AAYUSHMAN BHARAT YOJANA: A REVOLUTIONARY SCHEAME FOR HEALTH AND MEDICAL SECTOR AND ITS COMPARATIVE STUDY ON INDIAN ECONOMY

Dr.Ashok Kumar Mishra

Research Supervisor

Associate Professor, Department of Commerce

K.S.Saket (P.G.) College, Ayodhya

(Affiliated to Dr.R.M.L.Awadh University, Ayodhya)

Divya Mishra

Research Scholar, Department of Commerce

Dr.R.M.L.Awadh University, Ayodhya

Under the Supervision of Dr. Ashok Kumar Mishra

Dr. Mohd Naseem Siddiqui

Assistant Professor & Life Member of I.S.C.A, Kolkata

Department of Commerce

Mumtaz P.G. College, Lucknow

(Associated to university of lucknow)

ABSTRACT

The uncertainties in life have led to the growth of the healthcare sector in India. There has been a subsequent rise in the demand for health insurance plans over the past three decades. The government of India is keen on providing its citizens with better healthcare services to battle medical contingencies. In fact, the authority is planning to increase the public health expenditure to 2.5 percent of the country's GDP by the year 2025. Due to this very reason, the Government of India has introduced Pradhan Mantri Jan Arogya Yojana (PMJAY) and Prime Minister Modi announced it from the ramparts of the Red Fort. This scheme subsumes Ayushman Bharat Yojana, which was the flagship programme launched by the government, offering financial protection to the poor in case of unannounced medical exigency. Hence, it is also known as AB-PMJAY scheme among the masses. Finserv MARKETS brings to you all the PMJAY scheme details you need.

KEYWORDS: H-Healthcare, C-Contingencies, P-Protection, R-Ramparts.

INTRODUCTION

The primary aim of PMJAY scheme is to provide health coverage to approximately 50 crore citizens of India. Moreover, it offers beneficiaries with an average coverage amount of Rs. 5 Lakh. This covers a majority of diagnostics, medicines, pre-hospitalization costs, and medical treatment expenses. In addition to this, the cashless, as well as paperless services, work in the favour of the nominees at any given point of time in their lives.

PMJAY Scheme makes quality healthcare accessible to the poorest of poor families in India. Hence, the benefits offered by this health plan are massive. Take a look at these PMJAY benefits provided to every needy family:

The Benefits of PMJAY Scheme

- It handles all the uncovered hospital expenses with ease.
- It provides a cashless facility to its beneficiaries.
- It covers the transport allowances of the beneficiary during the pre-hospitalization and post-hospitalization period.
- It covers the day-care expenses within the insurance package.
- It also covers the pre-existing ailments of the beneficiary, which are included under the PMJAY plan.
- It makes provisions for the follow-up treatments to ensure the complete recovery of the patient.

CHECK OUT HEALTH INSURANCE PLANS

PMJAY has specific criteria requirements. The criteria depend on the data collected under the Socio-economic caste census conducted in the year 2011. Under the Pradhan Mantri Jan Arogya Yojana, the eligibility criteria are divided between the rural and the urban sectors of India. Take a look below:

Criteria for Rural and Urban People under PMJAY Scheme

Like we know, over 10 crore families across the country will be provided basic health care under the PMJAY scheme. This facility is mainly for the poor and the families with lower middle income. The health coverage provided is of INR 5 lakh per family. Among the 10 crore families, almost 8 crore families belong to the rural areas while the remaining are from the urban areas. If we break the statistics even further, the scheme will be beneficial to over 50 crore individuals. Now, just like any other health plan, PMJAY scheme too has certain pre-conditions. Depending on these pre-conditions, it picks who can avail the health coverage benefits. When it comes to rural areas, the eligibility criteria mainly depends on the individuals' living conditions, income, and other deprivations. Whereas for the urban areas, it is based on each individual's occupation.

PMJAY Rural

According to the 71st round of the National Sample Survey Organisation, over 85.9% of people in rural areas do not have access to basic healthcare plans. Moreover, 24% of the rural population seeks healthcare facilities by borrowing money. This is where PMJAY scheme comes in handy. It helps these people avoid getting into a debt trap and avail health facilities. This scheme is economically beneficial to underprivileged households. Also, the families enrolled under the Rashtriya Swasthya Bima Yojana (RSBY) will be covered under the PMJAY scheme.

In the rural areas, the PMJAY health facility is available to -

- People belonging to scheduled caste and scheduled tribe families
- Households with no male member between the age of 16 years and 59 years

- Beggars and those surviving on alms
- Families with no individual between the age of 16 years and 59 years
- Households with at least one physically challenged member and no healthy adult individual
- Landless families who make a living by working as casual manual labourers
- Primitive tribal communities
- Legally released bonded labourers
- People living in one-room makeshift houses with no proper walls or roof
- Manual scavenger families

PMJAY Urban

Much like the rural areas and as per the 71st round of the National Sample Survey Organisation, over 82% of urban families do not have access to adequate healthcare insurance. Furthermore, over 18% of the urban population avails health facilities by borrowing money in one form or another. With the PMJAY scheme, these people can avail healthcare services, as the funding provided is of INR 5 lakh per family. According to the Socio-Economic Caste Census 2011, PMJAY in the urban areas is beneficial to workers' families. Also, the families enrolled under the Rashtriya Swasthya Bima Yojana (RSBY) will be covered under the PMJAY scheme.

In the urban areas, PMJAY scheme can be availed mainly by -

- Washerman/ Chowkidars
- Rag Pickers
- Mechanics, electricians, and repair workers
- Domestic help
- Sanitation workers, gardeners, and sweepers
- Home-based artisans and handicraft workers
- Tailors
- Cobblers, hawkers, and people providing services by working on streets or pavements
- Plumbers, masons, construction workers, porters, welders, painters, and security guards
- Transport workers such as drivers, conductors, helpers, cart, or rickshaw pullers
- Assistants, peons of a small organization, delivery men, shopkeepers and waiters

People Who are Not Entitled for Health Coverage under PMJAY Scheme

People who are not eligible for availing PMJAY health services include the ones –

- Owning a two, three, or four-wheeler or a motorized fishing boat
- Have a mechanized farming equipment
- Have a Kisan card with a credit limit of INR 50,000
- Employed by the government
- Working in government-managed non-agricultural enterprises
- Earning a monthly income above INR 10,000
- Owning refrigerators and landlines
- With decently build houses
- Owning 5 acres or more of agricultural land

GET AFFORDABLE SACHET INSURANCE PLANS

Medical Packages and Hospitalization Process in Ayushman Bharat Yojana Scheme

Individuals, as well as families, can utilize the health coverage of INR 5 lakh provided under the Pradhan Mantri Arogya Scheme. This amount is enough to cover medical expenses and surgical treatments in almost 25 specialities that include cardiology, neurology, oncology, paediatrics, and orthopaedics. However, you cannot reimburse medical and surgical expenses simultaneously.

In case of multiple surgeries, the surgery with the highest cost is paid in the first instance; then a 50% waiver is offered for the second surgery and a 25% discount on the third.

Additionally, unlike other health insurance plans, PMJAY has no waiting period for pre-existing illnesses. This service comes under a larger umbrella scheme of Ayushman Bharat Yojana. So, in case you or any of your loved ones need immediate medical assistance, you do not have to worry about the expenses incurred. However, make sure that the individual seeking treatment is admitted in a network government or private hospital.

Moreover, this scheme also provides cashless treatment and hospitalization, primarily because of the 60:40 cost-sharing agreement between the Centre and States. Once you are recognized under the plan, you and your family members will be issued Ayushman Bharat Golden Card by professionals identified as Ayushman Mitras. The PMJAY or Ayushman Bharat Golden Card is an e-card that allows you to avail the benefits of Pradhan Mantri Jan Arogya Yojana at any of the network hospitals. Since September 2018, a significant number of hospitals across the country have been empanelled under the PMJAY scheme. At present, over 15,000 hospitals form a part of this government-funded healthcare program, among which 50% of the hospitals are private hospitals.

- Select your state and district area
- Choose the type of hospital you are looking for (public, private and for profit, or private and not for profit)
- Choose the kind of medical guidance you need
- Enter the captcha code
- Click on search

The system will provide the list of the PMJAY empanelled hospitals with respective addresses, contact details, and official website. You can also click on <u>Ayushman Bharat Hospital List</u> to know more about the de-empanelled hospitals under the PMJAY scheme.

About Ayushman Bharat Yojana Card

The PMJAY beneficiaries can avail cashless healthcare services at any of the empanelled hospitals by simply using the Ayushman Bharat Golden Card. The beneficiaries are issued a PMJAY golden card at the time of registration. This e-card card contains all your necessary information and is mandatory to provide it when availing the treatments under the scheme.

To get the Ayushman Bharat Yojana Card, follow the below steps:

- 1. Visit the official PMJAY website
- 2. Login with your registered contact number
- 3. Enter the captcha code and generate the OTP (One-Time-Password)
- 4. Opt for the HHD code
- 5. Provide the correct HHD code to the Common Service Centre (CSC)
- 6. They will check and verify the details provided
- 7. The CSC representative (also known as Ayushman Mitra) will complete the remaining process
- 8. You will have to pay INR 30 to get the Ayushman Bharat Golden Card

Under the PMJAY Scheme, the private hospitals provide their services at large. Moreover, the beneficiaries can avail the services of primary, tertiary and secondary hospitals.

Paperless

With PMJAY Schemes, one can ensure paperless and scalable health insurance plans. The paperless transaction is possible under the leadership of the National Institution for Transforming India (NITI) Aayog.

Premium

The health insurance premiums are a significant aspect for the continuance of the policy in the long run. Since the State health agencies of India fix the premium, it is affordable.

Families

The benefits of PMJAY plans are provided to either over 10.74 vulnerable families or approximately 50 crore beneficiary families.

PMJAY Illness Coverage

PMJAY scheme provides funding of INR 5 lakhs per family annually. The benefit can be utilized for daycare procedures and can even be availed for pre-existing illnesses. Some of the critical ailments covered under the plan are as follows –

- Prostate cancer
- Coronary artery bypass grafting
- Double valve replacement
- Carotid angioplasty with stent
- Pulmonary valve replacement
- Skull base surgery
- Laryngopharyngectomy with gastric pull-up
- Anterior spine fixation
- Tissue expander for disfigurement following burns

Similar to any other health insurance plan, PMJAY has a minimal list of exclusions as follows –

- OPD
- Drug rehabilitation programme
- Cosmetic related procedures
- Fertility related procedures
- Organ transplant
- Individual diagnostics (for evaluation purposes)

Documents Required to Apply for the Ayushman Bharat Yojana Scheme

- A certified document confirming your age and identification.
- Existing contact details of the buyer
- Income certificate
- Caste certificate
- A document stating the current family status.

How to lodge a complaint or grievance on the PMJAY portal

To sum up, the exorbitant medical expenses have made having comprehensive health insurance the need of the hour. However, certain people cannot afford the premiums of health insurance plans. The PMJAY programme is a measure to help the underprivileged families to tackle medical emergencies. In the end, health is an essential aspect of our lives. Hence, it should not be ignored, at any cost. Ayushman Bharat registration can be done in order to get access to quality healthcare under this programme. Thus eventually, every citizen of our country will be able to lead a worry-free healthy life.

Pradhan Mantri Jan Arogya Yojana (PMJAY), is one of the world's largest national health insurance schemes. Under this umbrella medical insurance scheme, the Government has launched several healthcare initiatives like National Health Protection Scheme (NHPS), Rashtriya Swasthya Bima Yojana (RSBY), Senior Citizen Health Insurance Scheme (SCHIS) and Employees' State Insurance Scheme (ESIS). Get exclusive insights and details related to all healthcare programs under the PMJAY scheme at Finserv MARKETS.

Also, since the PMJAY scheme has been launched recently, a majority of people are unaware of this government initiative. Hence, you can go through these top frequently asked questions (FAQs) about the Ayushman Bharat Yojana Scheme mentioned below.

Over 20 lakh ayushman golden cards issued under PMJAY in Jammu and Kashmir

After waiting for quite a few months, J&K residents have received the ayushman bharat card to avail the benefits under the PMJAY scheme. As per authorities, over 20 lakh golden cards have been issued to the residents to avail PMJAY coverage of up to ₹5 lakh every year.

Telangana State to implement the PMJAY Scheme

The National Health Authority (NHA) recently signed a memorandum of understanding (MoU) with the Telangana State (TS) Government to implement PMJAY with immediate effect. After including the TS, the Ayushman Bharat scheme now has a total of 33 states and union territories under it.

Kashmir residents enrolled under Ayushman Bharat Yojana have to wait for their health cards

Recently, the State Health Agency that processes and approves the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PMJAY) health cards is experiencing delays. Due to lack of manpower, the agency is unable to process the applications and approve the same on time, because of which, Kashmiri residents enrolled under the scheme are yet to receive their golden health cards.

Centre intends to cover rare diseases under National Arogya Nidhi scheme

On April 3, 2021, Union Health Minister, Dr. Harsh Vardhan, allowed the National Policy for Rare Diseases 2021 to be covered under the National Arogya Fund for treatment of rare diseases under the scheme. The subsidy of up to ₹20 Lakhs is not only available to low-income families but will also be extended to about 40% of the people eligible under PMJAY.

Celebrating Ayushman Bharat Diwas 2021

The Government of India celebrates Ayushman Bharat Diwas on April 30 every year to promote the government healthcare facilities in remote regions of the country. The day also marks the launch of the Pradhan Mantri Jan Arogya Yojana (PMJAY) scheme by PM Narendra Modi. The policy is popular for providing various healthcare-related benefits to families with low income in India. PMJAY offer a health coverage of ₹5 lakh annually to them, along with free access to a wide range of healthcare facilities across empanelled hospitals.

Since the National Health Authority's (NHA) 'Aap Ke Dwar Ayushman' campaign was launched on February 1, 2021, a record 8,00,000 beneficiaries have been added under the PMJAY scheme in a single day (March 14, 2021). Authorities say that the record turnout can be attributed to India's Covid-19 vaccine drive. Beneficiaries under the scheme can access free healthcare, including coronavirus care, and get vaccinated for free across all PMJAY-empanelled hospitals.

Ayushman Bharat beneficiaries will receive free PVC cards

The National Health Authority (NHA) signed an agreement with the UTI Infrastructure Technology and Services Limited (UTIITSL) to provide free PVC cards to eligible PMJAY beneficiaries. The PVC Ayushman card is said to have good quality, safe, and durable. Earlier, the beneficiaries had to pay Rs. 30 as fees at UTIITSL to get the Ayushman Card. Now, the PVC card is free of cost to all the eligible PMJAY beneficiaries.

States & UTs can ally with AB-PMJAY to run health protection schemes: Govt

Recently, as a written reply in the Rajya Sabha, Ashwini Kumar Choubey, Minister of State Health and Family Welfare, confirmed that states and UTs can now run their health schemes alongside AB-PMJAY, bearing the cost at their end. While doing so, they can use the empaneled hospital network, health benefit packages and PMJAY's shared IT platform.

The health scheme's funding is shared between central and state governments in a particular ratio. As per the details released, the ratio of the central government share to that of the state government share in case of most of the states is 60:40. While this is the scenario of the states, the number is quite different when it comes to UTs. With regards to UTs, the central government contributes 100% of the health plan's premium.

PMJAY led to better health outcomes, compared West Bengal to neighbouring states: Economic Survey

On comparing the states that implemented PMJAY and those which did not, the Economic Survey revealed that it has showcased substantial enhancements in a number of health outcomes witnessed in the states that adopted the scheme. With more penetration for health insurance, improvement in access and utilization of services for family planning, more awareness for HIV/AIDS and decreased mortality rates of infants and children, the implementation of PMJAY has proven beneficial. It is important to note that even in such a short span, the effects of the scheme have proved beneficial, further underlining the potential of the scheme.

PMJAY remained a reliable scheme even during COVID-19: Economic Survey

Being a component of the Ayushman Bharat Yojana that provides economically backward citizens access to healthcare, PMJAY captured major eyeballs. That's not all! As per the recent Economic Survey, people relied on the scheme even during the pandemic wave and through the lockdown. The survey further confirmed that the PMJAY scheme is being utilized extensively for the purpose of affordable care at a higher frequency, which includes the general usage of healthcare services. When compared, West Bengal being a state that did not implement the scheme, other states showcased that there was an decrease in the proportion of households with health insurance coverage. Not just this, the use of methods like contraception, use of pills and female sterilization saw an increase of 36%, 22% and 28% in the neighbouring states of Bihar, Assam and Sikkim respectively, while there was barely any change witnessed in West Bengal.

Government launches Ayushman Bharat Health Scheme for CAPF

A government health insurance scheme under Ayushman Bharat - PMJAY has been launched for the Central Armed Police Force (CAPF). It is known as the Ayushman CAPF. The scheme provides cashless health facilities to over 28 lakh CAPF personnel and their family members. Under the Ayushman CAPF scheme, beneficiaries can access high-quality healthcare facilities at over 24,000 hospitals across India.

Empanelled private and government hospitals under PMJAY to get star ratings

There are over 23,000 hospitals empanelled under the scheme across the country. Both the private and government hospitals empanelled under the PMJAY scheme will get star ratings based on six quality domains – effective, timely, safe, patient-centred, efficient, and equitable healthcare. For any hospital to get a five-star rating, it needs to score above or equal to 90 per cent. To get a four-star rating the hospital needs to score 75 to 90 per cent; for a three-star rating, it has to score 50 to 75 per cent; for two-star rating, it needs to score 25 to 50 per cent; whereas to get a one-star rating it has to score less than 25 per cent. Moreover, these ratings will be reviewed every month based on the quality domains.

The Governing Board of NHA approves the integration of existing health schemes of Central Ministries with PMJAY scheme.

Recently, the Governing Board of the National Health Authority (NHA) sat and reviewed the implementation of health facilities under the PMJAY scheme. The meeting concluded with approval from the authorities to integrate the existing health facilities of Central Ministries with PMJAY for employees (government as well as contractual employees). Other beneficiary groups, such as building and construction

workers, manual scavengers, road accident victims, and Central Armed Police Force (CAPF) personnel, can also access these facilities.

A new cashless scheme for road accident victims is introduced in PMJAY.

According to the Union Road Transport Ministry, the government is planning to offer cashless treatments for the road accident victims by creating a special road accident fund under the PMJAY scheme.

A piece of good news for PMJAY beneficiaries!

The National Health Authority (NHA) has started to empanel dialysis centres and laboratories to extend the benefits of the PMJAY scheme that helps the low-income families across India.

- When Ayushman Bharat Yojana began there were questions of how to reconcile its plans with other existing health development recommendations, such as from NITI Aayog. A major challenge of implementing a national health care scheme would be starting with infrastructure in need of development to be part of a modern national system. While Ayushman Bharat Yojana seeks to provide excellent healthcare, India still has some basic healthcare challenges including relatively few doctors, more cases of infectious disease, and a national budget with a comparatively low central government investment in health care. Some of the problems lay outside the Health Ministry such as urban development or transport. While many government hospitals have joined the program, many private corporate hospitals have not. The private hospitals report that they would be unable to offer their special services at the government low price, even with a government subsidy.
- The scheme has faced challenges in form of fraudulent bills. In response, <u>National Health Authority</u> has revoked empanelment of 171 hospitals and imposed a penalty of ₹4.6 <u>crore</u> (US\$640,000). Another 390 hospitals have been issued show cause notice.
- There have been media reports of misuse of the Ayushman Bharat scheme by unscrupulous private hospitals through submission of fake medical bills. Under the Scheme, surgeries have been claimed to be performed on persons who had been discharged long ago and dialysis has been shown as performed at hospitals not having kidney transplant facility. There are at least 697 fake cases in Uttarakhand State alone, where fine of ₹1 crore (US\$140,000) has been imposed on hospitals for frauds under the Scheme. However, unlike the earlier RSBY (Rashtriya Swasthya Bima Yojana) era, plagued by lax monitoring of insurance fraud, AB-PMJAY involves a robust information technology infrastructure overseeing transactions and locating suspicious surges across the country. Health Minister Harsh Vardhan has blacklisted hospitals and named them publicly for misconduct. Initial analysis of high-value claims under PMJAY has revealed that a relatively small number of districts and hospitals account for a high number of these, and some hint of an anti-women bias, with male patients getting more coverage. Despite all efforts to curb foul-play, the risk of unscrupulous private entities profiteering from gaming the system is clearly present in AB-PMJAY.

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