AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA: PERFORMANCE SO FAR AND CHALLENGES AHEAD

*Swagata Yadawar

ABSTRACT

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana has been launched as "the world's largest government funded healthcare program" with the main aim of reducing catastrophic expenditure for hospitalisation that impoverishes people. With a larger cover, more budgetary allocation, and coverage across the country, this scheme is the most ambitious iteration of the insurance-based model that India has ever tried. However, whether it is successful in reducing catastrophic expenditure is difficult to answer since the scheme does not cover out-patients, and because of the unequal spread of health infrastructure that benefits some regions while other regions remain deprived as before.

I. BACKGROUND

The Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (**"**AB-PMJAY**"**) scheme was launched in India by Prime Minister Narendra Modi in September 2018 in Ranchi, Jharkhand.[1] It was a component of the larger Ayushman Bharat scheme that was launched as per the recommendations of National Health Policy 2017 to achieve the vision of Universal Health Coverage. AB-PMJAY provides a cashless insurance cover of Rs 5,00,000 per year for secondary and tertiary care hospitalisation. About 100 million below poverty level families, who were part of the 2011 socio-economic caste census (**"**SECC**"**) database list, are slated to be the beneficiaries of the scheme; the government has called it "the world's largest government funded healthcare program".[2] The main aim of the scheme is to reduce catastrophic expenditure for hospitalisations which impoverishes people. Another aspect of Ayushman Bharat, apart from the insurance scheme, is the creation of health and wellness centres by converting sub-centres and primary health centres. About 1,50,000 health and wellness centres are supposed to be created by 2022 to provide "comprehensive primary care" covering maternal and

* Swagata Yadavar is a health journalist based in New Delhi. She acknowledges the assistance by Ms. Sheena Verma, 2nd Year Student at the Rajiv Gandhi National University of Law, Punjab.

[1] Ministry of Health and Family Welfare, Government of India, *AB-PMJAY to be launched by Prime Minister Shri Narendra Modi in Ranchi, Jharkhand on September 23, 2018*, available at https://pib.gov.in/Pressreleaseshare.aspx?PRID=1546948, last seen on 27/01/2020.

[2] Ibid.

child health services as well as non-communicable diseases, including free essential drugs and diagnostic services.[3]

India's healthcare spending is amongst the lowest[4] in the world and lower than its own ambitions.[5] Currently, India's public healthcare spending is only 1.28% of its gross domestic product.[6] India's health-related out-of-pocket expenditure, which pushes families into indebtedness and deeper poverty, is amongst the highest in the world. In a low-middle income group of 50 nations, Indians ranked sixth among the biggest out-of-pocket health spenders in 2014.[7] Over 55 million Indians were pushed into poverty due to outpatient expenditure, 69% of them due to cost of medicines alone.[8]

The National Health Policy of 2002 and 2017 suggested health insurance as a way of ensuring universal health care. However, the reality on the ground remains different, with only 14.1% persons in rural areas and 19.1% in urban areas covered by any form of insurance cover according to health consumption data released by 75th round of National Statistical Office.[9] Further, only about 10% of the poorest Indians in rural (10.2%) and urban India (9.8%) had any form of private or government health insurance.[10] It has to be noted that since the survey was conducted before the launch of PMJAY, the latest coverage of insurance scheme is yet to be recorded.

---

[3] *Ayushman Bharat Scheme: 1,20,000 Community Health Officers to be Placed at HWC's by 2022,* Outlook (10/12/2019), available at https://www.outlookindia.com/newsscroll/ayushman-bharat-scheme-120000-community-health-officers-to-be-placed-at-hwcs-by-2022/1682125, last seen on 07/02/2020.

[4] *Rs 3: Amount India Spends Every Day on Each Indian's Health*, India Spend (21/06/2018), available at https://www.indiaspend.com/rs-3-amount-india-spends-every-day-on-each-indians-health-53127/, last seen on27/01/2020.

[5] Ministry of Health and Family Welfare, Government of India, *National Health Policy 2017*, available at https://www.nhp.gov.in//NHPfiles/national_health_policy_2017.pdf, last seen on27/01/2020.

[6] Ministry of Health and Family Welfare, Government of India, *National Health Profile 2019*, available at https://www.thehinducentre.com/resources/article29841374.ece/binary/8603321691572511495.pdf, last seen on 27/01/2020.

[7] V. Vivek*, Indians Sixth Biggest Private Spenders on Health Among Low-Middle Income Nation*s, India Spend (08/05/2017), available at https://archive.indiaspend.com/cover-story/indians-sixth-biggest-private-spenders-on-health-among-low-middle-income-nations-78476, last seen on 27/01/2020.

[8] P. Salve*, Health Expenses Pushed 55 Million Indians into Poverty* (19/07/2018), India Spend (19/06/2018), available at https://www.indiaspend.com/health-expenses-pushed-55-million-indians-into-poverty-in-2017-2017/, last seen on 06/05/2020.

[9] Ministry of Statistics and Programme Implementation, Government of India, *Key Indicators of Social Consumption in India: Health*, available at http://www.mospi.gov.in/sites/default/files/publication_reports/KI_Health_75th_Final.pdf, last seen on 06/05/2020.

[10] Ibid.

Since the aim of the PMJAY scheme is to reduce catastrophic health expenditure and the focus of the scheme still remains on hospitalisation, how effective the scheme will be to achieve this end would need assessment. India already has the experience of implementing Rashtriya Swasthya Bima Yojana (**"**RSBY**"**), which provided a cover of Rs 30,000 for below poverty level families since 2008 with limited success. Till 2013, 41 million families out of a targeted 65 million families were enrolled in RSBY. However, the scheme suffered from many problems, like low enrolment, inadequate insurance cover and the lack of coverage for outpatient costs; in fact, spending on outpatient expenditure increased by 30% for the beneficiaries of RSBY.[11] While most patients showed a preference for private hospitals, some studies showed that there was not a major difference in quality between public and private hospitals. Also, since there was no specific formal regulation of the scheme, states contracted out their functions to private insurance firms often leading to frequent contractual breaches.[12]

II. HEALTH AND WELLNESS CENTRES: PERFORMANCE SO FAR

Under the Ayushman Bharat scheme, 1.5 lakh health and wellness centres are to be made operational by the end of 2022 and phased targets for each year have been set. At the end of 2020, the target is for 40,000 health and wellness centres to be operational; according to the scheme's dashboard, there are about 28,000 operational in January 2019.[13] The states with the highest score in state-wise ranking based on fulfilment of criteria and following the guidelines were Andhra Pradesh, Gujarat, Odisha, Tamil Nadu and Haryana, as per rankings in September 2019.[14]

Apart from Odisha, the other states were high income states with fairly good infrastructure. Other than the exception of Uttar Pradesh, which has the highest number of health and wellness centres according to the dashboard, most of the health and wellness centres are in other high-income states like Gujarat, Maharashtra and Tamil Nadu.[15] Also, the

[11] A. Karan, W. Yip, A. Mahal, *Extending health insurance to the poor in India: An impact evaluation of Rashtriya Swasthya Bima Yojana on out of pocket spending for healthcare*,181 Social Science & Medicine, 83-92 (2017), available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5408909/, last seen on 27/01/2020.
[12] S. Khetrapal, *Assessment of the Public-Private-Partnerships Model of a National Health Insurance Scheme in India*, Volume no. 243, Journal of Social Science and Medicine, (2019), https://www.sciencedirect.com/science/article/pii/S027795361930629X, last seen on 27/01/2020.
[13] Ministry of Health and Family Welfare, Government of India, *Ayushman Bharat - Health and Wellness Centre*, available at https://ab-hwc.nhp.gov.in/#documents, last seen on 27/01/2020.
[14] Ministry of Health and Family Welfare, Government of India, available at https://ab-hwc.nhp.gov.in/download/document/Ayushman_Bharat_-HWCs.pdf, last seen on27/01/2020.
[15] Ibid.

allocation for health and wellness centres in 2019-2020 was Rs. 1600 crores, nearly a fourth of the budget allocated to PMJAY.

III. PMJAY: THE PERFORMANCE SO FAR

The National Health Authority (**"**NHA**"**), which was created by the Union Cabinet, is responsible for the design, rollout, implementation and management of PMJAY. Headed by a full-time CEO at the level of secretary, NHA is governed by a governing board chaired by the Union Health Minister with 11 other members. Its chief functions include: formulation of policies, development of operational guidelines, implementation mechanisms, and coordination with state governments, monitoring and oversight, among others.

Till December 2, 2019, PMJAY has issued over 67 million e-cards to beneficiaries, according to the PMJAY website and the NHA.[16] The scheme is operational in all states except Odisha, Telangana, West Bengal and New Delhi. Almost 53% of 18,500 hospitals empanelled are private sector hospitals.[17] It has covered over 6.8 million hospitalisations worth Rs 7,160 crore and has led to the saving of Rs 16,000 crore, as of October 2019, according to the National Health Authority. Majority of the treatments have taken place in the areas of cancer, heart ailments, bone-related problems and kidney ailments.[18] Among the top specialties under which patients have availed benefits are oncology, cardiology, orthopaedics, and urology.

At the state level, there is a State Health Authority (**"**SHA**"**), headed by a chief executive officer appointed by the state government, which is responsible for implementing the scheme in the state. The states have the flexibility to choose between a trust mode, insurance mode and mixed or hybrid mode.[19] In the trust mode, SHA makes the payment to the empanelled hospitals for the claims approved; in the insurance mode, the insurance company makes the payment; and in the hybrid mode, the insurance company makes the payment up to a coverage limit and the

[16] *Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana*, National Health Authority, available at https://www.pmjay.gov.in/, last seen on 27/01/2020.
[17] Ministry of Health and Family Welfare, Government of India, *One Year of AB-PMJAY: 50 lakh Hospital Treatments with an Eye towards Universal Health Care*, available at https://blog.mygov.in/one-year-of-ayushman-bharat-pradhan-mantri-jan-arogya-yojana-50-lakh-hospital-treatments-with-an-eye-towards-universal-health-coverage/, last seen on27/01/2020.
[18] *ASSOCHAM - India, Ayushman Bharat - A Big Leap towards Universal Health Care in India*, KPMG, available at https://assets.kpmg/content/dam/kpmg/in/pdf/2019/12/universal-health-coverage-ayushman-bharat.pdf, last seen on 27/01/2020.
[19] *Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana*, National Health Authority, available at https://pmjay.gov.in/about/pmjay, last seen on 27/01/2020.

claims higher than the limit are paid by the SHA.[20] While 17 States or union territories are implementing PM-JAY via the Trust Mode, 9 states or union territories via Insurance Mode and 6 States or union territories are using the Mixed Mode which is a combination of Trust mode and Insurance mode.

IV. FRAUDULENT TRANSACTIONS

Previous experience has shown that insurance schemes are often plagued with fraudulent activities. Apart from publishing the anti-fraud guidelines and having fixed packages, NHA has initiated mandatory pre-authorisation and use of artificial intelligence to spot suspicious trends. Moreover, two bodies, the National Anti-Fraud Unit (**"**NAFU**"**) and the State Anti-Fraud Unit (**"**SAFU**"**) were formed to monitor the system at the centre and state levels, respectively. NAFU teams often flag suspicious cases with the states for medical audits. Till now 0.25% of total admissions have been flagged by NAFU, out of which 0.07 have been confirmed as fraud.[21] In the first year, 171 hospitals were de-panelled due to fraudulent practices and Rs 4.5 crore penalty was levied on them.[22] Also, 390 hospitals were served show-cause notice in different states and six hospitals had first information reports filed against them.

Furthermore, a working paper analysing the pattern of utilisation of hysterectomy procedure in the first year showed that about three-fourths of all claims have been generated in six states, Chhattisgarh (21.2%), Uttar Pradesh (18.9%), Jharkhand (12.2%), Gujarat (10.8%), Maharashtra (9%) and Karnataka (6.6%), and more than two thirds of the claims were from the private sector.[23] Uttar Pradesh accounted for 18% of all hysterectomy claims under PMJAY, and only 5% of total claims. Also, most of the procedures involved oophorectomy – removal of ovaries – which leads to premature menopause; median age of the women undergoing hysterectomy and use of oophorectomy should be "monitored closely," said the report.

V. BIG PRIVATE PLAYERS ARE STILL ABSENT

[20] Ibid.
[21] Joe C Mathew, *Ayushman Bharat Fraud: NHA Delists 171 Hospitals over Alleged PMJAY Scam,* Business Today (06/01/2020), available at https://www.businesstoday.in/current/economy-politics/ayushman-bharat-fraud-nha-delists-171-hospitals-over-alleged-pmjay-scam/story/393248.html, last seen on 27/01/2020.
[22] Ibid.
[23] S. Kaur, Dr. N. Jain, Dr. S. Desai, *Patterns of utilization for Hysterectomy: An analysis of early trends from Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY)*, Working Paper 001, National Health Authority (2019).

PMJAY, in its truest sense, is a "partnership of public and private sector health systems" according to the NHA.[24] However, there has been reluctance on the part of big private sector hospitals in empanelling themselves in the scheme especially in tier-one cities. According to KPMG's analysis, the participation of private hospitals has been as follows: Gurugram (17), Mumbai (29) and Bengaluru (28).[25] Till June 2019, major corporate hospitals like Max Healthcare, Apollo Hospitals, Medanta had not joined the scheme.[26]

This is because most of the package rates in PMJAY were not viewed to be viable by the private hospitals. The reimbursement tariffs offered under the scheme do not cover more than 40-80% of the total costs, according to a 2019 report by FICCI.[27] If hospitals had to allocate 25% of their beds to PMJAY patients, they would lose up to 15-25% of revenue per bed each day, the FICCI report said.[28] The delay in settling bills could also scare off the private players. While 85% of PMJAY claims have been settled within 30-45 days cut off, cashless treatment under the Central Government Health Scheme (**"**CGHS**"**) and Ex-servicemen Contributory Health Scheme (ECHS) has often been delayed.[29] For instance, Fortis, Max and Medanta had threatened to discontinue cashless treatment under CGHS and ECHS due to non-payment of dues up to Rs. 1700 crores in December 2019.[30]

On the other hand, Indian Medical Association has said that public hospitals should be out of the ambit of PMJAY since the government can directly fund them, and has criticized the current insurance model which,

[24] One year of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana: 50 lakh hospital treatments with an eye towards universal health coverage, ABPMJAY, Government of India, https://www.pmjay.gov.in/One%20year%20of%20Ayushman%20Bharat, last seen on 06/05/2020.

[25] Supra 10.

[26] P. Aggarwal, *Govt. to Revise Ayushman Bharat Rates as Several Hospitals Back Off*, The Quint (28/06/2019), available at https://www.thequint.com/news/india/ayushman-bharat-pmjay-rates-to-be-hiked-to-get-big-hospitals-on-board, last seen on 27/01/2020.

[27] *Re-engineering Indian Healthcare 2.0*, FICCI Heal, http://ficci.in/spdocument/23111/Re-engineering-Indian-healthcare-2.0_FICCI.pdf, last seen on 27/01/2020.

[28] Ibid.

[29] Ministry of Health and Family Welfare, Government of India, *Saal Ek Ayushman Anek*, available at https://www.pmjay.gov.in/sites/default/files/201910/3_Press%20release%201%20year%20completion%20of%20Ayushman%20Bharat%20PMJAY%20%2822nd%20Sep%29.pdf, last seen on27/01/2020.

[30] H. Chandna, *Fortis, Max, Medanta Want to Scrap Cashless CGHS Treatment as Govt Dues Touch Rs 1,700 Cr*, The Print (06/12/2019), available at https://theprint.in/health/fortis-max-apollo-want-to-scrap-cashless-cghs-treatment-as-govt-dues-touch-rs-1700-crore/330968/, last seen on 27/01/2020.

according to the Indian Medical Association, should be replaced by universal health coverage.[31]

VI. DOES PM-JAY PROVIDE CARE FOR THE POOREST TO TAKE CARE OF THEIR CATASTROPHIC EXPENDITURE?

1. Exclusions within the System

While the scheme has expanded widely, it still does not cover all the eligible poor households in the country. The PMJAY relies on SECC 2011 to determine eligible beneficiaries which is how the scheme was targeted to cover 100 million households. Based on the SECC 2011 data, for rural areas, households had to meet six deprivation criteria, while households in urban areas had to meet eleven occupational criteria. However, an analysis of the SECC 2011 shows that the number of poor in the list is highly underestimated; for example, while the number of homeless households according to Census 2011 are 4.7 million, SECC 2011 only counts 1.65 million as households without shelter.[32] There are as many as 20 million households which have been left out of SECC 2011 despite being poor.[33] Additionally, there are several households which are rich but have made it to the list.

This could have been solved had there been a grievance redressal mechanism to solve the inclusion errors as was suggested by the expert group constituted by the Ministry of Rural Development.[34] However, in the current form, there is no process to include households that meet the criteria but are not included in the SECC 2011 list. Notably, there were 6.5 million households out of 10.74 million poor vulnerable households which were untraceable when the NHA was preparing the list of eligible beneficiaries.[35]

2. Poor Awareness

[31] *Restrict Ayushman Bharat to the Private Sector: IMA,* Business Line (29/09/19), available at https://www.thehindubusinessline.com/economy/policy/restrict-ayushman-bharat-to-the-private-sector-ima/article29550117.ece#, last seen on 27/01/2020.
[32] NC Saxena, *Socio Economic Caste Census: Has It Ignored Too Many Poor Households,* 50(30) Economic and Political Weekly (25/07/2015), available at https://www.epw.in/journal/2015/30/commentary/socio-economic-caste-census.html, last seen on 27/01/2020.
[33] Ibid.
[34] Ministry of Rural Development, Government of India, *Report of the Expert Group on Socio and Economic Caste Census*, available at https://rural.nic.in/sites/default/files/Report_of_the_expert_group_on_SECC_2011_0.pdf, last seen on27/01/2020.
[35] R. Kaul, *6.5 Million Beneficiaries Missing from Ayushman Bharat First List,* Hindustan Times (31/07/2019), available at https://www.hindustantimes.com/india-news/6-5-million-beneficiaries-missing-from-ayushman-bharat-first-list/story-SJDi1EoiXrcuCJamYHrDeJ.html, last seen on 27/01/2020.

Even among the beneficiaries who are eligible and included in the scheme, there seems to be very low awareness regarding the scheme. A two-page letter by Prime Minister Narendra Modi was sent to 100.7 million households included under the scheme. However, a survey conducted a year later by NHA found the awareness regarding the scheme as low as 20% in Bihar and Haryana.[36] Even though they received the letters, many beneficiaries could not understand what was due to them and many had not opened the letters with their health cards. Despite the fact that Bihar had seen an Acute Encephalitis Syndrome epidemic in June-August, 2019, only 36 patients availed of the scheme during the epidemic.

3. Disease Exclusions

In its current form, the PMJAY covers 1350 medical packages, and according to the NHA, 75% of the pre-authorisation amount is towards tertiary care procedures, including medical oncology, cardiology, orthopaedics, urology and radiation oncology. On the other hand, several illnesses, like end-stage kidney disease, chronic liver disease and blood cancer, are not even covered under the scheme. Further, these patients are not able to avail the benefit of Rashtriya Arogya Nidhi (**"**RAN**"**),[37]a scheme that provides financial assistance up to Rs 15 lakh to people below the poverty line, as they are covered under PMJAY; a proposal to allow this was rejected by the Union Health Ministry.[38]

Also, since PMJAY allows coverage of medicines for just 15 days after hospitalisation, it leaves out a number of patients, like cancer patients, who may require long-term medication on an outpatient basis. "This has not only restricted the reach of the benefits to the poorest of the poor, but has also worked against the principles of the RAN umbrella scheme, which is to give financial benefit to the poor in the treatment of cancer,"

[36] N. Sharma, *Ayushman Bharat Awareness 80% in TN, barely 20% in Bihar and Haryana,* The Economic Times (03/09/2020), available at https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/ayushman-bharat-awareness-80-in-tn-barely-20-in-bihar-and-haryana/articleshow/70953467.cms?from=mdr, last seen on 27/01/2020.

[37] *Guidelines Regarding Implementation of Umbrella Scheme of RashtriyaArogyaNiti (RAN)*, Ministry of Health and Family Welfare Notification (2019), available at https://mohfw.gov.in/sites/default/files/RAN_Guideline_2019.pdf, last seen on27/01/2020.

[38] *NHRC Seeks Report OverAyushman Bharat Beneficiaries not able to avail High-cost Treatment under RAN,* The Economic Times (26/12/2019), available at https://economictimes.indiatimes.com/news/politics-and-nation/nhrc-seeks-report-over-ayushman-bharat-beneficiaries-not-able-to-avail-high-cost-treatment-under-ran/articleshow/72979534.cms, last seen on 27/01/2020.

wrote Shah Alam Khan, of Orthopaedics Department in All India Institute of Medical Sciences, Delhi in Economic and Political Weekly.[39]

4. Geographical Exclusion

The fact that there are large scale regional disparities in the health infrastructure in the country is also reflected in the empanelled hospitals under the scheme. States with low per capita incomes have lower empanelment of private hospitals by insurance companies despite having a large proportion of eligible beneficiaries under AB-PMJAY.[40] For example, West Bengal which has 10.6% of all PMJAY beneficiaries only has 588 private hospitals empanelled, while New Delhi has 0.6% of all PMJAY beneficiaries and 510 private hospitals empanelled. Further, even among states with a high number of empanelled hospitals, the distribution of private hospitals is concentrated in a few districts which accounted for the majority of claims.

Analysis of the schemes showed that 61% of all claims are from private hospitals, and the share of high value (more than Rs. 30,000) and very-high value claims (more than Rs. 100,000) is 74% and 82% respectively.[41] In fact, top 20 hospitals in a select few cities accounted for 17% of all very-high value claims. While the unique provision under PMJAY has been portability where patients can avail cashless treatment in empanelled hospitals across the country, till September 2019, 50,544 transactions or only about 0.7% of all hospitalisations had availed of the provision.[42] This means that the much lauded feature of the scheme also needs more awareness and demand generation.

VII. DISCUSSION

India has been amongst the lowest spenders on healthcare, yet there have been increased allocations on healthcare in the last couple of decades. This, along with ambitious schemes, does improve the government's ability to meet the needs of the population, but there is a debate to determine what the money should be spent on. India has adopted the insurance-based model for healthcare, as mentioned in various National

[39] S. A. Khan, *Ayushman Bharat: Hurdles to Implementation One Year On*, 54(47) Economic and Political Weekly (30/11/2019), available at https://www.epw.in/journal/2019/47/commentary/ayushman-bharat.html, last seen on 27/01/2020.
[40] M. Chaudhary and P. Datta, *Private Hospitals in Health Insurance Network in India: A Reflection for Implementation of Ayushman Bharat*, NIPFP Working paper series, Working Paper 254, National Institute of Public Finance and Policy (2019).
[41] Supra 10.
[42] S. Yadavar, *Ayushman Bharat Working to Identify those Left Out*, India Spend (08/12/2019), available at https://www.indiaspend.com/ayushman-bharat-working-to-identify-those-left-out/, last seen on 27/01/2020.

Health Policy documents. With Ayushman Bharat, the idea expanded to providing a more comprehensive cover as well as a robust healthcare infrastructure for the most vulnerable sections of the society. India has had mixed success with the model till now, and there are still fundamental problems that the scheme has been unable to tackle. Reducing catastrophic expenditure without covering outpatient expenditure seems to be a fundamental folly, especially given the fact that most Indians rely on private healthcare for their health needs. The fact that more Indians have died from poor quality medical care than due to lack of medical care should explain why there is little faith in the public system.[43] While the government aims to tackle the problem of primary healthcare through the establishment of health and wellness centres, the budget allocation shows that it has not been allocated the resources that will be needed to overhaul the primary healthcare system or maintain its quality.

Focusing only on the efforts of the government to provide tertiary care, we find that it would not succeed in giving healthcare coverage to the most deprived because the database on which the beneficiaries are determined is flawed and does not include the most vulnerable. This is because the government is using the same SECC 2011 database to even determine which households do not have latrines for the Swachh Bharat Abhiyaan; a calculation which has allowed villages and districts to be declared open defecation free even as many households do not have latrines or do not use them.[44] This is why there is an urgent need to allow provisions to include the beneficiaries that have been left out and update the database to only include the deserving.

Also, even if the base of the beneficiaries increases, much more needs to be done to increase awareness about the scheme to the public. Currently, only a small portion of the beneficiaries who have even received the card seem to be aware of the scheme. This means that the poor would continue to delay or seek care at the risk of indebtedness. Also, the issue of inequitable access to care also needs much to be desired. There is a clear concentration of empanelled hospitals in certain states and certain districts, a small proportion of them are also the ones who charged the highest number of claims for expensive specialised medical procedures. Even though the portability feature does seem to address this gap, low

[43] S. Yadavar, *More Indians Die of Poor-Quality Care Than Due to Lack of Access to Healthcare: 1.6 Million,* India Spend (06/09/2019), available at https://www.indiaspend.com/more-indians-die-of-poor-quality-care-than-due-to-lack-of-access-to-healthcare-1-6-million-64432/, last seen on 27/01/2020.

[44] S. Yadavar, *After 4 Years of Swachh Bharat, Open Defecation Down 26 Percentage Points, But Toilet Use Does Not Match Construction Spree*, India Spend (07/01/2019), available at https://www.indiaspend.com/after-4-years-of-swachh-bharat-open-defecation-down-26-percentage-points-but-toilet-use-does-not-match-construction-spree-false-claims-evident/, last seen on 27/01/2020.

utilisation of this feature points to the fact that very few beneficiaries know about it and can afford to travel for the procedure.

While PMJAY considers the private sector to be a very important part of the engagement of the scheme, to rely on private sector hospitals especially when it comes to quality and price is not advisable. Also, the NHA has not yet responded to all the concerns of the private players when it comes to the viability of the scheme. Even if all the private players are satisfied with the package rates and decide to come on board, previous experience has shown that the scheme has high chances of being exploited, despite the anti-fraud mechanism in place, because of the fundamental aim of profit generation in the private hospitals and virtually no regulatory mechanism in place. Even the presence of public-private partnerships in the public sector has shown that the private sector has not been successful in providing the kind of care stipulated in the contract. In fact, the government has had to roll back the scheme and manage the hospitals in many cases.

Despite the apparent gaps and challenges, PMJAY is the most ambitious scheme and the one that has received more political attention and finance than ever before. Also, given that it has only been a year and a half, it is expected that the scheme will both mature and grow strong in times to come. Furthermore, since the NHA has been transparent about their findings and sharing data, there is scope to analyse PMJAY's performance more critically and provide feedback.

There is already discussion to provide health insurance coverage to the middle class and move towards universal healthcare by making that a paid feature.[45] However, it is too early to expand the scheme to other groups even before understanding the impact of the scheme on the goals that it set out to achieve. We would need more time to decide if PMJAY succeeds in reducing catastrophic expenditure among the poorest of the poor, but to do so it will need to overcome its apparent challenges in terms of covering the most vulnerable and solving the problem of inequitable healthcare in the count.

[45] *NITI Aayog Mulls Healthcare System for Middle Class*, Business Today (18/11/2019), available at https://www.businesstoday.in/current/policy/niti-aayog-mulls-healthcare-system-for-middle-class/story/390562.html, last seen on 27/01/2020.