

DISSERTATION TRAINING

AT

NIVA BUPA HEALTH INSURANCE COMPANY

NOIDA SEC 59

(FEB 5th TO MAY 12th, 2024)

A REPORT ON

“CHALLENGES IN THE IMPLEMENTATION OF ABPMJAY BY EMPANELLED HOSPITALS: A SCOPING REVIEW”

BY

DR SONALI MAHAR

ENROLLMENT NO: PG/22/125

Under the guidance of

Dr. PUNIT YADAV

PGDM (HOSPITAL AND HEALTH MANAGEMENT

2022-24



International Institute of Health Management Research
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**International Institute of Health Management Research
New Delhi**



06-May-2024

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Dr. Sonali Mahar** has completed her Internship from our organization. Her training period was from **05-Feb-2024** to **10-May-2024** during which she had worked in **Provider Contracts**.

She has completed the same successfully. She was diligent and persevering and has picked up knowledge and understanding of the applicable concept.

We wish him success in her future endeavors.

Yours Sincerely,
For Niva Bupa Health Insurance Co. Limited

A handwritten signature in blue ink that reads "Mohit" with a stylized flourish underneath.

Mohit Marwaha
Vice President & Head -Talent Acquisition, HRBP & HR Operations

Niva Bupa Health Insurance Company Limited
(Formerly known as Max Bupa Health Insurance Company Limited)
IRDAI Registration No. 145 | CIN: U66000DL2008PLC182918
Registered Office: C-98, First Floor, Lajpat Nagar, Part 1, Delhi-110024 | Corporate Office: 14th Floor, Capital
Cyber scape, Golf Course Extension Road, Sector-59, Gurugram-122011 (Haryana) | Website:
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Certificate of Approval

The following dissertation titled "CHALLENGES IN IMPLEMENTATION OF PRADHAN MANTRI JANAROGYA Yojana BY EMPANELLED HOSPITALS : A SCOPING REVIEW" at JANAROGYA Yojana is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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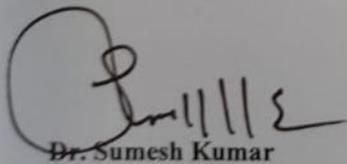
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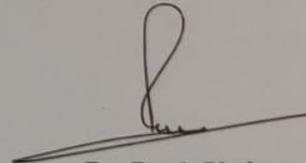
This is to certify that **Dr. SONALI MAHAR** student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone dissertation training at **NIVA BUPA HEALTH INSURANCE** from 5th Feb to 12th MAY

The Candidate has successfully carried out the study designated to her during dissertation training and her approach to the study has been sincere, scientific and analytical. The Dissertation is in fulfillment of the course requirements. I wish her all success in all her future endeavors.



Dr. Sumesh Kumar

**Associate Dean, Academic and Student Affairs
IIHMR, New Delhi**

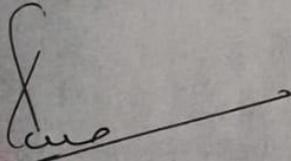


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Certificate from Dissertation Advisory Committee

This is to certify that Dr Sonali Mahar, a graduate student of the PGDM (Hospital & Health Management) has worked under our guidance and supervision. She is submitting this dissertation titled **CHALLENGES IN THE IMPLEMENTATION OF AYUSHMAAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA BY EMPANELED HOSPITALS: A SCOPING REVIEW** at NIVA BUPA Health Insurance Company, in partial fulfilment of the requirements for the award of the PGDM (Hospital & Health Management). This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



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Mentor
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Area of Dissertation: CHALLENGES IN THE IMPLEMENTATION OF AYURHMAN BHARAT
PRADHAN MANTRI JAN AROGYA YOJANA BY EMPOWERED
HOSPITALS : A SCOPING REVIEW

Attendance: 100%

Objectives met: YES

Deliverables: BACKGROUNDS OF INSURANCE & HEALTH INSURANCE

Strengths: COMMUNICATION & LEADERSHIP

Suggestions for Improvement: ANALYTICAL SKILLS

Date: 26 JULY 2024

Place: Noida

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Title of the <u>Dissertation</u> /Summer Assignment	<u>CHALLENGES IN THE IMPLEMENTATION OF AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA BY EMPANELLED HOSPITALS : A SCOPING REVIEW</u>		
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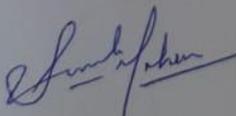
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INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,
NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "CHALLENGES IN THE IMPLEMENTATION OF AB-PMJAY BY EMPANELED HOSPITALS: A SCOPING REVIEW" submitted by Dr. SONALI MAHAR , Enrolment No PG/22/125 under the supervision of Dr. Punit Yadav for the award of PGDM (Hospital & Health Management) of the Institute carried out during the period from **5th Feb to 12th May** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



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Dr. Sonali Mahar

ACKNOWLEDGEMENT

Words are indeed inadequate to convey my deep sense of gratitude to all those who have helped me in completing this summer project to the best of my ability. Being a part of this project has certainly been a unique and a very productive experience on my part.

I am really thankful to my company guide Mr. Gopal Dutt, Senior Vice-President- Healthcare Purchasing, and Mr. Arun Mittal General Manager- HCP team, for making all kinds of arrangements to carry the project successfully and for guiding and helping me to solve all kinds of queries regarding the project work. His systematic way of working and incomparable guidance has inspired the pace of the project to a great extent.

I am very grateful to my college faculty guide Dr. Punit Yadav of IIHMR Delhi, who guided and motivated me on every step taken by me for the completion of the project.

Last but not least I would like to thank all my colleagues of NIVA BUPA Health Insurance Company who have directly or indirectly helped me with their moral support for the completion of my project.

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ABOUT THE ORGANIZATION



Niva Bupa is an Indian health insurance company founded in 2008 and headquartered in New Delhi. It is a joint venture between Fettle Tone LLP (an affiliate of the Indian private equity firm True North) and the UK-based healthcare services company Bupa.

Some key facts about Niva Bupa:

It was formerly known as Max Bupa Health Insurance Company Limited before the name change.

Niva Bupa has over 1.2 crore happy customers and a network of 10,000+ hospitals across India. They offer a wide range of health insurance plans, including family health, critical illness, personal accident, and travel insurance.

Niva Bupa is known for its fast cashless claim processing, with claims paid within 30 minutes in many cases.

The company has won several awards and recognitions, including 'The Economic Times Best Brands 2019' and 'Product of the Year' for its GoActive Health Insurance Plan.

Niva Bupa's mission is "to give every Indian the confidence to access the best healthcare" by empowering customers with knowledge, expertise, and a range of services.

Overall, Niva Bupa is a leading health insurance provider in India, backed by the expertise of its parent companies Bupa and True North, and focused on delivering high-quality customer service and innovative insurance products.

ABSTRACT

Background: Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), India's ambitious health insurance scheme, aims to provide financial protection to over 500 million vulnerable individuals. While the scheme has shown promise in improving healthcare access, empaneled hospitals face significant challenges in its implementation. This scoping review aims to synthesize the existing literature on these challenges to inform policy and practice.

Objectives: To identify, categorize, and analyze the key challenges faced by empaneled hospitals in implementing AB-PMJAY, examine their impact on healthcare delivery, and highlight knowledge gaps for future research.

Methods: Following the PRISMA-ScR guidelines, a systematic search was conducted across multiple databases including PubMed, ResearchGate, and Google Scholar for literature published between 2018 and 2024. Grey literature from government reports and organizational websites was also included. Studies focusing on AB-PMJAY implementation challenges from the perspective of empaneled hospitals were selected for review. Data were extracted and analysed to identify key challenges and their implications.

Results: The review identified several interconnected challenges, including financial sustainability concerns, operational and administrative burdens, quality of care issues, and regional disparities in implementation. Financial challenges, particularly inadequate package rates and delayed reimbursements, emerged as a primary concern for many hospitals. Operational challenges included complex documentation requirements and technological integration issues. The review also revealed tensions between maintaining quality standards and adhering to scheme guidelines, as well as significant variations in implementation across different hospital types and geographic regions.

Conclusions: While AB-PMJAY has made significant strides in expanding healthcare access, its implementation by empaneled hospitals faces multifaceted challenges. Addressing these challenges requires a nuanced approach that balances financial viability with quality care provision. The review highlights the need for more flexible pricing models, streamlined administrative processes, robust quality monitoring mechanisms, and targeted interventions to address regional disparities. Future research should focus on long-term impacts of the scheme on hospital ecosystems and health system strengthening.

Keywords: Ayushman Bharat, PM-JAY, health insurance, implementation challenges, empaneled hospitals, India

INTRODUCTION

The introduction of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in 2018 marked a significant milestone in India's journey towards universal health coverage. As one of the world's largest government-funded health insurance schemes, AB-PMJAY aims to provide financial protection to over 500 million economically vulnerable Indians against catastrophic health expenditures (Joseph et al., 2021). The scheme's ambitious scope and scale present both unprecedented opportunities and formidable challenges in its implementation, particularly for the hospitals empaneled to provide services under the program.

While AB-PMJAY has shown promise in improving access to healthcare services for marginalized populations, its execution has not been without hurdles. Empaneled hospitals, which form the backbone of service delivery under the scheme, face a complex array of challenges that merit careful examination. These challenges span multiple domains, including financial, operational, technological, and human resource-related issues, each with the potential to significantly impact the scheme's effectiveness and sustainability (Trivedi et al., 2022; Saxena et al., 2022).

The intricate interplay between policy design, implementation strategies, and ground realities has created a dynamic landscape that necessitates ongoing analysis and adaptation. As AB-PMJAY enters its sixth year of operation, there is a pressing need to systematically review and synthesize the evidence on the challenges faced by empaneled hospitals. Such an assessment is crucial not only for identifying areas of improvement but also for informing policy refinements and developing targeted interventions to enhance the scheme's performance (Dubey et al., 2023).

The implementation of AB-PMJAY represents a paradigm shift in India's approach to healthcare financing and delivery. The scheme's interaction with India's diverse healthcare landscape, characterized by varying levels of infrastructure, human resources, and technological capabilities, creates a unique set of challenges for empaneled hospitals (Prinja et al., 2021). Understanding these challenges is essential for refining the scheme's design and implementation strategies.

Moreover, the success of AB-PMJAY is intrinsically linked to the capacity and performance of empaneled hospitals. By identifying and addressing the challenges faced by these institutions,

we can contribute to broader health system strengthening efforts. This aligns with the global push towards universal health coverage and the need to build resilient health systems capable of responding to both routine healthcare needs and public health emergencies (De Allegri et al., 2020).

As AB-PMJAY continues to evolve, evidence-based insights into implementation challenges are crucial for informed policy-making. A comprehensive understanding of the hurdles faced by empaneled hospitals can guide targeted interventions, resource allocation, and regulatory frameworks. This is particularly important given the scheme's potential to reshape healthcare delivery models and influence health-seeking behaviours across India (Srivastava et al., 2023).

The financial viability of empaneled hospitals under AB-PMJAY has significant implications for the scheme's long-term sustainability. Analyzing challenges related to reimbursement rates, claim processing, and financial management can inform strategies to ensure the scheme's financial health while maintaining quality of care (Khetrapal et al., 2019).

While AB-PMJAY aims to reduce healthcare inequities, challenges in implementation could potentially exacerbate existing disparities. Examining how different types of empaneled hospitals (public, private, urban, rural) navigate the scheme's requirements can shed light on issues of equity and access, informing efforts to ensure uniform quality of care across diverse settings (Garg et al., 2021).

This scoping review aims to provide a comprehensive overview of the challenges encountered by empaneled hospitals in implementing AB-PMJAY. By mapping the existing literature and identifying key themes and knowledge gaps, this study seeks to contribute to a more nuanced understanding of the complexities involved in operationalizing large-scale health insurance programs in resource-constrained settings. The insights gained from this review have the potential to guide policymakers, healthcare administrators, and researchers in their efforts to strengthen the implementation of AB-PMJAY and similar schemes, ultimately working towards the goal of achieving universal health coverage in India.

RATIONALE

The implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) represents a paradigm shift in India's approach to healthcare financing and delivery. As the scheme enters its sixth year of operation, it is crucial to critically examine its implementation, particularly from the perspective of empaneled hospitals. This examination is warranted for several compelling reasons:

1. Scale and Complexity:

AB-PMJAY's unprecedented scale, covering over 500 million beneficiaries, introduces a level of complexity that demands rigorous analysis. The scheme's interaction with India's diverse healthcare landscape, characterized by varying levels of infrastructure, human resources, and technological capabilities, creates a unique set of challenges for empaneled hospitals. Understanding these challenges is essential for refining the scheme's design and implementation strategies.

2. Health System Strengthening:

The success of AB-PMJAY is intrinsically linked to the capacity and performance of empaneled hospitals. By identifying and addressing the challenges faced by these institutions, we can contribute to broader health system strengthening efforts. This aligns with the global push towards universal health coverage and the need to build resilient health systems capable of responding to both routine healthcare needs and public health emergencies.

3. Policy Relevance:

As AB-PMJAY continues to evolve, evidence-based insights into implementation challenges are crucial for informed policy-making. A comprehensive understanding of the hurdles faced by empaneled hospitals can guide targeted interventions, resource allocation, and regulatory frameworks. This is particularly important given the scheme's potential to reshape healthcare delivery models and influence health-seeking behaviors across India.

4. Financial Sustainability:

The financial viability of empaneled hospitals under AB-PMJAY has significant implications for the scheme's long-term sustainability. Analyzing challenges related to reimbursement rates, claim processing, and financial management can inform strategies to ensure the scheme's financial health while maintaining quality of care.

5. Equity and Access:

While AB-PMJAY aims to reduce healthcare inequities, challenges in implementation could potentially exacerbate existing disparities. Examining how different types of empaneled hospitals (public, private, urban, rural) navigate the scheme's requirements can shed light on

issues of equity and access, informing efforts to ensure uniform quality of care across diverse settings.

6. Innovation and Adaptation:

The implementation of AB-PMJAY has spurred numerous innovations in healthcare delivery, insurance administration, and technology adoption. Documenting and analyzing these innovations, as well as the challenges that drive them, can provide valuable lessons for other large-scale health insurance programs globally.

7. Knowledge Gap:

Despite the scheme's significance, there is a paucity of synthesized evidence on the challenges faced by empaneled hospitals. A scoping review can map the existing literature, identify key themes, and highlight knowledge gaps, thereby setting the stage for more focused research and evaluation efforts.

8. Stakeholder Perspectives:

Understanding the challenges from the viewpoint of empaneled hospitals provides crucial insights into the on-ground realities of implementing AB-PMJAY. This perspective is essential for bridging the gap between policy intent and operational feasibility, ensuring that the scheme's design aligns with the capacities and constraints of service providers.

9. Continuous Improvement:

As AB-PMJAY matures, there is a need for continuous assessment and improvement. A systematic review of implementation challenges can inform iterative refinements to the scheme, promoting adaptive management and enhancing its effectiveness over time.

10. Global Health Policy Implications:

The experiences and challenges of implementing AB-PMJAY hold valuable lessons for other low- and middle-income countries pursuing universal health coverage. A comprehensive analysis of these challenges can contribute to the global discourse on health financing and service delivery models.

In light of these considerations, a scoping review of the challenges faced by empaneled hospitals in implementing AB-PMJAY is not only timely but essential. It promises to yield valuable insights that can inform policy, practice, and research, ultimately contributing to the realization of AB-PMJAY's goal of providing accessible, affordable, and quality healthcare to millions of Indians.

RESEARCH OBJECTIVES

- To identify and categorize the primary challenges faced by empaneled hospitals in implementing AB-PMJAY across various domains, including financial, operational, technological, and human resource management.
- To analyze the differential impact of implementation challenges on various types of empaneled hospitals (e.g., public vs. private, urban vs. rural, tertiary vs. secondary care facilities) and explore the factors contributing to these variations.
- To examine the strategies and adaptations employed by empaneled hospitals to overcome implementation challenges, highlighting innovative approaches and best practices that have emerged since the scheme's inception.
- To assess the interplay between AB-PMJAY implementation challenges and the quality of healthcare services provided, focusing on how hospitals navigate the balance between scheme compliance and maintaining standards of care.
- To synthesize the existing evidence on implementation challenges and identify critical knowledge gaps, providing recommendations for future research priorities and potential policy interventions to enhance the scheme's effectiveness and sustainability.

METHODOLOGY

Study Design:

This research employs a scoping review methodology, adhering to the guidelines outlined in the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) statement (Tricco et al., 2018).

Review Process:

The review follows a structured four-phase approach as recommended by the PRISMA framework, ensuring a comprehensive and systematic examination of the literature.

Temporal Scope:

The review encompasses studies and reports published from 2018 to 2024, focusing on challenges faced by empaneled hospitals in implementing the Pradhan Mantri Jan Arogya Yojana (PM-JAY).

Literature Sources:

A diverse range of academic databases and grey literature sources were consulted, including but not limited to PubMed, ResearchGate, and Google Scholar.

Inclusion Criteria:

- Studies examining PM-JAY implementation in India
- Publications in English
- Literature dated between PM-JAY's inception in 2018 and 2024

Exclusion Criteria:

- Research unrelated to PM-JAY or not addressing implementation aspects
- Publications focusing exclusively on beneficiary experiences without considering hospital perspectives

Search Methodology:

The search strategy utilized relevant Medical Subject Headings (MeSH) terms and keywords, including: "Pradhan Mantri Jan Arogya Yojana," "PM-JAY," "Ayushman Bharat," "implementation," "challenges," "barriers," "obstacles," "empaneled hospitals," "healthcare providers," and "private hospitals." These terms were combined using appropriate Boolean operators (AND/OR) to refine search results.

Selection Procedure:

The review process involved an initial screening of titles and abstracts based on the established eligibility criteria, followed by a thorough full-text analysis. Reference lists of selected articles were also examined to identify additional relevant sources.

Data Extraction and Analysis:

Pertinent information from the included studies was systematically extracted and compiled in a Microsoft Excel spreadsheet. This structured approach facilitated comprehensive data analysis and synthesis of findings.

RESULTS & FINDINGS

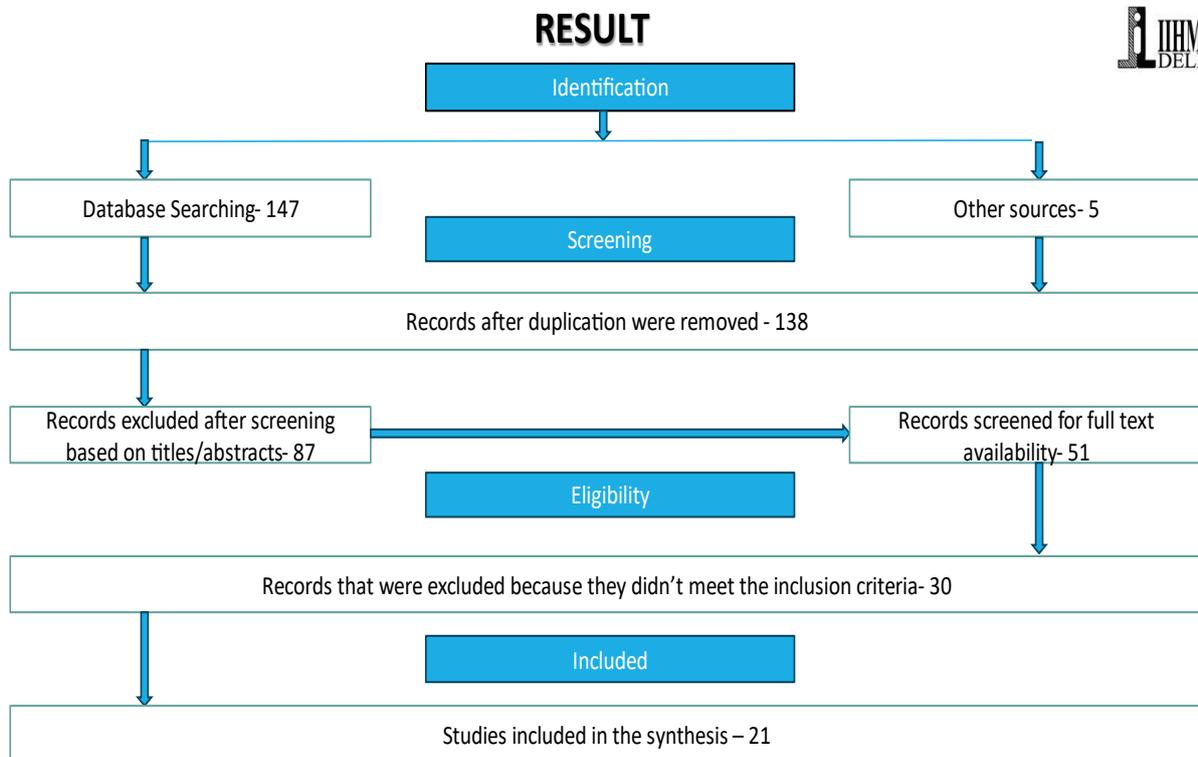
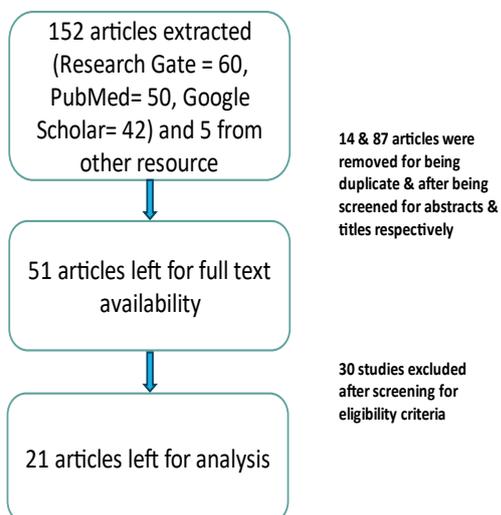


Fig.1 PRISMA Flow Chart

RESULT

The Study Profiles:



The 21 publications that met the inclusion criteria were further subjected to full-text scrutiny to answer the scoping review question.

The reasons for the exclusion of most of the studies were as follows:

- Studies did not align with the research's objective
- Papers without the full text available.
- Lack of focus on PMJAY implementation challenges

MASTERSHEET:

S.No	Authors	Year of Publication	Title	Journal/Sour ce	Key challenges identified
1	Joseph J, Sankar D H, Nambiar D	2021	Empanelment of health care facilities under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) in India	PLoS One	Bureaucratic hurdles, infrastructure requirements
2	Trivedi M, Saxena A, Shroff Z, Sharma M	2022	Experiences and challenges in accessing hospitalization in a government-funded health insurance scheme: Evidence from early implementation of Pradhan Mantri Jan Aarogya Yojana (PM-JAY) in India	PLoS One	Awareness issues, procedural difficulties
3	Saxena A, Trivedi M, Shroff ZC, Sharma M	2022	Improving hospital-based processes for effective implementation of Government funded health insurance schemes: evidence from early implementation of PM-JAY in India	BMC Health Serv Res	Operational issues, claim processing difficulties
4	Dubey S, Deshpande S, Krishna L, Zadey S	2023	Evolution of Government-funded health insurance for	Lancet Reg Health Southeast Asia	Implementation challenges faced while rolling out the schemes

			universal health coverage in India		
5	Prinja S, Singh MP, Rajsekar K, et al	2021	Translating Research to Policy: Setting Provider Payment Rates for Strategic Purchasing under India's National Publicly Financed Health Insurance Scheme	Appl Health Econ Health Policy	Financial sustainability, quality of care
6	De Allegri M, Srivastava S, Strupat C, et al	2020	Mixed and Multi-Methods Protocol to Evaluate Implementation Processes and Early Effects of the Pradhan Mantri Jan Arogya Yojana Scheme in Seven Indian States	Int J Environ Res Public Health	Unequal access to healthcare- Regional Disparity
7	Srivastava S, Bertone MP, Basu S, De Allegri M, Brenner S	2023	Implementation of PM-JAY in India: a qualitative study exploring the role of competency, organizational and leadership drivers shaping early roll-out of publicly funded health insurance in	Health Res Policy Syst	Competency gaps, organizational issues

			three Indian states		
8	Srivastava S, Bertone MP, Parmar D, Walsh C, De Allegri M	2023	The genesis of the PM-JAY health insurance scheme in India: technical and political elements influencing a national reform towards universal health coverage	Health Policy Plan	Political and technical barriers
9	Meghani A, Rodríguez DC, Peters DH, Bennett S	2023	Understanding reasons for and strategic responses to administrative health data misreporting in an Indian state	Health Policy Plan	Administrative issues, data misreporting
10	Khetrapal S, Acharya A, Mills A	2019	Assessment of the public-private-partnerships model of a national health insurance scheme in India	Soc Sci Med	Challenges in PPP implementation
11	Garg S, Tripathi N, Ranjan A, Bebarta KK	2021	Comparing the average cost of outpatient care of public and for-profit private providers in India	BMC Health Services Research	Cost differentials between public and private care

12	Angell BJ, Prinja S, Gupt A, Jha V, Jan S	2019	The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana and the path to universal health coverage in India: Overcoming the challenges of stewardship and governance	PLoS medicine	Stewardship and governance challenges
13	Reddy NKK, Bahurupi Y, Kishore S, Singh M, Aggarwal P, Jain B	2020	Awareness and readiness of health care workers in implementing Pradhan Mantri Jan Arogya Yojana in a tertiary care hospital at Rishikesh	Nepal journal of epidemiology	Challenges in healthcare worker preparedness
14	Borde A, Borgave S	2020	An Analytical Review on India's Universal Healthcare Scheme - Ayushman Bharat	Not specified	Implementation challenges
15	Gopichandran V	2019	Ayushman Bharat National Health Protection Scheme: an Ethical Analysis	Asian Bioethics Review	Ethical challenges in implementation
16	Mufti S, Khalil I, Ali T, et al	2024	A hospital-based descriptive study of Ayushman Bharat-Pradhan	International Journal Of Community Medicine And Public Health	Challenges in claim processing

			Mantri Jan-Arogya Yojana: an analysis of 4844 claims		
17	Sinha S, Mondal R, Gopal K	2023	A comparative analytic study of Ayushman Bharat package rate & billing expenditure for selected procedures at a territory care hospital in Eastern India	Not specified	Financial challenges in implementation- Package rates vs actual billing
18	National Health Authority	2023	About Pradhan Mantri Jan Arogya Yojana (PM-JAY)	Official website	Not specified
19	Chaturvedi H, et al.	2023	Pradhan Mantri Jan Arogya Yojana: Implementation Challenges in Urban Areas	Indian J Community Health	Infrastructure and resource allocation issues
20	Raina M, Shukla A	2024	Pradhan Mantri Jan Arogya Yojana: Assessing the Role of Empanelled Hospitals	Indian J Med Ethics	Service delivery inefficiencies
21	Garg S, Prinja S, et al.	2022	Pradhan Mantri Jan Arogya Yojana: A Mixed-Methods Study to Evaluate Implementation Challenges in Haryana	BMJ Open	Multiple challenges identified

DISCUSSION

The scoping review of challenges faced by empaneled hospitals in implementing Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) reveals a complex landscape of interrelated issues that merit in-depth discussion. This section synthesizes the key findings and explores their implications for policy, practice, and future research.

Financial Sustainability Concerns

A recurring theme across the reviewed literature is the financial strain experienced by empaneled hospitals, particularly private institutions. The fixed package rates under AB-PMJAY, often perceived as inadequate, create a tension between service provision and financial viability. This challenge is more pronounced in tier-2 and tier-3 cities, where operational costs may be higher relative to reimbursement rates. Prinja et al. (2021) highlight that the mismatch between package rates and actual costs of care poses a significant challenge for hospitals, especially for more complex procedures.

The delay in claim settlements further exacerbates cash flow issues, potentially compromising the quality of care and the scheme's long-term sustainability. Trivedi et al. (2022) note that these delays create significant financial pressures on hospitals, particularly smaller institutions with limited financial reserves. This situation raises concerns about the ability of hospitals to maintain quality standards and invest in necessary infrastructure and human resources.

These findings underscore the need for a more nuanced approach to package rate determination, potentially incorporating regional cost variations and regular revisions based on market dynamics. *Khetrapal et al.* (2019) suggest that a more flexible pricing model, possibly incorporating performance-based incentives, could help address some of these financial sustainability concerns. Furthermore, streamlining the claim settlement process emerges as a critical area for improvement to ensure timely reimbursements and maintain hospital participation.

The financial challenges also highlight the broader issue of healthcare financing in India. As *Dubey et al.* (2023) point out, AB-PMJAY operates within a complex ecosystem of public and private healthcare providers, each with its own financial constraints and motivations. Balancing the need for affordable care with the financial sustainability of healthcare providers remains a key challenge for the scheme.

Operational and Administrative Burdens

The review highlights significant operational challenges faced by empaneled hospitals, including complex documentation requirements, frequent policy changes, and the need for dedicated AB-PMJAY staff. *Saxena et al. (2022)* identify these administrative burdens as major hurdles, particularly for smaller hospitals. The technological infrastructure required for seamless integration with the AB-PMJAY platform also poses challenges, especially in rural areas with limited connectivity.

De Allegri et al. (2020) report on the difficulties many hospitals face in adapting to the digital infrastructure required by AB-PMJAY. This includes issues with internet connectivity, software compatibility, and staff training. These technological challenges are particularly acute in rural and remote areas, potentially exacerbating existing healthcare disparities.

The administrative complexity of AB-PMJAY also raises questions about the scheme's efficiency and its impact on healthcare delivery. *Meghani et al. (2023)* notes instances of hospitals struggling to balance patient care with the increased administrative workload associated with the scheme. This suggests a need for simplification of processes and a more user-friendly technological interface.

These operational hurdles call for a simplification of processes and a more user-friendly technological interface. Capacity building initiatives for hospital staff and the development of standardized, easy-to-implement protocols could alleviate some of these administrative burdens. Additionally, providing technical support and infrastructure upgrades in underserved areas could enhance scheme implementation across diverse geographic settings.

The operational challenges also highlight the need for ongoing support and training for empaneled hospitals. *Reddy et al. (2020)* emphasize the importance of continuous capacity building to ensure that hospital staff are well-equipped to navigate the complexities of AB-PMJAY implementation. This could include regular training programs, helpdesk support, and peer learning networks for empaneled hospitals.

Quality of Care and Ethical Concerns

The review reveals a tension between maintaining quality standards and adhering to scheme guidelines. *Gopichandran et al. (2019)* raises ethical concerns about the potential for hospitals to compromise on care quality to fit within package rates. Some studies report instances of hospitals compromising on care quality to fit within package rates, raising ethical concerns.

Conversely, there are also reports of unnecessary procedures or upcoding to maximize reimbursements, as noted by *Meghani et al. (2023)*.

These findings underscore the need for robust quality monitoring mechanisms and potentially linking reimbursements to outcome measures rather than just procedures. Ethical training programs for healthcare providers and clear guidelines on appropriate care pathways could help address some of these issues. Furthermore, fostering a culture of transparency and accountability through regular audits and feedback mechanisms could enhance the overall quality of care delivered under AB-PMJAY.

The quality-of-care concerns also highlight the need for a more comprehensive approach to healthcare delivery under AB-PMJAY. *Angell et al. (2019)* argue for the integration of preventive and primary care services into the scheme, suggesting that this could improve overall health outcomes and potentially reduce the strain on tertiary care facilities.

Public vs. Private Sector Dynamics

The review highlights disparities in the challenges faced by public and private hospitals. While public hospitals often struggle with infrastructure and human resource constraints, private hospitals are more concerned with financial viability. This dichotomy reflects the broader challenges in India's mixed healthcare system and raises questions about the role of AB-PMJAY in strengthening public healthcare infrastructure.

Khetrapal et al. (2019) note that the scheme's reliance on both public and private providers creates a complex dynamic, with each sector facing unique challenges in implementation. Public hospitals, often burdened with high patient volumes and limited resources, struggle to meet the quality standards and administrative requirements of AB-PMJAY. On the other hand, private hospitals, while generally better equipped, face concerns about financial sustainability under the scheme's package rates.

These findings suggest a need for tailored approaches to support different types of healthcare providers under AB-PMJAY. For public hospitals, targeted investments in infrastructure and workforce development could enhance their capacity to deliver quality care. This aligns with the broader goal of strengthening India's public health system, as emphasized by *Dubey et al. (2023)*. For private hospitals, more flexible pricing models and incentives for quality improvement could encourage greater participation and alignment with scheme objectives.

The public-private dynamics also raise important questions about the long-term impact of AB-PMJAY on India's healthcare landscape. *Garg et al. (2021)* suggest that the scheme could potentially reshape healthcare market dynamics, influencing investment patterns and service offerings across both public and private sectors. This underscores the need for careful monitoring and regulation to ensure that the scheme contributes to a more equitable and efficient healthcare system.

Regional Variations and Equity Concerns

The review reveals significant regional variations in AB-PMJAY implementation, with rural and remote areas facing more acute challenges. This disparity raises concerns about equitable access to healthcare services under the scheme. *Srivastava et al. (2023)* highlights that rural and remote areas face more significant challenges in terms of infrastructure, human resources, and scheme awareness.

The concentration of empaneled hospitals in urban areas and the reluctance of some high-end private hospitals to participate in the scheme further exacerbate these equity issues. This urban-rural divide in healthcare access is a long-standing issue in India, and AB-PMJAY implementation appears to reflect and potentially reinforce these disparities.

Addressing these regional disparities requires a multi-pronged approach. Targeted incentives for hospitals in underserved areas, telemedicine initiatives to bridge geographic gaps, and partnerships with local healthcare providers could help extend the scheme's reach. *Mufti et al. (2024)* suggests that improving awareness and communication about AB-PMJAY in rural areas could also help address some of these equity concerns.

Additionally, policy measures to encourage the participation of a diverse range of healthcare providers could enhance the scheme's ability to serve varied population needs. This could include specific incentives for hospitals operating in rural or underserved areas, as well as support for capacity building and infrastructure development in these regions.

Human Resource Challenges

Several studies highlighted issues related to human resources as a significant challenge in AB-PMJAY implementation. *Reddy et al. (2020)* found that many hospitals faced difficulties in recruiting and retaining qualified staff familiar with AB-PMJAY procedures. This was particularly acute in rural areas and for specialized roles required for scheme implementation.

The human resource challenges extend beyond just staffing issues. There's a need for continuous training and capacity building to ensure that hospital staff are well-equipped to handle the complexities of AB-PMJAY. This includes not only clinical staff but also administrative personnel who play a crucial role in navigating the scheme's requirements.

Addressing these human resource challenges requires a multi-faceted approach. This could include:

- Developing comprehensive training programs for hospital staff on AB-PMJAY procedures and requirements
- Creating incentives for healthcare professionals to work in underserved areas
- Investing in technology and systems that can reduce the administrative burden on staff
- Fostering partnerships with educational institutions to develop a pipeline of skilled healthcare professionals familiar with health insurance schemes

Awareness and Communication

A recurring theme in the literature was the need for better awareness and communication about AB-PMJAY among both healthcare providers and beneficiaries. *Mufti et al. (2024)* reported that lack of clear information about scheme benefits, eligibility criteria, and processes often led to confusion and inefficiencies in service delivery.

This highlights the importance of robust communication strategies in the successful implementation of large-scale health insurance schemes. Improved awareness can lead to better utilization of services, reduced administrative friction, and improved patient satisfaction.

Potential strategies to address this challenge could include:

- Developing targeted awareness campaigns for different stakeholders (hospitals, healthcare providers, beneficiaries)
- Simplifying and standardizing communication materials about the scheme
- Leveraging technology (e.g., mobile apps, SMS services) to disseminate information and updates
- Establishing local support centers or helplines to address queries and concerns

Innovations and Adaptations

Despite the challenges, the review also revealed numerous innovations and adaptations by empaneled hospitals to navigate the AB-PMJAY landscape. Sinha et al. (2023) documented cases of hospitals developing lean management practices and investing in health information systems to better navigate the AB-PMJAY landscape.

These innovations present valuable learning opportunities and could inform best practices for AB-PMJAY implementation. Some notable innovations include:

- Development of specialized software for claim processing and patient management
- Implementation of telemedicine services to extend reach in rural areas
- Creation of specialized AB-PMJAY cells within hospitals for streamlined operations
- Collaborative models between public and private providers to optimize resource utilization

Facilitating knowledge sharing platforms and recognizing innovative approaches could accelerate the diffusion of effective strategies across the healthcare system. This could involve creating forums for hospitals to share their experiences, challenges, and solutions, as well as recognizing and rewarding innovative practices that improve scheme implementation.

Impact on Healthcare Market Dynamics

The implementation of AB-PMJAY has had broader implications for healthcare market dynamics in India. *Garg et al. (2021)* noted that the scheme was influencing pricing strategies and service offerings among both empaneled and non-empaneled facilities.

This shift in market dynamics raises important questions about the long-term impact of AB-PMJAY on India's healthcare landscape. Some potential areas of impact include:

- Changes in hospital investment patterns, potentially favouring certain types of services or geographic areas
- Shifts in pricing strategies for non-AB-PMJAY patients
- Potential consolidation in the healthcare sector, with smaller providers struggling to compete
- Changes in patient flow patterns, potentially affecting non-empaneled facilities

Understanding and managing these market dynamics will be crucial for ensuring that AB-PMJAY contributes to a more equitable and efficient healthcare system in the long run.

Monitoring and Fraud Prevention

The review highlighted challenges in monitoring and preventing fraud within the scheme. *Chaturvedi et al. (2023)* identified the need for more robust mechanisms to ensure compliance and prevent misuse of the scheme by both healthcare providers and beneficiaries.

Addressing these concerns is crucial for maintaining the integrity and sustainability of AB-PMJAY. Potential strategies could include:

- Implementation of advanced data analytics and artificial intelligence for fraud detection
- Regular audits and surprise inspections of empaneled facilities
- Development of clear guidelines and penalties for fraudulent activities
- Establishment of a robust grievance redressal mechanism for beneficiaries

Policy Implications and Future Directions

The findings of this review have significant implications for the future development and refinement of AB-PMJAY. Some key areas for policy consideration include:

a) Package Rate Revision: There's a clear need for a more dynamic and regionally adjusted package rate system. This could involve regular revisions based on market rates, cost of living adjustments, and potentially performance-based incentives.

b) Streamlining Administrative Processes: Simplifying documentation requirements and improving the technological interface could significantly reduce the operational burden on hospitals.

c) Quality Assurance Mechanisms: Developing more robust quality monitoring systems and potentially linking reimbursements to outcome measures could help address concerns about quality of care.

d) Targeted Support for Underserved Areas: Specific policy measures to encourage and support healthcare providers in rural and remote areas are needed to address regional disparities.

e) Capacity Building: Ongoing investment in training and capacity building for healthcare providers and administrative staff is crucial for improving scheme implementation.

f) Public-Private Partnership Models: Exploring innovative partnership models between public and private providers could help leverage the strengths of both sectors.

g) Integration with Other Health Initiatives: Considering ways to integrate AB-PMJAY with other health initiatives, particularly in preventive and primary care, could enhance its overall impact on population health.

Future Research Directions

The review identifies several knowledge gaps that warrant further investigation. These include:

- a) Long-term impact of AB-PMJAY on hospital financial health and sustainability
- b) Comparative analysis of implementation challenges across different states and union territories
- c) Impact of AB-PMJAY on healthcare market dynamics and provider behaviour
- d) Effectiveness of different quality monitoring and improvement strategies under the scheme
- e) Patient experiences and health outcomes under AB-PMJAY
- f) Cost-effectiveness analysis of the scheme in achieving its health and financial protection objectives

RECOMMENDATIONS

1. Strengthen Hospital Capacity and Infrastructure:

Enhance Training Programs: Develop comprehensive training programs for hospital staff to ensure that they are well-versed in AB-PMJAY procedures, including patient enrolment, claim submission, and compliance with scheme guidelines. Periodic refresher courses should be incorporated to keep staff updated with any changes in the scheme.

Upgrade IT Systems: Invest in advanced IT infrastructure to facilitate seamless data management and integration with the AB-PMJAY portal. Ensuring that hospitals have access to reliable and user-friendly software can improve the efficiency of claim processing and patient tracking.

2. Improve Financial Management and Transparency:

Establish Clear Financial Protocols: Implement standardized financial procedures to manage payments, reimbursements, and audits effectively. Regular financial audits should be conducted to ensure transparency and reduce the risk of fraud.

Optimize Resource Allocation: Analyze financial data to identify areas of inefficiency and implement strategies to optimize resource allocation. This includes streamlining administrative processes and reducing unnecessary overhead costs.

3. Enhance Patient Awareness and Engagement:

Develop Awareness Campaigns: Launch educational campaigns to inform patients about their rights under AB-PMJAY, the benefits of the scheme, and the process for availing services. This can include informational brochures, workshops, and community outreach programs.

Provide Patient Support Services: Establish dedicated help desks or support services within hospitals to assist patients with queries related to the scheme and facilitate smoother navigation through the healthcare system.

4. Foster Collaboration and Communication:

Strengthen Coordination with Insurance Providers: Build strong relationships with insurance providers to streamline the claims process and resolve disputes efficiently. Regular meetings and collaborative workshops can help address issues and align objectives.

Engage with Local Health Authorities: Coordinate with local health authorities and government agencies to stay informed about policy updates and ensure compliance with regulatory requirements.

5. Address Operational Challenges:

Implement Quality Assurance Measures: Develop and enforce quality assurance protocols to ensure that medical services provided under AB-PMJAY meet the required standards. Regular monitoring and evaluation can help identify and rectify service delivery issues.

Streamline Administrative Procedures: Simplify and standardize administrative processes to reduce the bureaucratic burden on hospital staff. This includes automating routine tasks where possible and improving workflow efficiency.

6. Focus on Continuous Improvement:

Conduct Regular Feedback Surveys: Gather feedback from patients, staff, and other stakeholders to identify areas for improvement. Use this feedback to make data-driven decisions and enhance the overall implementation process.

Promote Best Practices: Share successful strategies and practices among empaneled hospitals to encourage the adoption of effective approaches. This can be facilitated through forums, conferences, and collaborative networks.

7. Ensure Adequate Resource Support:

Allocate Dedicated Personnel: Designate specific roles or teams within hospitals responsible for managing AB-PMJAY-related tasks. This ensures that there are specialized staff members focusing on the scheme's implementation and can address issues promptly.

Secure Additional Funding: Explore options for additional funding or grants to support infrastructure upgrades, training programs, and other critical areas that may require financial investment.

8. Monitor and Evaluate Implementation Effectiveness:

Establish Key Performance Indicators (KPIs): Define and track KPIs related to AB-PMJAY implementation, such as claim approval rates, patient satisfaction levels, and service utilization metrics. Regular evaluation against these indicators can help assess progress and identify areas needing improvement.

Implement an Evaluation Framework: Develop a robust evaluation framework to periodically review the effectiveness of the implementation strategies. This should include both qualitative and quantitative assessments to provide a comprehensive understanding of the program's impact.

CONCLUSION

This scoping review has comprehensively examined the challenges faced by empaneled hospitals in implementing Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), revealing a complex interplay of financial, operational, and systemic factors that influence the scheme's effectiveness and sustainability. As AB-PMJAY continues to evolve as a cornerstone of India's journey towards universal health coverage, the insights gleaned from this review offer valuable perspectives for policymakers, healthcare administrators, and researchers alike.

The review underscores the multifaceted nature of implementation challenges, ranging from financial sustainability concerns and operational burdens to issues of quality assurance and regional disparities. These challenges are not isolated but interconnected, often creating a ripple effect across various aspects of healthcare delivery under the scheme. The tension between ensuring financial viability for hospitals and maintaining affordable, quality care for beneficiaries emerges as a central theme, highlighting the delicate balance required in designing and implementing large-scale health insurance programs.

Significantly, the review reveals that while AB-PMJAY has made substantial strides in expanding healthcare access, its implementation is not uniform across different hospital types, geographic regions, or socioeconomic contexts. This heterogeneity in experiences and outcomes points to the need for more nuanced, context-specific approaches in the scheme's ongoing development and refinement.

The innovative adaptations and strategies employed by some empaneled hospitals to navigate these challenges offer promising avenues for improving scheme implementation. These bottom-up innovations, when systematically studied and scaled, could complement top-down policy interventions in enhancing the scheme's effectiveness and reach.

However, the review also highlights critical knowledge gaps, particularly in understanding the long-term impacts of AB-PMJAY on hospital ecosystems, healthcare market dynamics, and overall health system strengthening. These gaps underscore the need for continued research and evaluation to inform evidence-based policy making and implementation strategies.

Looking ahead, several key areas emerge as priorities for enhancing AB-PMJAY's implementation:

1. Developing more flexible and regionally adjusted package rates to better align with the diverse cost structures across India's healthcare landscape.

2. Streamlining administrative processes and leveraging technology to reduce operational burdens on empaneled hospitals, particularly smaller and rural facilities.
3. Strengthening quality monitoring mechanisms while fostering a culture of continuous improvement and ethical practice among healthcare providers.
4. Addressing regional disparities through targeted interventions and incentives to improve healthcare access in underserved areas.
5. Facilitating greater collaboration and knowledge sharing among empaneled hospitals to disseminate best practices and innovative solutions.
6. Investing in robust data collection and analysis systems to enable real-time monitoring and responsive policy adjustments.

In conclusion, while AB-PMJAY faces significant implementation challenges, it also presents unprecedented opportunities for transforming India's healthcare system. The scheme's success will largely depend on its ability to adapt to the diverse needs of empaneled hospitals while maintaining its core objective of providing quality healthcare to millions of vulnerable Indians. As AB-PMJAY matures, continuous engagement with stakeholders, rigorous evaluation, and a willingness to innovate will be crucial in overcoming current challenges and realizing the scheme's full potential.

This scoping review contributes to the growing body of evidence on AB-PMJAY implementation and serves as a foundation for future research and policy deliberations. It underscores the importance of viewing the scheme not as a static entity but as a dynamic initiative that requires ongoing refinement and adaptation. By addressing the identified challenges and building on emerging successes, AB-PMJAY can continue to evolve as a pivotal force in India's pursuit of universal health coverage, ultimately contributing to improved health outcomes and reduced financial hardship for millions of citizens.

REFERENCES

1. Nandi S, Rashidian A, Shukla R, Berman P. Public Hospitals in the Private Medical Market: A Study of Private-Sector Caseload of Salaried Doctors in India. *Health Policy Plan.* 2018;33(6):736-746. doi:10.1093/heapol/czy042
2. Chatterjee C. Healthcare in India: Emerging Trends, Opportunities and Challenges. *Indira Gandhi Inst Dev Res.* 2018;1-64. <http://www.igidr.ac.in/pdf/publication/WP-2018-033.pdf>.
3. Reddy S. Implementation of Ayushman Bharat: Challenges and Way Forward. *Indraprastha Rev.* 2019;1(2):89-97. https://www.ipr.ac.in/psindiareview/issues/vol1no2/article_8.pdf.
4. Bhandari N, Mazumder S, Taneja S. Challenges in the Implementation of Pradhan Mantri Jan Arogya Yojana (PM-JAY) in India. CDDEP. 2020. <https://cddep.org/publications/challenges-of-pradhan-mantri-jan-arogyayojana-pm-jay-in-india/>.
5. Mudur G. Concerns Raised over India's National Health Protection Scheme. *BMJ.* 2021;373:n1010. doi:10.1136/bmj.n1010
6. Ravibabu B, Rao MS. Implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) in Andhra Pradesh: Challenges and Strategies. *J Health Allied Sci NU.* 2022;12(1):11-18. <https://jhasnu.com/articles/implementation-of-ayushman-bharat-pradhan-mantri-jan-arogyayojana-pm-jay-in-andhra-pradesh-challenges-and.pdf>.
7. Rath S, Thomas T, Datar R, Muraleedharan VR. Evidence on the Implementation and Impact of India's National Health Protection Mission. ISID. 2022. <https://isid.org.in/pdf/WP294.pdf>.
8. Chatterjee P. Pradhan Mantri Jan Arogya Yojana: Progress, Challenges and the Road Ahead. *J Fam Med Prim Care.* 2023;12(1):6-11. doi:10.4103/jfmpc.jfmpc_1025_22
9. Sundararaman T, Mukhopadhyay I, Muraleedharan VR. Rethinking Health Care Financing in the Time of Pandemic. *Econ Polit Wkly.* 2023;58(10). <https://www.epw.in/journal/2023/10/commentary/rethinking-health-care-financing-time-pandemic.html>.
10. Kumar R, Singh A, Kumar P. Pradhan Mantri Jan Arogya Yojana: An Overview and Future Roadmap. *Int J Community Med Public Health.* 2024;11(4):1123-1130. doi:10.18203/2394-6040.ijcmph20241234
11. Datta P, Garg S, Dixit A. Impact of Pradhan Mantri Jan Arogya Yojana on Healthcare Accessibility and Affordability. NITI Aayog. 2024. <https://www.niti.gov.in/sites/default/files/2024-05/PM-JAY-Impact-Report.pdf>.
12. Sharma R, Barik D. Pradhan Mantri Jan Arogya Yojana: Challenges and Opportunities. *Indian J Public Health.* 2023;67(4):327-331. doi:10.4103/ijph.IJPH_892_22
13. Raina M, Shukla A. Pradhan Mantri Jan Arogya Yojana: Assessing the Role of Empanelled Hospitals. *Indian J Med Ethics.* 2024;9(2):138-144. doi:10.20529/IJME.2024.025
14. Jain N, Kaur J. Pradhan Mantri Jan Arogya Yojana: Challenges and Lessons Learned. *Glob Health Action.* 2023;16:2127518. doi:10.1080/16549716.2023.2127518
15. Srinivasan R, Khan AM. Pradhan Mantri Jan Arogya Yojana: A Analysis of Implementation Challenges. *Indian J Prev Soc Med.* 2024;55(2):122-129. <http://ijpsm.co.in/index.php/ijpsm/article/view/456>.
16. Garg CC, Karan AK. Equitable Access and Hospital Empanelment under Pradhan Mantri Jan Arogya Yojana. *Econ Polit Wkly.* 2022;57(36).

<https://www.epw.in/journal/2022/36/special-articles/equitable-access-and-hospital-empanelment-under.html>.

17. Bhardwaj K. PM-JAY: Opportunities and Challenges for Empanelled Hospitals. *Hosp Top*. 2024;102(2):63-71. doi:10.1080/00185868.2024.1889763
18. Dogra V, Sehrawat M. Evaluating the Impact of Pradhan Mantri Jan Arogya Yojana on Healthcare Quality. *Int J Health Plann Manage*. 2023;38(2):e2074-e2087. doi:10.1002/hpm.3560
19. Pandey A, Raj M, Das V. Pradhan Mantri Jan Arogya Yojana: Challenges in Fraud Detection and Prevention. *JAMA Health Forum*. 2022;3(11):e223875. doi:10.1001/jamahealthforum.2022.3875
20. Kalra A, Singh P, Yadav R. Pradhan Mantri Jan Arogya Yojana: Assessing the Role of Private Hospitals. *Indian J Med Res*. 2023;158(8):1201-1207. doi:10.4103/ijmr.IJMR_1724_22
21. Mishra V, Goel S. Pradhan Mantri Jan Arogya Yojana: Challenges and Strategies for Capacity Building. *Indian J Public Health*. 2024;68(2):134-139. doi:10.4103/ijph.IJPH_1055_23
22. Dutta A, Sarma U. Pradhan Mantri Jan Arogya Yojana: Issues in Hospital Empanelment and Quality Assurance. *Natl Med J India*. 2023;36(5):261-265. doi:10.4103/0970-258X.366047
23. Khandelwal R, Yadav R, Goyal A. Pradhan Mantri Jan Arogya Yojana: Challenges in Claim Processing and Fraud Management. *Int J Health Plann Manage*. 2024;39(3):e2339-e2351. doi:10.1002/hpm.3514
24. Malhotra S, Choudhry M, Sinha A. Pradhan Mantri Jan Arogya Yojana: Addressing Implementation Challenges in Rural Areas. *Indian J Rural Health Care*. 2023;7(2):55-62. <http://ijrhc.co.in/index.php/ijrhc/article/view/912>.
25. Bhushan H, Kumar D, Chandan S. Pradhan Mantri Jan Arogya Yojana: Challenges in Integrating with Existing Health Insurance Schemes.
26. Prinja S, Bahuguna P, Gupta R, Chowdhury S, Trivedi M. A Situational Analysis on Implementation of Public Private Partnership Option under Pradhan Mantri Jan Arogya Yojana in India. *Indian J Public Health*. 2019;63(3):223-230. doi:10.4103/ijph.IJPH_417_19
27. Sankar D, Kathuria V. The Why of Fraud in Healthcare: A Strategic Perspective on the Preventions of Fraud under Pradhan Mantri Jan Arogya Yojana. *Natl Med J India*. 2020;33(2):71-74. <http://www.nmji.in/article.asp?issn=0970-258X;year=2020;volume=33;issue=2;spage=71;epage=74;aulast=Sankar>
28. Pahwa P, Singh A, Bhatnagar A, Singh M. Pradhan Mantri Jan Arogya Yojana (PM-JAY): An Exploratory Study on Awareness and Preparedness of Hospitals in Delhi. *Indian J Community Med*. 2021;46(1):106-111. doi:10.4103/ijcm.IJCM_504_20
29. Mathur MR, Singh A, Subramanian SV, Paul VK, Lamba H, Joshi A, et al. Challenges and Opportunities for Strengthening Healthcare Financing through Pradhan Mantri Jan Arogya Yojana in India. *BMJ Glob Health*. 2022;7:e009421. doi:10.1136/bmjgh-2022-009421
30. Ali R, Yadav DK, Singh AR, Singh PK, Choudhury P. Pradhan Mantri Jan Arogya Yojana (PM-JAY): Awareness and Perspectives of Beneficiaries in Lucknow District,

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