A RESEARCH PAPER ON AYUSHMAN BHARAT YOJANA

AUTHOR – 1: MR. TUSHAR RANPARIYA
Assistant Professor
Faculty of Business &Commerce
Atmiya University
'Yogidham Gurukul'
Kalawad Road – Rajkot

AUTHOR – 2: Ketan Parmar, AUTHOR – 3: Hitesh Parmar
Student - Master of Business Administration(MBA)
Atmiya University
'Yogidham Gurukul'
Kalawad Road – Rajkot

ABSTRACT

Ayushman Bharat Yojana, under the Ministry of Health and Family Welfare was launched by Government of India on 23 September 2018. The world's largest and most successful national health protection scheme, the **PRADHAN MANTRI JAN AROGYA YOJANA (PMJAY)**was launched with secondary and tertiary health care entirely cashless. The plan comes with a minimum some assured of rupees 5 lakhs per family, per annum. Under the PMJAY scheme, beneficiaries can avail the necessary course of treatment along with 3 and 15 days or pre and post hospitalization expenses.

A total of 10.74 crore families (approximately 50 crore beneficiaries) were selected to be covered under the scheme. Of the 26 states for which data was available, till 14 June 2018, a total of 11.97 crore households had been covered under either PMJAY or state health insurance schemes. This accounts for 68 per cent of the total families in the state as per Census 2011.Of the total families covered under any public health insurance scheme, PMJAY accounted for the majority at 63 per cent.

PMJAY benefits include 1,350 medical packages covering surgery, medical and day care treatments, cost of medicines, and diagnostics. Till 8 February 2019, a total of 10,34,943 individuals, accounting for 0.21 per cent of eligible beneficiaries had been admitted to hospital under PMJAY. The Health and Wellness Centre initiative aims to transform 1.5 lakh Health Sub Centres (HSC) and Primary Health Centres (PHCs) – the first point of contact to primary healthcare - to Health and Wellness Centres (HWCs) by 2022.

Beneficiaries can claim up to `5 lakh per year under PMJAY. As on 18 June 2019, the average amount claimed stood at `13,228. In FY 2018-19, `1,200 crore was allocated for HWCs. This increased by 33 per cent to `1,600 crore in FY 2019-20.

[Key Words: PRADHAN MANTRI JAN AROGYA YOJANA (PMJAY), Health and Wellness Centre (HWCs), Health Sub Centres (HSC), Primary Health Centres (PHCs)]

INTRODUCTION

Since the launch of PMJAY, Government of India(GoI) allocations for health insurance have significantly increased. In FY 2017-18, allocations for the Rashtriya Swasthya Bima Yojana (RSBY) stood at `471 crore. With the

launch of PMJAY in FY 2018-19, allocations stood at `2,400 crore in the Revised Estimate (RE)and increased to `6,400 crore in FY 2019-20 Budget Estimates (BEs), same as Interim Budget allocations.

In addition to PMJAY, a number of states have been running state specific health insurance schemes. Across India, PMJAY and state schemes together cover 68 per cent of the eligible households.

There were 5,111 eligible families per Empanelled Health Care Provider (EHCP) under PMJAY as on 28 June 2019.

There are differences in some states between the preferred health facility and the majority type of EHCPs (private or public) in a state. In Assam and Kerala, as per the fourth round of the National Family Health Survey, a greater preference is given to public hospitals, however, a higher proportion of private health care providers have been empanelled.

In FY 2019-20 (BE), GoI allocations for HWCs increased by 33 per cent to `1,600 crore, up from `1,200 crore in FY 2018-19. In FY 2018-19, 38 per cent HWCs approved to be operationalized were operational as on February 2019.

AYUSHMAN BHARAT YOJANA

Ayushman Bharat Yojana, under the aegis of the Ministry of Health and Family Welfare (MoHFW) was launched by Government of India on 23 September 2018. The programme consists of two initiatives:

(1) The Pradhan Mantri Jan Arogya Yojana (PMJAY), and (Rs.6400 cr. GoI allocations for PMJAY in FY 2019-2020)

(2) The establishment of 1.5 lakh Health and Wellness Centres (HWCs) (Rs.1600 cr. GoI allocations for HWCs in FY 2019-20)

Using government data, this brief reports on the following indicators:

- Trends in allocations and releases,
- Eligibility and claims under PMJAY, and
- Number of operational HWCs.

DATA AND METHOD

The paper uses evidence found in the secondary literature as well as secondary data. The secondary literature is identified using Google scholar and official website onhttps://www.pmjay.gov.in/. The major secondary data used for the analysis is unit record data form the recent National Health Protection Mission.

FEATURES OF THE PRADHAN MANTRI JAN AROGYA YOJANA (PMJAY)

Regarded as the world's largest and most successful national health protection scheme, the The Pradhan Mantri Jan Arogya Yojana (PMJAY)was launched with the objective of making secondary and tertiary health care entirely cashless. The plan comes with a minimum some assured of rupees 5 lakhs per family, per annum. It is designed to help the economically disadvantage individuals avail easy access to a host of healthcare services.

Beneficiaries under this scheme are provided with an e-card which they can used to avails healthcare services at any empanelled hospitals, anywhere in the country. Hospital from both public and private sector features in the governments list of empanelled hospitals, beneficiaries can walk into their nearest or preferred hospitals and seek the necessary treatment, just by showing their PMJAY e-card.

Under the PMJAY scheme, beneficiaries can avail the necessary course of treatment along with 3 and 15 days or pre and post hospitalization expenses. Furthermore, approximately 1400 procedures and the costs

related to them, for instance, OT expenses are covered under this plan.

PRADHAN MANTRI JAN AROGYA YOJANA (PMJAY)

- Launched on 23 September 2018, PMJAY is a health insurance scheme aimed at providing access to quality inpatient secondary and tertiary care to poor and vulnerable families and reducing out-of-pocket expenditures arising out of catastrophic health episodes.

- The scheme is an expansion of the previous Rastriya Swasthya Bima Yojana (RSBY), launched in 2008 to provide health insurance coverage to Below Poverty Line (BPL) families, unorganised sector workers, and other identified vulnerable groups.

- The key features of the scheme and how it differs from the RSBY is given below:

Points	PMJAY	RSBY
Coverage Amount per	`5,00,000	`30,000
Services Covered	Hospitalisation expenses, day care surgeries, follow-up care, pre and post hospitalisation expense benefits and services for new-born children covered.	Hospitalisation, day care surgeries, and delivery expenses at Empanelled Health Care Providers (EHCPs) covered. Consultation and medicine charges covered if leading to hospitalisation.
Transportation Costs	The scheme does not cover any transportation costs.	Transportation charges up to `1,000 per year covered with a cap of `100 per hospitalisation.
Registration Fees	The scheme has no enrolment charges if e-card is made at an EHCP. ₹`30 can be charged at Common Service Centres.	Beneficiary has to pay `30 on enrolment.
Enrolment Process	Families are identified and informed by The government on the basis of deprivation and occupational criteria using the Socio Economic Caste Census (SECC) database.	A list of eligible Below Poverty Line (BPL) families is provided to the insurer by the state. The insurer verifies the identity of the beneficiary at the time of enrolment.

Target Families	Targets the poor and deprived rural families and 11 identified occupational categories of urban workers' families including rag- pickers, beggars, electricians, washer men, guards, street vendors, sweepers, gardeners, etc.	BPL unorganised sector workers, and 11 other identified occupational categories including building and other construction workers, licensed railway porters, street vendors, MGNREGS workers (who have worked for more than fifteen days during the preceding financial year), beedi workers, domestic workers, sanitation workers, mine workers, rickshaw pullers, rag pickers, and auto/taxi drivers.
Family Members (number)	No cap on the number of family members covered.	Coverage available to 5 members of a family on a floating basis.
Model Adopted	States have a choice between an insurance, trust, and hybrid model.	Insurance model
States that have adopted the Scheme	All states except Delhi, Odisha, Telangana, and West Bengal are implementing PMJAY.	As of 19 February 2014, 14 states namely Assam, Bihar, Chhattisgarh, Gujarat, Himachal Pradesh, Karnataka, Kerala, Meghalaya, Manipur, Mizoram, Nagaland, Odisha, Tripura, and West Bengal were implementing RSBY.
Frontline Workers	Pradhan Mantri Aarogya Mitra (PMAM) have been identified at all EHCPs who serve as the first point of contact to beneficiaries. PMAMs are to be placed based on cases registered per day at the EHCP: 1 PMAM for 0 to 10 cases, 2 PMAMs for 10-20 cases, 3 PMAMs for 20-30 Cases, and 4 PMAMs for 30-40 cases. Approximately 1 lakh PMAMs are to be hired.	No frontline worker employed.
Cashless	The scheme is cashless and all claims to be settled within 14 days.	The scheme is cashless and all claims to be settled within 30 working days of receiving the electronic claims from hospitals.

IMPLIMENTATION

On 7 January 2019, GoI restructured the previous National Health Agency into the National Health Authority (NHA) and made it the main body responsible for the implementation of the scheme at the national level. The NHA rests within the MoHFW and consists of a Governing Board with representations from the government, domain experts, and states on a rotational basis. The motive behind the restructuring was to enable faster decision-making.

States on-boarded to the scheme are required to sign a Memorandum of Understanding(MoU) with the NHA.
As on 6 June 2019, 32 states/UTs had signed MoUs with the NHA. Telangana, Odisha, West Bengal, and Delhi had not signed a MoU.

Implementation of the scheme, however, rests with states and UTs. The scheme design allows flexibility including choice of procedures, packages, entitlements, and portability across the country. States and UTs can also choose their own implementation modalities such as through an insurance company, or directly through a Trust/Society/ Implementation Support Agency or adopt a mixed approach. As on 8 April 2019, Meghalaya, Mizoram, Nagaland, Dadra and Nagar Haveli, Daman and Diu, Jammu and Kashmir, Pondicherry, Kerala, and Punjab were running the scheme on an insurance model. In contrast, Chhattisgarh, Gujarat, Rajasthan, Jharkhand, Maharashtra, and Tamil Nadu had chosen the mixed model. The remaining states and UTs were implementing PMJAY through a trust.

At the beneficiary level, the primary point of contact is through certified frontline health service professionals called Pradhan Mantri Aarogya Mitras (PMAMs). These PMAMs are responsible for facilitating beneficiaries in availing treatment at hospitals and thus, act as a support system to streamline health service delivery. In its current form, PMJAY provides beneficiaries a cover of up to `5 lakhs per family per year, for secondary and tertiary care hospitalisation at EHCPs. This is more than 16 times the benefits provided under RSBY.

ELIGIBILITY AND COVERAGE

ELIGIBILITY

PMJAY focuses on poor and vulnerable people who do not typically have access to health insurance. While health insurance coverage of eligible people prior to the launch of the scheme is not available, a look at the number of persons covered by health insurance for the bottom two wealth quintiles provides some indication of need. As per the fourth round of the National Family Health Survey (NFHS-4), only 22 per cent of the lowest wealth quintile and 29 per cent of the second lowest wealth quintile were covered by a health scheme or health insurance. Of these, a majority (54 per cent) were enrolled in RSBY, and 42 per cent were enrolled in a state health insurance scheme.

Under PMJAY, the identification of eligible households is based on the latest Socio-Economic Caste Census (SECC) data for both rural and urban areas, as well as, the active families under RSBY.

- In rural areas, the following 6 criteria are covered:

1. Only one room with kutcha walls and kutcha roof.
2. No adult member between ages 16 to 59.
3. Female-headed households with no adult male member between ages 16 to 59.
4. Member with disabilities and no able-bodied adult member.
5. Scheduled Caste/Scheduled Tribe households.
6. Landless households deriving a major

part of their income from manual casual labour.

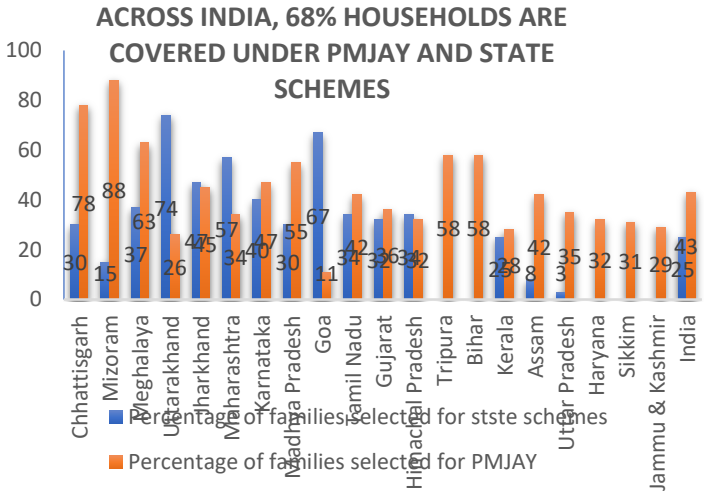
In addition, those who are destitute/living on alms, manual scavengers, tribal groups, or legally released bonded labour are automatically included. In urban areas, 11 categories of workers such as rag-pickers, beggars, electricians, washer men, guards, street vendors, sweepers, gardeners, etc. are included. While age and family size are not criteria for enrolment under the scheme, it does aim to prioritise girls, women, and senior citizens. All persons that fall under these categories are automatically enrolled post verification of their identity

COVERAGE

- A total of 10.74 crore families (approximately 50 crore beneficiaries) were selected to be covered under the scheme. However, several states such as Kerala, Chhattisgarh, Gujarat, Karnataka, and Tamil Nadu also have state insurance schemes. These states run both PMJAY and state schemes and have expanded the coverage of the scheme. Of the 26 states for which data was available, till 14 June 2018, a total of 11.97 crore households had been covered under either PMJAY or state health insurance schemes. This accounts for 68 per cent of the total families in the state as per Census 2011.

- Of the total families covered under any public health insurance scheme, PMJAY accounted for the majority at 63 per cent. There are state differences. In states such as Mizoram, Chhattisgarh, Meghalaya, Uttarakhand, and Arunachal Pradesh, 100 per cent of the families as per Census 2011 were covered under either PMJAY or state schemes as on 14 June 2019. However, while PMJAY formed a majority of the coverage in Mizoram (88 per cent), Chhattisgarh (78 per cent), and Meghalaya (63 per cent), most families were covered under state schemes in Uttarakhand and Arunachal Pradesh.

- Total coverage is low in Bihar (58 per cent), Haryana (32 per cent), Uttar Pradesh (38 per cent), Sikkim (31 per cent), and Jammu and Kashmir (29 per cent). Barring Uttar Pradesh, these states also do not have any other state schemes.



SERVICE PROVISION

- PMJAY benefits include 1,350 medical packages covering surgery, medical and day care treatments, cost of medicines, and diagnostics. All pre-existing diseases are to be covered and hospitals cannot deny treatment. As per the scheme guidelines, costs are to be controlled by fixing package rates in advance and hospitals are to be empanelled based on package bundles.

- The empanelment of hospitals rests with the State Health Agency (SHA). All Community Health Centres (CHCs) and public hospitals are deemed to be EHCPs. Private hospitals are to be empanelled based on defined criteria. Some procedures are reserved for public hospitals.

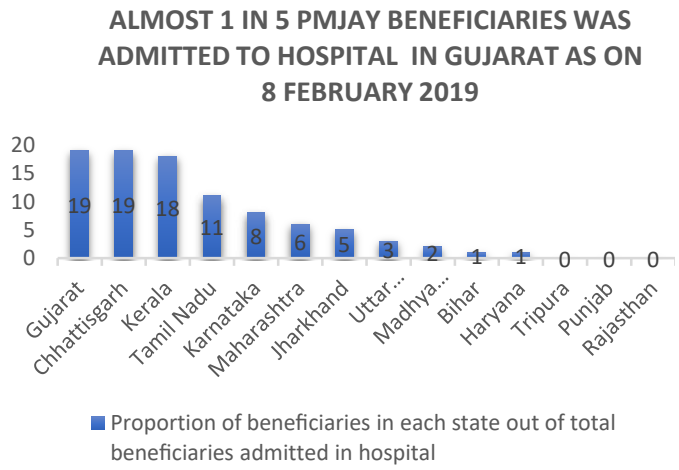
- The expansion of PMJAY to cover 32 states and UTs has resulted in a significant increase in the number of

EHCPs, particularly public hospitals under PMJAY. In FY 2016-17, RSBY had a total of 7,726 EHCPs. Of these, private hospitals accounted for a majority (59 per cent) of total EHCPs. Under PMJAY, as on 14 June 2019, there were 15,598 EHCPs. Of these, 49 per cent are privately run.

HOSPITALISATION AND CLAIMS

Hospitalisation

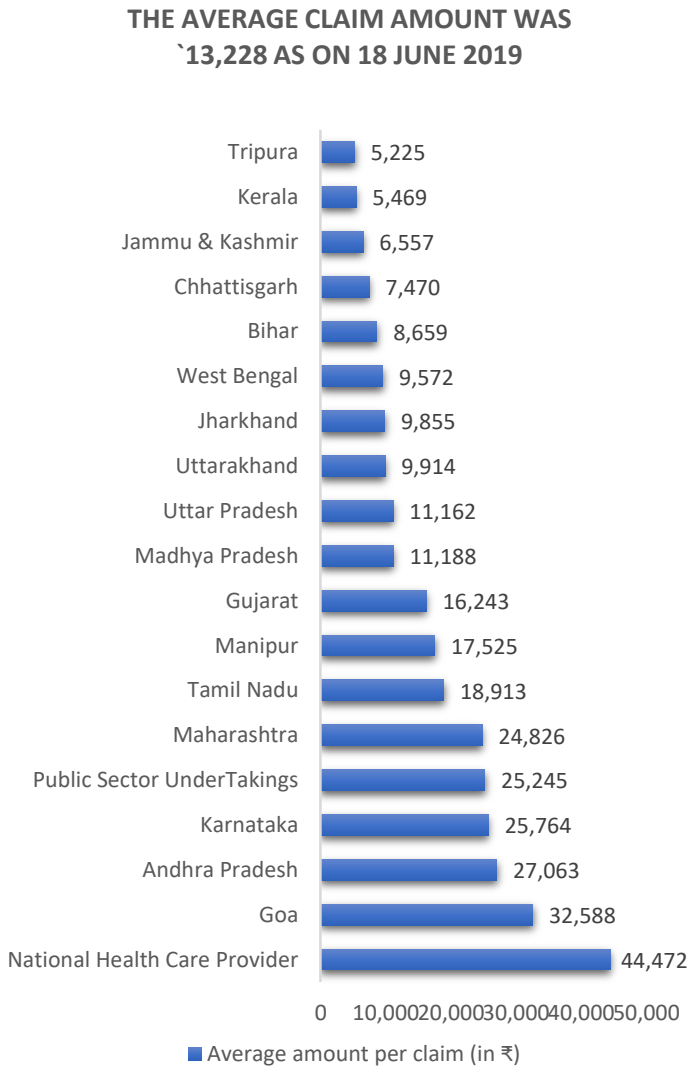
Till 8 February 2019, a total of 10,34,943 individuals, accounting for 0.21 per cent of eligible beneficiaries had been admitted to hospital under PMJAY. However, these were concentrated in some states such as Gujarat, Chhattisgarh, and Kerala. For instance, out of total beneficiaries admitted to a hospital, 19 per cent were in Gujarat and Chhattisgarh and 18 per cent were in Kerala. It is important to note though that Kerala was implementing another scheme known as RSBY – Comprehensive Health Insurance Scheme (CHIS) at the time but signed a MoU with PMJAY later that month. In fact, Kerala expanded coverage to include more than twice the number of people on initially guaranteed benefits by PMJAY through the Karunya Arogya Suraksha Paddhati (KASP).



Claim Amount

- Beneficiaries can claim up to `5 lakh per year under PMJAY. As on 18 June 2019, the average amount claimed stood at `13,228.

- The average amount per claim differed substantially across states. While it was highest in Goa, Andhra Pradesh, Karnataka, and Maharashtra, it was lowest in Chhattisgarh, Jammu and Kashmir, Kerala, and Tripura. High claims were received by National Health Care Providers and Public Sector Undertakings as well. These hospitals aid in maintaining portability.



HEALTH AND WELLNESS CENTRES

The Health and Wellness Centre initiative aims to transform 1.5 lakh Health Sub Centres (HSCs) and Primary Health Centres (PHCs) – the first point of contact to primary healthcare - to Health and Wellness Centres (HWCs) by 2022. HWCs are to provide preventive, promotive, rehabilitative, and curative care for an expanded range of services encompassing reproductive and child health services, communicable diseases, non-communicable diseases, palliative care and elderly care, oral health, ear nose and throat (ENT) care, and basic emergency care.

Norms:

- According to operational guidelines, an upgraded SHC must have a team of at least three service providers. This includes a mid-level provider, at least two multi-purpose workers and a team of ASHAs based on the norm of one per 1000.

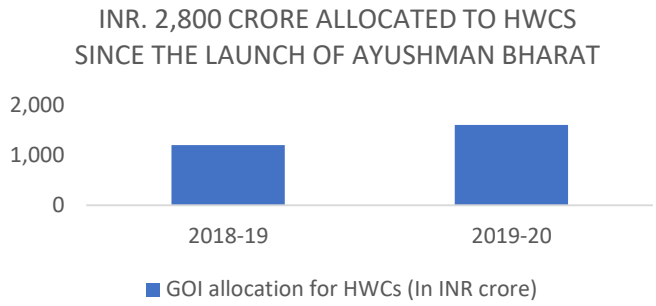
- HWCs are also required to complement health services through Mobile Medical Units (MMUs), camps, home and community-based care. As on May 2019, there were only 1,482 Mobile Medical Units and 25,851 operational ambulances under NHM. In other words, there was only 1 MMU per 8.86 lakh people and 1 ambulance per 50,761 people under NHM.

- Similarly, a strengthened PHC would be required to meet IPHS which include:

    - Provision of 24/7 nursing care,
    - Adequate availability of essential medicines,
    - Diagnostics to support the expanded range of services,
    - Sufficient space for outpatient care, dispensing medicines, and diagnostic services,
    - Adequate spaces for display of communication material of health messages including audio visual aids,
    - Appropriate community spaces for wellness activities,
    - The practice of Yoga and physical exercises, and
    - Use of IT services.

Allocations:

In FY 2018-19, `1,200 crore was allocated for HWCs. This increased by 33 per cent to `1,600 crore in FY 2019-20 (BE).



Coverage:

The scheme has set a year-wise plan for the roll out of HWCs till 2022. The number of HWCs to be rolled out in each year till 2022 is given below:

- FY 2018-19: 15,000
- FY 2019-20: 25,000
- FY 2020-21: 30,000
- FY 2021-2022: 40,000
- From April to December 2022: 40,000

In FY 2018-19, out of the original 15,000 to be operationalized for the year, 21,411 HWCs had already been approved to be operationalized.

Of those, 38 per cent or 8,030 were operational as on 8 February 2019.

The number of HWCs operationalized exceeded the number of approved HWCs in states such as Goa and Andhra Pradesh. In contrast, less than 5 per cent approved HWCs were operational in Himachal Pradesh and West Bengal

APPLY FOR AYUSHMAN BHARAT YOJANA

There is no special Ayushman Bharat registration procedure pertaining to PMJAY. This is because PMJAY applies to all beneficiaries as identified by the SECC 2011 and those who are already part of the RSBY scheme. However, here's how you can check if you are eligible to be a beneficiary of PMJAY.

- Visit https://www.pmjay.gov.in/ and click on 'Am I Eligible'
- Enter your mobile number and the CAPTCHA code and click on 'Generate OTP'
- Then select your state and search by name/ HHD number/ ration card number/ mobile number.
- Based on the search results you can verify if you family is covered under PMJAY.

Alternative, to know if you are eligible for PMJAY you can approach any Empanelled Health Care Provider (EHCP) or dial the Ayushman Bharat Yojana call center number: 14555 or 1800-111-565.

REFERENCE

1. Union Expenditure Budget, Volume 2, Ministry of Health and Family Welfare, FY 2015-16 to FY 2019-20 (BE). Available onlineat: https:// www.indiabudget.gov.in. Last accessed on 5 July 2019.
2. PMJAY state portal. Available online at: https://www.pmjay.gov.in/state. Last accessed on 28 June 2019.
3. PMJAY portal on empanelled hospitals. Available online at: https://hospitals.pmjay.gov.in/Search/empnlWorkFlow.htm?actionFlag=ViewRegisteredHosptlsNew. Last accessed on 14 June 2019.
4. Data on empanelled hospitals from PMJAY portal. Available online at: https://hospitals.pmjay.gov.in/Search/empnlWorkFlow.htm?actionFlag=ViewRegisteredHosptlsNew.
5. Data on households that don't generally use government health facilities from the NFHS-4 (2015-16) raw data. Last accessed on 14 June 2019.
6. Lok Sabha Starred Question No. 94, answered on 8 February 2019. Available online at: http://loksabhadocs.nic.in/loksabhaquestions/ annex/17/AS94.pdf. Last accessed on 28 June 2019.
7. Releases from Lok Sabha Unstarred Question No. 1080, answered on 8 February 2019. Available online at http://loksabhadocs.nic.in/ loksabhaquestions/annex/17/AU1080.pdf.
8. Data on claims from Lok Sabha Starred Question No. 94, answered on 8 February 2019. Available online at: http://loksabhadocs.nic.in/loksabhaquestions/annex/17/AS94.pdf. Last accessed on 28 June 2019.
9. Lok Sabha Starred Question No. 44, answered on 21 June 2019. Available online at: http://164.100.24.220/loksabhaquestions/annex/171/ AU44.pdf. Last accessed on 28 June 2019.
10. Union Expenditure Budget, Volume 2, Ministry of Health and Family Welfare, FY 2015-16 to FY 2019-20 (BE). Available online at: https:// www.indiabudget.gov.in. Last accessed on 5 July 2019.