

PRADHAN MANTRI JAN AROGYA YOJANA (PMJAY): AYUSHMAN BHARAT, A QUALITATIVE ANALYSIS

Dr. Lalit Varma (IAS),

Senior Research Fellow-ICSSR,
(Ex- Additional Chief Secretary,
U.P. Government)
Giri Institute of Development Studies
(GIDS), Lucknow.

Dr. Surya Kumar,

Assistant Professor,
Department of Economics,
Constituent Government Degree College,
Puranpur, Pilibhit (U.P)

ABSTRACT

The Pradhan Mantri Jan Arogya Yojana (PM-JAY), a publicly funded health insurance scheme, the central government launched a health protection scheme named "Ayushman Bharat Yojna" by honorable prime minister Mr. Narendra Modi. In this scheme, approximately 10 crores of poor families are availing the free health service up to 5 lakhs rupees per annum per family. The objective of this research paper is to find the awareness, perception, and satiation of the citizens who are availing of this service. For this study, we have chosen Uttar Pradesh because it has a very high population, and low literacy rate. From the experience of the UP citizens here, we will know what effect this scheme has on the poor. If they are satisfied then this rate will be more in India also The Govt. of India has introduced one of the world's largest government-funded health insurance schemes "the Ayushman Bharat - Pradhan Mantri Jan Aarogya Yojana (PM-JAY) to cover over 10 crore poor and vulnerable families providing coverage up to ₹ 5 lakh per family per year for accessing secondary and tertiary level care. Awareness about health insurance schemes plays a vital role in influencing the coverage and acceptability of the schemes amongst beneficiaries.

Keywords: Health Insurance, Awareness, Ayushman Bharat Service, Health service

INTRODUCTION

The Government of India has included this Ayushman scheme in the Health and Wellness Center, and National Health Protection Scheme renamed as Pradhan Mantri Jan Arogya Yojana or PMJAY. The benefit of this scheme has been made to cover the health insurance of 10 crore poor families. About 50 crores poor can get free treatment up to Rs 5 lakh per family per year. under this scheme, All government and few private hospitals are included in this scheme. (March 2019, Indrani Gupta). The main problem with this scheme is that it does not

cover any opd (outpatient department). The patients pay the whole opd fees to private doctors. The user has to login with his mobile number and finds out if his family is involved in Pradhan Mantri Jan Arogya Yojana. If the family is included in the list then visit the nearest CSC center and ask them to make a new ayushman card.

According to the government, around 1 crore 50 lakh one thousand four hundred forty people have availed this facility by 31 Dec 2020. And the approximate 12.96 million Ayushman cards have been made. 24 thousand one hundred forty hospitals are empanelled since the launch. This is the

biggest achievement of the government. (<https://pmjay.gov.in/>). This scheme has been implemented in more than 30 states and union territories. To create awareness among citizens, the government is adopting many techniques, such as sending correspondence to the entitled families, attentiveness movements at the village level, and use of digital and traditional media have been implemented. (2020, Prof. Umakant Dash, Prof. V R Muraleedharan, Mr. Rajesh M). This scheme provides a boost for the poor family who keens to take medical facilitates but unable to afford it due to the out-of-pocket expenses. The government aims to provide approx 1,50,0000 Health centers to reach poor families. The Universal Health Coverage expenditure in India is very less approx 16 US\$ per capita while in the US and Canada it is approx \$8,078 and \$3074. (2019, Yogita Bhatia.) e proportion of potential beneficiaries who are aware of the scheme, its features and benefits.

OBJECTIVES

- ❖ To explore the supply side constraints in the awareness-creation and identification processes of the scheme
- ❖ To identify the problem faced by the citizens to avail of this service.
- ❖ To assess levels of awareness of PM-JAY and its various features amongst beneficiaries.
- ❖ To examine various dimensions of the processes of creating awareness, beneficiary identification.

REVIEW OF LITERATURE

Mita Choudhury and Pritam Datta, 2019. observed that the number of private hospitals empanelled by an insurance company in India is large as compared to private hospitals empanelled by the government. And the success of Ayushman services in India is chiefly reliant on the endowment of insured health care services through private hospitals only. (2019, Choudhary, Datta).

(Blake J. Angell, Shankar Prinja, Anadi Gupta, Vivekanand Jha, and Stephen Jan 2019). They analyzed some challenges in healthcare insurance (PMJY). These challenges are the lack of hospitals in the village area. Corruption in doctor training and investments. Careful monitoring is required in quality control and health system. Private hospitals can play a major role in the success of this scheme because the numbers of public and government hospitals are less as compare to Private hospitals. (20129, Angell,1, Prinja, Gupta, Jha and Jan).

Manjuram Mannuru, 2018, His study recognized some clauses which ought to be amended to improve the quality and accessibility of the yojna. He observed that OPD is not cover in this scheme and the beneficiary can avail the benefit from impaneled hospitals only. As per the clause, the claim should be settled within 15 days but sometimes it takes more time to settle. He suggested that for some unrelenting ailments OPD should be allowed with medicines. For any emergency, the beneficiary should be visited the nearest hospital, and reimbursement policy should be there in non-empanelled hospitals also (2018, Mannuru).

Swagata Yadawar, 2018, found that there are regional disparities in health facilities in the county. According to her west Bengal has only 10.6% ayushman beneficiaries and 588 hospitals are empanelled. While in Delhi it is only .6%. and 510 private hospitals are empanelled and this scheme in India and need more consciousness and stipulate generations. India is the lowest spender on health services and needs to increase on healthcare. The government has started an insurance-based Ayushman Bharat scheme for healthcare for poor people (2018, Yadawar).

Chandrakant Lahariya,2017 The author analyzed that Ayushman bharat program is a good initiative taken by the government. This program helps India make progress towards Universal health services. It also helps to provide a quality health service to poor Indian citizens. (2017, Lahariya).

METHODOLOGY

The present study is descriptive in nature. The study is based on secondary sources. The relevant data have been collected from the government official websites like National health portal, National Health authority and also from research paper, magazine, conference paper etc. Uttar Pradesh lies in northern India and is India's most populous state, with approximately 241 million persons in 75 districts. It had a Human Development Index (HDI) of 0.592 (medium) in 2021. Due to its large, growing, and primarily rural agricultural population, it has been a focus state of the Indian national government for social programs.

Ayushman Bharat is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care service. This scheme aims to undertake path breaking interventions to holistically address the healthcare system (covering prevention, promotion and ambulatory care) at the primary, secondary and tertiary level. Ayushman Bharat adopts a continuum of care approach, comprising of two inter-related components, which are -

HEALTH AND WELLNESS CENTRES (HWCS)

In February 2018, the Government of India announced the creation of 1,50,000 Health and Wellness Centres (HWCS) by transforming the existing Sub Centres and Primary Health Centres. These centres are to deliver Comprehensive Primary Health Care (CPHC) bringing healthcare closer to the homes of people. They cover both, maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services. Health and Wellness Centers are envisaged to deliver an expanded range of services to address the primary health care needs of the entire population in their area, expanding access, universality and equity close to the community. The emphasis of health promotion and prevention is

designed to bring focus on keeping people healthy by engaging and empowering individuals and communities to choose healthy behaviours and make changes that reduce the risk of developing chronic diseases and morbidities. Pradhan Mantri Jan Arogya Yojana (PM-JAY): The second component under Ayushman Bharat is the Pradhan Mantri Jan Arogya Yojna or PM-JAY as it is popularly known. Ayushman Bharat PM-JAY is the largest health assurance scheme in the world which aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 12 crores poor and vulnerable families (approximately 55 crore beneficiaries) that form the bottom 40% of the Indian population. The households included are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. PM-JAY was earlier known as the National Health Protection Scheme (NHPS) before being rechristened. It subsumed the then existing Rashtriya Swasthya Bima Yojana (RSBY) which had been launched in 2008. The coverage mentioned under PM-JAY, therefore, also includes families that were covered in RSBY but are not present in the SECC 2011 database. PMJAY is fully funded by the Government and cost of implementation is shared between the Central and State Governments.

KEY FEATURES

- ❖ It provides a cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization across public and private empanelled hospitals in India.
- ❖ PM-JAY provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital.
- ❖ Over 12 crore poor and vulnerable entitled families (approximately 55 crore beneficiaries) are eligible for these benefits.
- ❖ PM-JAY is the world's largest health insurance/ assurance scheme fully financed by the government.
- ❖ Services include approximately 1,929 procedures covering all the costs related to

treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT and ICU charges etc.

- ❖ PM-JAY envisions to help mitigate catastrophic expenditure on medical treatment which pushes nearly more than 6 crore Indians into poverty each year.
- ❖ Public hospitals are reimbursed for the healthcare services at par with the private hospitals. It covers up to 3 days of pre-hospitalization and 15 days post-hospitalization expenses such as diagnostics and medicines.
- ❖ There is no restriction on the family size, age or gender.

BENEFITS OF SCHEME

- ✚ Diagnostic and laboratory investigations
- ✚ Medical examination, treatment, and consultation.
- ✚ Medicine and medical consumables.
- ✚ Pre-hospitalization and Food services
- ✚ Non-intensive and intensive care services.
- ✚ Accommodation benefits.
- ✚ Post-hospitalization follow-up care up to 15 days.
- ✚ Complications arising during treatment

The benefits of ₹ 5,00,000 are on a family floater basis which means that it can be used by one or all members of the family. Under AB PM-JAY, there is no cap on family size or the age of members. In addition, pre-existing diseases are covered from the very first day. Any eligible person suffering from any medical condition before being covered by PM-JAY will now be able to get treatment for all those medical conditions as well under this scheme right from the day they are enrolled.

CRITICAL ANALYSIS

- ❖ Ayushman Bharat Yojana is complete digital and paperless program. But in India due to illiteracy, proper knowledge or due to lack of awareness,

many people in rural and backward regions are being unable to access the services of the scheme in spite of the great need of it.

- ❖ The scheme fails to cover the poor and vulnerable people of those regions. The target of the scheme is to cover poor and vulnerable section of the society. But the total accomplishment under this ground is yet to go a mile.
- ❖ Another drawback of PMJAY is the limited network of empanelled hospitals for treatment. Moreover, some private hospitals insist on an upfront payment, which they promise to reimburse only after the government pays for the treatment. This defeats the cashless feature of PMJAY.
- ❖ The government needs to address some implementation issues of the scheme. For one, there is a pressing need to improve its outreach, as millions of deserving citizens remain excluded because of the enrolment criteria, or they are not wellinformed about this insurance, and sometimes due to limited administrative infrastructure.
- ❖ Lack of Entitled Private Hospitals: - The number of empanelled private hospitals is quite low. People of the villages have to go far for any emergency. If they have to go to a private hospital nearby, then they have to first check whether this hospital is empanelled or not. The government needs to increase the number of hospitals, especially in rural areas.
- ❖ OPD Services Not Included: - An OPD service is not included in this scheme. The OPD fees in private hospitals range from Rs 500 to Rs 800, which is a huge amount for poor people. Some poor people are not using this Ayushman Bharat yojana scheme because they are not suffering from any critical disease for which they have to admit to the hospital and OPD is not included for minor illness in this scheme. The Government should be included OPD charges in this scheme. So that every entitled citizen can avail the benefit of this scheme.
- ❖ Transparency: There is a lack of transparency in this service. This scheme is

only for the poor and rural households having been listed in the census report of 2011. This research has also revealed that some poor citizens are in great need of this scheme but their name is not listed in the government list and despite being needy, they are not able to take benefit of this scheme. And on the other side, some citizens' names were listed in the 2011 census and at this time they are in a job and earning huge. Even then their Ayushman card has been made and they are using this service. The Government should need to verify the credential of the entitled citizens and remove the name of the citizens who are not supposed to need this scheme. whether their names should be listed or not.

CONCLUSION

The Ayushman Bharat scheme It provides cashless and paperless healthcare services to beneficiaries, including pre-hospitalization expenses, hospitalization expenses and post-hospitalization expenses. The scheme covers both public and private hospitals, giving beneficiaries access to a wide range of healthcare providers and services. The Ayushman Bharat scheme also aims to improve the quality of healthcare services by providing accreditation to healthcare providers based on their performance. The scheme provides financial incentives to healthcare providers for delivering quality healthcare services and penalizes them for sub-standard performance. This incentivization mechanism ensures that healthcare providers deliver quality services and helps improve the overall quality of healthcare in the country. The scheme also promotes the use of technology in healthcare delivery by providing a technology-driven platform for beneficiaries to access healthcare services. The PMJAY IT platform provides real-time information on beneficiaries, hospitals, and claims, making the process of availing healthcare services more efficient and transparent. This technology-driven approach also enables the government to monitor the

performance of healthcare providers and ensure that beneficiaries receive quality healthcare services. The Ayushman Bharat scheme has made significant progress in providing universal health coverage in India. As of September 2021, the scheme has provided free healthcare coverage to over 3.6 crore families, and over 1.65 crore beneficiaries have received hospitalization under the scheme. The scheme has also led to the creation of new jobs in the healthcare sector and has contributed to the overall economic development of the country. Moreover, a country's progress can be measured by the health of its population since a healthy population is more likely to experience sustained growth. Good health is also vital for maintaining regional stability because pandemics that transcend borders can have significant social and economic consequences for families and communities, placing additional strain on health systems. Hence, the need of the hour is more programs like PMJAY targeting wider population and with strict enforcement to reduce instances of corruption. The most sustainable development begins with health.

REFERENCE

- ❖ Ayushman Bharat: Hurdles to Implementation One Year on, EPW, Vol 54, Issue No. 47, 30 Nov 2019, Shah Alam Khan.
- ❖ Bhatia, Y.(2019). Ayushman Bharat Yojna. Journal of the Gujarat Research society, 21(9), 415-417. ISSN: 0374-8588.
- ❖ Devanbu, V. G., Ravi, H., & Taneja, N. (2020). Pradhan Mantri Jan Arogya yojana – Ayushman Bharat. Indian Journal of Community Health, 32(2), 337-340. <https://doi.org/10.47203/ijch.2020.v32i02.006>
- ❖ BAKSHI, H. G. (2018). Ayushman Bharat Initiative (2018): What we Stand to Gain or Lose. Indian J Community Med, 43(2),
- ❖ Mehta, V. (2018). Ayushman Bharat initiative: India's answer to universal health-care. Journal of Medical Research and Innovation, 3(1), e000148. <https://doi.org/10.15419/jmri.148>.

- ❖ Rodriguez, R. V., Sinha, S., & Tripathi, S. (2020). Impact of artificial intelligence on the health protection scheme in India. *Public Administration and Policy*, 23(3), 273-281. <https://doi.org/10.1108/pap-03-2020-0019>.
- ❖ Khetrapal, S., & Acharya, A. (2019). Expanding healthcare coverage: An experience from Rashtriya Swasthya Bima Yojna. *Indian Journal of Medical Research*, 149(3), 369. https://doi.org/10.4103/ijmr.ijmr_1419_18.
- ❖ Gupta, S., & Keshri, V. (2019). Ayushman Bharat and road to universal health coverage in India. *Journal of Mahatma Gandhi Institute of Medical Sciences*, 24(2), 65. https://doi.org/10.4103/jmgims.jmgims_44_19.
- ❖ Garg, S., Bebarta, K. K., & Tripathi, N. (2020). Performance of India's national publicly funded health insurance scheme, Pradhan Mantri Jan Arogya yojana (PMJAY), in improving access and financial protection for hospital care: Findings from household surveys in Chhattisgarh state. *BMC Public Health*, 20(1). <https://doi.org/10.1186/s12889-020-09107-4>.
- ❖ Angell, B. J., Prinja, S., Gupt, A., Jha, V., & Jan, S. (2019). The Ayushman Bharat Pradhan Mantri Jan Arogya yojana and the path to universal health coverage in India: Overcoming the challenges of stewardship and governance. *PLOS Medicine*, 16(3), e1002759. <https://doi.org/10.1371/journal.pmed.1002759>.
- ❖ M, M. (2018). Prevention of grievances through AB-NHPM policy document amendments (AB-NHPM: Ayushman Bharatnational health protection mission). *Health Economics & Outcome Research: Open Access*, 04(04). <https://doi.org/10.4172/2471-268x.1000158>.
- ❖ Sinha, D. (2020). Pradhan Mantri Jan Arogya yojana – A socio-economic perspective. *Current Medicine Research and Practice*. <https://doi.org/10.1016/j.cmrp.2020.07.006>.
- ❖ Sharma Anubhuti, Arun K Aggarwal (2020). The Role of Pradhan Mantri Jan Arogya Yojana in managing COVID-19 in India. *International Journal of Health Systems and Implementation Research*.