

Dissertation Training

at

Quality Council of India

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

By

Dr. Rekha

PG/22/91

Under the guidance of

Dr. Altaf Yousuf Mir

PGDM (Hospital and Health Management)

2022-2024



International Institute of Health Management Research

New Delhi



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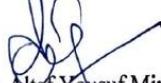
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IIHMR, New Delhi



Dr. Ataf Yousuf Mir
Associate Professor
Associate Dean Placement and Alumni Relations
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ACKNOWLEDGEMENT

I am extremely thankful to everyone at Quality Council of India, for sharing generously their valuable insight and precious time which motivated me to do my best during dissertation.

My learning and dissertation writing would not have been possible without in depth discussions with Mr. Ashish Dubey. I express my gratitude towards her for providing timely guidance, inspiration & unconditional support during my study.

I am highly grateful to **Dr. Altaf Yousuf Mir** and all the faculty members and staff for giving me this opportunity to learn and to add to my phenomenal experience. Without their cooperation and guidance, it would not have been possible to conduct my study and complete my training successfully.

ABSTRACT

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY), a flagship healthcare initiative of the Government of India, aims to provide health coverage to the economically vulnerable sections of society. This thesis examines the implementation and impact of PMJAY in the state of Jharkhand, which faces unique socio-economic and healthcare challenges. The study evaluates the effectiveness of the scheme in improving access to healthcare, reducing out-of-pocket expenses, and enhancing overall health outcomes for the beneficiaries.

A mixed-methods approach was employed, combining quantitative analysis of secondary data from government reports and health surveys with qualitative insights from stakeholder interviews and beneficiary focus groups. Key factors such as stakeholder engagement, resource allocation, political and institutional support, data quality, capacity building, feedback mechanisms, adaptability, public awareness, and outcome orientation were analyzed to identify limitations and challenges in the implementation process.

The findings indicate that while PMJAY has made significant strides in increasing healthcare accessibility and affordability, several limitations hinder its full potential. Issues such as insufficient resource allocation, inadequate stakeholder engagement, poor data quality, and lack of public

awareness were identified as critical barriers.

This thesis provides recommendations for policymakers and implementers to enhance the effectiveness of PMJAY in Jharkhand. By addressing the identified limitations and leveraging the strengths of the program, the state can achieve better health outcomes and improve the quality of life for its citizens. The study contributes to the broader discourse on health policy implementation and offers valuable insights for other regions facing similar challenges.

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ACRONYMS/ ABBREVIATIONS

QCI- Quality Council of India

PM-JAY- Pradhan Mantri Jan Arogya Yojana

SECC- Socio-Economic Caste Census

CAG- Comptroller and Auditor General of India

SHA- State Health Authority

NHA- National Health Authority

IEC- Information Education Communication

ABOUT QCI

The Quality Council of India (QCI) was established in 1996 as a national accreditation body based on recommendations from an EU expert mission. It operates independently through a public-private partnership involving the Indian government and three major industry associations: ASSOCHAM, CII, and FICCI.

Registered as a non-profit under the Societies Registration Act, QCI is supported by the Ministry of Commerce and Industry.

Its primary role is to ensure independent third-party assessment of products, services, and processes, promoting quality standards across various sectors such as education, healthcare, environment, governance, and infrastructure to improve the quality of life in India.

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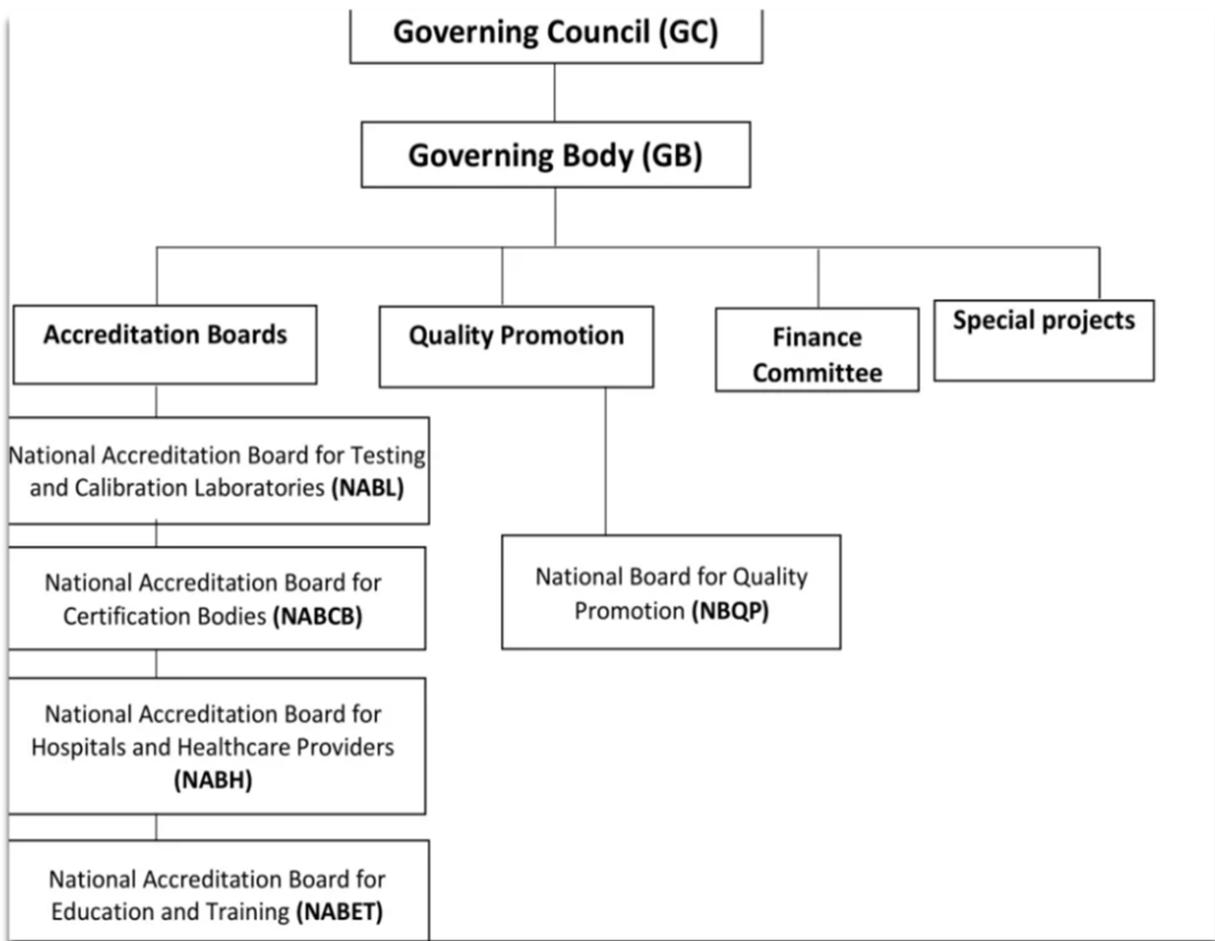
To lead nationwide quality movement in India by involving all stakeholders for emphasis on adherence to quality standards in all spheres of activities primarily for promoting and protecting interests of the nation and its citizens.

VISION

“My definition of nation prosperity index is equal to GDP including quality of life for all coupled with value system. It is essential to ensure that all the citizens are empowered with good quality of life encompassing nutritious foods, good habitat, clean environment, affordable health care, quality

education with value system and productive employment leading to the comprehensive qualitative development of the nation.

There is a strong urge in our society to come out century old “Developing Country” brand name to “Developed Country” status. To become developed country, we must have competitive edge in the international market. Quality is very essential to achieve this. We must use competition as an opportunity to improve our quality and to transform from a technology importer to technology exporter.”



CHAPTER 1: INTRODUCTION

- Ayushman Bharat is a significant initiative by the Government of India to achieve the vision of Universal Health Coverage (UHC).
- Two schemes under Ayushman Bharat:
 - 1) Health and Wellness Centers (HWCs)
 - 2) Pradhan Mantri Jan Arogya Yojana (PM-JAY)
- It was launched on September 23, 2018, in Ranchi, Jharkhand, by Prime Minister Narendra Modi, PM-JAY is the largest health assurance scheme in the world. It aims to provide a health cover of ₹5 lakhs per family per year for secondary and tertiary care hospitalization.
- PM-JAY was earlier known as the National Health Protection Scheme (NHPS) before being rechristened. It subsumed the existing Rashtriya Swasthya Bima Yojana (RSBY), which had been launched in 2008.

Targeting Beneficiaries for PM-JAY Healthcare Initiative

- PM-JAY has been rolled out for the bottom 40 per cent of poor and vulnerable population. In absolute numbers, this is close to 12 crore households. The inclusion of households is based on the deprivation and occupational criteria of the Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas, respectively. The SECC involves ranking of the households based on their socio-

economic status.

- Rural households which are included are then ranked based on their status of seven deprivation criteria (D1 to D7).
- Urban households are categorized based on occupation categories.
- In line with the approach of the Government to use the SECC database for social welfare schemes, PM-JAY also identifies targeted beneficiary families through this data.

Implementation Model

- States are employing different strategies to implement their health insurance/assurance schemes. Some states use insurance companies, while others manage the schemes themselves.
Recognizing that states have varying levels of readiness and capacity, the Pradhan Mantri Jan Arogya Yojana (PM-JAY) offers flexibility in implementation models.
- States can choose from:
 - 1) Assurance /Trust Model: The state directly manages the scheme, acting as a self-insurer.
 - 2) Insurance Model: The state contracts with insurance companies to manage the scheme.
 - 3) Mixed Model: The state combines elements of both the assurance and insurance models.
- This flexibility allows states to adopt the approach best suited to their capabilities and infrastructure.

Budget estimates

- It provides health coverage of ₹5 lakh per family per year for secondary and tertiary care hospitalization to over 12 crore poor and vulnerable families (approximately 550 million beneficiaries), constituting the bottom 40% of the Indian population.
- PM-JAY costs are shared between the central and state governments which is elaborated as:
- Ratio of 60:40 for states (excluding Northeastern states and three Himalayan states) and Union Territories with the legislature.
- Ratio of 90:10 for the Northeastern states, Himachal Pradesh and Uttarakhand
- Central Government may provide up to 100% on a case-to-case basis for Union Territories without legislatures
- In the Union Budget, the allocation for the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana:
 - ₹7,200 crore for FY 2023-24
 - ₹7,500 crore for FY 2024-25

Implementation framework

- AB-PMJAY is currently being implemented in 33 states and Union Territories (UTs) across India except West Bengal, the National Capital Territory (NCT) of Delhi, and Odisha. Telangana was the latest state to join the scheme in May 2021.
- AB-PMJAY is an entitlement-based scheme i.e. the scheme does not mandate any enrolment, but all eligible families are covered based on an identity verification, followed by the issuance of E-

cards.

- A three-tier framework has been devised for the implementation of the AB-PMJAY.

1) The National Health Authority (NHA)

2) State Health Agencies (SHAs)

3) District Implementation Units (DIUs).

Success and achievements

- Coverage:

More than 15.5 crore families were covered, or roughly 50 crore beneficiaries.

- Savings:

Over 5.39 crore admission events valued at Rs 66,284 crore have been served by the program in the previous five years. The beneficiaries have saved more than Rs 1 lakh crore as a result of this.

- Impact:

The program has improved the beneficiaries' access to tertiary care by 65% and decreased their Out-of-Pocket Expenditure (OOPE) by 60%.

- Quality and efficiency:

Through the implementation of quality certification, standard treatment protocols, and performance-based incentives for the

affiliated hospitals, the program has improved the effectiveness and quality of the nation's healthcare delivery systems. Additionally, the plan has improved the public hospitals' revenue generation and bed occupancy rates.

- Innovations and initiatives:

The program has started a number of initiatives and innovations to improve the standard and accessibility of healthcare services. Ayushman Bharat PM-JAY Startup Grand Challenge, Ayushman Bharat PM-JAY Awards, Ayushman Bharat Digital Mission (ABDM), Ayushman Bharat Health Infrastructure Mission (ABHIM), and so on are a few of these.

- Inclusivity:

The program has added members of the transgender community to its list of beneficiaries, keeping true to its promise of inclusivity. The community was the target audience for about fifty packages, some of which dealt with Sex Reassignment Surgery (SRS).

Challenges

- Lack of Awareness:

Potential beneficiaries of the program are not well-informed, particularly in rural areas. A large number of eligible beneficiaries are unaware of their benefits or how to use them. To raise

awareness and demand, the program's outreach and communication efforts must be strengthened.

- Supply-Side Constraint:

The country's unequal distribution and availability of healthcare infrastructure and human resources present a supply-side constraint for the program. There is a dearth of accredited hospitals in many states, particularly in rural and tribal areas.

- Reimbursement Issues:

Ensuring prompt and sufficient reimbursement of claims to accredited hospitals—particularly private ones—presents a challenge for the program. Numerous hospitals have voiced concerns about lengthy procedures, low package rates, high denial rates, and delayed payments. To maintain the scheme's sustainability and viability, it is necessary to expedite and streamline the claim settlement process and to periodically review the package rates.

- Fraud and Abuse:

The program must guard against and identify fraud and abuse by some dishonest people who attempt to take advantage of the program for their own gain. A single cell phone number, 9999999999, was connected to almost 7.5 lakh beneficiaries, according to recent disclosures from the Comptroller and Auditor

General of India. It is imperative to fortify the anti-fraud mechanisms and enforce stringent measures against individuals who engage in fraudulent or negligent activities within the scheme.

CHAPTER 2: METHODOLOGY

- Study type- Secondary research and situation analysis
- Time frame- 2018-2023
- Information sources- CAG reports, SHA reports, PubMed, Google Scholar etc.

OBJECTIVE

- Assess the implementation of the PMJAY scheme to identify irregularities and inefficiencies
- Investigate non-compliance and malpractices affecting the scheme
- Recommend improvements for better healthcare delivery and compliance

IMPACT EVALUATION IN JHARKHAND

Formation and Information Issues

- IEC Cell was not formed

- Lack of information about the remaining states

Irregular Payments and Unauthorized Treatments

- 3 EHCPs in Ranchi: Treated 795 patients in specialities not yet empanelled, receiving ₹ 0.63 crore
- 8 EHCPs in 6 Districts: Treated patients in unempanelled specialities, leading to ₹ 0.46 crore in irregular payments for 358 cases
- 59 Empanelled EHCPs: Not treating patients since empanelment or from 2019-20 and 2020-21. No replies from Civil Surgeons (CS) to investigate as of December 2021
- Mahatma Gandhi Memorial Medical College and Hospital, Jamshedpur: Did not provide treatment for 761 days out of 1,096 days between September 23, 2018, and September 22, 2021

Mortality Case Discrepancies

- Patients Shown as 'Died': Continued to avail treatment. Data analysis revealed 88,760 patients died during treatment, with 2,14,923 claims shown as paid for fresh treatment
- Irregular Claims: 3,903 claims amounting to ₹ 6.97 crore were paid to hospitals for deceased patients

Malpractices in Hospitals

- 12 Hospitals: Engaged in illegal collection of money, repeated submission of the same photograph for multiple claims, non-disclosure of facts, etc.
- Lack of Follow-up Action: No recovery of collected amounts,

penalties, or action against medical professionals. NHA claimed action was taken but provided no documentary evidence

Delays in Hospital Empanelment

- 418 Hospitals: Empanelment delays ranged from 2 to 873 days due to non-submission of required documents, manpower details, and infrastructure

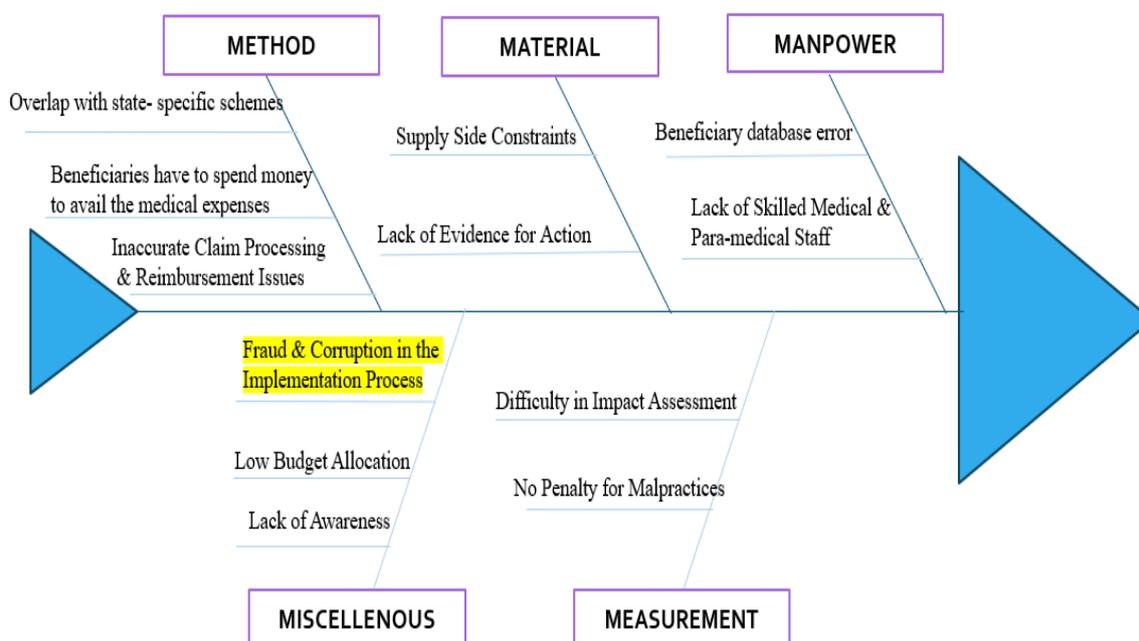
Unauthorized Expenses

- Life Care Hospital, Godda: 36 patients paid for medicines, injections, blood, etc. The hospital did not provide an explanation or face penalties

De- empanelled Hospitals

- 5 EHCPs in Palamu District: De-empanelled in 2019 but treated 1,777 cases and received ₹ 1.37 crore

FISH BONE ANALYSIS OF PM-JAY



Question: Why implementation of the PMJAY in JHARKHAND faces significant challenges?

Sub-causes- Fraud & Corruption in the Implementation Process

Why is there fraud and corruption in the implementation process?

(Irregularities like illegal collections, repeated submissions, and unauthorized treatments)



Why were these irregularities identified?

(Failure of SHA and authorities to take appropriate action)



Why did the SHA and authorities fail to take action?

(Lack of follow-up actions such as recoveries, penalties, and de-
empanelments)



Why was there a lack of follow-up action?

(Inadequate systems and processes for monitoring and addressing issues)



Why were the systems and processes inadequate?

(Delays in empanelment, non-submission of documents, and lack of
infrastructure)

CHAPTER 3: RESULTS

PROPOSED SOLUTIONS

1) Enhance Oversight and Accountability Mechanisms:

- Set up a secure and anonymous whistleblower portal
- Recruit and train staff for the audit and compliance team

2) Strengthen the Empanelment Process and Criteria:

- Automate the application and tracking process using a dedicated software system
- Conduct training sessions for hospitals on the new empanelment

requirements

3) Improve Infrastructure, Training, and Resources:

- Upgrade existing IT systems to integrate real-time data analytics and monitoring capabilities
- Develop and implement a comprehensive training curriculum covering fraud detection, ethical practices, and compliance
- Ensure budget allocation for necessary technological and human resources enhance

A-A-A Analysis of the proposed solutions

| Actions | Authority | Ability | Acceptance |
|---|--|---|--|
| Set up a Secure and Anonymous Whistleblower Portal | SHA can establish and manage the portal to enforce compliance. | Requires resources for development and management | Encourages stakeholders to report irregularities without fear. |
| Recruit and Train Staff for the Audit and Compliance Team | SHA can hire and empower an audit team | Needs resources for recruitment and training | Trained staff build trust by handling compliance issues fairly |
| Automate Application and Tracking Processes | SHA can implement dedicated software systems | Requires technical expertise and funding | Transparent systems increase stakeholder cooperation. |
| Upgrade IT Systems for Real-Time Data Analytics | SHA can mandate upgraded systems | Needs funding and technical expertise. | Enhances transparency and trust among stakeholders. |

EXPECTED OUTCOMES

- Enhanced Understanding of IEC Cell Formation Issues

- Identification of Irregularities in Specialty Services and Payments
- Insights into Hospital Performance and Accountability
- Analysis of Empanelment Process Delays
- Documentation of Financial Irregularities
- Evaluation of Mortality Data Management
- Identification of Malpractices and Fraudulent Activities
- Recommendations for Policy and Implementation Improvements

CHAPTER 4: EXPLICATE ASSUMPTIONS

The challenges in PMJAY implementation in Jharkhand assumes several key factors:

- **Stakeholder Engagement:** Active involvement of stakeholders in improving PMJAY.
- **Comprehensive Needs Assessment:** Thorough identification of challenges and gaps.
- **Resource Allocation:** Adequate funding and human resources for interventions.
- **Political and Institutional Support:** Commitment to driving reforms and overcoming obstacles.
- **Data Availability and Quality:** Reliable data for monitoring and evaluation.

- Capacity Building: Effective training to enhance skills and adherence to SOPs.
- Feedback Integration: Robust mechanisms for incorporating stakeholder feedback.
- Adaptability: Flexibility to adjust strategies based on evolving circumstances.
- Public Awareness: Effective communication to inform beneficiaries and encourage participation.

CHAPTER 5: CONCLUSION

The implementation of PMJAY in Jharkhand faces significant challenges due to fraud, corruption, and inadequate systems. These issues arise from irregularities like illegal collections and unauthorized treatments, resulting from failures in enforcement and monitoring by the SHA. To address these problems, it is essential to enhance oversight by setting up a whistleblower portal and recruiting and training audit and compliance staff. Strengthening the empanelment process through automated application and tracking, along with hospital training on new requirements, is also crucial.

Additionally, improving infrastructure and training by upgrading IT systems for real-time monitoring, developing comprehensive training on fraud detection and compliance, and allocating budget for necessary resources will empower the SHA to enforce compliance effectively, ensuring the integrity and success of PMJAY in Jharkhand.

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