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## The performance of health insurance programme in Ayushman Bharat-India

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### Abstract

Pradhan Mantri Jan Arogya Yojana is one of the largest fully Government-financed health protection Schemes of the world. Its main objective is to improve affordability, to improve accessibility, to provide quality of care. Its key feature is cashless to service for the beneficiary at the point of service. Senior citizen Health Insurance Scheme provided an additional annual coverage of Rs. 30,000/- per senior citizen in the eligible Rashtriya Swasthya Bima Yojana beneficiary family. With the launch of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana, Rashtriya Swasthya Bima Yojana and Senior Citizen Health Insurance scheme has been subsumed in it.

**Keywords:** Hospitalization, affordability, medical care, empanelling hospital, treatment packages

### Introduction

Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY), launched on 23.09.2018, provides a health cover of up to Rs. 5 lakhs per family per year, for secondary and tertiary care hospitalization. Around 10.74 crore Vulnerable families (approximately 50 crore beneficiaries) are entitled for cashless and paperless access to services. Pradhan Mantri Jan Arogya Yojana is one of the largest fully Government-financed health protection schemes of the world.

### Objectives

- **Improve affordability-** To enable the bottom 40 per cent of the population to afford and access secondary and tertiary care including pre-hospitalisation and post-hospitalisation expenses.
- **Improve accessibility-** To enhance access to medical care along a continuum of care. Through the network of empanelled public and private hospitals, responsibility will rest with supply side especially in the private sector.
- **Quality of Care-** To encourage healthcare providers to improve the quality of care and services through standard treatment protocols. Payment through the private sector and beneficiary feedback mechanism will further propel healthcare providers to improve the quality of their services.

### Key Features

- Health cover of up to Rs. 5,00,000 per family per year, for secondary and tertiary care hospitalization through a network of Empanelled Health Care Providers (EHCP).
- No cap on family size, age or gender.
- Cashless access to services for the beneficiary at the point of service
- All pre-existing conditions are covered. The benefit cover includes pre & post hospitalization expenses.
- Benefits are portable across the country in all empanelled hospitals.
- Organizational Services include about 1,390 procedures covering treatment, food, drugs and supplies, and diagnostics services.
- PMJAY covers up to 3 days of pre –hospitalisation and 15 days of post-hospitalisation expenses such as diagnostics and medicines.

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**Structure**

At the central level, National Health Agency (NHA) was set up as a society under the Societies Registration Act, 1860 for managing the implementation of PMJAY. In pursuance of the Cabinet decision, the National Health Agency has now been restructured into National Health Authority, which is an attached office of Ministry of Health and Family Welfare. To implement the scheme at the State level, States have formed State Health Agencies (SHAs) in the form of a society/trust.

**Status (as on 31.03.2019) since launch of scheme i.e 23<sup>rd</sup> September, 2018**

- 33 States/UTs have signed the MoU with NHA.
- Out of the total target beneficiary of 10.74 crore Families spread across the country, 2.84 crore e-cards were issued.
- 17.96 lakh beneficiaries availed the benefits of the scheme since its inception.
- A network of hospitals has been developed across implementing States/UTs by empanelling 15,223 public & private hospitals under the scheme.
- National call centre operating through toll free number 14555/1800111565 received around 36.5 lakh calls.
- PMJAY mobile application has been installed by more than 2.71 lakh users.
- More than 94 lakh users have checked their entitlement status through [mera.pmjay.gov.in](http://mera.pmjay.gov.in).

**Rashtriya Swasthya Bima Yojana (RSBY)**

Rashtriya Swasthya Bima Yojana was a Centrally Sponsored Scheme that was implemented by Ministry of Labour & Employment (MoLE) since 2008, under the unorganized Worker's Social Security Act 2008 to provide health insurance coverage to Below Poverty Line (BPL) families and 11 other categories of Unorganised Workers (UOWs) (MGNREGA Workers, Construction Workers, Domestic Workers, Sanitation Workers, Mine Workers, Licensed Railway Porters, Street Vendors, Beedi Workers, Rickshaw Pullers, Rag Pickers and Auto/ Taxi drivers). The Scheme was transferred to Ministry of Health and Family Welfare on "as is where is" basis with effect from 01.04.2015.

Each family enrolled in the scheme was entitled to hospitalization benefits of upto INR 30,000 per annum in Government as well as empanelled private hospitals. Transportation cost of Rs. 100 per visit was also paid to the beneficiary family, subject to maximum ceiling of Rs. 1000/- per year. The Scheme was implemented at state level through a contractual arrangement between insurance companies and State Government represented by the State Nodal Agency (SNA). The funding of the scheme is on the sharing pattern of 60:40 between the Centre and the State and 90:10 for North-Eastern and Himalayan States. In respect of Union Territories without legislature, the Central Government share is 100 per cent and for Union Territories with legislature, the sharing pattern is 60:40. 1516 treatment packages were covered under RSBY.

During the year 2018-19, the RSBY schemes was implemented in 12 States/UTs, across 204 Districts with a target of around 4.19 crore families, covering around 2.74 crore families (65.45 per cent of the total target). A network of more than seven thousand hospitals was developed by

empanelling 3812 private hospitals and 3385 public hospitals under RSBY scheme.

**Senior Citizen Health Insurance Scheme (SCHIS)**

Senior Citizen Health Insurance Scheme which provided insurance cover to senior citizens as a top-up over the existing RSBY Scheme, has been implemented w.e.f.01.04.2016. This scheme provided an additional annual coverage of Rs. 30,000/- per senior citizen in the eligible RSBY beneficiary family. RSBY provided a health insurance cover of Rs.30,000/- which was also available to senior citizens once they use SCHIS coverage of Rs. 30,000/-. If in any RSBY enrolled family, there were more than one senior citizen, then the additional cover was in multiple of Rs. 30,000/- per senior citizen.

211 treatment packages (Cardiology – 17, Cardio Thoracic Surgery – 18, Cardio Vascular Surgery -18, Neuro Surgery – 5, Polytrauma and Repair – 7, Burns – 8, Surgical Oncology – 89, Medical Oncology – 49) were covered under SCHIS, in addition to 1516 packages under RSBY. Approval was accorded to eight States namely Assam, Gujarat, Karnataka, Kerala, Meghalaya, Nagland, Tripura and West Bengal for implementation of SCHIS.

**Conclusion**

The National Health Policy Supports Pluralism and advocates access to AYUSH remedies through co location in public health facilities and recognizes the need to nurture AYUSH systems of medicine.

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