ANALYSIS OF AYUSHMAN BHARAT- PRADHAN MANTRI JAN AROGYA YOJANA (PMJAY)

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Abstract: **India is country of approximately 1.38 billion populations which is facing health care delivery problems specifically regarding the low spending on health, quality, safety, lack of accountability, corruption, etc. Law spending on health care leads to the greater problems for poor and underprivileged. The government of India has launched Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) as an ambitious approach towards a comprehensive healthcare vision.**

Key words: **Ayushman Bharat, Pradhan Mantri Jan Arogya Yojana, Healthcare, National Health Agency, Medical Facility Hospital, Universal Health care, Health Insurance.**

Introduction

India is one of the fastest growing economy over the last few decades but according to world band India is classified as lower middle income country. Every Indian citizen cannot afford the different kind of expenditures on healthcare because more than 30 caroe Indian population alive below poverty line. To proved healthcare facility the AB-PMJAY was officially launched by Prime Minister Narendra Modi on 25 September, 2018. The main objective of AB-PMJAY is to provide coverage of Rs. 500,000 per family annually. The PMJAY targets more than 10.74 crore BPL and poor families, 8.4 crore from rural and 2.33 from urban areas, as per the latest Socio-economic Caste Census (SECC) data. The AB-PMJAY will takes care of almost maximum secondary care and almost all of tertiary care procedures, the entitlement is to be decided on the basis of deprivation criteria in the SECC database, automatically included families in rural areas that have any one of the following: (i) households without shelter (ii) destitute (iii) living on alms (iv) manual scavenger families (v) primitive tribal groups (vi) legally released bonded labour (vi) Household with no adult male member between ages 16-59. For urban population, 11 defined categories i.e (i) Regpicker (ii) Beggar (iii) Domestic worker (iv) Street vendor/ cobbler/ Hawker/ other service provider working on street (v) Construction worker/ Plumber/ Mason/ Painter/ Welder/ Security guard/ Coolie and other head-load worker (vi) Sweeper/ Sanitation worker/ Mali (vii) Home based worker/ Artisan/ Handicrafts/ Tailor (viii) Transport worker/ Driver/ Conductor/ Helper to drivers and conductors/ Cart puller/ Rickshaw puller (ix) Shop worker/ Assistant/ Peon in small establishment/ Helper/ Delivery assistant/ Attendant/ Waiter (x) Electrician/ Mechanic/ Assembler/ Repair workers (xi) Washer-man/ Chowkidar will be eligible under the scheme, the treatment in of hospitalization is free of cost for the family, all pre decided conditions will be covered from first day of the policy. The benefit cover will include before and after hospitalization and the beneficiary is free to go to public or listed private hospitals across the country and get free treatment. AB- PMJAY is centrally sponsored scheme and costs are shared between Central Government and state Government in the ratio of 60:40 in normal states. For North-Eastern state the ratio of cost sharing is 90:10 (90% for central government and 10% for state government).

Review of Literature

AB-PMJAY is a flagship program to provide benefit of health care services to poor and underprivileged Indian citizens. Tabish S.A. mentioned in his paper that If AB-PMJAY effectively implemented, it is expected to make a substantial difference in the Indian health care system over the next decade. Jaison Joseph has mentioned in online journal that Sustainable Development Goal (SDG) seeks to ensure the health and wellbeing of all citizens by achieving Universal Health Coverage (UHC). UHC focuses on the role of equity in access to quality health care for everyone without financial hardship. GAUTAM CHIKERMANE & OOMMEN C. KURIAN has also mentioned in their paper that AB-PMJAY needs to take lessons from all other schemes and focus on efficiency of administration and effectivity of results. Blake J. Angell, Anadi Gupt, Vivekanand Jha, Stephen Jan and Shankar Prinja also pointed out in their paper that Public expenditure on healthcare in India is one of the lowest in the world at just over 1% of gross domestic product (GDP), and the Indian health system is featured by substantial shortcomings relating to personnel, infrastructure, and the quality and avail-ability of service.

Objectives of the Study

1. To know the achievements of AB-PMJAY.
2. To know the drawbacks of AB-PMJAY.
3. To know the progress of Indian health care system.
4. To know the obstacles of AB-PMJAY.

Research Methodology

The present study is completely based on secondary data, which has been published in various news papers, Articles, websites etc.

Salient features of AB-PMJAY

AB-PMJAY is a move towards promoting, preventing, rehabilitative and curative related aspects of universal healthcare via access to primary health and wellness centers, financial support for secondary and tertiary treatment by interaction with public sector as well as private sector. The scheme adopts a persistence approach to health protection, comprise two linked component i.e. forming of 150000 health care and wellness centers. These centers will give comprehensive primary health care, including mental and child health service and transmissible disease with free of cost essential medicine and diagnostic services. The AB-PMJAY contributes to reducing destructive hospital paying which penniless people and reduce financial risk arise from disastrous incident of health. The state governments are free to implementing AB-PMMJAY through insurance or through trust or through company or through mixed model. In public and empanelled private hospital the scheme provides cashless and paperless access of service to beneficiaries covered under the AB-PMJAY. The scheme covers the entire family means there is no restriction on family size in terms of number of family members. Hospitals public as well as empanelled private cannot deny care for disease covered under the scheme. The state level agency is responsible to implement the AB-PMJAY in the respective state.

Benefits Under AB- PMJAY

The scheme offers all expenses incurred on the following component`

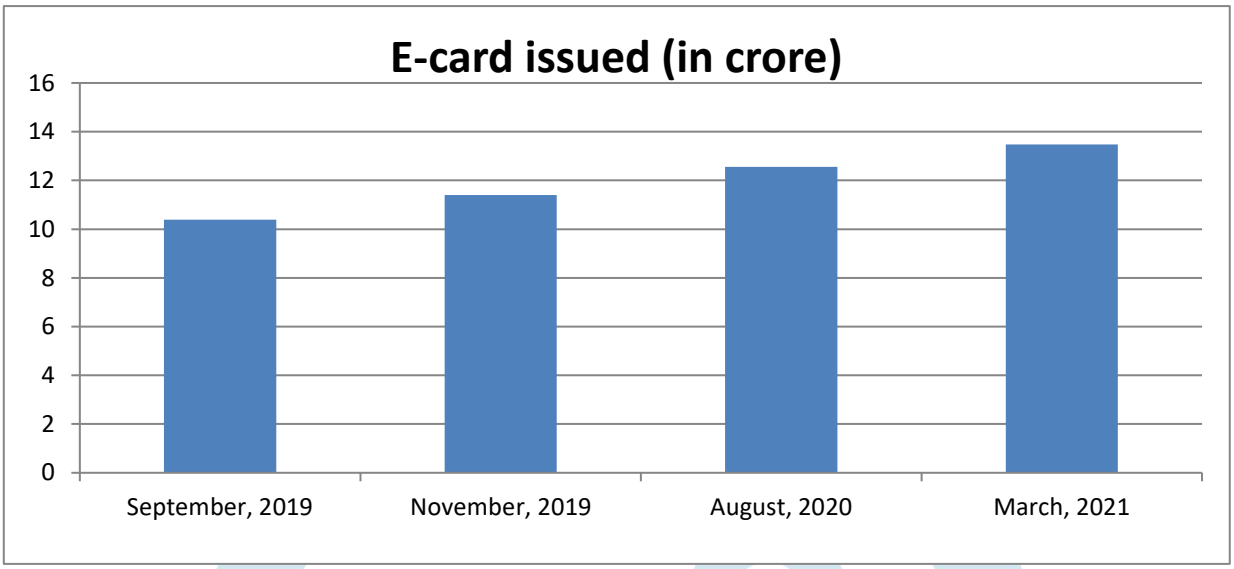
1. Treatment expenses, consultation fees and medical examination expenses.
2. Pre-hospitalization expense.
3. Drugs and medical consumables.
4. Non-intensive and intensive care services expenses.
5. Laboratory investigation and diagnostic expenses.
6. Feed service expenses.
7. Medical implantation service expenses.
8. Post-hospitalization for next 15 days (if any).
9. Accommodation charges.

Objectives of AB-PMJAY

1. To provide completely cashless secondary and tertiary healthcare.
2. To give medical treatment without financial pressure on beneficiaries.
3. To improve the health status of weaker section of society.
4. To promote the role of private hospitals in achieving the public health targets.
5. To provide the qualitative life to Indian citizens.
6. To reduce the peoples expenditure on healthcare services.
7. To provide insurance cover to poor households of India.
8. To achieve the goal of sustainable development.
9. To create a healthcare network in India so medical facilities can be provided to every citizen of India.

Achievements of AB-PMJAY

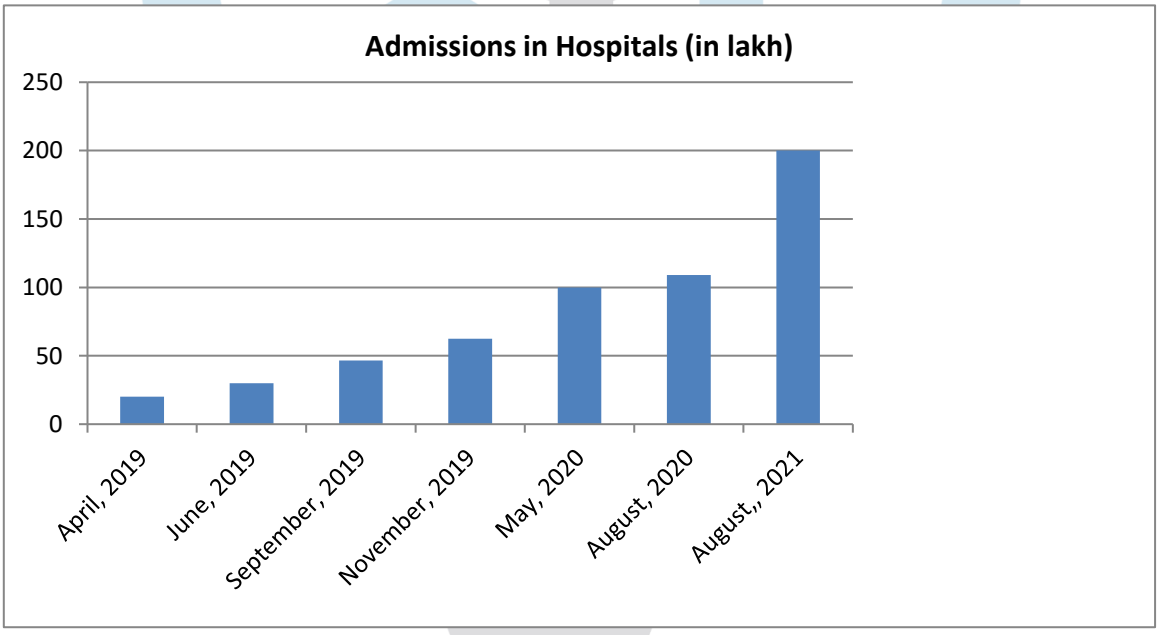
Success in terms of E-card issuance



Source**:**https://pmjay.gov.in/about/pmjay, https://www.indiabudget.gov.in/economicsurvey/doc/vol1chapter/echap09_vol1.pdf

From the above chart we can see that the number of e-card issuance is increasing continuously. Till September, 2019 total 10.39 crore e-cards has been issued, which has increased to 13.48 crore till March, 2021 which is expected to increase in near future.

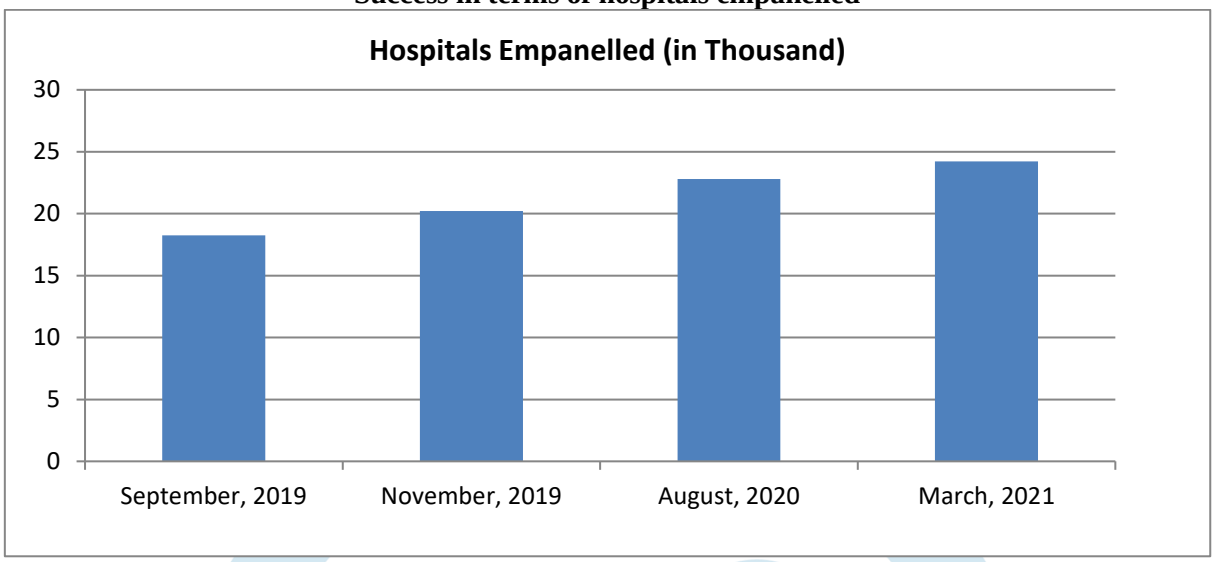
Success in terms of hospital admission



Source**:** https://pmjay.gov.in/about/pmjay

From the above chart we can see that the number admissions in hospitals are increasing continuously. Till April, 2019 there was only 20 lakh admissions in hospitals which has been increased to 200 lakh till august, 2021.

Success in terms of hospitals empanelled



Source: https://pmjay.gov.in/about/pmjay, https://www.indiabudget.gov.in/economicsurvey/doc/vol1chapter/echap09_vol1.pdf

If we see the success of scheme in terms of hospitals empanelled under the scheme than we found that there is a significant increase in no of hospitals. Till September, 2019 there were only 18236 hospitals empanelled under the scheme, which has increased to 24215 till March, 2021.
The hospital empanelment module allows patients of serious diseases such as cancer, heart diseases and diabetes etc. to regular care and stay in hospital. According to available data more than 8800 private hospitals are empanelled in the India for AB-PMJAY, the amount of claim is transferred to hospitals within 15 days of receipt.

Drawbacks of AB-PMJAY
Number of hospitals empanelled under AB-PMJAY is very less which cannot provide proper healthcare to beneficiary. As per the report of National Health Authority during lockdown period the average weekly claims have decreased by 51%. Claims for child deliveries and cancer treatment decreased by 26% and 64% respectively.
Maximum of the hospitals had the less than 50 bed facility which is empanelled by insurance companies. At National level out of the hospitals empanelled by insurance companies approximately 65% hospitals had bed facility between 11-50 beds, 13% had bed facility between 50-100 beds and remaining had bed facility of 100 or more beds. This scheme is facing the problem of appropriate financial resources. The major problem of this scheme is shortage of medical personnel, which play an important role in effective implementation of AB-PMJAY. Lack of awareness towards the benefits given under the scheme with special reference to underprivileged and illiterate people is another drawback of AB-PMJAY. The AB-PMJAY is not responsible for those who rely on unorganized sector. Unavailability of health care infrastructure rural, tribal, desert and hilly areas is also a problem in the effective implementation of the scheme. The AB-PMJAY does not cover all the expenditure of treatment this will going to leads the less reliance of public on scheme. Out of pocket expenses for health care are not fully covered under AB-PMJAY; this will leads to exclusion of poor and underprivileged families from the scheme. Absence of private health care infrastructure is also a major drawback in effective implementation of this scheme.

Conclusion and Recommendations:
The AB-PMJAY has a great potential to improve the health facilities for millions of Indian citizens. From the study we can conclude the AB-PMJAY is achieving its objectives through effective implementation. Till August, 2021 more than 20 million people has benefitted from AB-PMJAY and till March, 2021 more than 13.48 crore people have e-card of this scheme. The Government of India is continuously increasing public sector hospitals and private sector hospital empanelled under AB-PMJAY. Present study shows that the AB-PMJAY faced many problems during Covid-19 but this type of problems can be resolved with some batter planning. Till December, 2020 total 32684 grievances received on AB-PMJAY portal, out of 32684 total 31630 have been resolved. As per economic survey 2020-21 it is clear that medical services are batter in that state which has adopted AB-PMJAY.

The several suggestions for effective implementation of AB-PMJAY are as follows:
1. Awareness programmes should be launched, so that illiterate and tribal peoples can know the benefits of scheme.
2. It is to be ensured that empanelled private hospitals are providing qualitative health care facilities to beneficiaries.

3. Strict supervision is required to restrict the financial frauds in AB-PMMJAY.
4. Health infrastructure should be improved for effective implementation of AB-PMJAY.
5. Coverage of scheme should be expanded, so that more Indian citizens can avail the benefits of AB-PMJAY.
6. Rural, tribal, hilly and desert area should be concentrated to ensure the reach of scheme.
7. More public as well as private hospitals to be empanelled for effective implementation of AB-PMJAY.
8. Complaints which are made by beneficiary of scheme should be resolved within reasonable time.
9. Careful selection of beneficiary is required to provide benefit to the right people.
10. Premium for companies should be release within appropriate time.
11. Hospitals which are not performing their duties for scheme should be delisted from list.
12. More cooperation from state is required for effective implementation of scheme.
13. While empanelment of hospital guidelines must be followed.
14. A grater amount of financial support should be given to this scheme.

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