



**TO STUDY THE IMPLEMENTATION OF AYUSHMAN BHARAT AND CHALLENGES  
IN A DISTRICT OF HILLY STATE IN NORTH INDIA**

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Article Received on 07/03/2022

Article Revised on 27/03/2022

Article Accepted on 17/04/2022

**ABSTRACT**

Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) aims to provide a health insurance cover of Rs 0.5 million to 500 million Indians at free of cost. PM-JAY envisions to help mitigate catastrophic expenditure on medical treatment which pushes nearly 60 million Indians into poverty each year. It essentially has two components: Pradhan Mantri Jan Arogya Yojana (PMJAY) and Health and Wellness Centres (HWCs). It was implemented in Himachal Pradesh on 23.09.2019. Total 26539 families were selected and 100% families has been saturated (at least one member of family to make their card) in district Bilaspur to ensure that poor and low-income groups who cannot afford costly treatment, are able to get free treatment in Government as well as private hospitals for serious ailments. Despite challenges, Ayushman Bharat has come up as a strong programme in improving and meeting the Indian population's healthcare needs.

**KEYWORDS:** Health insurance, AB-PMJAY Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana, SECC- Socio-Economic Caste Census.

**INTRODUCTION**

Ayushman Bharat, a flagship scheme of Government of India, is the world's largest health insurance/assurance scheme fully financed by the government. It was launched on 23 September 2018 to achieve Universal Health Coverage (UHC) as recommended by the National Health Policy 2017. Government expenditure on health in India ranks amongst the lowest in the world at a little over 1% of GDP.<sup>[1]</sup> Consequently, the system depends heavily on out-of-pocket payments charged to patients at the point of care. Such payments limit access to care and have a disproportionate economic impact on the poor. Impoverishment in India as a result of healthcare costs is common for patients and their families, with an estimated 50–60 million people pushed into poverty each year as a result of medical-related expenditure.<sup>[2]</sup> Under this scheme all types of medical treatments will be provided except organ transplantation for those eligible families. The government has aims to set up 1,50,000 health and wellness centres across the country by the year 2022.<sup>[3]</sup>

The Vision of Pradhan Mantri – Jan Arogya Yojna (PM-JAY) is to achieve sustainable developmental goals (SDG) to ensure financial protection against catastrophic health expenditure and access to affordable and quality healthcare for all.<sup>[4]</sup> Its mission for the next five years is “Creating the world's best health assurance programme

on an efficient and technologically robust ecosystem”. The objectives are (i) to improve accessibility i.e. to enhance accessibility of quality medical care, particularly secondary and tertiary care for the beneficiaries across the country, (ii) to improve affordability i.e. to enable the poorest 40% of population to afford quality secondary and tertiary care at public and private hospitals, and (iii) to improve quality of care i.e. to ensure quality of care and services through standard treatment protocols, quality linked incentives, close monitoring, beneficiary feedback and medical audits. It is an entitlement-based scheme with entitlement decided on the basis of deprivation criteria in the Socio-Economic Caste Census (SECC) 2011 database and Rashtriya Swasthya Bima Yojna (RSBY). This will help in improving the affordability component of Universal Health Coverage. This scheme is leading to timely treatments, improvements in health outcomes, patient satisfaction, improvement in productivity and efficiency. Benefits of the Scheme are portable across the country and a beneficiary covered under the scheme is allowed to take cashless benefits from any public/private empanelled hospitals across the country.

PMJAY is one of India's most ambitious health sector schemes. Components of treatment covered under the scheme include medical examination, consultation, and treatment, medical consumables and medicines, intensive

and non-intensive care services, medical implant services, lab and diagnostic investigations, complications arising out of treatment, accommodation benefits and food services. The beneficiary will also receive a defined transport allowance per hospital. The beneficiaries can take cashless treatment from any empanelled hospital anywhere in the country. This includes both public and private hospitals. By default, all government hospitals in the states that are implementing the scheme will be empanelled.

The expenditure incurred in premium payment will be shared between Central (60%) and State Governments (40%) in specified ratio as per Ministry of Finance guidelines in vogue. The total expenditure will depend on actual market determined premium paid in States/UTs where AB-NHPM (National Health Protection Mission) will be implemented through insurance companies. In States/UTs where the scheme will be implemented in Trust/ Society mode, the central share of funds will be provided based on actual expenditure or premium ceiling (whichever is lower) in the pre-determined ratio<sup>[5]</sup>

Ayushman Bharat is an integrated approach comprising health insurance and primary, secondary and tertiary healthcare. It essentially has two components: Pradhan Mantri Jan Arogya Yojana (PMJAY) and Health and Wellness Centres (HWCs).<sup>[6]</sup> The HWCs are aimed at improving access to cheap and quality healthcare services at the primary level. PM-JAY will cover the financial protection for availing healthcare services at the secondary and tertiary levels.

#### **Pradhan Mantri Jan Arogya Yojana**

The PMJAY is a publicly financed health insurance scheme for the socioeconomically deprived rural and selected occupational category of the urban population. It provides a cover of Rs.0.5 million per family per year for secondary and tertiary care hospitalization across public and private empanelled hospitals in India, health coverage for 100 million households or 500 million Indians.<sup>[7]</sup> It is a bold step towards universal health coverage and preventing out-of-pocket expenditure among the poor. Families that do not have an earning adult member aged between 16 and 59 years is eligible for this scheme. It offers cashless payment and paperless access to services at the hospital<sup>[8]</sup> for the beneficiaries including poor below poverty line (BPL) families, deprived rural families and identified occupational category for urban families using criteria from the Socio Economic and Caste Census 2011 to determine eligibility for benefits;<sup>[9]</sup> This scheme will cover.

There is no restriction on family size, age or gender; all pre-existing medical conditions are covered from day one under the scheme; it covers 3 days of pre-hospitalisation and 15 days of post-hospitalisation,

including diagnostic care and expenses on medicines; the scheme is portable and a beneficiary can avail medical treatment at any PM-JAY empanelled hospital outside their state and anywhere in the country,<sup>[10]</sup> providing access to free COVID-19 testing.<sup>[11][12]</sup> The Ayushman Bharat Yojana programme announced a special collaboration with the Employees' State Insurance programme in November 2019.<sup>[13]</sup> From June 2020, the program had entered a pilot to cover 120,000 workers with that insurance at 15 hospitals.<sup>[14]</sup>

Currently, Ayushman Bharat-JAY covers 1668 treatment procedures out of which 1080 are surgical, 588 medical and one unspecified package.

#### **Health and Wellness Centres**

The second component under Ayushman Bharat is Health and Wellness Centres (HWCs). In February 2018, the Government of India announced the creation of 1,50,000 Health and Wellness Centres (HWCs) by the year 2022. It will be done by transforming the existing Sub Centres and Primary Health Centres. that will provide preventive, promotive, and curative care for noncommunicable diseases, dental, mental, geriatric care, palliative care, etc. They cover both, maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services. These centres would be equipped with basic medical tests for hypertension, diabetic and cancer and they are connected to the district hospital for advanced tele-medical consultations.

#### **State of Himachal Pradesh**

The Himachal Pradesh Swasthya Bima Yojna Society is the State Nodal Agency for implementation of five flagship schemes of Centre and State Government *viz.* Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (AB-PMJAY), Mukhya Mantri Himachal Health Care Yojna (HIMCARE), Mukhya Mantri Chikitsa Sahayata Kosh (MMCSK), Ayushman Bharat Digital Mission (ABDM) and Mukhya Mantri SAHARA Yojna (SAHARA) in state of Himachal Pradesh, Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was launched on 23<sup>rd</sup> September 2018 for providing cashless treatment upto Rs. 0.5 million per year per family for secondary and tertiary care hospitalization. As per database, 4,78,985 families are eligible to prepare card under Ayushman Bharat in Himachal Pradesh.

#### **District Bilaspur, Himachal Pradesh**

In district Bilaspur, total 26539 families were selected for enrolment and 100% families has been saturated (at least one member of family make their card). In Ayushman Bharat 1209 beneficiaries take free treatment of Rs. 62,50,000. In HIMCARE, 4926 beneficiaries take free treatment of Rs. 1,36,70,000.

**Status of Ayushman Bharat-PMJAY in District Bilaspur (Himachal Pradesh).**

Year	Block Name	Total no. of patient treated	Amount paid (Rs.)	No. of health card holder/family
2020 -2021	Markand	213	696000	18389
	Ghumarwin	228	794750	17696
	Jhandutta	145	388500	15789
	Total	586	1879250	51874
2021 -2022 (up to 21.12.21)	Markand	64	144500	198
	Ghumarwin	52	132000	208
	Jhandutta	19	45800	191
	Total	135	322300	597

**Eligible beneficiaries under AB-PMJAY in Hiamchal Pradesh**

All AB-NHPM (National Health Protection Mission) Beneficiary Family Units, as defined under the deprivation criteria of D1 (Households with one or less room, kuccha walls and kuccha roof), D2 (No adult member in household between age 18 and 59), D3 (Female headed household with no adult male member between 16 and 59), D4 (Households with differently able member with no other able bodied adult member), D5 (SC/ST Households) and D7 (Landless households deriving a major part of their income from manual labour), Automatically included category (in rural areas) and broadly defined occupational un of the Socio-Economic Caste Census (SECC) updated from time to time). Existing RSBY beneficiary families workers, street vendors, building & workers, auto rickshaw & taxi drivers >70% disabled.

**Ethics:** The approval to conduct the study and publish the research findings was obtained from the Secretary (Health), Government of Himachal Pradesh wide letter no. Health-A-B (15)3/2021-2757.

**PM-JAY Benefits**

PM-JAY is a visionary scheme that aims at the fulfilment of the concept of **Universal Health Coverage (UHC)**. It offers many benefits as mentioned below:

1. It will reduce medical expenditure for many families, which is currently, mostly out-of-the-pocket expense. Eligible families can avail of quality medical services without getting into debt.
2. The insurance cover provided by this scheme includes items that are generally excluded from standard medi-claims (for example, pre-existing conditions, internal congenital diseases, and mental health conditions).
3. The scheme requires hospitals to maintain a certain minimum standard.
4. Insurers and third-party administrators will have access to the large new market that opens up because of the scheme.
5. The scheme has the potential to initiate wide reforms in India's healthcare system.
6. After one year of the scheme's beginning, beneficiary families are said to have saved over Rs.130 000 million.

7. Over 60% of the treatments have been done by private hospitals. The private sector has played an active role in this scheme and they have also benefitted from it. In many tier II and III cities, private hospitals have observed increased footfall.
8. Economically weaker sections of society can have access to quality healthcare services without financial hardships.
9. The scheme has also resulted in the creation of more jobs. In 2018, it generated more than 50000 jobs. This number is expected to increase as the government is planning to build 1.5 lakh HWCs by 2022. 90% of the jobs are in the health sector and the remaining in allied sectors like insurance.
10. The scheme is supported by a robust IT framework. IT supports beneficiary identification, maintaining treatment records, processes claim, addresses grievances, etc.
11. There is fraud detection, prevention, and control system at both the central and state levels, which is critical for preventing fraud.

**Challenges**

A major challenge of implementing a national health care scheme was starting with infrastructure in need of development to be part of a modern national system.<sup>[15]</sup> 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.<sup>[16]</sup> While many government hospitals have joined the program but 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.<sup>[17]</sup>

The challenges in implementation of AB-JAY may be described as below:

1. Financial: Implementation of such scale and benefit is bound to face obstacles, the most substantial of which is for it to be economically sustainable.
2. Human Resource: There is limited and uneven distribution of human resources at various levels of health services. Most primary health care centres suffer from perennial shortage of doctors and even district hospitals are without specialists. Further, 40

per cent of health worker posts are lying vacant in some states.

3. Negligence of primary healthcare: With greater emphasis on secondary and tertiary healthcare, the scheme pays little attention to primary healthcare which is fundamental for sustainable quality healthcare.
4. Technical: There is absence of a large-scale Information Technology network for cashless treatment.
5. Administrative: The secondary and tertiary public hospital infrastructure suffers from severe efficiency and accountability problems. Since, majority of the beneficiaries will be families from rural areas, this is a worrisome scenario.

### Concerns

There has been misuse of the Ayushman Bharat scheme by 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.<sup>[18]</sup> There are at least 697 fake cases in Uttarakhand State alone, where fine of Rs. 10 million has been imposed on hospitals for frauds under the Scheme.<sup>[19]</sup> 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.<sup>[20]</sup> The lack of a data protection bill could lead to the misuse of data by private firms and bad actors. Exclusion of citizens and denied healthcare due to faults in the system are also a cause of concern.

### PM-JAY Criticisms

There has been a criticism that while the allocation of funds for PM-JAY has increased exponentially, the fund for the National Rural Health Mission (NRHM) has gone up only by 2%. So, the scheme has been eating into the funds for NRHM. Under this scheme, the private sector has been given a large role in offering health care services to the people whereas regulation of the private sector is marginal. The scheme excludes those economically weaker sections that fall under the organized sector and have no access to health insurance.

### CONCLUSION

Ayushman Bharat has come up as a strong programme in improving and meeting the Indian population's healthcare needs, but it has a long way to go. Intersectoral collaborations and political commitment to strengthen the entire healthcare delivery system is the need of the hour for India to achieve the sustainable development goals and emerge as a leader.

### Financial Support and Sponsorship

Nil.

### Conflict Of Interest

There is no conflict of Interest.

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