

Public Healthcare Financing in India – An Elucidation of Ayushman Bharat Yojana

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Abstract: *The field called management of financial healthcare is both fascinating and lucrative. It's fascinating because such a lot of beliefs involved have implications for both professional and private behavior. It's rewarding because the healthcare environment today, and into the upcoming future, is inducing managers to put an added focus on financial implications when taking operational decisions. In any form of industrial setup, financial management involves keeping an eye on day to day financial activities so as to cut back needless, fruitless and identical services that lead to a cost overrun and don't improve patient care. Clinically effective care is often attained by exploring potential costs and benefits of curative procedures and technologies. Healthcare providers like large physician practices and hospitals, may plan to offer expanded tests or treatments by buying new medical equipment. Making the choice and finding the most effective outcome to get hold of it, requires shrewd financial management. Medical services supervisors, paying little mind to the setting in which they work, should continually endeavor to guarantee precise valuing of administrations, decrease managerial expenses, diminish costs from clinical misbehavior and make a blended strength doctor labour force. They should likewise advocate for wellbeing, avoidance, constant consideration, changes in undesirable practices and empower tolerant obligation regarding wellbeing and cost-cognizance. Medical services monetary administration is especially testing on the grounds that in spite of the reality that its job will consistently stay improving patients' lives, medical care suppliers are being compelled to manage a reiteration of new monetary difficulties and ideal models that go connected at the hip with tolerant results. All things considered, managers should stay tenacious about keeping a good arrangement among costs and quality of care.*

Keywords: *Public Healthcare, Universal Health Coverage, Ayushman Bharat, PMJAY, Universal Healthcare.*

1. INTRODUCTION:

To attain the goal of Universal Health Coverage (UH-C), the launch of "Ayushman Bharat", a flagship scheme of the Government of India, was recommended by the National Health Policy 2017. This initiative is designed to reach the Sustainable Development Goals (SDGs) and its underlined commitment, which aims to "leave no one behind."

"Ayushman Bharat" is an attempt to move away from regional and fragmented approaches to healthcare delivery towards a comprehensive and expected healthcare. The objective of this scheme is to properly deal with the health care system (Prevention, Promotion and Ambulatory Care) holistically at primary, secondary and tertiary levels.

Ayushman Bharat Yojana (ABY) is also known as Pradhan Mantri Jan Arogya Yojana (PMJAY). This scheme, popularly known as Modicare, is actually a health insurance scheme for people belonging to the underprivileged section of the country. Under PMJAY, 10 crore families of India are getting health insurance of Rs 5 lakh annually. Honorable Prime Minister Narendra Modi has announced the 'Pradhan Mantri Jan Arogya' scheme (Ayushman Bharat Yojana) and implemented it on the birth anniversary of Pandit Deen Dayal Upadhyay from 25th of September.

The government wishes to come up with health insurance to the families of poor, neglected families and poor people from the urban strata through Ayushman Bharat Yojana. According to the Socio-Economic Caste Census (SECC) 2011, 8.03 crore families in rural areas and 2.33 crore families in urban areas will be covered under the Ayushman Bharat Yojana (ABY). In this way, almost 50 crore people will fall under the ambit of PM-JAY or Ayushman Bharat Yojana.

Under the Ayushman Bharat Yojana (ABY), every family is getting medical insurance of five lakh rupees annually. The National Health Insurance Scheme (NHBY) launched by the UPA government in the year 2008 finds itself consolidated with the Ayushman Bharat Scheme (Prime Minister Jan Arogya Yojana).



Source: <https://apkpure.com/ar/ayushman-bharatyojanacom.ayushman.bharat.yojana.modiyojana>

2. Objectives of the Study:

The salient objectives of this research paper are under mentioned:

- To expound the components and qualifications of Ayushman Bharat Yojana.
- To comprehend the hospitalization process and financing under Ayushman Bharat Yojana.
- To throw light on the current benefits and future possibilities of Ayushman Bharat Yojana.

3. Methodology of the Study:

Methodology is of paramount significance in any research related activity and research design presents the blueprint of the work being conducted. In this context the present research paper follows an exploratory research design. The authors have made an extensive literature survey and have adequately gone through different kinds of literature like financial journals, investment related blogs and websites available on varied platforms related to Ayushman Bharat Yojana. Health Advisors and Health Experts of a definite caliber have also been consulted as the concerned subject is still in its nascent stage from the perspective of public healthcare research. The views and insights of almost all the subject experts have been inducted in the paper at different junctures.

4. Ayushman Bharat program - Components

- National Health Protection Scheme and
- Health and Care Center (It is conceived under the National Health Policy, 2017.)



Source: <https://currentaffairs.anujindal.in/ayushman-bharat-yojana-national-health-protection-mission-ab-nhpm/>

The scheme was set forth and made public in Budget 2018 as a major component of the Ayushman Bharat program for New India, 2022. It will take into its ambit more than 10 crore poor and vulnerable families (up to about 50 crore beneficiaries), under which a cover of up to Rs 5 lakh per family per year will be provided in case of hospitalization requiring secondary and tertiary health services. It will include the currently running centrally sponsored schemes National Health Insurance Scheme (Rashtriya Swasthya Bima Yojana: RSBY) and Senior Citizen Health Insurance Scheme (SCHIS). It is a cashless scheme for better targeting of the beneficiaries and is also an Aadhaar linked scheme.

5. Ayushman Bharat Yojana - Qualification

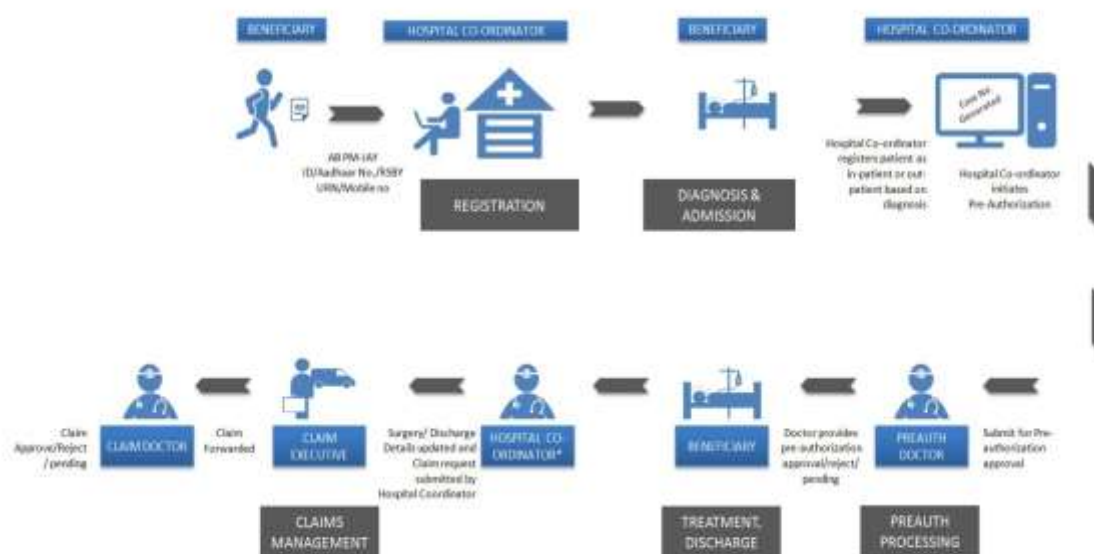
The attempt of the Modi government is to include women, adolescents and senior citizens in ABY exclusively. There is no binding of family size and age to join Ayushman Bharat Yojana (ABY). Cashless / paperless treatment will be available to the beneficiaries of Ayushman Bharat Yojana (ABY) in government hospitals and empanelled hospitals.

The qualifications for joining Ayushman Bharat Yojana (ABY) are broadly:

1. For rural area
 - A raw house in a rural area, no adult (16-59 years) in the family, the head of the family is a woman, someone is a disabled person in the family, belongs to SC / ST and landless person / daily wage laborer.
 - Apart from this, the homeless people of rural areas, destitute, donating or begging, tribal and legally free bonded etc. Ayushman Bharat Yojana.
2. For urban area
 - Beggars, garbage pickers, household chores, street vendors, cobblers, hawkers, others on the street.
 - Construction site workers, plumbers, masons, laborers, painters, welders, security guards, porter and other loaders
 - Sweepers, sweepers, domestic workers, handicraftsmen, teller, drivers, rickshaw drivers, shopkeepers etc. will be included in Ayushman Bharat Yojana (ABY).

6. Ayushman Bharat Yojana - Hospitalization Process

- The beneficiary of Ayushman Bharat Yojana (ABY) will not pay any charge for admission to the hospital. All expenses from hospital admission to treatment will be covered in this scheme.
- The expenses of Ayushman Bharat Yojana (ABY) will be covered before and after admission to the hospital.
- Every hospital included in the panel will have an Ayushman Mitra. He will help the patient and help him get the facilities of the hospital.
- There will also be a help desk in the hospital which will help in checking documents, verification for enrollment in the scheme.
- A person covered under Ayushman Bharat scheme will be able to get treatment in any government / empanelled private hospital throughout the country.



*Hospital Coordinator: MEDCO/ Pradhan Mantri Arogya Mitra

Source: <https://www.mantratec.com/Ayushman-Aadhaar-Products>

7. Ayushman Bharat Yojana – Finance

It is a centrally sponsored scheme, in which the ratio of contribution in terms of payment of premium is as follows -

- The share of the Center and all the States and Union Territories having Legislative Assembly will be 60:40 respectively.
- The share of Central and North-Eastern states and 3 Himalayan states will be 90:10 respectively.
- In case of Union Territories (UTs) having no legislature, 100% contribution will be made by the Center.
- Central Financing: An initial capital of Rs 2000 crore has been announced and finance will be made available by imposing 1% additional cess (Budget-2018) for the remaining amount.

The benefit of this scheme can be availed from anywhere in the country and under which beneficiaries can get cashless benefits from any listed public / private hospitals in the country. Under the scheme government will provide Rs. 5 Lakhs per family. An amount of Rs. 600 crores has been allocated to provide needy content for Tuberculosis patients. Further, to avail this plan a premium up to 1200 has to be paid annually by the beneficiaries.

8. Ayushman Bharat Yojana – Other Relevant Details

The Ayushman Bharat Yojana (ABY) covers the cost of medical and hospital admission for almost every disease. The Ministry of Health has included 1354 packages in Ayushman Bharat Yojana (ABY). This includes treatments such as coronary bypass, knee replacement and stent insertion. The cost of treatment in Ayushman Bharat Yojana (ABY) is 15-20 percent less than the Central Government Health Scheme (CGHS).

There is no formal process to take advantage of Ayushman Bharat Yojana (ABY). Once eligible, you can undergo direct treatment. People from government-identified families can join ABY. The central government will share information about the eligible family in terms of Ayushman Bharat Yojana with all the state government and other related agencies of the area. After that these families will get a family identification number. Only those included in the list can avail Ayushman Bharat Yojana (ABY). Those who will have the card of National Health Insurance Scheme by 28 February 2018, they can also take advantage of Ayushman Bharat Yojana (ABY).

Beneficiaries of Ayushman Bharat Yojana (ABY) can be treated in all government hospitals. In addition, the beneficiaries of ABY can be treated in private hospital also included in the government panel. To join the panel, a private hospital should have at least 10 beds and the capacity to increase it. Beneficiaries can also call the helpline number issued by the government for Ayushman Bharat Yojana which is 14555.

9. Ayushman Bharat Yojana - Benefits

- Under the Ayushman Bharat scheme, every family will get an insurance coverage equal to Rs 5 lakh for treatment every year.
- Health and wellness centers will be opened in 1.5 lakh villages in the country. Here, not only will there be treatment for the disease, but health checkup facility will also be available here.
- Under the Ayushman Bharat scheme, every family will get an insurance coverage equal to Rs 5 lakh for treatment every year. This scheme is expected to benefit 10 crore families and 50 crore people of the country.
- The scheme will replace the erstwhile National Health Insurance Scheme (NHIS) and the Senior Citizen Insurance Scheme.
- There will also be no age obligation for insurance cover.
- It will also cover pre-existing diseases.
- This scheme will be cashless and there will be no bond of family members and age.
- Treatment can be done in any private or government hospital registered under the scheme.

10. Ayushman Bharat Yojana – Road Ahead

- **Promoting private health insurance:** Since it is almost impossible to use full tax revenue for financing for low and low-middle income countries.
- **Strict monitoring:** using provider payment methods that reduce unnecessary medical and testing by healthcare providers and encourages setting up an IT system to audit providers
- **Inclusion of outpatient care (OC) in the plan:** Outpatient care in India covers up to 70% of total health usance and up to 60% of total health spending. This will reduce instances of delays in taking medical care by the poor.
- Universal health care (UHC) may be achieved through risk sharing and prepayment.

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