedure?

- A. Certain packages which can be booked with a primary package at a 100% reimbursement contrary to the existing principle of 50% reimbursement of the second package. These packages are defined as Add-on Packages.

25. What are Stand-Alone Procedures?

- A. For Fraud prevention and control, some packages have been identified that cannot be booked in combination with any other package / procedure. These are termed as stand-alone packages in the HBP 2.0

26. What are Sequential Procedures?

- A. Some procedures in HBP 2.0 have been identified to follow a logical sequence in patient management. Any break in the sequence would trigger an investigation at the NHA who may seek justification for the same.

27. Is there a provision for Follow-Up procedures?

- A. Procedures have been identified that require prolonged follow ups beyond the limit of 15 days as included in the coverage of the scheme. These follow ups may need medical intervention with utilization of consumables and consultations with the treating doctor. These have been sorted as follow up packages and are aligned to their specific primary packages. In addition, these packages can only be booked only upon submission of satisfactory documentary proof that the primary procedure was conducted on the patient, whether within or outside of the purview of AB PM-JAY.

28. Are there defined Day Care procedures in HBP 2.0?

- A. All standard HBP guidelines are applicable across all packages in HBP 2.0. There is no relaxation in protocols for any procedures that are booked on Day Care or Inpatient basis / in Public or Private Hospitals / in Elective or Emergency conditions.

29. Are examples of procedures available for the new concepts introduced in HBP 2.0?

- A. Examples for all new concepts introduced in HBP 2.0 are included as Annexure -1 with this document.

30. Have any Fraud control measures been built into the procedures of HBP 2.0?

- A.** Many Anti Fraud measures have been built into the procedures of HBP 2.0. A few of them are as under
- a. Procedures within HBP 2.0 have been identified to be fraud prone and would be under scrutiny by the National Anti Fraud unit (NAFU) at the NHA. Utilization of these packages may trigger show-cause response from the NHA.
 - b. Prices of some procedures have been consciously kept at a bare minimum to avoid temptation of hospitals to abuse the same.
 - c. In cases where the patient undergoes multiple rounds of treatment, the minimum interval between two consecutive treatment interventions has been configured in the IT system, wherever applicable e.g. Appendicectomy, Hysterectomy, Cataract etc.
 - d. The maximum number of times a procedure can be booked for an individual patient has been integrated in the IT system, wherever applicable
 - e. Implants / High End Consumables usage has been defined at the procedure level where both the type of Implants / High End Consumables and their maximum permissible limit of usage has been detailed out

31. How are the new package codes different from HBP 1.0?

- A.** A unique alpha - numeric code comprising of five characters is assigned to each package. The first two alphabets of the package code denote the primary specialty and the three numbers denote the serial number of packages under the primary specialty. The sequence of packages is aligned according to their organ systems or the type of treatment modality involved.

32. Is there a standardized nomenclature of procedures in HBP 2.0?

- A.** In collaboration with World Health Organization (WHO), the NHA has initiated the process of aligning HBP 2.0 with International Classification of Health Interventions (ICHI) and International Classification of Diseases (ICD) coding of the WHO.

33. Are there any guidelines with respect to reservation of packages for Public Hospitals?

- A.** It is the discretion of the States to reserve packages for public hospitals based on their local conditions and infrastructure availability. However, as with HBP 1.0, certain procedures such as Hysterectomy, High Risk Delivery and Mental health packages have been recommended by the National Health Authority to be reserved for Public Hospitals. The same will continue to be reserved for Public Hospitals for HBP 2.0

34. Can states still add state specific packages to supplement HBP 2.0?

A. Yes. States are still at liberty to add state specific packages. However, prior approval from the NHA is mandatory that would ensure that the requested packages do not fall in the exclusion criteria of the scheme, or that the packages do not prior exist in the national master.

35. What is the process for States to add their own state specific packages to supplement HBP 2.0?

A. In collaboration with World Health Organization (WHO), the NHA has initiated the process of aligning HBP 2.0 with International Classification of Health Interventions (ICHI) and International Classification of Diseases (ICD) coding of the WHO. The same mapping will need to be adopted by the states before submitting their proposed list to the NHA for approval. The NHA would scan the list to cull out any duplicate procedures with the National list, as well as procedures that fall within the exception criteria of the scheme. States will also be required to send in their proposal with a reasonable justification for inclusion of their packages to the satisfaction of the NHA medical panel.

36. Do States have the flexibility to alter package rates?

A. Package / Procedure rates recommended by the NHA in HBP 2.0 have been arrived to through a scientific and rigorous process of costing exercises and committee recommendations. However, it is also accepted that costs and prices of services may vary between states. To account for the same, the states have the flexibility of increase the recommended rates anywhere within 10% for their specific state / UT. However, the states have the liberty to reduce the rates to any limits owing to conditions specific to their state.

37. What is the Minimum Document Protocol for HBP 2.0?

A. A set of mandatory documents have been defined for each package / procedure within the HBP 2.0. These documents would need to be mandatorily uploaded at the time of raising a pre-auth, or for raising a claim. These documents comprise the MDP / 'Minimum document Protocol' for HBP 2.0. These are available in the Transaction management System

38. Is there a defined Average Length of Stay (ALOS) for procedures booked under HBP 2.0?

A. No. There is no minimum / maximum length of stay defined for any procedure under HBP 2.0. Any defined ALOS published for patient care under HBP 2.0 is purely indicative and is not expected to be restrictive to patient care in any way.

39. What is the effective date of implementation of HBP 2.0?

A. The effective date of implementation, of HBP 2.0 will be state specific i.e. each state is expected to adopt the same as soon as possible subject to administrative feasibility.

40. How do States prepare for HBP 2.0? Are there any IT related expectations?

A. For all states using the NHA TMS, the transition to HBP 2.0 would be automated from the back-end and would require no preparations at the State level. For states using their own Transaction Management Systems, there would be preparations required that would be facilitated by the IT teams at NHA. Beyond IT, the States would be expected to facilitate and ensure trainings of all stakeholders involved as the system transitions to the newer version.

Annexure - 1

Examples of New Concepts

Cross Specialty Procedures:

Procedure	Specialty
Acute gastroenteritis with dehydration	General Medicine, Pediatric Medical Management
Urinary Tract infection	General Medicine, Pediatric Medical Management
Gastrectomy	General Surgery, Surgical Oncology
Hypospadias repair	Urology, Pediatric Surgery, Plastic & Reconstructive Surgery

Packages with Multiple Procedures

Package	Procedures
Hysterectomy	Abdominal Hysterectomy
	Abdominal Hysterectomy + Salpingo-oophorectomy
	Non-descent vaginal hysterectomy
	Vaginal hysterectomy with anterior and posterior colpoperineorrhaphy
	Laparoscopic hysterectomy (TLH)
	Laparoscopically assisted vaginal hysterectomy (LAVH)

Stratified Procedures

<i>Stratification Criteria</i>	<i>Procedure</i>	<i>Stratification</i>
Type of Anesthesia	Incision & Drainage of Abscess	Local Anesthesia / General Anesthesia
Etiology	Pulmonary Resection	Infective / Non-infective
Numbers	Excision of Cervical Ribs	Unilateral / Bilateral
Type of Ward	Medical Procedures	Routine Ward / High Dependency Unit / ICU without Ventilator / ICU with Ventilator

Price – Static

Procedure Name	Procedure Price	Implant / High End Consumables Price	Price - Static
ASD Device Closure	36,900	62,000	98,900
Hemorrhoidectomy	15,000	17,000	32,000
Groin Hernia – Inguinal - Open	14,200	2,000	16,200

Price – Dynamic

Procedure Name	Procedure Price	Implant Price	Maximum Multiplier	No. of Implants Used	Price - Dynamic
PTCA, inclusive of diagnostic angiogram	40,600	31,600	3	1	72,200
				2	1,03,800
				3	1,35,400
				4	1,35,400

Add – On Packages

<i>Specialty</i>	<i>Procedure</i>	<i>Can be booked with</i>
Plastic & Reconstructive Surgery	Negative Pressure Wound Therapy	Procedures of Plastic & Reconstructive Surgery
Orthopedics	Tension Band Wiring	Open Reduction Internal Fixation (ORIF)
General Medicine	High end radiological diagnostic (CT, MRI, Imaging including nuclear imaging)	General Medicine and Pediatric Medical Management Packages
CTVS	Re-do sternotomy	CABG, Valve Surgery, Congenital Heart disease surgery

Stand Alone Procedures

<i>Specialty</i>	<i>Procedure</i>
General Surgery, Pediatric Surgery	Exploratory Laparotomy
Ophthalmology	Pediatric lensectomy
Ophthalmology	Pediatric Glaucoma Surgery
Obstetrics & Gynecology	Laparoscopic adhesiolysis

Follow Up Procedures

<i>Specialty</i>	<i>Primary Procedure</i>	<i>Follow - Up Procedure</i>
General Surgery	Ileostomy / Colostomy	Stoma Management
Urology	DJ stenting including cystoscopy, ureteric catheterization, retrograde pyelogram	DJ Stent Removal
Ophthalmology	Corneal Grafting	Corneal Graft Follow Up Package
Orthopedics	Fracture Femur	Implant Removal under LA