Assessment of Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana

By

Megha Chouksey

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2018-2020

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

Assessment of Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana

By

Megha Chouksey

Dissertation submitted in partial fulfillment of award of

MBA Hospital and Health Management

Academic year, 2018-2020

IIHMR University, Jaipur

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"Assessment of Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana**" and submitted by **Dr Megha Chouksey** Enrollment No. IIHMR-U/01/2018-20/0772 under the supervision of **Dr Seema Mehta** for award of MBA in Hospital and Health Management in Health and Hospitals of the University carried out during the period from 3 March 2020 to 4 June 2020 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

ABSTRACT

Title: Assessment of Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana

Author: Dr Megha Chouksey

Aim: To assess Ayushman Bharat Yojana in Indian States and Union Territories**.**

Objective: To know the State/UT wise status of Ayushman Bharat Yojana by analyzing the parameters like total number of hospital admissions, beneficiary families covered, total operational health and wellness centers, total percentage of target households, total number of hospitalizations etc.

Methodology: Secondary research was conducted to assess the effectiveness of PMJAY in empanelled States/ Union Territories. For this, governments annual reports, journals, articles were reviewed. The data was collected through Government statistics and information from government agencies, journals, reports and articles which were mostly from 2018-20. The data was later analyzed using Microsoft Excel.

Key Results: As of now PMJAY can be claimed as moderate success under various parameters like GoI allotments for medical coverage have seen a huge increment from the year 2018 to 2021. Total 32 States/Union territories have been empaneled under PMJAY, it was also noticed that the states and union territories have spent to great extent on IEC activities for Health & Wellness Centre (HWC) and Printing activities for HWC to make people aware of the scheme. Few states like Madhya Pradesh, Uttar Pradesh, Haryana, Jharkhand and Bihar had already made significant gains by issuing 10,958,358 e-cards. Of the total number of hospital admissions, 57.82% were private hospital admissions and 42.18% were private hospital admissions. Total number of beneficiary families covered under PMJAY were 1257.49 lakhs. Of the total families covered under any government funded health insurance scheme, PMJAY accounted for the majority at 56 per cent.

Suggestions: As per the study it was found that out of 32 States/UTs empanelled under PMJAY, 14 states have not shown expenditure on IEC activities and printing activities for Health & Wellness centre (HWC) to create awareness among people regarding the scheme, so these states need to work for publicity on IEC activities. As per the study except for few states like Chhattisgarh in context of claims, most top performers were richer states. So, government should pay attention to make sure that benefits are distributed equally amongst well-off and poorer states. Apart from covering 1350 medical packages it does not cover treatment like bone marrow transplant which is becoming a hurdle in availing treatment for poor patients for fatal disease like aplastic anaemia apart from being entitled under PMJAY. Also, package covers Pacemaker but its battery which needs to be replaced in 5-15 years depending upon the type of device is not covered under PMJAY. So, addition of few more packages should be considered. According to this scheme it was seen that treatment starts after hospitalisation of patient but of the high OOP payment by patients, the bulk is spent on out-patient treatment so, OPD expenses under PMJAY should also be taken into consideration.

Keywords: Universal health coverage, PMJAY, Ayushman Bharat, Health and wellness centres, Healthcare.

ACKNOWLEDGEMENT

Firstly, I would like to express my sincere thanks to IIHMR University, Jaipur for giving me this learning opportunity to embark on this project.

I would also like to extend my gratitude to my guide Dr Seema Mehta, Associate Professor, IIHMR University Jaipur for her able guidance, expert advice and support in carrying out this research work. I also thank my parents, seniors and colleagues for their constant support during the period of my dissertation.

Dr Megha Chouksey
MBA HM 23
Roll no. 0772

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

List of Symbols and Abbreviations

ASHA	Accredited Social Health Activist
BPL	Below Poverty Line
GoI	Government of India
HWCs	Health and Wellness Centres
IEC	Information, Education and Communication
MoHFW	Ministry of Health and Family Welfare
NHA	National Health Authority
NHPS	National Health Protection Scheme
NRHM	National Rural Health Mission
PMAM	Pradhan Mantri Arogya Mitra
AB-PMJAY	Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana
PM	Prime Minister
PMO	Prime Minister's Office
RSBY	Rashtra Swasthya Bima Yojana
SDGs	Sustainable Development Goals
SECC	Socio-Economic Caste Census
SHA	State Health Authority
UHC	Universal Health Coverage
UT	Union Territories
WHO	World Health Organization

Chapter 1

INTRODUCTION: The World Health Organization defines universal health coverage (UHC) as an approach to enable all people and communities to use promotive, preventive, curative, rehabilitative, and palliative health services they need, while also ensuring that the beneficiary does not face financial hardship. It incorporates three goals: quality, equity in access, and financial risk protection. Indian governments have taken a pledge to achieve universal health coverage (UHC).

In India public expenditure on healthcare remains at the lowest levels in the world. On March 2018, Indian Government approved Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) and the program is now considered as a notable step towards achieving UHC in India. Ayushman Bharat (which means "bless India with long healthy life") is also referred as Modicare. The PMJAY is a publicly financed health insurance scheme for the socioeconomically deprived rural and selected occupational category of the urban population. It aims to cover 100 million households and approximately 500 million citizens of the country, in need to reduce catastrophic out-of-pocket health spending which roughly accounts for 40% of the total population. As recommended by the National Health Policy 2017, the flagship scheme of GoI, Ayushman Bharat was launched in order to achieve the mission of Universal Health Coverage. This scheme has been intended to meet Sustainable Development Goals (SDGs) with its underlying commitment i.e., "leave no one behind".

The scheme emphases on providing healthcare at primary, secondary and tertiary level. The program consists of two initiatives which are-

- Establishment of Health and Wellness Centers (HWCs)
- Pradhan Mantri Jan Arogya Yojana (PMJAY)

1. Establishment of Health and Wellness Centers (HWCs)

On February 2018, the GoI declared the establishment of 1,50,000 HWCs by changing the existing Primary Health Centers and Sub Centers. These centers cover both non-communicable diseases and maternal and child health services including diagnostic services and free distributions of drugs. HWCs are meant to provide a wide range of primary healthcare services.

It emphasizes on developing healthy habits and changes on individuals that lessen the risk of developing chronic diseases and morbidities.

2. Pradhan Mantri Jan Mantri Yojana (PMJAY)

On 23rd September 2018 in Ranchi, Jharkhand PMJAY was launched by the Hon'ble PM of India (Shri Narendra Modi). It aims to cover households based on the occupational and deprivation criteria of SECC 2011 for rural and urban areas respectively. It has absorbed the then existing Rashtriya Swasthya Bima Yojana (RSBY) which was launched in 2008.Therefore the programme also includes beneficiaries which were not in SECC 2011 but were covered in RSBY. PMJAY is fully Government funded and cost of execution is shared between both Central and State Government with a share of 60:40.

<u>Overview of Pradhan Mantri-Jan Arogya Yojana</u>

❖ **Attributes of PMJAY**

- PMJAY is the world's largest health insurance scheme fully funded by the Government of India.
- Over 50 crore beneficiaries (10.74 crore poor families) are eligible for the benefits.
- PMJAY provides a cover of ₹ 5 lakhs per family per year for secondary and tertiary care hospitalization across private and public empaneled hospitals in India.
- PMJAY provides cashless healthcare services to the beneficiary at the hospital.
- It helps to ease out of pocket expenditure on medical treatment which pushes nearly 6 crore Indians into poverty every year.
- PMJAY covers up to three days of hospitalization and fifteen days of post-hospitalization expenses like medicines and diagnostics.
- There is no cap on family size, gender or age.
- Beneficiary can avail the service in the form of cashless treatment from any empaneled public or private hospital in India which means the scheme is portable.
- All pre-existing conditions are covered from day one.
- It covers total of 1350 packages covering all the costs related to treatment.

- Public as well as private hospitals are reimbursed for the healthcare services

❖ **Benefit Cover Under PMJAY**

Earlier health insurance schemes funded by government have a cap of family size and annual cover of ₹30,000 to ₹ 3,00,000 which created a disintegrated system. On the contrary PMJAY provides cashless cover of ₹5,00,000 to each eligible family per year without cap on family size or age of members for listed secondary and tertiary care conditions. The cover includes the following elements of the treatment viz pre- hospitalization, consultation, medical examination and, treatment, medicines, consumables, intensive and non-intensive care services, diagnostic service, implants, accommodation charge, complications arising during treatment, food services, post- hospitalization follow-up care up to 15 days. The benefits of PMJAY cover can be used on a family floater basis. On top of it, pre-existing diseases are also covered from the very 1st day of their enrolment.

Table 1- Target Beneficiary Families

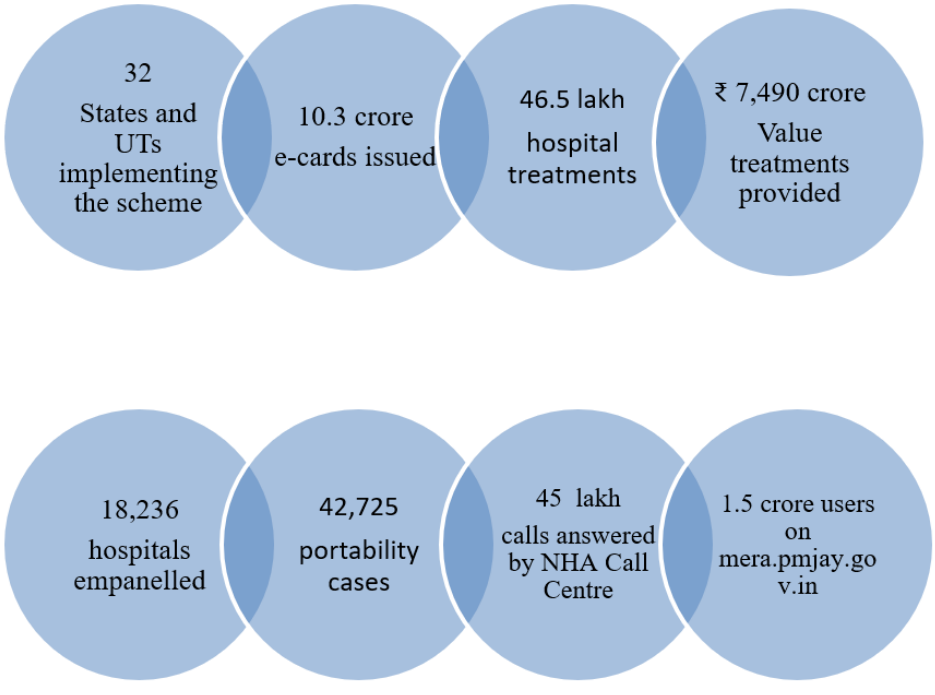
Rural	Urban	RSBY Left out Families	Total
Families in deprivation criteria + Automatically Included Families	Families Belong to 11 occupational criteria	Mainly in states of Karnataka, Himachal Pradesh, Kerala, Chhattisgarh	In line with budget announcement
8.03 Crore + 16 Lakh	2.33 Crore	22 Lakh	10.74 Crore

Data Source: SECC Database 2011

Fig 1: Milestones in PMJAY

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

Fig 2: Highlights as on September 2019



Data Source: Annual Report 2018-19 PMJAY

❖ **Implementation Mode:**

Pradhan Mantri Jan Arogya Yojana (PMJAY) is being executed through the State Governments/UTs. The State Governments have been offered adaptability to execute PMJAY either through insurance agencies, or legitimately through trust/Assurance mode, or in a mixed mode (Insurance and Assurance)

- **Insurance Mode**- Open tendering process is being done by States/ UTs for selection of Insurance Company
- **Trust / Assurance Mode**- Through Society / Trust of State Health Department
- **Mixed Model (Insurance + Assurance)**- States / UTs has complete freedom to decide the bucket division

(Under any mode, the Central Government's Share of Premium will be genuine expense or greatest ceiling as chose by GoI, whichever is less)

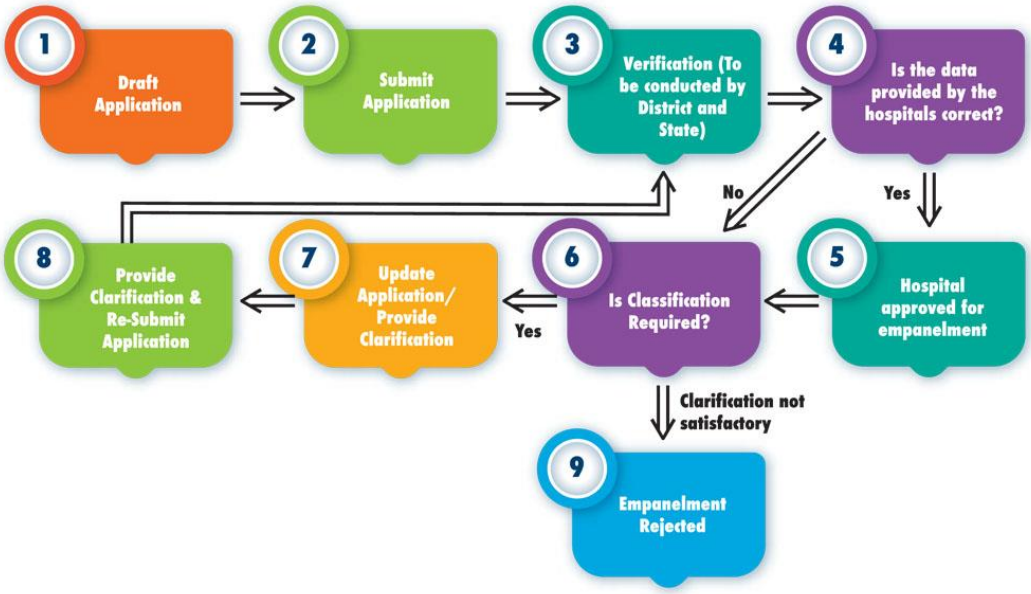
Fig 3: Modes of Implementation

Source: https://www.pmjay.gov.in/sites/default/files/2018-09/Poster%2014x19inch_5.jpg

- The beneficiary would be informed about the PMJAY through:

1. Website
2. Letter from PM
3. Call Centre
4. Hospitals
5. Common Service Centre

❖ **Fig: 4 Hospital empanelment process in PMJAY**



Source: pmjay.gov.in

Each empanelled hospital needs to set up a help desk dedicated for beneficiaries, which is manned by a committed staff delegated by the Empanelled Health Care Provider (EHCP). These staffs are known as Pradhan Mantri Arogya Mitras (PMAMs) and their job is to encourage treatment of recipients at the hospitals. Each empanelled hospital got unique ID too.

Fig: 5

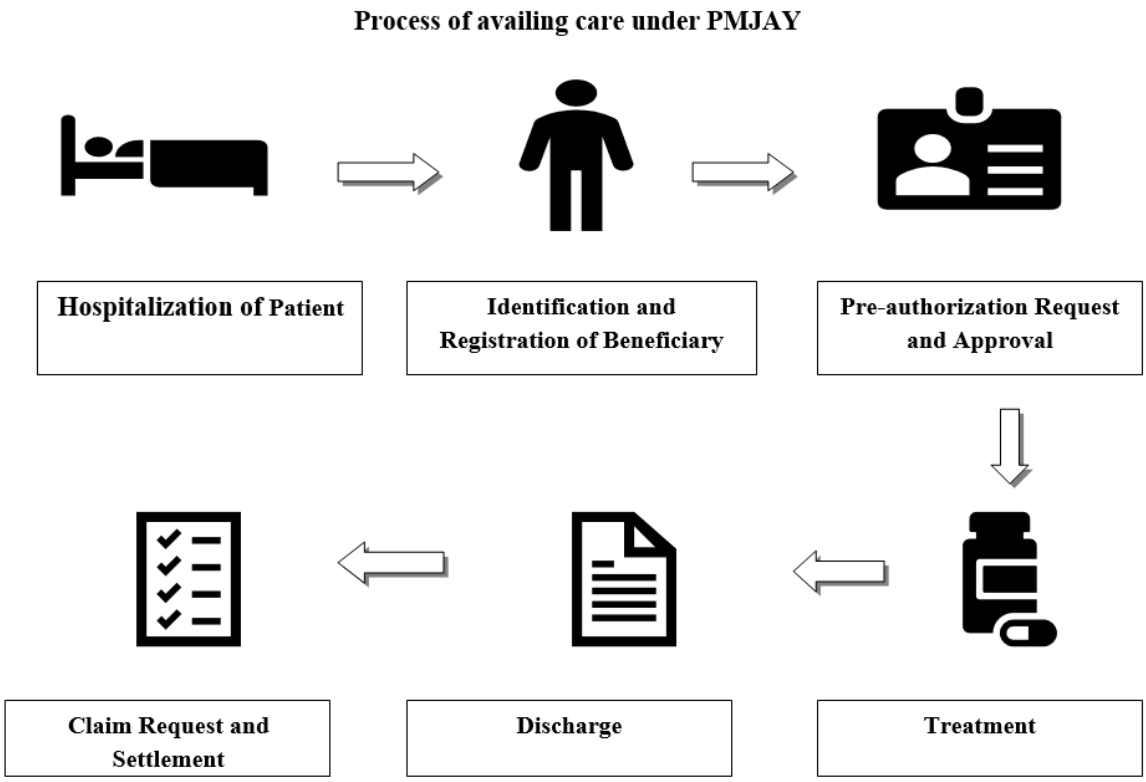
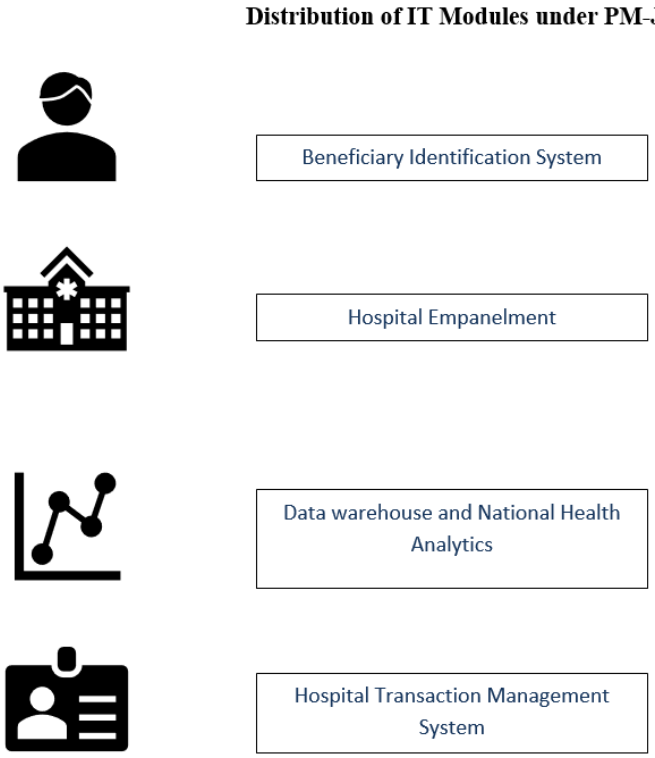

Process of availing care under PMJAY
Hospitalization of Patient
Identification and Registration of Beneficiary
Pre-authorization Request and Approval
Treatment
Discharge
Claim Request and Settlement

Fig: 6



- Beneficiary Identification System- Beneficiary Identification System (BIS) is a process, of applying the identification criteria (as per AB-PMJAY guidelines) on the SECC and RSBY database to approve/reject the applications entitled for the benefits. This process is required only once for each beneficiary. Verifications can be done at other locations such As Primary Health Centers, Sub centers.
- Hospital Empanelment- In this module "Check eligibility" feature ensures that certain mandatory fields are filled in, then only the hospital becomes eligible for submitting the application. All hospitals can access portal and fill in details.
- Hospital Transaction Management System- It has 2 options i.e., Centrally Hosted and State hosted.

❖ **Monitoring and Evaluation**:

Monitoring and Evaluation (M&E) is key for effective execution and guaranteeing the planned aftereffects of such a huge health insurance scheme. The NHA at the Central level is ceaselessly keeping an eye on intermittent premise on these UHC measurements (coverage, benefits and financial security) through the following domains:

- Beneficiary management
- Transaction management
- Provider management

Support function management (comprising functions such as capacity development, grievances, frauds and abuse, call centre, etc.) At the national level strong continuous online MIS is set up at the national level to audit Key Performance Indicators (KPIs) and accomplishment of results with respect to the target defined under the areas.

AIM: To assess the effectiveness of Ayushman Bharat Yojana in Indian States and Union Territories**.**

OBJECTIVE: To know the State/UT wise status of Ayushman Bharat Yojana by analyzing the parameters like total number of hospital admissions, beneficiary families covered, total operational health and wellness centers, total percentage of target households etc.

Chapter 2

LITERATURE REVIEW:

According to the research article by Vikash R Keshri and Subodh Sharan Gupta it has been noticed that the objectives of Ayushman Bharat are ambitious and the implementation seems to be hasty. PMJAY scheme also poses threats of diverting limited resources available for health in undesirable directions: (1) from public sector to private sector, (2) from preventive and promotive health services to predominantly curative services, (3) from primary health care to

secondary and tertiary care services, and (4) most likely from poor-performing states to better-performing states.

Another study was conducted in the districts of Yamunanagar and Patiala. It was found that RSBY beneficiaries experienced OOPE (₹5748); on the contrary it was lower than that for non-RSBY (₹10667). RSBY was seen as a turning point for its contribution in outline of Ayushman Bharat also known as PMJAY. RSBY provided insurance coverage of ₹30,000 with a family cap of 5 members per year, with a target beneficiary of 60 million families. This has been increased in PMJAY to 107.4 million families and estimated 535 million people, which is equal to about 40 % of Indian population with insurance coverage of ₹ 5 lakhs per family per year. The financial coverage in PMJAY is around 17 times more generous than RSBY. In OPD the cost of diagnostics and medicines were neither covered in RSBY nor in PMJAY and these are the major contributors of OOPE. In the study it was also found that OOPE was noticeable in Yamunanagar as compared to Patiala.

Another article by Anjell BJ et al explained that the PMJAY offered a chance to improve the health of millions of Indians and removes a major source of poverty troubling the nation. The scheme makes a feasible contribution to progress of India towards UHC. UHC has become a key guiding target for health systems around the world under the Sustainable Development Goals to improve the health of the global population. In implementing PMJAY there were such a significant number of restraints, the success was also depended on overcoming a number of existing and interrelated structural dearth of the Indian system such as issues of private and public sector governance, stewardship, quality control, health system organization. For that it would require careful monitoring in the program implementation to track progress against service, key budgetary, and financial-protection measures.

Crisil report (July 2018) on Ayushman Bharat discussed the repercussions on the healthcare ecosystem in terms of stakeholders. For health needs the country's health indicators would improve over long terms. There would be a huge potential for insurers with respect to industry growth, it would lead to increase in the penetration of insurance market. There might be a limitation in the participation of corporate hospitals in context of package rates. Industry focus

would also shift to volume driven affordable care. In Tier II and Tier III cities it would also support rapid growth of hospital chains.

Chapter 3

METHODOLOGY:

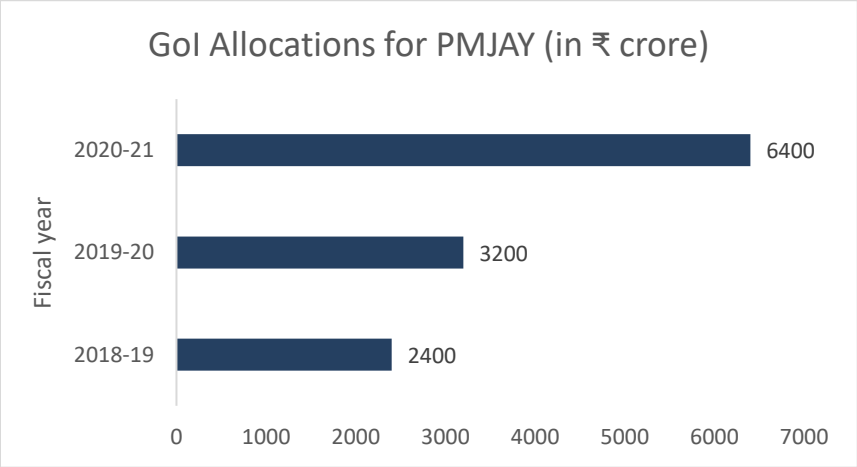
- **Research Question**: How successful the Ayushman Bharat scheme has been in Indian States/Union territories so far?
- **Study Design**: Descriptive study based on secondary data available from 2018 to 2020.
- **Study Population:** All BPL (below poverty line) families, under privileged rural families and identified occupational category for urban families with five lakh coverage as per 2011 Socio-Economic Caste Census (SECC) data.
- **Duration of Study**: Three Months from March 2020 to May 2020.
- **Data Collection Type**: Secondary data from open government data (OGD) platform and websites, reports based on the scheme.
- **Data Collection Procedure:** The data was collected through Government statistics and information from government agencies, journals, reports and articles.
- **Inclusion Criteria:** The articles, journals and reports were included from the year 2018 to 2020. Since the scheme was implemented in September 2018, the journals, articles and reports related to PMJAY were mostly from 2018-2020.
- **Data Analysis**: Data was analyzed using Descriptive Statistical Method.
- **Keywords**: Universal health coverage, PMJAY, Ayushman Bharat, Health and wellness centers, Healthcare.

Chapter 4

FINDINGS: Relevant papers, articles and reports were reviewed, data was analyzed using statistical methods and following findings were derived.

Fig 7: Govt of India Allocations for PMJAY

The graph shows the Allocations for PMJAY by Government of India from the year 2018 to 2021.

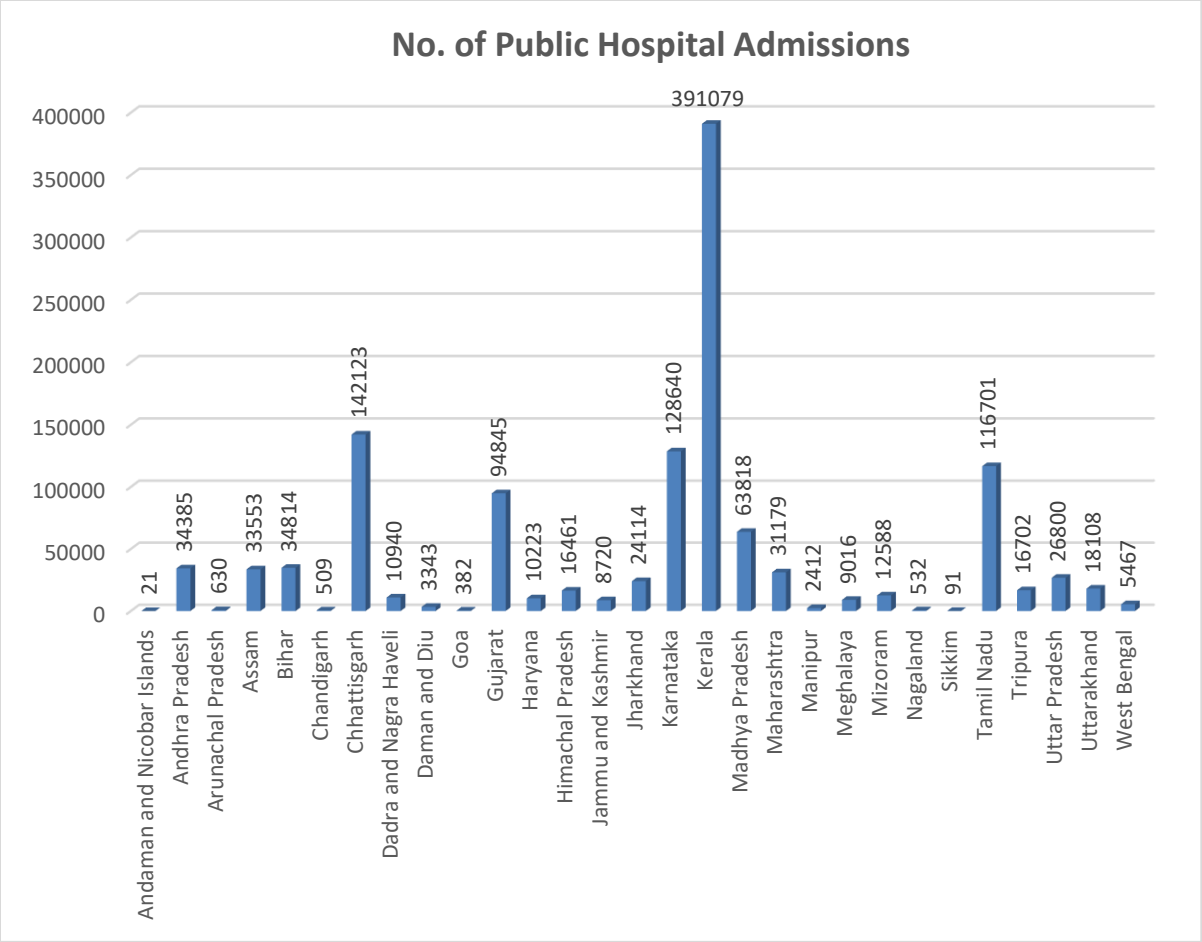


Source: Union expenditure budget, Volume 2, MoHFW, FY 2015-16 to FY 2020-21. Available online at: https://www.indiabudget.gov.in

It represents that scheme received a ₹ 4000 crore boost i.e., 166.67% boost from the second last fiscal.

Fig 8: State/UT wise total number of Public hospital admissions under PMJAY

The graph shows the total number of public hospital admissions under PMJAY till Feb 2019.

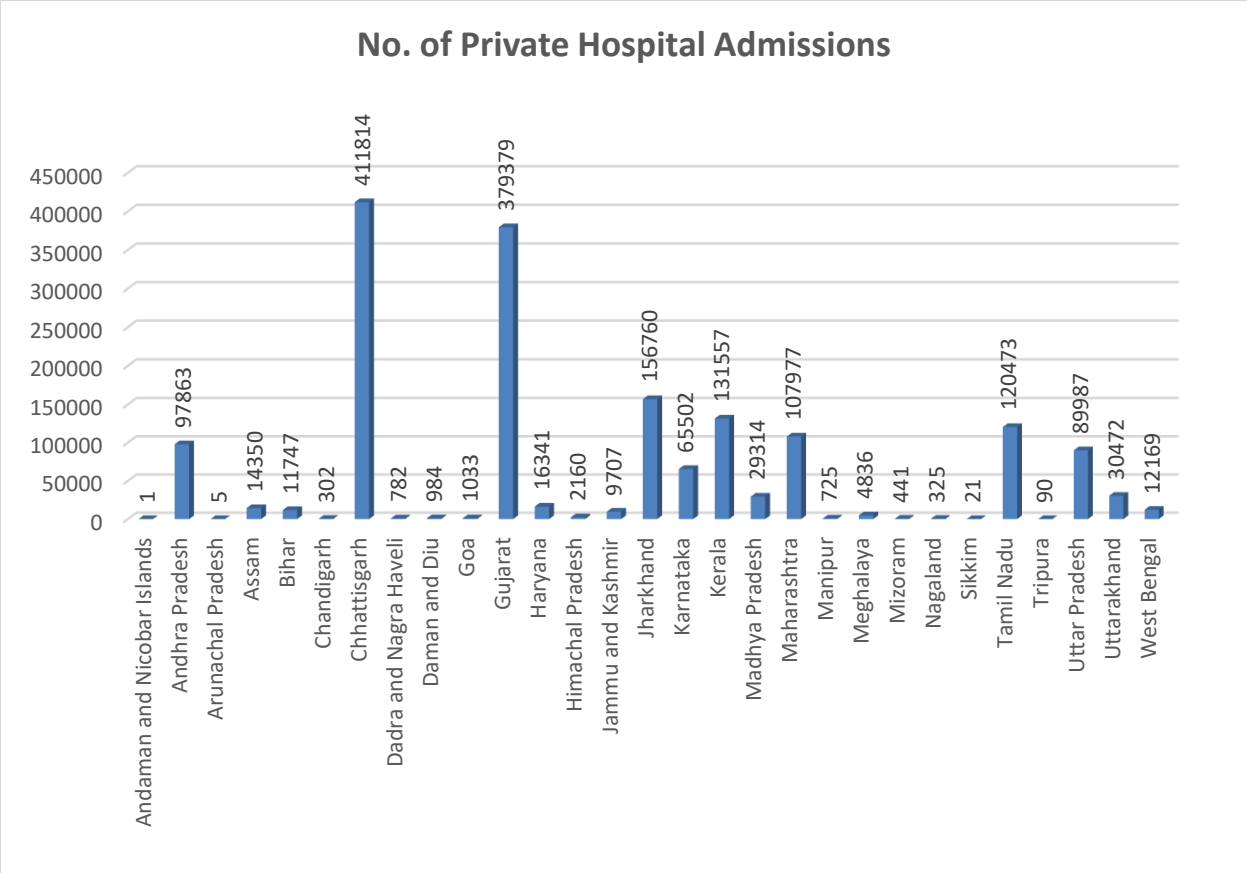


Data Source: https://data.gov.in/search/site?query=ayushman+bharat

It shows that Kerala accounted for highest number of admissions whereas it was found lowest in Andaman and Nicobar Islands. The total number of public hospital admissions was 12,38,196. The top ten States/UTs with respect to number of hospitalizations in public hospitals under PMJAY were Kerala, Chhattisgarh, Karnataka, Tamil Nadu, Gujarat, Madhya Pradesh, Bihar, Andhra Pradesh, Assam and Maharashtra. The above-mentioned top ten states accounted for 86.51% of the total hospital admissions in public hospitals under this scheme in India.

Fig 9: State/UT- wise total number of Private hospital admissions under PMJAY

This graph shows the total number of private hospital admissions as on June 2019 who were entitled under PMJAY.

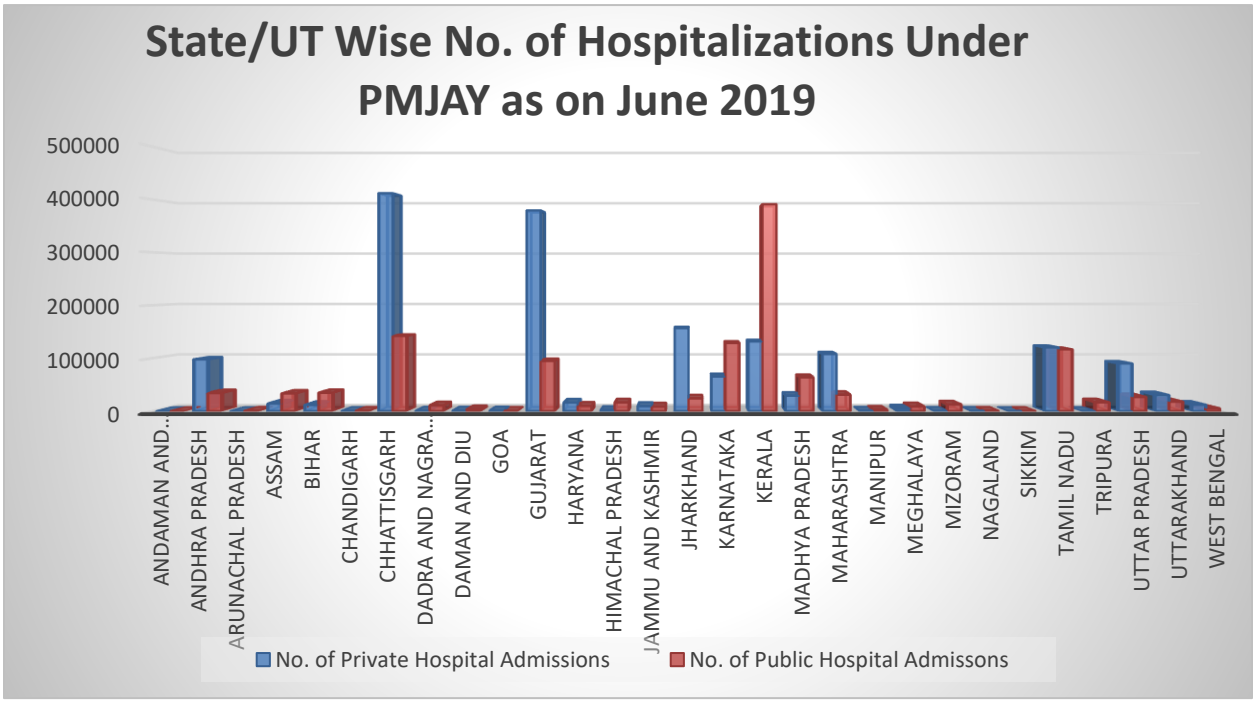


Data Source: https://data.gov.in/search/site?query=ayushman+bharat

Above graph depicts highest number of admissions were found in Chhattisgarh. In contrast, it was found lowest in Andaman and Nicobar Islands. Total number of hospitalizations in private hospitals were 16,97,117. The top 10 States/UTs in terms of number of hospitalizations in private hospitals under AB-PMJAY were Chhattisgarh, Gujarat, Jharkhand, Kerala, Tamil Nadu, Maharashtra, Andhra Pradesh, Uttar Pradesh, Karnataka and Uttarakhand. These top ten states accounted for 93.79% of the total hospital admissions in private hospitals under PMJAY.

Fig 10: State/UT wise total number of Hospitalizations under PMJAY

The graph shows the cumulative number of hospitalizations claimed by public and private hospitals that were empaneled under PMJAY till June 2019.



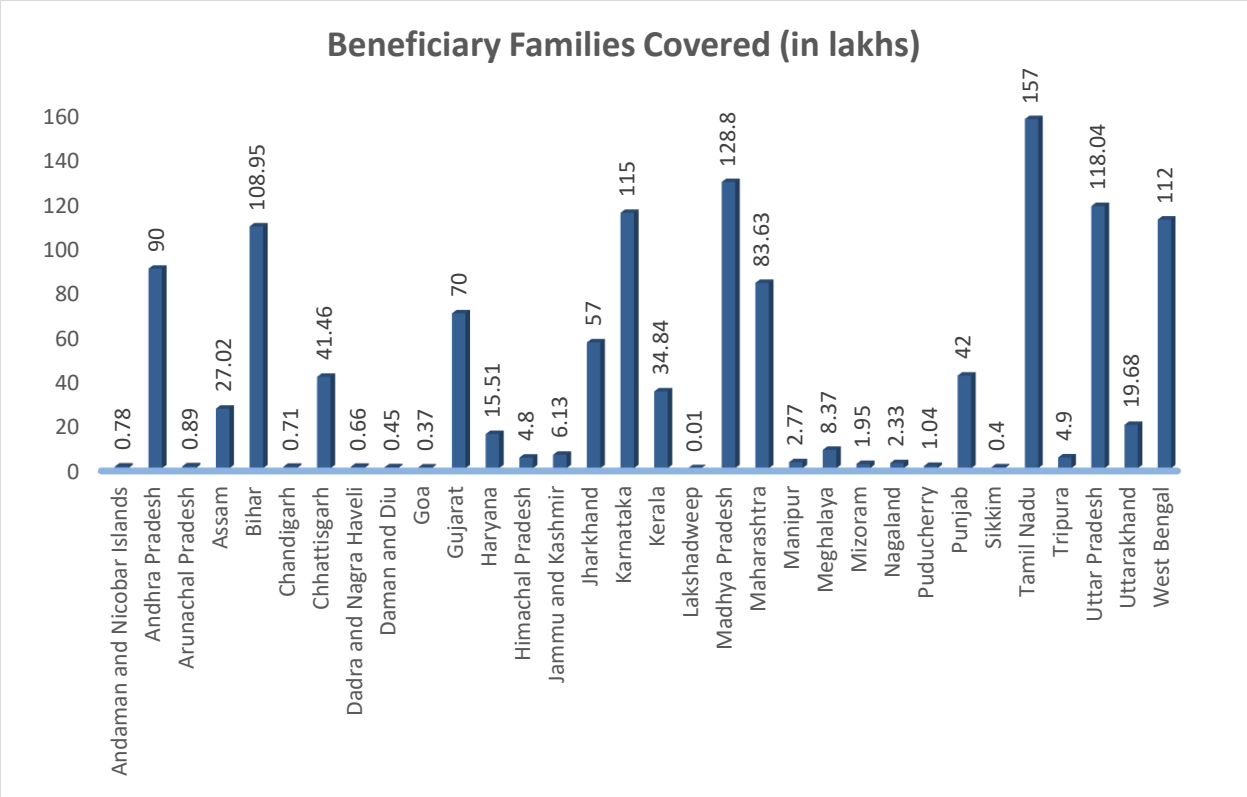
Data Source: https://data.gov.in/search/site?query=ayushman+bharat

* Data of Lakshadweep and Puducherry was not available

Above graph represents that as on June 2019, the total number of hospital admissions under AB-PMJAY was 29,35,313; out of which 16,97,117 (57.82%) hospitalizations in private hospitals and 12,38,196 (42.18%) in public hospitals.

Fig 11: State/UT Beneficiary Families covered under PMJAY as on July 2019 (from MoHFW)

Graph shows total of Beneficiary families covered (in lakhs) which includes 10.74 crore identified families entitled for PMJAY as per SECC database.

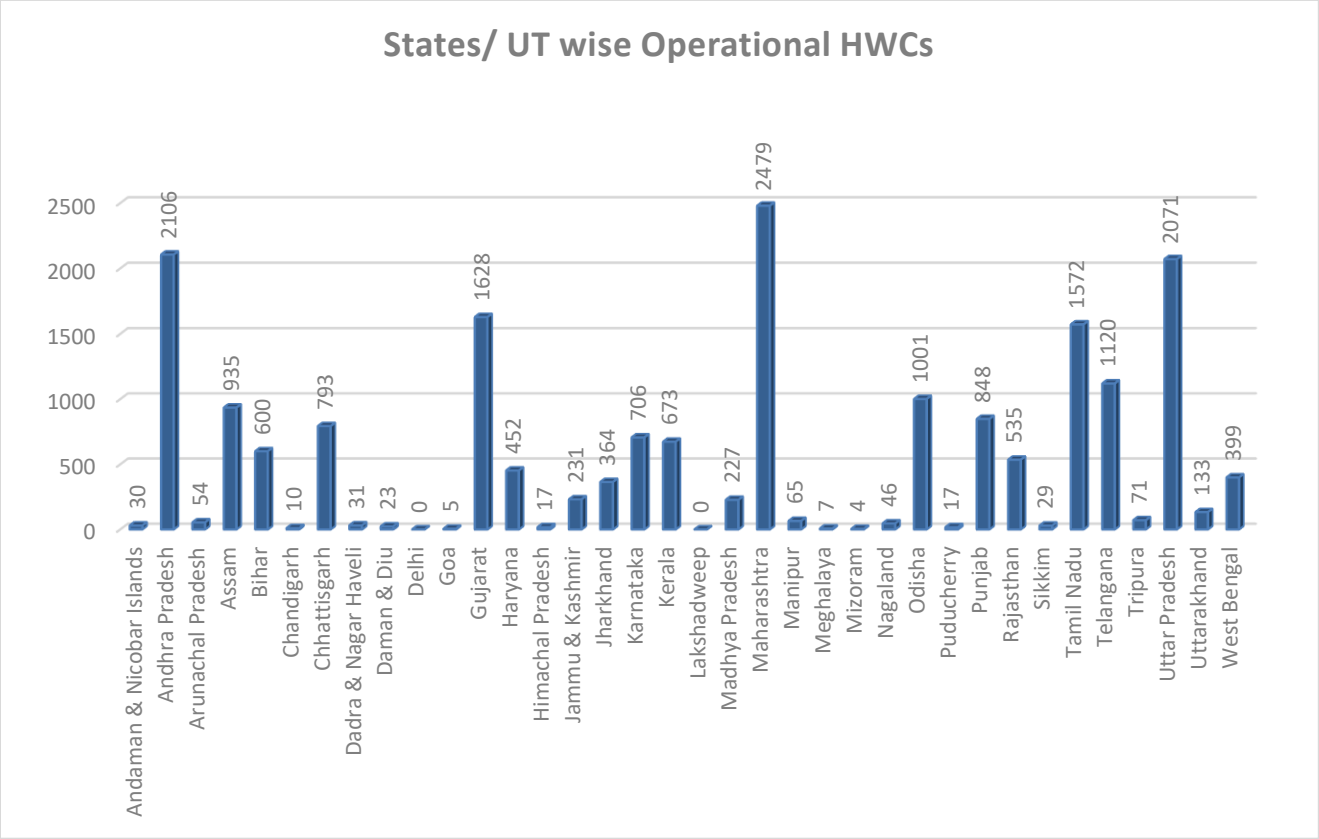


Data Source: https://data.gov.in/search/site?query=ayushman+bharat

Above graphs depicts highest number of beneficiary families were found in Tamil Nadu (157 lakh) where the most cancer patients availed treatment under PMJAY, followed by Madhya Pradesh and Uttar Pradesh whereas lowest number of beneficiary families were found in Sikkim (0.4 lakh). Total beneficiary families covered as on July 2019 was 1257.49 lakhs.

Fig 12: State/UT wise Operational Ayushman Bharat- Health and Wellness Centre as on June 2019

Graph depicts total number of operational health and wellness centre as on June 2019

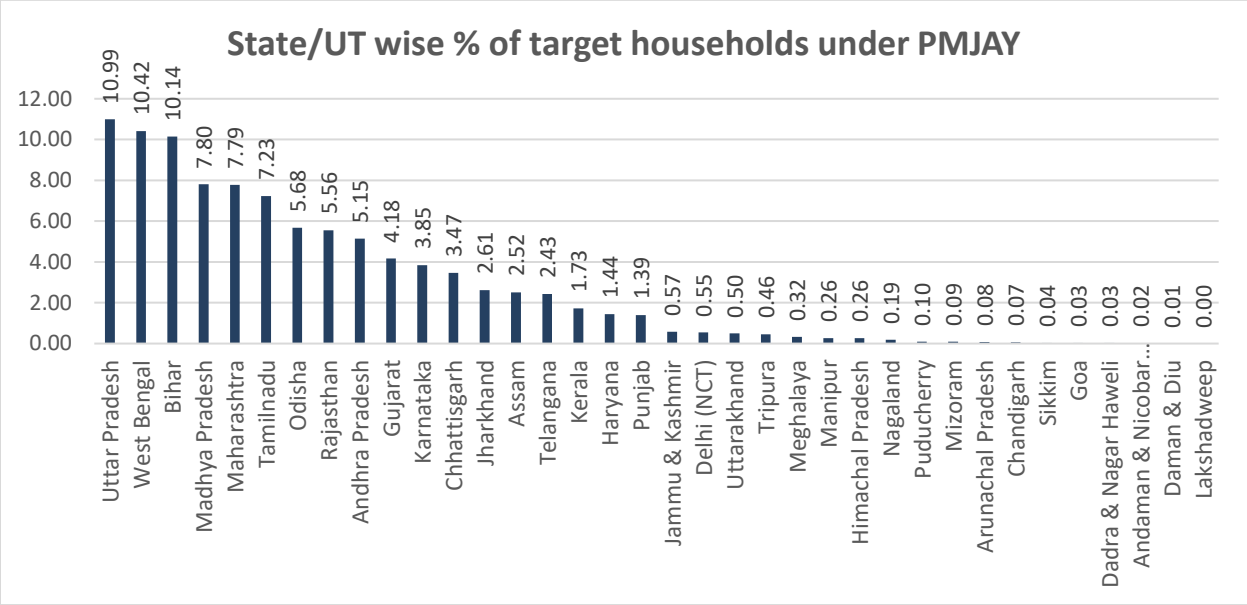


Data Source: https://data.gov.in/search/site?query=ayushman+bharat

Above graph shows that among all the State/UT Highest number of operational HWCs were found in Maharashtra and Delhi and Lakshadweep has no HWCS. Delhi has not implemented AB- health and wellness scheme. There were total 19282 operational HWCs in India. Except Uttar Pradesh that has 2,071 operational centres, all other top-five performers are richer states.

Fig13: State/ UT wise target household under PMJAY as on July 2018

Graph shows the percentage of target households under PMJAY

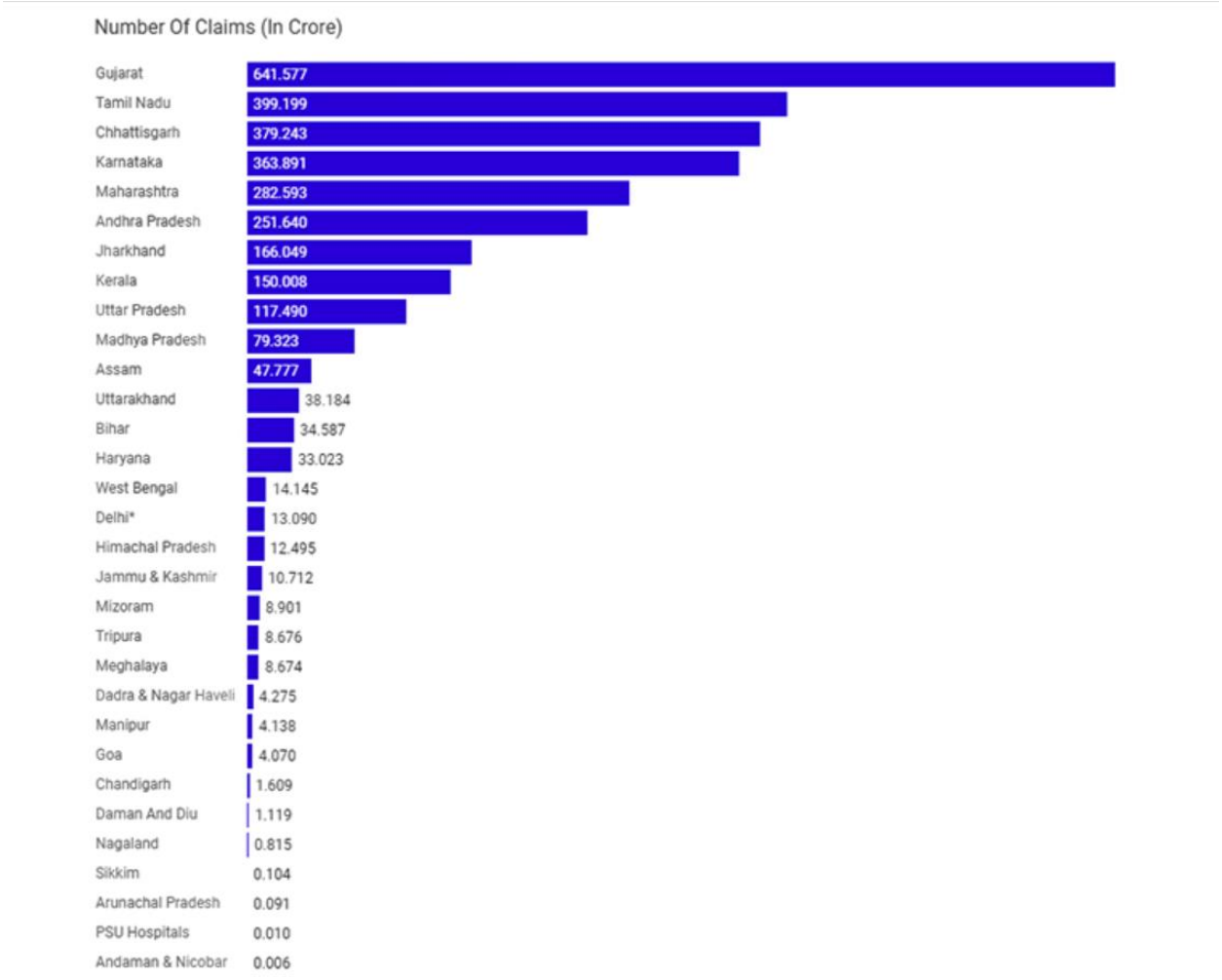


Data Source: https://data.gov.in/search/site?query=ayushman+bharat

Highest percentage was seen in Uttar Pradesh (10.99 percent) and lowest was seen in Lakshadweep (0.00 percent). The total number of beneficiaries under PMJAY were 10.52 crore, which accounted for 97.95% target households. Rest were beneficiaries of RSBY i.e., 2200000 which made it 10.74 crore households.

Figure 14: State/UT wise total claims in PMJAY

Graph shows the total claims by States/UT under PMJAY



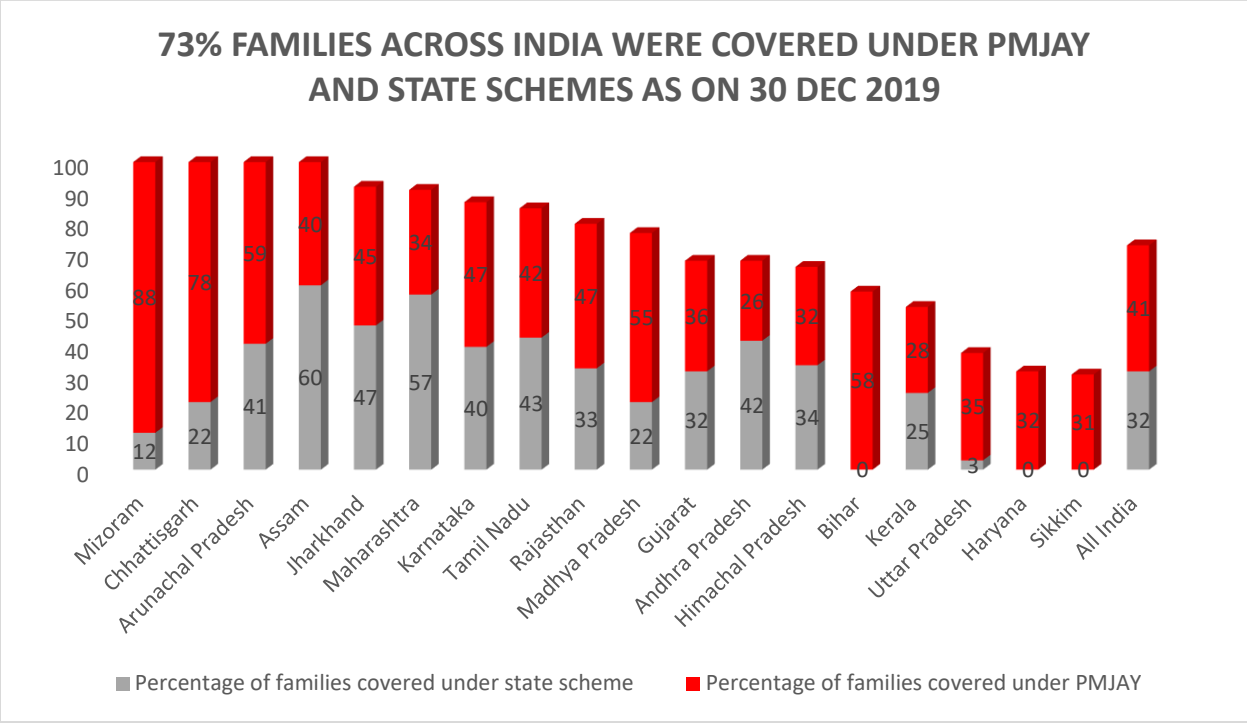
Data on Rajasthan, Telangana, Punjab, Odisha, Delhi, Puducherry not available. (*Delhi under NHCP)

Source: Government of India, In Lok Sabha

Above graph represents that, barring a few states like Chhattisgarh, most top performers are the richer states. Highest number of claims were reported by Gujarat followed by Tamil Nadu, Chhattisgarh and Karnataka. It was seen lowest in Andaman and Nicobar Islands.

Fig 15: Percentage of Families covered under PMJAY and State Schemes as on Dec 2019

This graph shows the percentage of families that were covered under PMJAY and other state scheme.

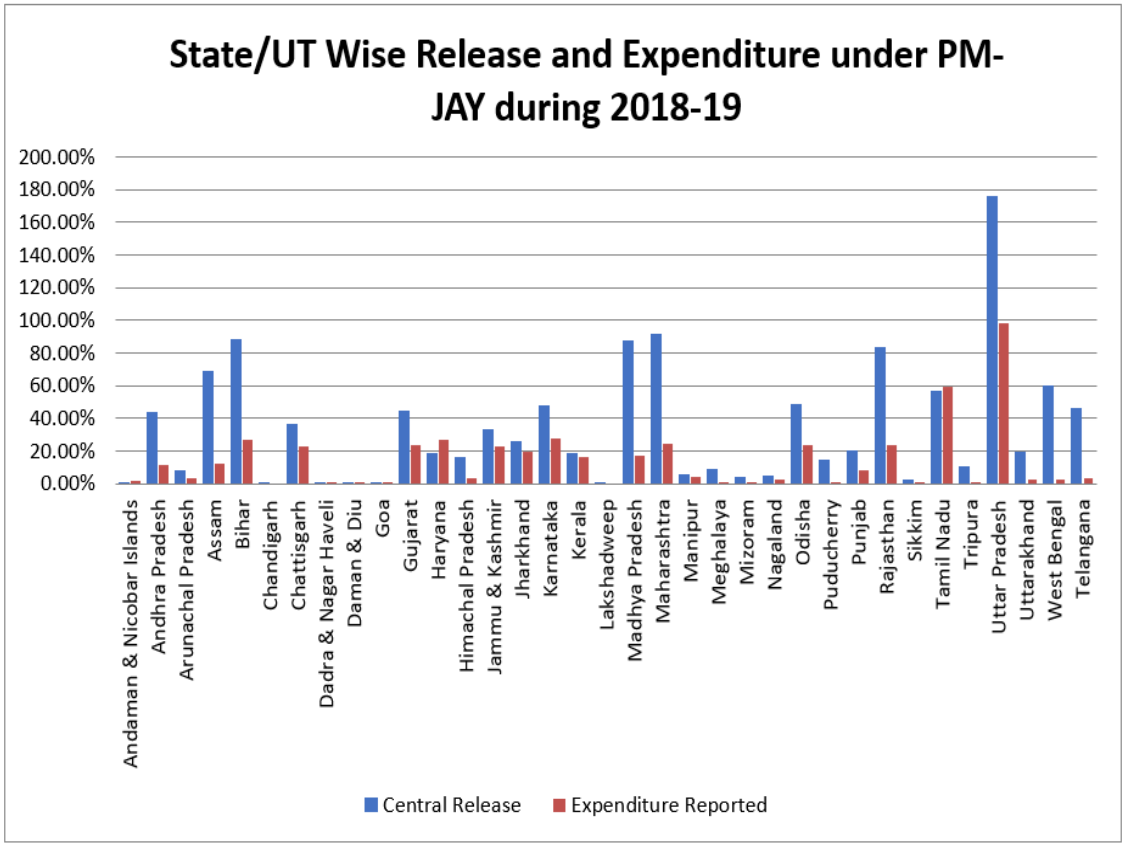


Source: State factsheets from PMJAY website. Available online at: https://www.pmjay.gov.in/node/810

Above Graph shows that total 73% eligible families across India were covered under PMJAY and State Schemes. 32% of families covered under states scheme and 41% of families were covered under PMJAY. Under any scheme total coverage was nearly 100% (using 2011 census figures) in Mizoram, Chhattisgarh, Arunachal Pradesh and Assam.

Fig 16: State/UT wise release and expenditure under PMJAY during 2018-19 (from MoHFW)

This graph shows the State/UT wise release and expenditure of amount sanctioned under PMJAY during the year 2018-19.



Data Source: https://data.gov.in/search/site?query=ayushman+bharat

Table 2: State/UT wise release and expenditure in ₹ crore under PMJAY during 2018-19 (from MoHFW)

S.N.	State/UT	Central Release	Expenditure reported by the States/UTs
1	Andaman & Nicobar Islands	0.8	2
2	Andhra Pradesh	43.51	11.15
3	Arunachal Pradesh	8.15	3.75
4	Assam	68.67	12.48
5	Bihar	88.5	27.25
6	Chandigarh	0.71	NA
7	Chhattisgarh	36.42	22.94
8	Dadra & Nagar Haveli	0.7	0.05
9	Daman & Diu	0.43	0.21
10	Delhi	NA	NA
11	Goa	0.79	0.1
12	Gujarat	44.64	23.62
13	Haryana	18.45	27.1
14	Himachal Pradesh	16.08	3.4
15	Jammu & Kashmir	32.66	22.7
16	Jharkhand	26.02	19.67
17	Karnataka	47.98	27.81
18	Kerala	18.43	16.14
19	Lakshadweep	0.18	NA
20	Madhya Pradesh	87.74	16.95
21	Maharashtra	91.27	24.59
22	Manipur	5.44	4.54
23	Meghalaya	8.64	0.66

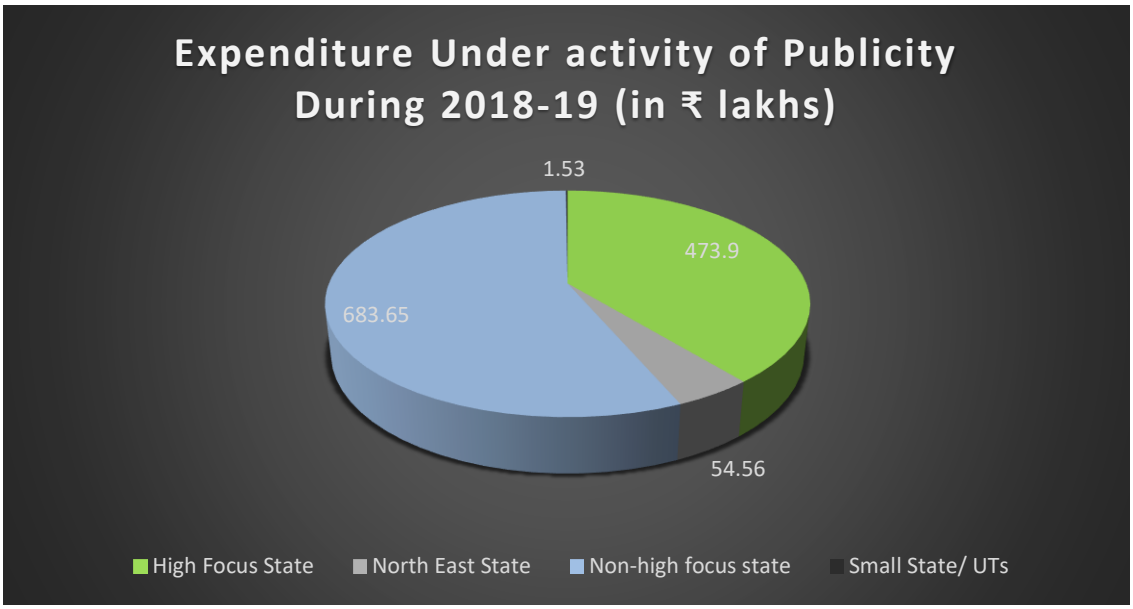
24	Mizoram	4.03	0.28
25	Nagaland	5.01	2.29
26	Odisha	48.34	23.66
27	Puducherry	14.46	0.14
28	Punjab	19.69	8.06
29	Rajasthan	83.7	23.44
30	Sikkim	2.16	0.32
31	Tamil Nadu	56.41	59.51
32	Tripura	10.18	0.75
33	Uttar Pradesh	176.1	98.42
34	Uttarakhand	19.62	2.91
35	West Bengal	59.47	2.31
36	Telangana	46.14	3.31
Grand Total		**1191.52**	**492.51**

Data Source: https://data.gov.in/search/site?query=ayushman+bharat

Above graph and table shows the State/UT wise release and expenditure under PMJAY during the year 2018-19. It was observed that Uttar Pradesh accounted for highest release from Central Government on the contrary lowest was observed in Daman and Diu. Highest expenditure was observed in Uttar Pradesh and lowest was reported in Goa. So, the total central release for all the states in 1191.52 crore and expenditure reported by these states is 492.51 crore

Fig 17: State/UT wise expenditure under activity of publicity for the programme for PMJAY during 2018-19 (from MoHFW)

Above figure shows the total expenditure on IEC activities for Health & Wellness centre (HWC) and Printing activities for HWC under NRHM and NUHM.

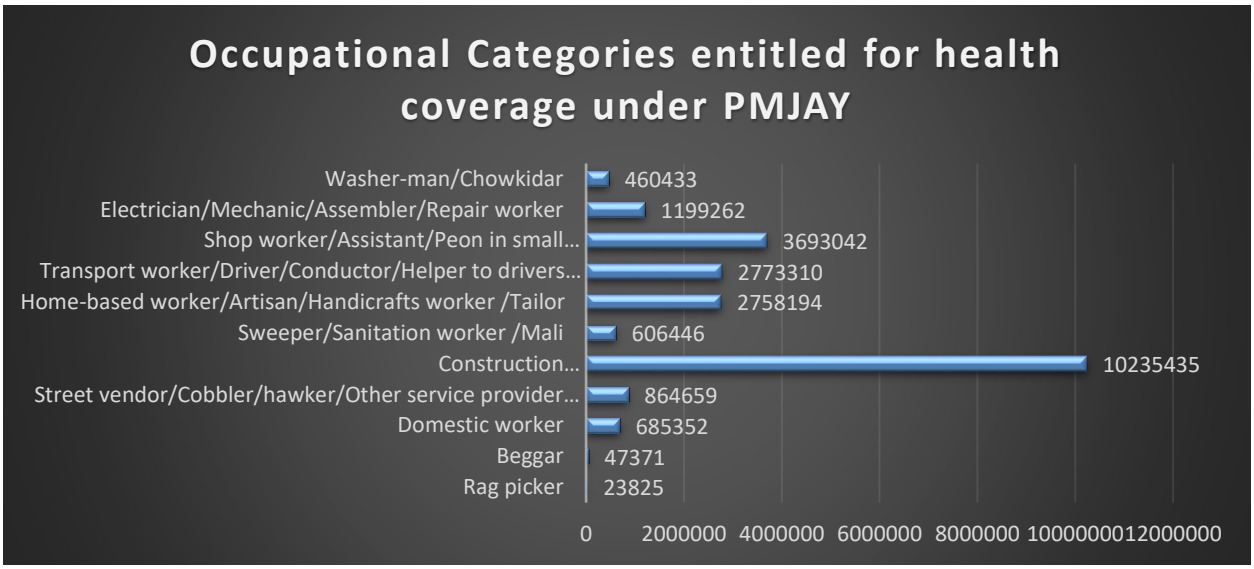


Source: https://data.gov.in/search/site?query=ayushman+bharat

It represents that under High Focus states come 10 states which spent 473.9 lakhs, under North East states come 8 states with the expenditure of 54.56 lakhs, 11 states were Non-high focus states which spent 683.65 lakhs, and 7 states comes under Small States/UTs which spent 1.53 lakhs in IEC activities. Among these, 14 States/UTs spend ₹ 0 for publicity. The reason for this is out of 14 states, 3 states viz Delhi, Telangana and Andhra Pradesh have not joined PMJAY.

Fig 18: Occupational categories entitled for health coverage under the scheme PMJAY as on Dec 2018

Graph shows the occupational categories for urban families with five lakh coverage as per 2011 Socio-Economic Caste Census (SECC) data.

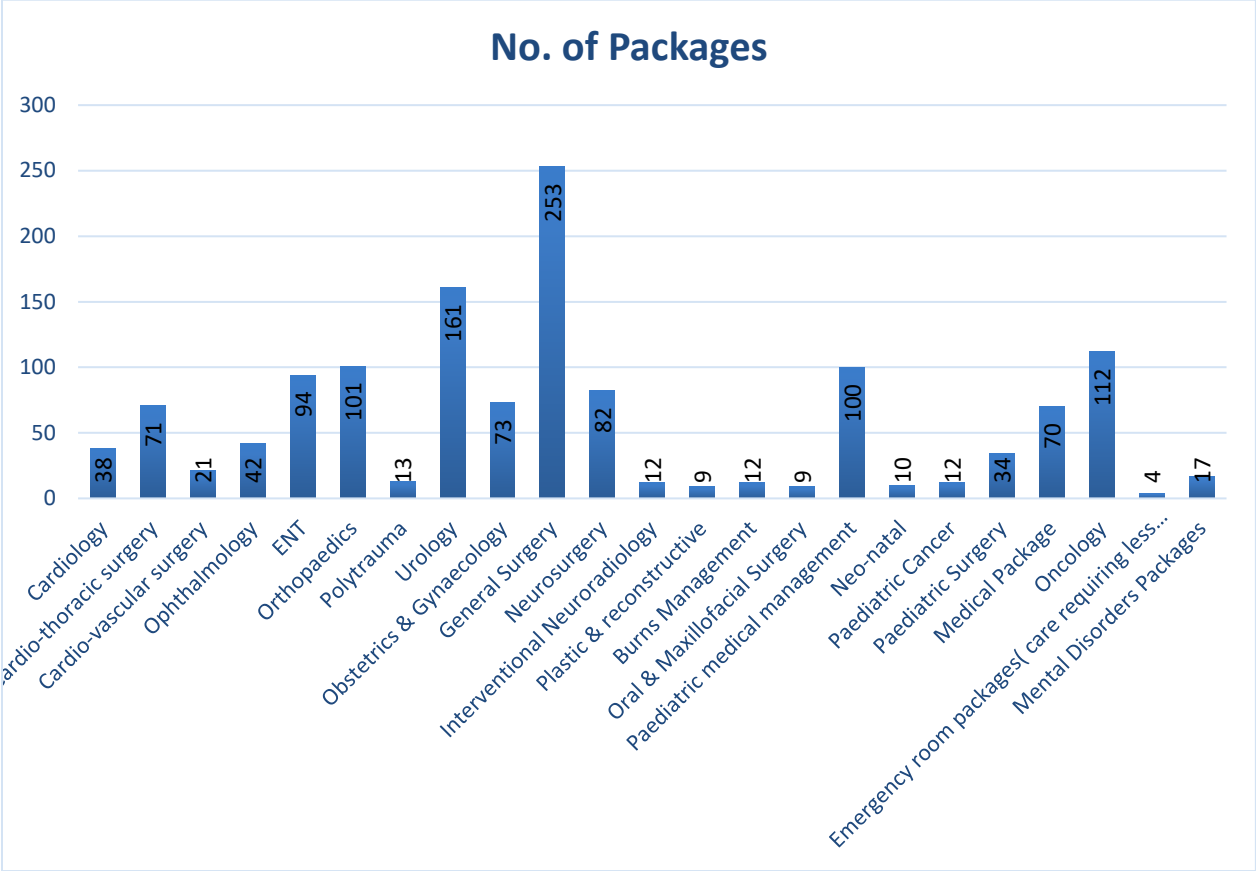


Source: https://data.gov.in/search/site?query=ayushman+bharat

It depicts that highest numbers of beneficiaries were found in the category of construction followed by transport worker/ driver/conductor and home-based worker/artisan/tailor. There are total 6 crore construction workers in India (according to official invest India website) that's why their count is highest amongst occupational categories. Total number of targeted Urban Households were 2,33,00,000

Fig 19: Details of 23 Medical Specialty covered under PMJAY on July 2018

Graph shows the details of 23 medical specialty which includes 1350 treatment packages.



Source: https://data.gov.in/search/site?query=ayushman+bharat

Above graph represents that General surgery shows highest number of packages, followed by urology and oncology whereas emergency room packages (care requiring less than 12 hours stay) comprised of only 4 packages. According to the data available from the union health ministry, every year 11.57 lakhs new cancer cases are reported in India and 7.84 cancer deaths took place. Tamil Nadu tops the state where maximum cancer patients benefitted treatment under PMJAY, trailed by Madhya Pradesh, Kerala and Gujrat.

Chapter 5

DISCUSSION: The Secondary research has been done to assess the effectiveness of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY) in Indian States and Union Territories. The graph made from the data available from government sources shows that since the launch of PMJAY, GoI allotments for medical coverage have seen a huge increment from the year 2018 to 2021, the scheme received a ₹ 4000 crore boost from the second last fiscal which is a positive sign of paving the way forward to cater the catastrophic out of pocket expenditure of socioeconomically deprived people. Under PMJAY, it was also noticed that the states and union territories have spent to great extent on IEC activities for Health & Wellness centre (HWC) and Printing activities for HWC to make aware of the scheme, however there were few states who have not spent on publicity of the scheme. The number of public hospital admissions were highest in Kerala, Chhattisgarh and Karnataka. The opposite was true for Andaman and Nicobar Islands, Sikkim and Goa. Similarly, highest number of private hospital admissions were seen in Chhattisgarh, Gujarat and Jharkhand. On the contrary, Andaman and Nicobar Islands, Arunachal Pradesh and Sikkim have least private hospitalizations. Of the total number of hospital admissions, 57.82% were private hospital admissions and 42.18% were private hospital admissions.

As on Feb 2019 few states like Madhya Pradesh, Uttar Pradesh, Haryana, Jharkhand and Bihar had already made significant gains by issuing 10,958,358 e-cards. As on July 2019 total number of beneficiary families covered under PMJAY were 1257.49 lakhs. Furthermore, on the basis of data it was observed that 19282 health and wellness centres were operational till June 2019. But the plan was setting up and upgrading 1.5 lakh HWC's, to cater to clinical treatment need and 1200 crores has been allotted under the plan for the purpose. The sum was insufficient for the number of centers it looks to build up.

It was seen that there were state differences with regard to coverage. Total coverage under any health insurance scheme was nearly 100 percent (using 2011 Census figures) in Mizoram, Chhattisgarh, Arunachal Pradesh, and Assam. Of the total families covered under any government funded health insurance scheme, PMJAY accounted for the majority at 56 per cent.

PMJAY have also included urban households under its beneficiaries on the basis of SECC data 2011 other than rural households, it focuses mainly on vulnerable and economically deprived people who are unable to access any kind of health insurance as well as active families under RSBY. Total of 1350 packages were included in scheme.

PMJAY assisted households to access secondary and tertiary care through subsidizing up to ₹ 5 lakhs per family per year. This assistance was valid for day care procedures and even applied to pre-existing conditions. PMJAY expands inclusion for more than 1,350 medical packages at empanelled public and private medical hospitals. ₹ 5 lakh insurance cover provided by the scheme cover both medical and surgical treatments in 23 specialities. The total number of target households were 107423846 during 2018-19 out of which the total number of beneficiaries under PMJAY were 10.52 crore, which accounted for 97.95% target households. Rest were beneficiaries of RSBY i.e., 2200000. So, PMJAY have targeted around 40 percent of poor and vulnerable population. It has also included families that were covered in the RSBY but were not present in the SECC 2011.

Chapter 6

CONCLUSION: Without a doubt Ayushman Bharat is a well-intentioned scheme moving in the direction of achieving Universal Health Coverage. Proper implementation of PMJAY will result in timely treatment, satisfaction of patients, improvement in health outcomes, improvement in efficiency and productivity leading to improvement in quality of life. There might be a scenario where the scheme has given fruitful results in one region but not be suitable for other regions. So, there would be need of the hour to understand the state specific challenges due to geopolitical diversity, cultural settings and states should adapt innovative models for working on the desirable solutions. PMJAY offers an opportunity to improve the health of a huge number of Indians and obliterate the poverty tormenting the country. Universal health coverage has become a key objective for health system around the world to improve the health of the worldwide populace under the Sustainable Development Goals. If this scheme is executed in the most ideal manner, it will take the healthcare in India into different level and India can show the whole world how a nation can deal with the health of its citizens in a reliable manner. To make this scheme a success, it would require cautious checking of the implementation of the program

to track progress against key budgetary, administration, and money related assurance measures and guard against unintended results. This study helped in assessing the scheme in Indian States/ UTs under various parameters.

Chapter 7

SUGGESTIONS:

- Out of 32 States/UTs empanelled under PMJAY, 14 states have not shown expenditure on IEC activities and printing activities for Health & Wellness centre (HWC) to create awareness among people regarding the scheme, so these states need to work for publicity on IEC activities.
- As per the study except for few states like Chhattisgarh in context of claims, most top performers were richer states. So, government should pay attention to make sure that benefits are distributed equally amongst well-off and poorer states.
- Apart from covering 1350 medical packages it does not cover treatment like bone marrow transplant which is becoming a hurdle in availing treatment for poor patients for fatal disease like aplastic anaemia apart from being entitled under PMJAY. Also, package covers Pacemaker but its battery which needs to be replaced in 5-15 years depending upon the type of device is not covered under PMJAY. So, addition of few more packages should be considered.
- According to this scheme it was seen that treatment starts after hospitalisation of patient but of the high OOP payment by patients, the bulk is spent on out-patient treatment so, OPD expenses under PMJAY should also be taken into consideration.

Chapter 8

REFERENCES:

- Keshri VR, Gupta SS. Ayushman bharat and road to universal health coverage in India. J Mahatma Gandhi Inst Med Sci [serial online] 2019 [cited 2020 May 30];24:65-7. Available from: http://www.jmgims.co.in/text.asp?2019/24/2/65/267010
- Khetrapal S, Acharya A. Expanding healthcare coverage: An experience from Rashtriya Swasthya Bima Yojna. Indian J Med Res 2019;149:369-75
- Dhaka R, Verma R, Agrawal G, Kumar G. Ayushman Bharat Yojana: a memorable health initiative for Indians. Int J Community Med Public Health 2018;5:3152-3.
- Angell BJ, 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 Med 16(3): e1002759.
- https://doi.org/10.1371/journal.pmed.1002759
- https://pmjay.gov.in/about/pmjay
- https://data.gov.in/search/site?query=ayushman+bharat
- Crisil. Ayushman Bharat Improvement in quality of government infrastructure and leveraging private sector at right price to be crucial tasks for the scheme [Internet].2018 [12 July 2018]. Available from: https://www.crisil.com/content/dam/crisil/our-analysis/reports/Research/documents/2018/july/CRISIL-Opinion-Ayushman-Bharat-Programme-12July2018.pdf
- Annual Report Ayushman Bharat Pradhan Mantri Jan Arogya yojana 2018-2019.Available from: https://pmjay.gov.in/sites/default/files/2019-09/Annual%20Report%20-%20PMJAY%20small%20version_1.pdf
- IBEF. Ayushman Bharat [Internet] 2018 [February 2018]. Available from: https://www.ibef.org/research/india-study/ayushman-bharat

- Sethi S, Sharma P, Kumar A, Singh N, Kishore J. 'Ayushman Bharat is a Boon for the Country': Against the Motion. Int J Preven Curat Comm Med 2019; 5(3): 36-40.
- Bakshi, H., Sharma, R., & Kumar, P. (2018). Ayushman Bharat Initiative (2018): What we Stand to Gain or Lose! *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, *43*(2), 63–66. Available from: https://doi.org/10.4103/ijcm.IJCM_96_18
- Ayushman Bharat- PMJAY at one: A step closer to universal health coverage [cited 2019 Sep 24] Available from: https://www.orfonline.org/research/ayushman-bharat-pmjay-at-one-a-step-closer-to-universal-health-coverage-55807/
- Best practices and innovation: one year of PMJAY implementation across states, India 2018-19. Available from: https://www.pmjay.gov.in/sites/default/files/2019-09/Best%20practices%20small%20version_1.pdf
- Discrepancies in Ayushman Bharat and Rashtriya Arogya Nidhi Schemes. [cited 2019 Dec 29] Available from: http://kkaggarwal.com/Editorial/discrepancies-in-ayushman-bharat-and-rashtriya-arogya-nidhi-schemes/
- Pareek Manoj. Ayushman Bharat- National Health Protection Mission a way towards Universal Health Cover by reaching the bottom of the pyramid to be a game changer or non- starter International Journal of Advanced and Innovative Research (2278-7844)/ Volume7 Issue 7