

ORIGINAL ARTICLE

Implementation challenges of Pradhan Mantri Jan Arogya Yojana: A Cross- Sectional study in Meerut, Uttar Pradesh

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Citation

Verma N, Bano T, Chopra H, Singh G, Mittal C. Implementation challenges of Pradhan Mantri Jan Arogya Yojana: a Cross-Sectional study in Meerut, Uttar Pradesh. Indian J Comm Health. 2022;34(3):330-333. <https://doi.org/10.47203/IJCH.2022.v34i03.002>

Source of Funding: Nil Conflict of Interest: None declared

Article Cycle

Received: 30/01/2022; Revision: 18/06/2022; Accepted: 09/09/2022; Published: 30/09/2022

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Abstract

Background: Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana has been launched to provide financial protection expenditure to nearly 500 million vulnerable Indians. For expanding the coverage under the scheme, it is necessary to understand the perspective of health care service providers involved in the scheme. **Aim & Objective:** To find out the bottlenecks in implementation of PMJAY scheme using empanelled hospitals' perspective **Settings and Design:** Cross sectional study **Methods and Material:** 8 Public and 23 Private hospitals were selected through Simple Random Sampling from the list of PMJAY empanelled hospitals. The PMJAY Medical Officer co-ordinators in the empanelled hospitals were interviewed using a predesigned and pretested questionnaire. **Statistical analysis used:** Data was analysed using descriptive statistics in Epiinfo software. **Results:** Among the 31 empanelled hospitals studied, 93.5% were satisfied with the process for empanelment under PMJAY. 64.5% hospitals were not satisfied with the Health Benefit Packages. 77.4% hospitals perceived the PMJAY to be poorer as compared to private health insurance with reasons being poor grievance reprisal, poor claim processing and settlement, denial of reimbursement of health packages, poor rates of health packages and little information about the scheme. **Conclusions:** Various hurdles are being faced in the implementation of the scheme. There definitely remains a huge scope for further improvements so as to enhance the insurance coverage in the country.

Keywords

Universal Health Coverage; Ayushmaan Bharat; Health Insurance

Introduction

There are inequalities in access to health care which are related to socioeconomic status, geography, and gender, and these inequalities are compounded by high out-of-pocket expenditures, with more than three-fourths of the increasing financial burden of health care being met by households. (1)

The health insurance plays an important role for betterment of health providing effective and efficient health care for citizens, most especially for the poor and vulnerable. Only 37.2% of India's total population is

covered under any health insurance scheme (Public or Private). Even with the availability of various insurance schemes (2), still 17.33% of India's population spend >10% of their household income on medical treatment and an estimated 6 crore people are impoverished due to catastrophic health expenditure which denies the people their right to a standard of living that incorporates adequate health as an integral part of social development. (3,4,5)

The National Health Policy 2017 proposed to strengthen Primary Health Care system in the country and to invest two-third or more government health spending on

Primary Health Care with an increase in overall government funding for health to 2.5% of GDP by 2025, against 1.18% in 2015-16. (3, 6) Following on NHP 2017, Ayushman Bharat program was announced in union budget 2018-19 to achieve the goal of Universal Health Coverage in the country. This program has two components: (A) Health and Wellness Centres (HWCs) to strengthen and deliver comprehensive Primary Health Care (cPHC) services to entire population by December 2022, and (B) providing financial protection for secondary and tertiary level hospitalization as part of National Health Protection Scheme (NHPS) now known as Pradhan Mantri Jan Arogya Yojana.

PMJAY was formally launched on 23rd September, 2018 from Ranchi, Jharkhand. It provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to the bottom 40% of the Indian population. The households included are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 for rural and urban areas respectively. Also, the families that were covered in RSBY but not present in the SECC 2011 database are also included in PMJAY. (7, 8, 9)

For the success of this insurance scheme, both Public and private healthcare providers are crucial as their participation in the scheme determines the extent and quality of care that the beneficiaries would have access to (10). Since PMJAY was launched recently, there is little understanding of the viewpoint of the service providers involved in providing health care to the insured. Therefore, this study was conducted to recognize the difficulties being faced by the health care providers in the implementation of the scheme on the ground.

Aims & Objectives

To find out the bottlenecks in implementation of PMJAY scheme using service providers' perspective

Material & Methods

The study was initiated after getting the clearance from the Institutional Ethics Committee, LLRM Medical College, Meerut.

Study area/ setting: This study was a cross sectional study which was carried out from August 2020 to July 2021. The study was conducted in the Public and Private hospitals of Meerut district of Uttar Pradesh which were located in urban as well as rural areas.

Selection of Health facilities / Sampling method: The list of PMJAY empanelled hospitals was procured from the Nodal Officer of PMJAY in Meerut District. Total 60 hospitals were empanelled under PMJAY at the time of the study. There were 15 Public and 45 Private hospitals empanelled in Meerut District. For the present study, 50% hospitals were randomly selected from each of the above mentioned categories using Simple Random Sampling method which was done through software generated random numbers available on internet. After conducting

Simple Random Sampling, 8 Public health care providers and 23 Private health care providers were selected.

Ethical consideration: The study was started after obtaining due ethical approval from Institutional Ethic Committee, LLRM Medical College, Meerut.

Data collection and analysis: The data were collected from the Medical Officer co-ordinators of PMJAY in the empanelled hospitals. Informed consent was obtained from them after explaining the purpose of the study. The co-ordinators were interviewed using a predesigned, pretested proforma and were asked if they were satisfied or not with the attributes related to the various aspects of PMJAY scheme such as empanelment procedure, health benefit packages and claim settlement process under the scheme. A Likert scale was used to rate the experience and opinion regarding these attributes and scoring was done as Poor = 1; Fair = 2; Good = 3; Very Good = 4; Excellent = 5. Those hospitals which gave the rating of 1 and 2 on the scale were considered as unsatisfied and those who gave rating of 3, 4, and 5 were considered as satisfied.

Data was entered and statistically evaluated using Epi info 7 (Atlanta, GA), by descriptive statistics such as frequency and percentages.

Results

The study included total 31 health care providers which included 8 Public and 23 Private health care providers. Out of total 31 studied hospitals, 93.5% were satisfied with the infrastructure and the documents required and the online process for empanelment under PMJAY. 100% of the hospitals were satisfied with the physical verification process of hospital empanelment. Private health care providers were more content as compared to Public health care providers. (Table 1)

PMJAY empanelled health care providers are paid based on specified package rates so as to ensure the same rates for services across all health care providers and to prevent overcharge by the health care providers. A package under this scheme includes all the costs associated with the treatment of a medical/surgical disease, including pre and post hospitalisation expenses. Only 35.5% of the studied hospitals were found to be content with the health benefit packages where Private health care providers were more discontent (69.6% of them were not satisfied). (Table 1)

Claim Settlement involves applying for pre-authorization of the health package, documents submission for post authorization after the patient has been treated, acceptance/rejection of the claim and finally reimbursement to the hospital for the services provided. Only almost half of the studied hospitals found the claim settlement services to be good with the similar scenario among both Public and Private health care providers. (Table 1)

Regarding the opinion of PMJAY scheme in comparison to Private health insurance, 77.4% of the studied hospitals perceived the PMJAY scheme to be poorer as compared

to private health insurance where both Public and Private providers had similar views. (Table 2)

When asked about the reasons behind the view of Private health insurance being better than PMJAY, almost all the hospitals opined poor grievance reprisal as an important reason behind poor perception of PMJAY. (Table 3)

Discussion

Present study was conducted among 31 Public and Private hospitals empanelled under Pradhan Mantri Jan Arogya Yojana in Meerut district of Uttar Pradesh. As per the view of these empanelled hospitals, the process of empanelment in PMJAY was a smooth process as 95.7% of them were satisfied with the whole process of empanelment. A detailed step by step guide has been provided for empanelment of Public hospitals (11) and Private hospitals (12) at the official website of the PMJAY which helps the hospitals in empanelment process. Also, the physical verification of the facility occurs only after the online verification has been completed. This 2 step verification process made the empanelment process easier for the hospitals and therefore, the empanelled hospitals were satisfied with the empanelment process under PMJAY.

When evaluated for satisfaction with health benefit packages and their reimbursement, it was observed that majority of the studied health care providers were not satisfied. In their view, at the current rates of the health packages, especially for surgical conditions, it was difficult for them to cover the cost of patients' treatment, room charges, consultants' fees particularly in case of visiting consultants and the investigations. This was a bigger problem mainly for the Private health care providers. Rejection of claims without any justification even after the pre-authorization and the delayed claims reimbursements were the common reasons resonated by almost all health care providers for their disapproval of this otherwise, a noble scheme.

The present study reported 77.4% of the studied health care providers perceived PMJAY to be poorer as compared to the Private health insurance plans. This perception was most commonly seen among Private health care providers. Nonetheless, a few Public health care providers found no difference between the two.

The chief reason behind this view of PMJAY was poor resolution of complaints of health care providers. The In the study conducted by Shobiye H et al (2021) (10) on participating healthcare facilities of Nigeria under State Health Insurance Scheme, it was observed that barriers related to the insurance policy were more common among private than public facilities, with the greatest concern being low tariffs, followed by the delay in processing claims and payments. Other complaints included poor attitude of HMOs, increased paperwork and denial of payments.

Conclusion

Various hurdles are being faced in the implementation of the scheme. It is clear from the present study that currently the private health care providers under the ambitious scheme of PMJAY are not very content with the working of this insurance program. This is evident from the results showing that private providers generally perceived private insurance to be more profitable and better than government insurance. There definitely remains a huge scope for further improvements so as to enhance the insurance coverage in the country. The key to success of the program lies in the government's ability to provide incentives to all the health care providers to get empanelled in PMJAY. Government must create policies that would ensure a reduction in the costs and an improvement in the benefits of insurance participation for the providers particularly for the private health care providers. Through the auxiliary reforms in the program, PMJAY will help achieve India its long awaited dream of Universal Health Coverage.

Recommendation

A double-pronged strategy requires to be developed for the effective implementation of PMJAY. On one hand, focus is required on enhancing the coverage of the beneficiaries in the scheme, while on the other hand, number of health care providers empanelled under the scheme need to be increased so that people not only get the cards of the scheme but they actually receive the services.

Rates of the health care packages need to be developed more realistically so that more and more health care providers come forward for amalgamation with the scheme.

Further improvements should be done in Claims processing and time should be reduced for reimbursement of payments. All payments should be settled within maximum 30 days.

Existing grievance reprisal mechanism must be made stronger and a feedback mechanism is to be developed for the empanelled health care providers.

Limitation of the study

The study was conducted only among 31 health care providers. Inclusion of more empanelled health care providers would have been able to provide a clearer picture of the current status of PMJAY in Meerut district.

Relevance of the study

Ayushman Bharat – PMJAY is the latest step of Government of India towards providing protection to its most vulnerable population from catastrophic health expenditure. Such studies on understandings of one of the stakeholders of the scheme i.e., the health care providers will help in the better operation of this upright initiative of the government.

Authors Contribution

NV: conception, design & acquisition of data, drafting manuscript. TB,HC,GS & CM: conception, design, revising manuscript.

Acknowledgement

I would like to thank Nodal Officer, PMJAY Meerut.

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Tables

TABLE 1: PMJAY SCHEME AND HOSPITALS’ SATISFACTION

Attribute	Healthcare Provider	Satisfied n (%)	Not Satisfied n (%)	Total
Infrastructure and documents required for empanelment	Public	7 (87.5)	1 (12.5)	8
	Private	22 (95.7)	1 (4.3)	23
	Total N (%)	29 (93.5)	2 (6.5)	31 (100)
Online Process of empanelment	Public	7 (87.5)	1 (12.5)	8
	Private	22 (95.7)	1 (4.3)	23
	Total N (%)	29 (93.5)	2 (6.5)	31 (100)
Physical Verification process of empanelment	Public	8 (100)	0 (0.0)	8
	Private	23 (100)	0 (0.0)	23
	Total N (%)	31 (100)	0 (0.0)	31 (100)
Health Benefit Packages	Public	4 (50)	4 (50)	8
	Private	7 (30.4)	16 (69.6)	23
	Total N (%)	11 (35.5)	20 (64.5)	31 (100)
Claim settlement	Public	5 (62.5)	3 (37.5)	8
	Private	12 (52.2)	11 (47.8)	23
	Total N (%)	17 (54.8)	14 (45.2)	31 (100)

TABLE 2: PERCEPTION OF HOSPITALS FOR PMJAY SCHEME IN COMPARISON & PRIVATE HEALTH INSURANCE

Characteristic	Poor n (%)	Better n (%)	Similar n (%)	Total
Public	6 (75)	1 (12.5)	1 (12.5)	8
Private	18 (78.3)	5 (21.7)	0 (0.0)	23
Total N (%)	24 (77.4)	6 (19.4)	1 (3.2)	31 (100)

TABLE 3: REASONS FOR POOR PERCEPTION OF PMJAY IN COMPARISON & PRIVATE HEALTH INSURANCE BY EMPANELLED HOSPITALS *

S. No.	Reason	Frequency	Percentage
1.	Rates of Health Benefit Packages	16	66.7
2.	Denial of Reimbursement of Health Packages	17	70.8
3.	Time taken for Claim processing and reimbursement	20	83.3
4.	Complaints reprisal	22	91.7
5.	Information about the scheme	8	33.3
	Total	24 #	

Total 24 hospitals had poor perception of PMJAY; * Multiple Responses