

Evaluation of Pradhan Mantri Jan Arogya Yojana (PM-JAY) Utilization in a teaching hospital of Kalaburagi City, Karnataka

Nilofer Naaz¹, Shantkumar Nigudgi²

¹Postgraduate Student of MD Community Medicine, Sedam Road, M.R medical college, Kalaburagi-585105, Karnataka, India

²Professor, Mahadevappa Rampure Medical College, Kalaburagi, Karnataka

How to cite this article: Nilofer Naaz, Shantkumar Nigudgi et al Evaluation of Pradhan Mantri Jan Arogya Yojana (PM-JAY) Utilization in a teaching hospital of Kalaburagi City, Karnataka. Volume 14 | Issue 4 | October-December 2022

Abstract

Introduction : Ayushman Bharat PM-JAY is the largest health assurance scheme in the world which aims at providing a health cover of Rs.5 lakhs per family per year for secondary and tertiary care hospitalization to over 10.74 crores poor and vulnerable families. A timely assessment at various hospitals will help to evaluate the impact of this public health policy.

Aim : 1. To assess the utilization of **Pradhan Mantri Jan Arogya Yojana (PM-JAY)** insurance scheme in Basaveshwar teaching and General hospital Kalaburagi city, Karnataka. 2. To assess the reasons for rejection of certain claims.

Settings and design: This is an observational study conducted at Basaveshwar teaching and general hospital which is a 800 bed tertiary care empaneled private hospital attached to M R medical college, Kalaburagi.

Methods and material: Duration of study is 10 months (January to October -2021). Data was collected using semi-structured questionnaire from the designated Arogya Karnataka office in the hospital. After the entry of data, the descriptive statistics was presented in frequency tables and graph.

Results: From January to October -2021, 1791 patients claimed the PM-JAY benefits. April being the highest due to second wave of Covid-19, 327 patients claimed PM-JAY insurance. Few claims were rejected for various reasons. NCD burden was seen during the study. **Conclusion:** Creating awareness among the needy population is necessary, modification in the hospital infrastructure claim processing also plays a key role.

Keywords : PM-JAY, Claims, Insurance, Scheme, Benefits

Introduction

The health profile report released by WHO in 2014 states that in India because of high out of pocket expenditure annually about 3.2% Indians fall below the poverty line and also threefourth Indians spending their entire income on health care and purchasing drugs.⁴

High out of pocket expenditure makes health care services inaccessible to significant proportion of Indian households particularly from the low

socioeconomic strata. To address to this growing concern a health initiative by name Pradhan Mantri Jan Ayogya yojana or Ayushman Bharat scheme was launched on 23rd September 2018. Ayushman Bharat is the largest health insurance scheme in the world which aims at providing a health cover of Rs.5 lakhs per family per year for secondary and tertiary care hospitalization to over 10.74 crores poor and vulnerable families that form the bottom 40% of the Indian population.

Corresponding author:

Dr. Shantkumar Nigudgi

Sedam Road, M.R medical college, Kalaburagi-585105, Karnataka, India

E-mail - drnigudgi@rediffmail.com

Telephone number - 9741294261

Around 1,350 medical and surgical procedure are included under the scheme which is claimed to include almost all secondary and most of the tertiary care procedures. It allows the beneficiaries to avail free services from either public or an empaneled private hospital. All preexisting diseases are also covered, and the hospital is not allowed to charge any fee.⁵

The execution of PMJAY scheme is authorized by the state government. The state is allowed to continue their existing programs parallel to national program or coordinate them with the new scheme. The states can either cover services directly as in Andhra Pradesh or mix the existing scheme of the state with PMJAY as in Tamil Nadu and Gujarat.⁶

In Karnataka PMJAY is merged with Arogya Karnataka scheme which also has Yeshaswini Scheme, Rajiv Arogya Bhagya Scheme, Rashtriya SwasthayaBimaYojana (RSBY) including RSBY for senior citizens, RashtriyaBalaSwasthayaKaryakram (RBSK), MukhyamantriSantwana Harish Scheme, Indira Suraksha Yojane, Cochlear Implant Scheme etc.converged under this new Arogya Karnataka Scheme. The scheme is made available across all the government and empanelled private hospitals. But one of the pre requirements required to avail this service is Arogya Karnataka health card.⁸

Currently 62 lakh families are getting benefitted under this scheme.

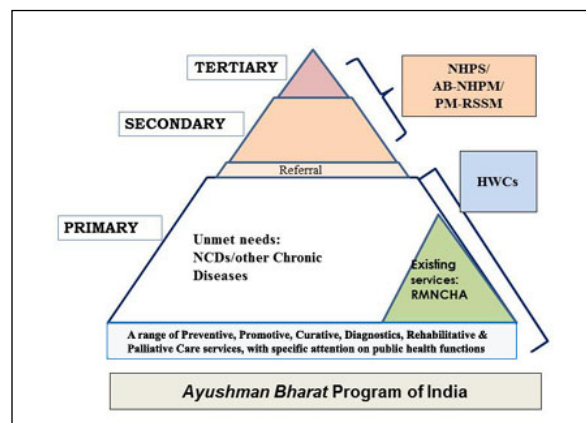
Advantage Of Arogya Karnataka

In an emergency situation, the patients need not wait for the card or the referral by the government hospital doctors. They can get admitted to any private hospital which is empanelled.

Short Coming Of Arogya Karnataka

- Only BPL families are provided with free treatment. APL card holders need to pay 70% of the hospital bills.
- There is no provision for daily expenses.
- Government hospitals are allowed to refer only those patients who can't be treated at the government facility.⁹

Hence a study is done to evaluate the functioning and impact of the public health policy like Ayushman Bharat at the Basaveshwar teaching and general hospital of Kalaburagi City in Karnataka.



Objectives

To assess the functioning and utilization of Pradhan Mantri Jan Arogya Yojana (PM-JAY) insurance scheme in Basaveshwar teaching and general hospital Kalaburagi city, Karnataka.

Methodology

Study Design : Observational Data based study

Sampling Technique - Data was collected using semi-structured questionnaire from the designated Arogya Karnataka office in the hospital. After the entry of data, the descriptive statistics was presented in frequency tables and graph. Analysis is done using Microsoft Excel program.

Place of Study : Basaveshwar teaching and general hospital (800 bed tertiary care empaneled private teaching hospital attached to M R medical college, Kalaburagi, Karnataka)

Duration : 10 months (Jan – October -2021)

Inclusion Criteria : All claims during the study duration

Exclusion Criteria : Rejected claims

Ethical Clearance : The study proposal was approved by the Institutional Ethical Committee of Mahadevappa Rampure Medical College and Hospital. Informed consent was obtained from all the study participants before administering the study questionnaire.

Results

- The data was divided into two quarters January to May and June to October 2021, Second wave of Covid-19 was between March to May 2021 in the City. During

January to May 484 patients claimed the PM-JAY insurance, April being the highest due to second wave of Covid 327 patients claimed PM-JAY insurance.

- Non-Covid insurance claims from month of January to October 2021 were 1437.
- Total Claims from January to October 2021 were 1791 including both Covid and Non-Covid Cases.
- Total Number of Rejected Claims from January-2021 to October-2021 were 72. Reasons for Rejection were - Diseases which could not be treated by the hospital, certain beneficiaries card limit was exhausted due to previous admissions during the same year.
- Another finding was that Non Communicable diseases claims were maximum in the Department of Medicine accounting to 55% of the total Cases which shows the presence of NCD burden among the people from low socioeconomic strata as well.
- Stroke, hypertension, Diabetes, Respiratory illnesses were among the NCDs commonly seen.

A proper coded list as per the Arogya Karnataka guidelines is made by the hospital to categorize the eligibility for these claims. The 100 % Claims package for BPL card holders includes:

- Registration charges.
- Bed charges (General Ward).
- Nursing and Boarding charges.
- Surgeons, Anesthetists, Medical Practitioner,

Consultant fees, etc.

- Anesthesia, Blood Transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances, etc.
- Medicines and Drugs.
- Cost of Prosthetic Devices, implants.
- Pathology and Radiology tests.
- Food to patient.
- Pre and Post Hospitalization expenses: Expenses incurred for consultation, diagnostic tests and medicines before the admission of the patient in the same hospital, and up to 15 days of the discharge from the hospital.

Table 1. Total number claims from January 2021 – October 2021

PM-JAY Claims	Jan – May (2021)	June – Oct (2021)	Rejected Claims
Non-Covid	484	953	-
Covid	354	0	
Total	838	953	72
Grand Total	Jan-Oct 2021	838 + 953 = 1791	72

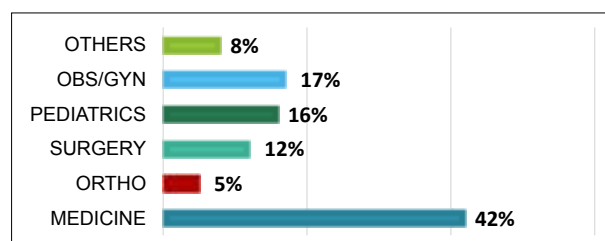


Chart 1. Department wise claims ratio

Table 2. Department wise number of cases who claimed PMJAY insurance scheme

Department	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Total
Medicine	55	58	86	26	39	38	64	83	93	78	620
Covid	04	04	19	327							354
OBG	23	27	17	21	11	28	37	23	28	26	241
Pediatrics	08	15	08	09	01	11	27	40	62	42	223
NeuroSurgery	11	18	13	04		12	19	14	13	14	118
Orthopedics	04	07	05	01		10	16	11	07	14	75
Gen.Surgery	03	04	08	05		07	12	05	09	04	57
Ped.Surgery	02	03	04	02	03		07	07	08	04	40
Plastic Surgery	06	05	03				01	04	03	04	26
ENT		02	02			02	05	01	01	01	14
Burns		01	07			01	02				11
Urology		02	02				02	02			08
Ophthalmology	01	02	01								04
Grand Total	113	144	136	68	54	109	192	190	224	187	1791

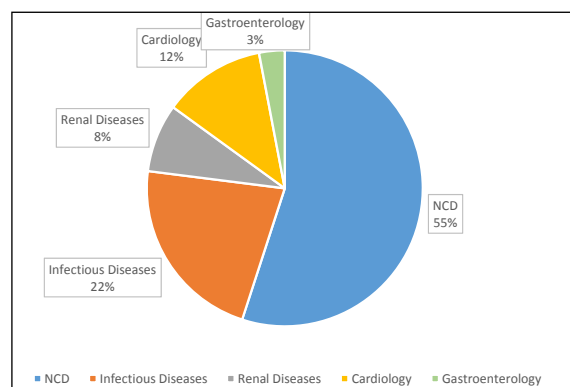


Chart 2. Case distribution in Department of Medicine, Non Communicable diseases accounted to the maximum about 55% of the insurance claims.

Conclusion

The most important benefit of this scheme is that beneficiaries can make use of services anywhere in India. During Covid-19 Pandemic it has been a boon to the underprivileged. Creating awareness in the community is necessary, modification in the hospital infrastructure claim processing also plays a crucial role. The APL card holders can be given some more benefits as healthcare burden is also significant among them. Due to which they ignore certain treatable conditions as they are unable to pay out of pocket expenses for the treatment. At times the State Government does not release the funds on time which causes financial burden on these empaneled private hospitals.

Non communicable diseases are becoming a major health concern among the poor section of the community. India needs a major policy agenda to tackle the escalating burden of Non communicable diseases. Poverty is a strong association to the increasing risk of NCDs like Stroke, Respiratory illnesses, Hypertension and Diabetes to name a few.

A timely assessment at various hospitals and health centers will help to evaluate and assess the impact of such public health policies which help to improve the services and enhance the health care benefits to the marginalized community.

Acknowledgement - The authors sincerely thank all the faculty of department of community medicine at M.R medical college and supportive staff at Arogya Karnataka office in the Basaveshwar Teaching and General hospital.

Declaration of patient consent - The authors certify that they have obtained all appropriate participant consent forms.

Financial support and sponsorship - Nil.

Conflicts of interest - There are no conflicts of interest.

References

- Reddy NKK, Bahurupi Y, Kishore S, Singh M, Aggarwal P, Jain B. Awareness and readiness of health care workers in implementing Pradhan Mantri Jan Arogya Yojana in a tertiary care hospital at Rishikesh. *Nepal J Epidemiol.* Jun 30 2020;10(2):865-70. doi: 10.3126/nje.v10i2.27941, PMID 32874700.
- Sriee G VP, Maiya GR. Coverage, utilization, and impact of Ayushman Bharat scheme among the rural field practice area of Saveetha Medical College and Hospital, Chennai. *J Fam Med Prim Care.* 2021;10(3):1171-6. doi: 10.4103/jfmpc.jfmpc_1789_20, PMID 34041146.
- 4Ved, Rajani RR et al.. India's health and wellness centres: realizing universal health coverage through comprehensive primary health care. *WHO South East Asia J Public Health.* 2019;8(1):18-20. doi: 10.4103/2224-3151.255344, PMID 30950425.
- Dhaka R, Verma R, Agrawal G, Kumar G, Yojana AB. Ayushman Bharat Yojana: A memorable health initiative for Indians. *Int J Community Med Public Health.* 2018;5(8):3152-3. doi: 10.18203/2394-6040.ijcmph20183043.
- Bharat-PMJAY A [internet]. New Delhi: Ministry of Health and Family Welfare, Government of India; 2020 [cited Aug 14 2020]. Available from: <https://www.pmjay.gov.in>.
- Ghosh A. Health cover scheme: who, how [internet]. New Delhi: The Indian Express; 2018 [cited Aug 14 2020]. Available from: <https://indianexpress.com/article/explainedational-healthmission-ayushman-bharat-health-mission-jp-nada-healthbudget-5216382/>.
- Joseph J, Sankar D H, Nambiar D. Empanelment of health care facilities under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) in India. *PLOS ONE.* May 27. 2021;16(5):e0251814. doi: 10.1371/journal.pone.0251814, PMID 34043664.
- Available from: <https://arogya.karnataka.gov.in/Forms/Aboutus.aspx>.
- Available from: <https://www.karnataka.com/govt/arogya-karnataka/>.

10. Keshri VR, Ghosh S. Health Insurance for Universal Health Coverage in India: A Critical Examination [internet]. Patna: ADRI. p. 40; 2019p. Available from: <https://www.adriindia.org/images/paper/1557397831HealthInsuranceforUniversalHealthCoverageinIndia.pdf>.
11. Debnath DJ, Kakkar R. Modified BG Prasad socioeconomic classification, Updated –2020. Indian J Community Health. 2020;32(1):124-5. doi: 10.47203/IJCH.2020.v32i01.024.