

# **An Overview of Ayushman Bharat– Pradhan Mantri Jan Arogya Yojana**

**Priya Hazarika**

Department of Economics, Dibrugarh University, Dibrugarh, Assam  
hazarikapuja403@gmail.com

## **Abstract-**

Ayushman Bharat is National Health Protection Scheme, which will cover over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage upto 5 lakh rupees per family per year for secondary and tertiary care hospitalization. Ayushman Bharat - National Health Protection Mission will subsume the on-going centrally sponsored schemes - Rashtriya Swasthya Bima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS). AB-PMJAY is an entitlement-based scheme. All the eligible beneficiary families are covered from day one of the implementation of the scheme in the States/UTs. AB-PMJAY does not require enrolment. However, beneficiary verification process is being undertaken to verify the genuineness of the beneficiary. Ayushman cards are issued to all eligible beneficiaries as part of this process to ensure easy availing of health benefits. Targets are not fixed for AB-PMJAY as the scheme operates on the basis of beneficiary demand for healthcare services. All the eligible beneficiaries of the implementing States/UTs are entitled for free healthcare services under the scheme from the day of launch of the scheme. While there are significant challenges facing the program, by providing the impetus for system-wide reform, AB-PMJAY presents the nation with a chance to tackle long-term and embedded shortcomings in governance, quality control, and stewardship and to accelerate India's progress towards the stated goal of universal health coverage provision.

**Key words** : Ayushman Bharat Pradhanmantri Jan Arogya Yojana (PM-JAY), Sustainable Development Goals (SDG), Socio Economic Caste Census (SECC) ,

Health and Wellness Center (HWCs) , comprehensive Primary Health Care (CPHC)

## 1.Introduction-

The government of India has introduced one of the world largest government-funded health insurance schemes "The Ayushman Bharat -Pradhanmantri Jan Arogya Yojana( PM-JAY) 2018 to cover over 10crore poor and vulnerable families providing coverage upto ₹ 5 lakh per family per year for accessing secondary and tertiary level care. The scheme Ayushman bharat was launched as recommended by the National Health Policy 2017, to achieve the vision of universal health coverage. This initiative has been designed to meet Sustainable Development Goals (SDG) and it's underlying commitment , which is to " Leave no one behind". It summarize a progression towards promotive, preventive, palliative and rehabilitative aspects of universal health coverage through access of health and wellness centre (HWCs) at the primary level and provisioning of financial protection for curative care at the secondary and tertiary levels through engagement with public and private sector. The household included in this scheme is based on the deprivation and occupational criteria of the Socio-Economic Caste Census 2011 (SECC2011) for rural and urban areas respectively. PM-JAY is fully funded by the government and the cost of implementation is shared between the central and the state government.

## 2.Objective-

- 1) To analyze the features of PM-JAY yojana.
- 2) To explore the benefits of PM-JAY yojana amongst beneficiaries.
- 3) To examine the drawbacks of PM-JAY yojana.

## 3.Methodology-

The present study is descriptive in nature. The study is based on secondary sources. The relevant data have been collected from the government official websites like

National health portal, National Health authority and also from research paper, magazine, conference paper etc.

#### 4. Analysis:

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

Health and Wellness Centres (HWCs)

Pradhan Mantri Jan Arogya Yojana (PM-JAY)

##### 1. Health and Wellness Centers (HWCs):

In February 2018, the Government of India announced the creation of 1,50,000 Health and Wellness Centres (HWCs) by transforming the existing Sub Centres and Primary Health Centres. These centres are to deliver Comprehensive Primary Health Care (CPHC) bringing healthcare closer to the homes of people. They cover both, maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.

Health and Wellness Centers are envisaged to deliver an expanded range of services to address the primary health care needs of the entire population in their area, expanding access, universality and equity close to the community. The emphasis of health promotion and prevention is designed to bring focus on keeping people healthy by engaging and empowering individuals and communities to choose healthy behaviours and make changes that reduce the risk of developing chronic diseases and morbidities.

##### 2. Pradhan Mantri Jan Arogya Yojana (PM-JAY):

The second component under Ayushman Bharat is the Pradhan Mantri Jan Arogya Yojna or PM-JAY as it is popularly known. This scheme was launched on 23rd

September, 2018 in Ranchi, Jharkhand by the Hon'ble Prime Minister of India, Shri Narendra Modi.

Ayushman Bharat PM-JAY is the largest health assurance scheme in the world which aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 12 crores poor and vulnerable families (approximately 55 crore beneficiaries) that form the bottom 40% of the Indian population. The households included are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. PM-JAY was earlier known as the National Health Protection Scheme (NHPS) before being rechristened. It subsumed the then existing Rashtriya Swasthya Bima Yojana (RSBY) which had been launched in 2008. The coverage mentioned under PM-JAY, therefore, also includes families that were covered in RSBY but are not present in the SECC 2011 database. PM-JAY is fully funded by the Government and cost of implementation is shared between the Central and State Governments.

## 5.Key Features of PM-JAY:

a.PM-JAY is the world's largest health insurance/ assurance scheme fully financed by the government.

b.It provides a cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization across public and private empanelled hospitals in India.

c.Over 12 crore poor and vulnerable entitled families (approximately 55 crore beneficiaries) are eligible for these benefits.

d.PM-JAY provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital.

e.PM-JAY envisions to help mitigate catastrophic expenditure on medical treatment which pushes nearly 6 crore Indians into poverty each year.

f.Services include approximately 1,929 procedures covering all the costs related to treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT and ICU charges etc.

g. Public hospitals are reimbursed for the healthcare services at par with the private hospitals.

It covers up to 3 days of pre-hospitalization and 15 days post-hospitalization expenses such as diagnostics and medicines.

h. There is no restriction on the family size, age or gender

## 6. Benefits:

AB PM-JAY provides cashless cover of up to ₹ 5,00,000 to each eligible family per annum for listed secondary and tertiary care conditions. The cover under the scheme includes all expenses incurred on the following components of the treatment:

- a) Medical examination, treatment, and consultation
- b) Pre-hospitalization
- c) Medicine and medical consumables
- d) Non-intensive and intensive care services
- e) Diagnostic and laboratory investigations
- f) Medical implantation services (where necessary)
- g) Accommodation benefits
- h) Food services
- i) Complications arising during treatment
- j) Post-hospitalization follow-up care up to 15 days

The benefits of ₹ 5,00,000 are on a family floater basis which means that it can be used by one or all members of the family. Under AB PM-JAY, there is no cap on family size or the age of members. In addition, pre-existing diseases are covered from the very first day. Any eligible person suffering from any medical condition

before being covered by PM-JAY will now be able to get treatment for all those medical conditions as well under this scheme right from the day they are enrolled.

## 7.Drawbacks:

a.The scheme fails to cover the poor and vulnerable people of those regions. The target of the scheme is to cover poor and vulnerable section of the society. But the total accomplishment under this ground is yet to go a mile.

b.Ayushman Bharat Yojana is complete digital and paperless program. But in India due to illiteracy, proper knowledge or due to lack of awareness, many people in rural and backward regions are being unable to access the services of the scheme in spite of the great need of it.

c.The government needs to address some implementation issues of the scheme. For one, there is a pressing need to improve its outreach, as millions of deserving citizens remain excluded because of the enrolment criteria, or they are not well-informed about this insurance, and sometimes due to limited administrative infrastructure.

d.Another drawback of PMJAY is the limited network of empanelled hospitals for treatment. Moreover, some private hospitals insist on an upfront payment, which they promise to reimburse only after the government pays for the treatment. This defeats the cashless feature of PMJAY.

## 8.Conclusion-

The Ayushman Bharat scheme plays a crucial role in providing Universal Health Coverage in India by addressing the financial burden of healthcare expenses for the poor and vulnerable sections of society.

It provides cashless and paperless healthcare services to beneficiaries, including pre-hospitalization expenses, hospitalization expenses and post-hospitalization expenses. The scheme covers both public and private hospitals, giving beneficiaries access to a wide range of healthcare providers and services.

The Ayushman Bharat scheme also aims to improve the quality of healthcare services by providing accreditation to healthcare providers based on their performance. The scheme provides financial incentives to healthcare providers for delivering quality healthcare services and penalizes them for sub-standard performance.

This incentivization mechanism ensures that healthcare providers deliver quality services and helps improve the overall quality of healthcare in the country.

The scheme also promotes the use of technology in healthcare delivery by providing a technology-driven platform for beneficiaries to access healthcare services. The PMJAY IT platform provides real-time information on beneficiaries, hospitals, and claims, making the process of availing healthcare services more efficient and transparent. This technology-driven approach also enables the government to monitor the performance of healthcare providers and ensure that beneficiaries receive quality healthcare services.

The Ayushman Bharat scheme has made significant progress in providing universal health coverage in India. As of September 2021, the scheme has provided free healthcare coverage to over 3.6 crore families, and over 1.65 crore beneficiaries have received hospitalization under the scheme. The scheme has also led to the creation of new jobs in the healthcare sector and has contributed to the overall economic development of the country.

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