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The Future of Health Insurance in India: A Case of Ayushman Bharat

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Abstract

Introduction: In 2017, the National Health Policy recommended the introduction of Ayushman Bharat to promote Universal Health Coverage (UHC), with the aim of providing comprehensive, need-based, and equitable healthcare services to the Indian population. The scheme comprises two primary components: the creation of 1,50,000 Health and Wellness Centres (HWCs) and the implementation of the Pradhan Mantri Jan Arogya Yojana (PM-JAY). These initiatives aim to enhance infrastructure related to comprehensive primary healthcare, maternal and child healthcare, non-communicable diseases, and improved drug delivery and diagnostic services. Out of 28 states and 8 Union territories in India, Delhi, Odisha, and West Bengal have not implemented the AB-PMJAY scheme. Telangana joined the scheme in May 2021, and each state has adopted different models to accommodate their healthcare requirements.

Objective: The study elicits the various aspects of Ayushman Bharat, the scheme's evolution throughout different timelines and its future prospects.

Conclusion: The Ayushman Bharat scheme has played an enormous role in achieving comprehensive healthcare system by leveraging various technologies and digital health methods. During the pandemic, the rates of utilization have changed, and Ayushman Bharat is anticipated to contribute significantly to achieve UHC in the future.

INTRODUCTION

Ayushman Bharat is the flagship scheme of the government of India, recommended by the National Health Policy, 2017. Its overarching vision is to achieve Universal Health Coverage (UHC), ensuring no one is left behind. This initiative aims to shift from a sectoral and segmented approach to comprehensive, need-based health service delivery. It encompasses preventive, promotive, and ambulatory care at primary, secondary, and tertiary levels.[1]

Every year, 30 April is celebrated as Ayushman Bharat Diwas to commemorate the launch of the Ayushman Bharat Scheme by the Government of India. On this day, various events and activities are organized to spread awareness about the scheme and to acknowledge the work of healthcare professionals and frontline workers who have contributed to the successful implementation of the scheme.[2]

Ayushman Bharat comprises of two key components: creating 1,50,000 Health and Wellness Centres (HWCs) and implementing the Pradhan Mantri Jan Arogya Yojana (PMJAY). The HWCs aim to provide Comprehensive Primary Healthcare Care (CPHC), which offer services related to maternal and child healthcare, non-communicable diseases, free essential drugs, and diagnostic services. The second component under Ayushman Bharat is the Pradhan Mantri Jan Arogya Yojana (PM-JAY). It subsumed the pre-existing Rashtriya Swasthya Bima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme. PMJAY was inaugurated by Prime Minister Narendra Modi on September 23, 2018, in Ranchi, Jharkhand. Its vision aligns with SDG-3.8, which aims to protect financially against catastrophic health expenditures and provide affordable and quality healthcare.[3]

The funding for the scheme is entirely provided by the Government of India. The cost of implementation is shared between the Central and State Governments. The current distribution ratio is 60:40 for States (excluding North-Eastern States and three Himalayan States) and Union Territories with legislature. In the case of North-Eastern States and three Himalayan States (namely Jammu and Kashmir, Himachal Pradesh, and Uttarakhand), the ratio is 90:10. Additionally, for Union Territories without legislatures, the Central Government may offer up to 100% funding on a case-by-case basis. The administration and management of HWCs and PM-JAY is carried out by the National Health Authority (NHA) at the federal level. The NHA is responsible for both the implementation and oversight of HWCs, ensuring that these centres effectively deliver comprehensive primary health care services. This involves the transformation of existing Sub Health Centres (SHCs) and Primary Health Centres (PHCs) at the operational level to meet the objectives of the health and wellness program. Similarly, the NHA plays a crucial role in coordinating and managing PM-JAY to ensure its successful execution. At the state level, the implementation of PM-JAY, including tasks such as hospital empanelment and the reimbursement of claims is overseen by State Health Agencies (SHAs) in collaboration with different support agencies, depending on each state's specific strategy.[1,4]

PM-JAY is the largest government-financed health insurance scheme which offers coverage of ₹5 lakhs family per year for secondary and tertiary care hospitalization

across public and private empanelled hospitals [The term 'lakh' is a unit in the Indian numbering system, commonly used to denote one hundred thousand (1,00,000)]. This amount represents the maximum benefit available to beneficiaries within a single year. Any medical expenses incurred during a year, up to the specified limit of ₹5 lakhs, will be covered by the scheme. It caters to over 12 crore poor and vulnerable individuals based on socio-economic and caste census (SECC) database. The SECC entails the classification of households according to their socio-economic status, it uses exclusion and inclusion criteria to determine eligibility. Rural households that meet the inclusion criteria are subsequently evaluated and ranked based on their status as per the seven deprivation criteria (D1 to D7) and in urban areas, households are categorized based on occupation classifications. The scheme provides cashless access to healthcare services, including up to three days of pre-hospitalization and 15 days of post-hospitalization expenses and transport allowance. There are no restrictions on family size, age, or gender, and all pre-existing costs are covered from day one. Beneficiaries can choose any public or private hospital for cashless treatment. The decision-making process regarding medical procedures and expenditure allocation is typically carried out by medical professionals. These professionals evaluate the patient's condition, diagnose illnesses, and recommend appropriate treatments. The scheme follows a package model for payments, where the government defines the payment for specific services and procedures.[1,3,4]

Ayushman Bharat, with its continuum of care approach, aims to revolutionize healthcare delivery in India, improving accessibility, affordability, and quality for all. In addition to providing quality healthcare services, the scheme has created new employment opportunities in the healthcare sector, promoted the use of health technology and strengthened the country's healthcare delivery system.[3,4] The purpose of this review is to delve into AB-PMJAY, assessing its current progress and exploring its future prospects.

CURRENT SCENARIO OF IMPLEMENTATION OF AYUSHMAN BHARAT

Out of 28 states and 8 Union territories in India, Delhi, Odisha, and West Bengal have not implemented the AB-PMJAY scheme, and Telangana joined the scheme in May 2021. As depicted in Table 1, Out of the 33 states and UTs, 23 have adopted the Trust model, 7 have adopted the Insurance model, and 3 have chosen the Hybrid model.

As of May 2023, 15 states/UTs have covered more than 50% of eligible families under the AB-PMJAY scheme. Moreover, Arunachal Pradesh, Jharkhand, and Meghalaya have covered 100% of the eligible families under the scheme.[5]

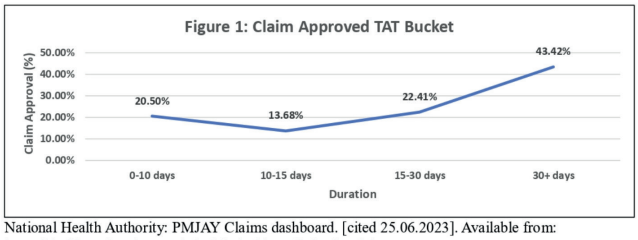
As of June 26, 2023, around 23 crore Ayushman cards have been created, and 5 crore hospital admissions have been made. Madhya Pradesh (359.35 lakhs), Uttar Pradesh (294.08 lakhs) and Chandigarh (193.44 lakhs) have issued the highest number of Ayushman cards, and Tamil Nadu (90.49 lakhs), Rajasthan (57.41 lakhs) and Karnataka (52.67 lakhs) have done maximum authorised hospital admissions. Overall, 28,877 hospitals empanelment's have been done with 15,950 public and 12,927 private hospitals. Karnataka has the maximum number of empanelled hospitals (5,007), followed by Uttar Pradesh (3,411) and Gujarat (2,836).[6] As illustrated in **Figure 3**, the maximum number of patients have taken consultation for General medicine (110.84 lakhs) followed by Infectious disease (43.17 lakhs) and General Surgery (30.74 lakhs), and top procedures constitute haemodialysis (64.05 lakhs) and screening for COVID-19 (40.76 lakhs).[6] As depicted in **Figure 1&2** , 43.42% of AB-PMJAY claims were approved after 30 days and 39.83% of claims were paid after 45 days.[7]

AB-PMJAY has undergone significant updates in various aspects since its inception. However, there are still certain crucial areas where it falls short. These include ensuring equity in supply and utilization, targeting the most vulnerable population, and providing outpatient coverage.[8] A National Household Survey conducted in 2021 revealed that while over 70% of the states implementing PM-JAY were aware of the scheme, only 16% were enrolled. Moreover, awareness and enrolment were higher in urban areas than in rural regions.[9] Consequently, the system needs to effectively reach the most vulnerable individuals, leading to adequate utilization and supply of the scheme. Outpatient care costs, which constitute a significant portion of out-of-pocket expenses, are not covered by PM-JAY as it only includes secondary and tertiary hospitalization expenses.[8] The utilization of the allocated funds for the scheme could have been improved, as there was a decline from 83% in 2018-19 to 50% in 2019-20 and further decreasing to 42% in 2020-21. Research by the National Council of Applied Economic Research (NCAER) revealed that there is need for more awareness among beneficiaries regarding their entitled health benefits and access process. To achieve universal access to healthcare through health insurance schemes, it is essential to enhance beneficiaries' knowledge about the scheme, their benefits and entitlements. Comprehensive health provision will be addressed with proper strategies to inform cardholders about where to seek healthcare and how to claim benefits. If this trend continues, future budgets may witness reduced allocations due to underutilization.[10]

Table 1. State/UT-wsie coverage under AB-PMJAY Health Insurance Models as of May 2023

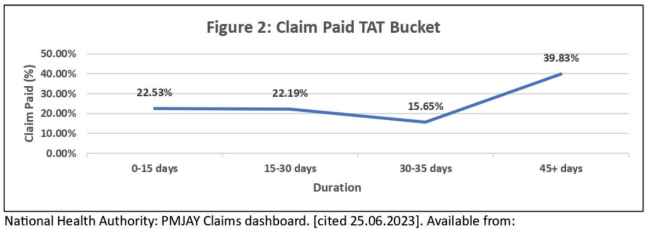
States/UTs	Insurance model Adopted	Percentage of Family Covered	Percentage of Non-PM-JAY families covered under state scheme
1. Andhra Pradesh	Trust	89%	0%
2. Assam	Trust	42%	52%
3. Arunachal Pradesh	Trust	100%	0%
4. Andaman & Nicobar Islands	Trust	Data not available	
5. Bihar	Trust	54%	0%
6. Chhattisgarh	Trust	85%	13%
7. Chandigarh	Trust	8%	0%
8. Dadra & Nagar Haveli and Daman & Diu	Insurance	34%	0%
9. Goa	Trust	14%	86%
10. Gujarat	Insurance	62%	0%
11. Himachal Pradesh	Trust	32%	37%
12. Haryana	Trust	33%	0%
13. Jharkhand	Hybrid	100%	0%
14. J&K	Insurance	98%	0%
15. Karnataka	Trust	66%	0%
16. Kerala	Trust	48%	0%
17. Ladakh	Trust	Data not available	
18. Lakshadweep	Insurance	Data not available	
19. Madhya Pradesh	Trust	Data not available	
20. Maharashtra	Hybrid	31%	52%
21. Manipur	Trust	Data not available	
22. Meghalaya	Insurance	100%	0%
23. Mizoram	Trust	86%	0%
24. Nagaland	Insurance	62%	0%
25. Punjab	Trust	72%	0%
26. Puducherry	Trust	Data not available	
27. Rajasthan	Insurance	Data not available	
28. Sikkim	Trust	33%	0%
29. Telangana	Trust	Data not available	
30. Tamil Nadu	Hybrid	71%	0%
31. Tripura	Trust	56%	0%
32. Uttar Pradesh	Trust	39%	0%
33. Uttarakhand	Trust	62%	0%

National Health Authority: Status of Implementation of PM-JAY Across States. [cited 20.06.2023]. Available from: https://pmjay.gov.in/states/status-implementation



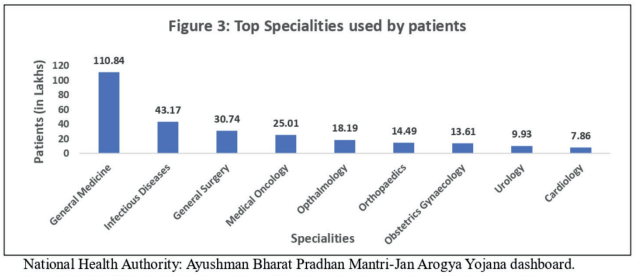
National Health Authority: PMJAY Claims dashboard. [cited 25.06.2023]. Available from: https://dashboard.pmjay.gov.in/publicdashboard/#/pmjayclaims

Figure 1. Claim Approved TAT Bucket



National Health Authority: PMJAY Claims dashboard. [cited 25.06.2023]. Available from: https://dashboard.pmjay.gov.in/publicdashboard/#/pmjayclaims

Figure 2. Claim Paid TAT Bucket



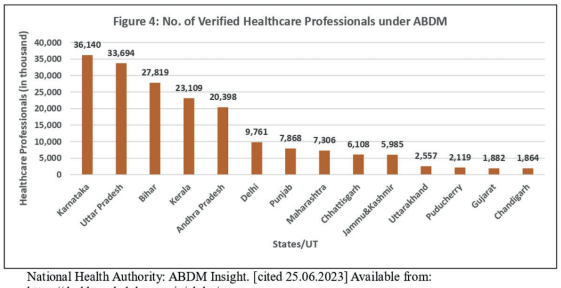
National Health Authority: Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana dashboard. [cited 25.06.2023]. Available from: https://dashboard.pmjay.gov.in/publicdashboard/#/

Figure 3. Top Specialities used by patients

IMPORTANCE OF TECHNOLOGY FOR AYUSHMAN BHARAT

Today, technology is used globally in all sectors to provide various services to people. In response to the growing need for digitization in India's healthcare sector, the government launched the Ayushman Bharat Digital Mission (ABDM) in September 2021. This mission creates and utilizes Digital Public Goods to enhance the availability, accessibility, affordability, and acceptability of healthcare through various building blocks. This mission aims to establish an integrated, effective, and inclusive national digital health ecosystem.[11]

As of 25th June 2023, 40.8 crore Ayushman Bharat Health Accounts (ABHAs) have been created, 1.98 lakh healthcare professionals have been enrolled in the scheme, and 27.8 crore health records have been registered under ABDM. Andhra Pradesh has topped the list by creating 403.3 lakhs ABHA, followed by Madhya Pradesh (398.4 lakhs) and Uttar Pradesh (354.5 lakhs). Overall, 51.54% of males and 48.45% of females have ABHA. As depicted in Figure 4, Karnataka (36,140), Uttar Pradesh (33,694), and Bihar (27,819) have the maximum number of registered healthcare professionals. All India Institute of Medical Sciences (AIIMS), New Delhi, has topped the list by generating 74,526 ABHA via online scan and share module for registration of patients across the country in June, followed by Swaroop Rani Nehru Hospital, Prayagraj, Uttar Pradesh and Ganesh Shankar Vidyarthi Medical College, Kanpur, Uttar Pradesh with 36,073 and 34,763 ABHA's respectively.[12]



National Health Authority: ABDM Insight. [cited 25.06.2023] Available from: https://dashboard.abdm.gov.in/abdm/

Figure 4. No. of Verified Healthcare Professionals under ABDM

EFFECT OF DEMOGRAPHIC CHANGES AND EPIDEMIOLOGICAL TRANSITION ON AYUSHMAN BHARAT

Lower infant mortality, longer life expectancies, a growing population, government emphasis on disease eradication, increasing disposable income, and the ability to pay for private healthcare facilities, all of these have contributed to the $41 billion growth in India's healthcare business. India's public health spending, which includes spending by the federal and state governments, was stable between 2008 and 2015 at about 1.3% of GDP and very marginally increased to 1.4% in 2016–17. The National Health Policy

2017 recommended a rise in this proportion to 2.5% by 2025. The total health expenditure is estimated to be 3.9% of GDP, including private sector spending.[13]

With advancements in technology and medical means, healthcare conditions have undoubtedly improved. With the initiation of Ayushman Bharat, there has been considerable development in the country's health policy and programme implementation.[14] More than half (51%) of all claims arise from the age groups within 19 to 50. This can be attributed to the demographics of the nation, where this age group constitutes 47% of the entire population. Medical disciplines within PM-JAY also exhibit specific age-wise utilisation trends. Monitoring these utilisation trends is crucial in light of the nation's changing demographics. India's elderly population will also increase during the next two to three decades.[8]

The burden of healthcare will shift from Communicable diseases to Noncommunicable diseases (NCDs) and age-related problems due to improvements in managing infectious diseases and an ageing population. Therefore, to meet the public needs, it would be required to alter the health package composition of PM-JAY promptly. Investigating systematic skews in the supply and utilisation of PM-JAY across healthcare industry, genders, age groups, and social categories is essential. Despite lower level of disease and poverty, Kerala and Himachal Pradesh use more services. Males are found to be more likely to seek care under PM-JAY as compared to females. People who belonged to Scheduled Castes and Scheduled Tribes rarely use services. Due to healthcare accessibility issues, such discrepancies may further push the most vulnerable communities into poverty.[8]

UTILIZATION OF AYUSHMAN BHARAT DURING THE COVID-19 PANDEMIC

The global healthcare and administrative systems have been put to the test since the coronavirus pandemic (COVID-19) first emerged. India, which has the world's second-largest population, is significantly disadvantaged. [15] The burden of disease has been observed to aggravate poverty and financial exclusion. According to the various statistical figures, it is seen that the burden of NCDs with communicable diseases has been a challenge in terms of management. The Ayushman Bharat scheme has shown promise as an effective tool in this scenario.[14] More than two crore individuals have received free treatment through Ayushman Bharat since its launch in 2018. Once the pandemic has stabilised, this programme is anticipated to offer around one crore treatments annually. People from all social classes and geographical areas of the country had access to appropriate healthcare facilities during these periods because AB-PMJAY covered the diagnosis and treatment of COVID-19, Black Fungus, etc. Ayushman Bharat has an excellent feature like call centres with a nationwide helpline number. They are designed to be scalable and ready to manage massive incoming traffic 24 hours daily.[15]

A study was conducted in a tertiary care centre in Karnataka to understand the utilization of Ayushman Bharat among COVID-19 positive individuals. The pandemic worsened the situation of underprivileged people, and the loss of jobs and livelihoods added to the problem. The Ayushman Bharat Arogya Karnataka (ABArK) scheme helped the beneficiaries to cope with catastrophic out-of-pocket expenditures. A total of 1367 COVID-19 positive cases were included in this investigation. 93.92% of the patients were from Karnataka, the state with the highest percentage. 906 (66.27%) subjects qualified for ABArK, of which 714 (78.8%) had used the programme. Men accounted for 443 (62.04%), while 271 (37.95%) women utilised the ABArK scheme. The study elicits the importance of awareness and health literacy concerning the benefits of the scheme and health insurance programs. It also lessens the financial strain and accessibility issues of the medical treatment.[16]

AYUSHMAN BHARAT AND THE FUTURE OF HEALTH CARE DELIVERY SYSTEM

Ayushman Bharat pioneers a holistic approach to healthcare. By establishing access to HWCs at the primary level and ensuring financial protection for accessing curative care at the secondary and tertiary levels, Ayushman Bharat encapsulates a progression towards promotive, preventive, palliative, and rehabilitative aspects of UHC. It has emerged as a fundamental global healthcare policy which aimed at improving the health of the world's population and combating the scourge of medically related poverty. If finances are appropriately managed and the scheme's beneficiaries are given quality care, the Ayushman Bharat can succeed in future.[17]

By cutting back on spending on medications and outpatient care, it could reduce Out-of-Pocket Expenditures on

Healthcare (OOPHE) significantly. According to recent studies and estimations, HWCs might effectively cover outpatient care costs and prescription drug expenses. However, given the history of the public health care system's growth in India, which has been marked by significant rural–urban variations, there may be considerable variations in the degree to which HWCs can reduce OOPHE on outpatient treatment and medications. Additionally, much outpatient care and medical spending occurs at the tertiary level. The scheme covers only up to 3 days pre-hospitalisation expenses and 15 days post-hospitalisation expenses. Follow-up care is provided to those patients who does not require hospitalization. Additionally, the majority of HWCs are situated in rural areas, leaving 35% of the urban population without HWC access. The government should consider incorporating medicines and outpatient care at the tertiary level in the AB-PMJAY for future improvements.[18]

The AB-PMJAY is a rare opportunity to enhance the health of Indians and eliminate a significant cause of the country's poverty. However, significant obstacles must be removed for the Indian people to experience these benefits and for the programme to advance India's pursuit of UHC sustainably. Under the sustainable development goals (SDGs), UHC has emerged as a global benchmark for health systems to enhance population health and eradicate medical-related poverty. Despite the evidence, the people's ability to receive healthcare services, the services delivered, and the level of financial protection provided to the population are indicators of UHC's performance. Given the limited resources available for AB-PMJAY implementation, the scheme's ability to advance on these three metrics will also depend on its ability to address several persistent and interconnected structural flaws in the Indian system, including problems with public and private sector governance, stewardship, quality control, and health system organisation.[19]

SWOT ANALYSIS

As per the existing literature, the SWOT analysis of the Ayushman Bharat is prepared and presented in Figure 5. [17,20,21,22]

SWOT ANALYSIS

STRENGTHS	WEAKENESSES	OPPOURTUNITIES	THREATS
• Ayushman Bharat provides health assurance coverage of up to Rs. 5 Lakh/year/family. • Successful reduction of out-of-pocket healthcare expenses. • Improved access to healthcare services across India. • Shift from disease-specific initiatives to a comprehensive primary healthcare approach.	• Limited healthcare access in rural areas due to a shortage of providers. • Challenges in identifying and enrolling eligible beneficiaries. • Inadequate infrastructure in rural areas can hinder the program's effectiveness. • Lack of awareness about the scheme is also a concern. • Majority of the OOPE constitutes out-patient care expenses. The scheme provides coverage for only secondary and tertiary care hospitalization. • Private organizations withdraw due to unviable rates and delayed payments. • Criticism of public-private partnerships may impact scheme execution.	• Incentivize healthcare providers for rural service. • Utilize data analytics and technology for efficient beneficiary identification and enrolment. • Increase healthcare budget allocation for program resource adequacy. • Utilize Artificial Intelligence to reduce insurance fraud and ensure resource fairness. • Emphasize preventive healthcare within the scheme. • Encourage and enhance public-private partnerships. • Review and set realistic package rates for effective implementation.	• The scheme's sustainability may be at risk if innovative financing mechanisms, such as public-private partnerships, are not explored. • Need to address rising healthcare demand to support the program. • There is a possibility of overburdening public hospitals due to the high number of beneficiaries under the program.

Figure 5. SWOT Analysis

RECENT ADVANCES

As illustrated in Figure 6, the estimated budget for the AB-PMJAY for the fiscal year 2023-24 is 7,200 crores, which is 12% higher than the previous year's revised budget. Until the financial year 2021-22, the revised estimates for the scheme were usually half of the budget estimates. However, in the financial year 2022-23, the scheme's budget and revised estimates were the same at 6,412 crores. The state government have established HWCs in all those states where the AB-PMJAY scheme is not implemented, except for National Capital, Delhi, where HWCs are not operationalized.[23]

As of March 2022, the Health Benefits Package (HBP) 2.0 has also been revised; the current version of HBP 2.0 includes HBP 2.1 and HBP 2.2, which consists of 871 packages and 1,578 procedures covering 94 specialities. All states and Union Territories have implemented HBP 2.0 except for Goa, Karnataka, Meghalaya, Tamil Nadu, and Maharashtra. For the financial year 2023-24, the Government of India has allocated 341 crores to ABDM, more than double the previous year's revised estimates of 140 crores.[24] To achieve the goal of AB-PMJAY and to increase its reach, the state health department of Uttar Pradesh has decided to intensify the incentive scheme. The field workers, including ASHA workers, ANMs and Anganwadi workers, are provided with an incentive of 5 rupees per person for facilitating the issuance of Ayushman Bharat card.[25] The state health authority of Madhya Pradesh has introduced a plan to issue a ranking of hospitals empanelled under the AB-PMJAY scheme. This ranking would help patients get information about hospitals offering the best services. This ranking would also penalise mistakes and incentives for providing better services, and the state would also cancel MoUs with hospitals and de-empanel them from the scheme if they are found frauds like charging out of pocket from patients.[26]

CONCLUSION

This review has evaluated the Ayushman Bharat scheme and assessed its progress since it started. It has discussed the scheme's current state, technology use, and how demographic and epidemiological transition changes have affected it. It also examined how the scheme was utilized during the COVID-19 pandemic, identified specific gaps, and emphasized its importance in the future healthcare system.

A WAY FORWARD

An increase in the utilization of the Ayushman Bharat scheme can be accelerated by relaying the benefits at the grassroots level and ensuring optimal usage of the resources by continuous monitoring and evaluation of the program. The stakeholders must understand the scheme's importance and make the other beneficiaries understand the profits of utilization. In addition to attaining the SDGs, there is a reduction in the economic burden on individuals and families due to increased accessibility to healthcare resources. Looking at the pandemic, most nations' national economy has suffered, and India is no exception. This scheme's success can help revive the economy and the healthcare infrastructure. An essential aspect of utilising the Ayushman Bharat scheme is awareness among the population. A gap exists between the beneficiaries being aware of the entitled healthcare services and the accessibility of the resources. Being a developing nation, an enormous portion of a household's income is spent on healthcare, especially OOPE. To reduce the economic burden, the Ayushman Bharat scheme can be utilized. Furthermore, the concept of UHC is heightened by the equitable distribution of resources and how India can achieve it. The Ayushman Bharat scheme has proved essential in achieving the potential and facilitating the transition towards UHC.

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