

Ayushman Bharat Scheme

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Abstract: India in a state of epidemiological health transition shifting from communicable to non-communicable diseases. The annually 3.2% Indians falling below the poverty line and three forth Indians spending their entire income on health care and purchasing drugs. The government of India announced a Ayushman Bharat Yojana- National Health Protection Scheme (AB-NHPM) in the year 2018. The aim of this programme is to providing a service to create a healthy, capable and content new India and two goals are to creating a network of health and wellness infrastructure across the nation to deliver comprehensive primary healthcare services and to provide health insurance cover to at least 40% of India's population which is deprived of secondary and tertiary care services. This Yojana will be implemented through Health and Wellness Centres that are to be developed in the primary health centre or sub-centre in the village and that will provide preventive, promotive, and curative care for non-communicable diseases, dental, mental, geriatric care, palliative care, etc. 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. The government has aims to set up 1,50,000 health and wellness centres across the country by the year 2022.

Keywords: Assess, knowledge, Ayushman Bharat Scheme.

1. Introduction

Ayushman Bharat, a flagship scheme of Government of India, was launched as recommended by the National Health Policy 2017, to achieve the vision of Universal Health Coverage (UHC). This initiative has been designed to meet Sustainable Development Goals (SDGs) and its underlining commitment, which is to "leave no one behind."

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)

2. History

- In 2018 the Indian government described that every year, more than six crores Indians were pushed into poverty because of out of pocket medical expenses. Despite various available regional and national programs for healthcare in India, there was much more to be done. The Indian government first announced the Ayushman Bharat Yojana as a universal health care plan in February 2018 in the 2018 Union budget of India.^[8] The Union Council of Ministers approved it in March. In his 2018 Independence Day speech Prime Minister Narendra Modi announced that India would have a major national health program later that year on 25 September, also commemorating the birthday of Pandit Deendayal Upadhyaya.

- PM-JAY stamp

In June 2018 the applications opened for hospitals through an "empanelment process". In July 2018, the Ayushman Bharat Yojana recommended that people access benefits through Aadhaar, but also said that there was a process for people to access without that identity card. AB PM-JAY was first launched on 23 September 2018 at Ranchi, Jharkhand. By 26 December 2020 the scheme was extended to the Union Territories of Jammu Kashmir and Ladakh. The program has been called "ambitious

Key Features of PMJAY

- PM-JAY is the world's largest health insurance/assurance scheme fully financed by the government.
- 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.
- Over 10.74 crore poor and vulnerable entitled families (approximately 50 crore beneficiaries) are eligible for these benefits.
- PM-JAY provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital.
- PM-JAY envisions to help mitigate catastrophic expenditure on medical treatment which pushes nearly 6 crore Indians into poverty each year.
- It covers up to 3 days of pre-hospitalization and 15 days post-hospitalization expenses such as diagnostics and medicines.
- There is no restriction on the family size, age or gender.
- All pre-existing conditions are covered from day one.
- Benefits of the scheme are portable across the country i.e. a beneficiary can visit any empanelled public or private hospital in India to avail cashless treatment.
- Services include approximately 1,393 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.

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

Benefit Cover under PM-JAY

Benefit cover under various Government-funded health insurance schemes in India have always been structured on an upper ceiling limit ranging from an annual cover of INR30,000 to INR3,00,000 per family across various States which created a fragmented system. PM-JAY provides cashless cover of up to INR5,00,000 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.

- Medical examination, treatment and consultation
- Pre-hospitalization
- Medicine and medical consumables
- Non-intensive and intensive care services
- Diagnostic and laboratory investigations
- Medical implantation services (where necessary)
- Accommodation benefits
- Food services
- Complications arising during treatment
- Post-hospitalization follow-up care up to 15 days

The benefits of INR 5,00,000 are on a family floater basis which means that it can be used by one or all members of the family. The RSBY had a family cap of five members. However, based on learnings from those schemes, PM-JAY has been designed in such a way that there is no cap on family size or age of members. In addition, pre-existing diseases are covered from the very first day. This means that 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.

3. Challenges

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.

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. There are at least 697 fake cases in Uttarakhand State alone, where fine of ₹1 crore (US\$130,000) has been imposed on hospitals for frauds under the Scheme. 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.

4. Conclusion

The AB-PMJAY offers a unique opportunity to improve the health of hundreds of millions of Indians and eliminate a major source of poverty afflicting the nation. There are, however, substantial challenges that need to be overcome to enable these benefits to be realised by the Indian population and ensure that the scheme makes a sustainable contribution to the 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 and overcome the scourge of medical-related impoverishment. AB-PMJAY presents the nation with a chance to tackle long-term and embedded shortcomings in governance, quality control, and stewardship.

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