

## 5 Years of Ayushman Bharat

### Why in news?

The Ministry of Health and Family Welfare is organising [Arogya Manthan](#) to celebrate 5 years of Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY).

### What is Ayushman Bharat Scheme?

- It is the world's largest health assurance scheme.
- **Year of Launch** - *2018* as recommended by the *National Health Policy, 2017*
- **Ministry** - Ministry of Health and Family Welfare (MoHFW)
- **Aim** - To achieve the vision of [Universal Health Coverage \(UHC\)](#) which encompasses promotive, preventive, curative, palliative and rehabilitative care.
- **Funding** - *Centrally Sponsored Scheme* (expenditure incurred in premium payment will be shared between Central and State governments)
- **Coverage** - Targets *over 10 crore families (approximately 50 crore beneficiaries)* based on SECC (Socio-Economic Caste Census)
- **Implementing Agency** - [National Health Authority \(NHA\)](#)
- **Components** - It has 2 components covering all 3 types of care to the people.
  - [Health and wellness Centres \(HWC\)](#) - It covers primary care hospitalisation by providing comprehensive health care, including for non-communicable diseases and maternal and child health services.
  - [Pradhan Mantri Jan Arogya Yojana \(PM-JAY\)](#) - To provide a *health cover of Rs. 5 lakhs per family per year* for secondary and tertiary care hospitalization.
  - 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.
  - 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.
- [Ayushman Bharat Digital Mission \(ABDM\)](#) - It was launched in 2021 to provide Unique Digital Health IDs (UHID) for all Indian citizens to help hospitals, insurance firms, and citizens access health records electronically when required.

*Public Health is a State Subject so states are responsible for providing effective public health to the people.*

### Status of Ayushman Bharat Scheme

- About 15.5 crore families are covered.
- It amounts to potential coverage of 50% of India's population.

- 11 states/UTs have pushed for 100% coverage of their respective population.
- 48% of treatments under the scheme have been availed by women.
- More than 24 crore Ayushman Cards have been created.
- It has resulted in savings of more than Rs 1 lakh crore for the beneficiaries which is often cited as Out of Pocket Expenditure (OOPE).
- According to the World Bank, proportion of out-of-pocket expenditure on healthcare in India, at 50.59 %, is the highest among emerging economies.

### What attributes to the success of AB-PMJAY scheme?

- **Private sector participation** - To elicit the participation of private service providers, *health benefit packages (HBPs)* are given.
- **Quicker settlement of claims** - Efforts are being made to settle the claims within a defined standard of 15 days.
  - A few states like Uttarakhand have brought down the claims settlement time to less than 7 days.
- **Rewarding service providers** - Reward to hospitals with a trustworthy record with an upfront payment of 50% of the claim without adjudication.
  - In 2023, *Uttar Pradesh* received 2 awards for excellent work in PM-JAY and on the [Ayushman Bharat Digital Mission](#) (ABDM) from the Centre.
- **Guidance mechanism** - Every hospital is mandated to have dedicated *Pradhan Mantri Arogya Mitras (PMAMs)* who guide the beneficiaries.

*Ayushman Mitra initiative is a part of PM-JAY where any citizen of India can voluntarily enrol themselves as Ayushman Mitra to assist patients and to coordinate with beneficiaries and the hospital.*

- **Interstate portability** - A patient registered in one state is entitled to receive care in any other state that has an AB-PMJAY programme.
- This has proved *helpful to migrants*, especially in emergencies.
- **Digitalised service delivery** - NHA has deployed a *public dashboard* that tracks implementation on a day-to-day basis.
- **Ensures privacy** - Beneficiary details are published without compromising their privacy and has *faceless claim processing*.
- **Real-time monitoring** - The *National Anti-Fraud Unit (NAFU)* and state level Anti-Fraud Units oversee anti-fraud incidences.
- Artificial Intelligence (AI) and Machine Learning (ML) technologies are used to detect suspicious transactions/potential frauds.
  - *Aadhaar-based authentication* for card creation and registration for treatment has been mandated.
- **Feedback mechanism** - The NHA's call centre makes *calls to every beneficiary within 48 hrs of discharge* to verify the quantity and quality of the treatment.
- **Inclusive treatment** - Around 50 packages were designed specifically for the *transgender community*, including packages on Sex Reassignment Surgery (SRS).
- **Holistic treatment** - It provides cashless secondary and tertiary inpatient care for

*almost all health conditions* to its beneficiaries.

*The scheme has taken the country closer to **Sustainable Development Goal 3.8**, which envisions universal health coverage.*

### **What issues were noted by the CAG report for 2018 to 2021?**

- **Registration of beneficiaries** - The identification of beneficiaries based on the SECC could be irrelevant by now.
- The CAG audit shows that matching of beneficiaries with the SECC in the online portal was not done and registrations and rejections of applications was done in an arbitrary manner.
- The audit brought to light that there were large numbers of beneficiaries registered against the same mobile number or Aadhar.
- **Malpractices** - The auditors found large scale corruption in insurance claims settlement.
- **Hospital empanelment done without checks** - An Empanelled Healthcare Provider (EHCP) has to fulfil criteria like the presence of round-the-clock support systems like pharmacy, blood bank, laboratory, dialysis unit, ICU care etc.
- Many hospitals after being empanelled for a certain set of fixed services, failed in providing them.
- **Missing hospitals** - The existence of hospitals in the empanelled list did not necessarily translate into even their existence in the scheme
- **Shortage of infrastructure & personnel** - Shortage of healthcare infrastructure, doctors and equipment in many States and UTs.

*Public healthcare expenditure as a percentage of GDP at around 2%, places India among the underdeveloped economies.*

### **What lies ahead?**

- NHA along with its counterparts in the states should aim to provide every possible beneficiary with an Ayushman Card.
- Encouraging many private hospitals to join as empanelled hospitals under Ayushman Bharat Scheme.

### **References**

1. [IE| Five years of Ayushman Bharat](#)
2. [PMJAY web| Jan Arogya Yojana](#)
3. [NHA web| National Health Authority](#)



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