

The Role of Pradhan Mantri Jan Arogya Yojana in Managing COVID-19 in India

Running Title: PM-JAY response to COVID-19

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Abstract

Emergence of the novel coronavirus pandemic (COVID-19) has tested the resilience of healthcare systems worldwide. Housing the world's second largest population, India is inherently disadvantaged in this situation. In 2018, the country had launched the largest health assurance scheme of the world - the Pradhan Mantri Jan Arogya Yojana (PM-JAY) under the larger Ayushman Bharat scheme which was aimed towards Universal Health Coverage. We conducted a review to document the role of PM-JAY in management of COVID-19 in India. The official website of the scheme and relevant press-releases since January 2020 were reviewed. The review focused on steps taken under the PM-JAY in response to the spread of COVID-19 in India, and the features of the scheme that are promising in terms of the current situation. Testing and treatment of COVID-19 were added under the benefit cover of the PM-JAY at an early stage to relieve the emergent strain on poor households. Apart from its role in providing transport facilitates for COVID-workforce; the portability and paperless mode of operation of the scheme, no cap on family size, and a maximum claim amount of INR 5 lakh or 0.5 million, are also expected to benefit in the management of the pandemic in the country. The success of these initiatives though, depends on the concerted efforts of stakeholders including various state governments and empaneled healthcare providers.

Keywords: Novel Coronavirus, COVID-19, Publicly Financed Health Insurance (PFHI), Ayushman Bharat, Universal Health Coverage (UHC), Pradhan Mantri Jan Arogya Yojana (PM-JAY)

Introduction

On the 30th of January 2020, India reported its first case of the novel coronavirus disease or COVID-19 that originated in China in December 2019 [1]. By March 11th 2020, COVID-19 gained the status of

a pandemic; though India remained with a single positive case, the global case load increased to 9,826 [2]. The World Health Organization (WHO) advised the general public to practice regular hand-hygiene, follow cough-etiquette, maintain a one-metre distance, avoid crowded places, and

self-isolate in the event of suspected infection while informing the health authorities at the earliest [3]. Being one of the most populous countries in the world, India however had an indisputable disadvantage in a crisis where physical distancing stood the mainstay.

By August 2020, the number of COVID-19 cases in India rose to around 2 million, making it the third most affected country, following the United States of America and Brazil [4]. Since India has the lowest per capita resources among the three, the loss can be expected to be relatively grim. It has been cautioned that the initial low incidence of COVID-19 in developing countries may have been due to diagnostic inadequacy, which may translate into more cases needing advanced support by the time they are diagnosed. Also, people in the less developed nations are likely to face out-of-pocket expenditures. In the absence of healthcare financing support, the burden on these people would be highly detrimental [5]. In the Indian scenario however, there has been a positive development in the recent past with the introduction of— the Pradhan Mantri Jan Arogya Yojana (PM-JAY).

About the Pradhan Mantri Jan Arogya Yojana

The Pradhan Mantri Jan Arogya Yojana or PM-JAY was launched by the Ministry of Health and Family Welfare (MoFHW), Government of India (GoI), under the larger umbrella of the Ayushman Bharat scheme, in September, 2018. Aimed at serving the poor, the scheme covers the lower 40% population of the country, accounting for approximately 50 crores or 0.5 billion beneficiaries. This makes PM-JAY the largest health assurance scheme, globally. A cover of INR 5 lakh (0.5 million) per annum can be availed for secondary and tertiary treatments by an eligible family. The scheme is financed entirely by the government with the

Central and State governments sharing costs [6].

The scheme envisions to cover gaps of previous central and state-level publicly financed health insurance schemes. Most of the features of the scheme, such as choice of public-private providers, cashless and paperless benefits, online mode of operation, no cap on family size, portability of benefits for beneficiaries moving from one state to another — reflect this motive [6]. Since the scheme has become operational, it has been rapidly updated through a rigorous system of feedback and quality control [7]. Most of these updates can be studied on the official website of the scheme.

So far, the scheme has dealt with numerous issues including fraudulent activity, and fake websites [7], under the commendable foresight of the National Health Authority (NHA), the apex body that manages the scheme. The current pandemic however classifies as an unprecedented event. It is thus plausible to study the response of the scheme to the incumbent pandemic, that has tested the resilience of the health systems of some of the most developed countries in the world.

We conducted a review to document the role of Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana in the management of COVID-19 in India; in terms of 1) what has been the response of the scheme to the spread of COVID-19 in India?; and 2) how can the scheme be helpful in the current situation?. We searched the official website of the scheme, press-releases since January 2020 for content relevant to the objectives of the review.

Role of PM-JAY in Managing COVID-19 in India

In response to the emergence of COVID-19 in India, and subsequent declaration as a pandemic by the WHO, certain steps were taken under the ambit of the PM-JAY. Apart from these steps some of the

in-built features of the scheme indirectly reflect its preparedness in the face of adversity. Below we document the direct and indirect role of PM-JAY in managing COVID-19 in India.

Testing and Treatment of COVID-19

Since the advent of COVID-19 in India, the testing and treatment of COVID-19 was provided for free in public hospitals. Later, on the 4th of April 2020, GoI took a decision to cover the testing and treatment for COVID-19 under PM-JAY [8]; by the time India had seen around 2000 cases [9]. This move provided the lowest 40% of the population with an opportunity for free testing in private labs and free treatment for the disease in hospitals (including private) empaneled under the scheme.

The vision behind this step was to - 1) reduce the burden of catastrophic illness among poor, 2) encourage the private sector to participate in the COVID response, and 3) enhance the testing and treatment capacity for the disease (by engaging the private sector) to prepare for the possibility of spike in cases [8].

A package for testing COVID-19 was made available under the scheme. The rates and type of the package were as per the Indian Council for Medical Research (ICMR). The empanelled centers were instructed to test beneficiaries for COVID-19 on prescription of a qualified physician as per ICMR criteria, in laboratories accredited by the National Accreditation Board for Testing and Calibration of Laboratories (NABL), having specified real time assay to test COVID-19 [8]. They were also instructed to follow protocols defined by the ICMR, MoFHW and State Governments regarding conduct of testing [10]. The criteria and its revised updates can be observed in the communications of the NHA to the empaneled providers [11].

Packages for treatment on the other hand were already present in the scheme under

various heads - acute febrile illness, pyrexia of unknown origin, pneumonia, severe pneumonia, and respiratory failures. States were provided with the option to modify these package rates in the wake of infection control measures for COVID-19. Also, depending on the condition of the patient, packages other than those listed could be invoked by the treating hospital [10].

The decision of free COVID testing and treatment under the PM-JAY was hastened in the wake of the rising cases. Still, the NHA ensured that the quality of treatment is not affected. Firstly, the rates of pre-existing treatment packages suggested for treatment of COVID-19, were made open to revision of rates so as to account for optimal infection control, isolation of cases, and personal protective equipment (PPE) for healthcare workers. Individual states could thus customize the packages to ensure provision of optimal treatment and infection control based on the expected expenses and resources in their area. The transaction management system (TMS) under the scheme was thus made flexible to incorporate change in package rate [10, 12].

Second, of the total private facilities empaneled under the PM-JAY, only those facilities that were optimally equipped to deal with the novel coronavirus cases were considered for roll-out of the free COVID testing and treatment plan [12]. This would help in controlling the spread of disease by restricting un-prepared facilities from rendering treatment for the highly infectious disease.

Thirdly, the State Health Agencies (state level counterparts of the NHA) were instructed to hasten the process of empanelment of additional hospitals based on their requirement [10]. To strengthen this commitment, the NHA launched the 'Hospital Empanelment Module Lite' in order to fast-track the empanelment of well-equipped hospitals under the PM-

JAY. Additionally, these hospitals were given an option to either render 'non-COVID' services to patients suffering from cancers, cardiac or other ailments that require continuous medical support or to convert in to dedicated 'COVID-only' hospitals. This strategy aimed at controlling cross-infection among hospitals catering both COVID-19 and non-COVID patients [13, 14].

Furthermore, shortly after the roll-out of the free testing of COVID-19, the NHA found limited use of the package. It therefore instructed the State Health Agencies to support empaneled hospitals by linking them to private labs for testing, and also to ensure protocols of COVID-19 as mandated by the ICMR and MoHFW [15].

The importance of the PM-JAY in COVID-19 treatment was also highlighted at national level in a recent incident. The Supreme Court of India (SCI, the apex court in India) took the Ayushman Bharat (PM-JAY) scheme rates in consideration while addressing a plea. The plea sought regulation of COVID-19 treatment costs at private facilities to prevent over-charging patients in this crucial time. In this on-going hearing, the SCI has sought to ascertain the willingness of private hospitals to cap the rates for COVID-19 treatment for public based on Ayushman Bharat package rates [16, 17].

Transport facility for healthcare workers

The NHA declared its partnership with Uber India, a ride-hailing service provider in the beginning of April 2020. The partnership aimed at providing a credible transport option to India's frontline healthcare workers serving in the pandemic. For a head start, a total of 150 cabs were promised free of cost under the 'Ubermedic' initiative to ease the to-and-fro movement of COVID workforce in hospitals in the national capital region and some other cities in northern India. Besides free rides, the service aimed to

ensure sealed separation between the driver-passenger compartments, and disinfection of the car after each ride, to prevent transmission of the disease [18].

General Preparedness of the Scheme

Apart from the free testing, treatment and transport initiatives, certain pre-existing features and past efforts of the scheme are promising in terms of managing the current outbreak. These have been documented below.

The PM-JAY boasts a robust health benefit package that covers close to 1400 secondary and tertiary care procedures [6]. Even before the case load of COVID-19 became pronounced, the PM-JAY was pre-equipped with comprehensive packages to deal with such a disease [10]. The same were thus recommunicated when the NHA declared free treatment for COVID. Also, the resilience of the scheme in dealing with unprecedented situation is demonstrated in the mode of the operation. This can be appreciated in terms of flexibility given to states for modifying health care packages and updating the TMS that handles service delivery under the scheme; as noted above under *Testing and Treatment of COVID-19*.

As the PM-JAY offers portability of the services [6], beneficiaries can avail treatment in any of the participating states throughout the country apart from their state of residence or registration. This feature is particularly significant with regard to people who migrate to other states for work. For these reasons, the portability feature was recently noted as one of the biggest features of the scheme by the Hon'ble Prime Minister of India [19]. In India, the densely populated major cities are at a higher risk of COVID-19 transmission. Migrant workers serve as the backbone of such cities. Ensuring tests and treatment at place (city/state) of work can thus impact the course of the outbreak by halting undue movement of the migrant workers to native states to seek treatment.

Furthermore, this would ensure trust in the health-care system in these sensitive times.

Other promising features of the PM-JAY are the cashless, paperless transactions and online mode of operation [6]. These features may play a positive role in the controlling disease transmission by reducing excessive movement and physical exchange, especially with surge in number of COVID care sought under the scheme in the near future.

As the novel coronavirus is highly infectious, instances with multiple members of same families being infected are expected. A maximum claim amount of INR 5 lakh or 0.5 million, with no cap on family size [6], can play a pivotal role in saving poor families from catastrophic expenditures on testing and treatment.

Limitations

The review is largely restricted to the initiatives of the PM-JAY to manage or support the management of the COVID-19 outbreak; potential qualities of the scheme that may prove beneficial in the current situation have also been discussed. However, we did not review fallacies in conduct of the scheme directives at grass-root or implementation level that may arise due to non-cooperation of the empaneled providers, operational issues, political factors, etc. The success of the initiatives undertaken by the scheme should thus be considered subject to these issues.

To avoid translation errors, only English language press-releases were reviewed. To restrict the search to credible news sources, electronic version of major national newspapers and those linked under the scheme website were followed.

Conclusion

The role of the PM-JAY in managing COVID-19 in India reflects in not only the targeted efforts taken after the outbreak but also in the farsighted features inherent to the scheme. Testing and treatment of

COVID-19 were added under the benefit cover of the PM-JAY at an early stage. This will certainly relieve the emergent strain on poor house-holds. The scheme has also supported in managing the situation by promoting transport facility for the COVID-19 workforce in parts of the country. The existing feature of national portability has a potential to curb issues arising from migration; while the online, paperless mode of operation will reduce excessive movement and fasten processes during the pandemic as opposed to the traditional paper-based transactions. The roll-out of the largest health assurance scheme just an year and a half before the pandemic has given the country a fair chance at dealing with the crisis. The success of the efforts though will depend on the concerted efforts of stakeholders including various state governments and empaneled healthcare providers especially those in the private sector [20].

Conflict of Interest

None declared

References:

1. Ministry of Health and Family Welfare. Update on Novel Coronavirus: one positive case reported in Kerala. 2020 Jan 30. Press Information Bureau; Delhi. Available from: <https://pib.gov.in/PressReleaseDetail.aspx?PRID=1601095>. Last accessed, 2020 Aug 8.
2. World Health Organization. Coronavirus disease 2019 (COVID-19) Situation Report – 51. 2020 Mar 11. Available from: https://www.who.int/docs/default-source/coronavirus/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10. Last accessed, 2020 Aug 8
3. World Health Organization. Coronavirus disease (COVID-19) advice for the public. Last updated: 2020 Jan 04. Available from:

- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>. Last accessed, 2020 Aug 8.
4. World Health Organization. Coronavirus disease (COVID-19) Situation Report – 199. 2020 Aug 6. Available from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200806-covid-19-sitrep-199.pdf?sfvrsn=6b9d262d_2. Last accessed, 2020 Aug 08.
 5. Rodela TT, Tasnim S, Mazumder H, Faizah F, Sultana A, Hossain MM. Economic Impacts of Coronavirus Disease (COVID-19) in Developing Countries [Internet]. SocArXiv; 2020. Available from: <https://osf.io/preprints/socarxiv/wygpk/>. Last accessed, 2020 Aug 8.
 6. National Health Authority. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana. About Ayushman Bharat Pradhan Mantri Jan Arogya Yojana. Available from: <https://pmjay.gov.in/about/pmjay>. Last accessed, 2020 Aug 8.
 7. National Health Authority. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana: Annual Report 2018-19. Available from: https://pmjay.gov.in/sites/default/files/2019-09/Annual%20Report%20-%20PMJAY%20small%20version_1.pdf. Last accessed, 2020 Aug 08.
 8. Ministry of Health & Family Welfare, National Health Authority, Government of India. Press Release: Testing and treatment of COVID -19 now available for free under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana. New Delhi. 2020 Apr 4. Available from: https://pmjay.gov.in/sites/default/files/2020-04/Testing-and-Treatment-of-COVID-19-under-AB-PM-JAY_1.pdf. Last accessed, 2020 Aug 8.
 9. World Health Organization. Coronavirus disease (COVID-19) Situation Report – 75. 2020 Apr 4. Available from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200404-sitrep-75-covid-19.pdf?sfvrsn=99251b2b_4. Last accessed, 2020 Aug 8.
 10. Government of India. National Health Authority. Office memorandum: Testing and treatment of COVID-19 under Ayushman Bharat Pradhan Mantri – Jan Arogya Yojana. 2020 Apr 4. Available from: <https://pmjay.gov.in/hospital/covid19>. Last accessed, 2020 Aug 8.
 11. Government of India. National Health Authority. Office memorandum: Mandatory testing of SARI cases AB PM-JAY. 2020 Apr 13. Available from: <https://pmjay.gov.in/hospital/covid19>. Last accessed, 2020 Aug 8.
 12. Merwin R, BL Research Bureau. Covid-19: With Ayushman Bharat roped in, States short-list empanelled private hospitals. The Hindu Businessline [Internet]. 2020 Apr 22. Available from: <https://www.thehindubusinessline.com/portfolio/news-analysis/covid-19-with-ayushman-bharat-roped-in-states-short-list-empanelled-private-hospitals-seek-approval-for-package-rates-to-treat-the-poor/article31402736.ece>. Last accessed, 2020 Aug 8.
 13. Special Correspondent. Centre launches empanelment process to bring more private hospitals under Ayushman Bharat. New Delhi. The Hindu [Internet]. 2020 Apr 10. Available from: <https://www.thehindu.com/news/national/centre-launches-empanelment-process-to-bring-more-private-hospitals-under-ayushman-bharat/article31312459.ece>. Last accessed, 2020 Aug 8.
 14. Press Trust of India. Drive launched to temporarily empanel pvt hospitals under Ayushman Bharat. New Delhi.

- Yahoo News [Internet]. 2020 Apr 10. Available from: <https://in.news.yahoo.com/drive-launched-temporarily-empanel-pvt-170122187.html>. Last accessed, 2020 Aug 8.
15. Government of India. National Health Authority. Office memorandum: Testing of COVID-19 for PM-JAY beneficiaries under through private labs. 2020 May 4. Available from: <https://pmjay.gov.in/hospital/covid19>. Last accessed, 2020 Aug 8.
 16. Press Trust of India. Supreme Court asks private hospitals if they are ready to charge Covid-19 patients at Ayushman Bharat rate. The Economic Times. New Delhi [Internet]. 2020 Jun 5. Available from: <https://health.economictimes.indiatimes.com/news/hospitals/supreme-court-asks-private-hospitals-if-they-are-ready-to-charge-covid-19-patients-at-ayushman-bharat-rate/76215864>. Last accessed, 2020 Aug 8.
 17. Press Trust of India. Supreme Court suggests cheaper treatment for Covid-19 in smaller towns. Deccan Herald. New Delhi. [Internet]. 2020 Jun 5. Available from: <https://www.deccanherald.com/national/supreme-court-suggests-cheaper-treatment-for-covid-19-in-smaller-towns-869933.html>. Last accessed, 2020 Aug 8.
 18. National Health Authority. National Health Authority partners with Uber to provide dedicated transport service to COVID-19 healthcare workers. New Delhi. 2020 Apr 3. Available from: <https://pmjay.gov.in/media/press-release>. Last accessed, 2020 Aug 8.
 19. Press Trust of India. Number of Ayushman Bharat beneficiaries crosses 1 crore mark; PM Narendra Modi speaks with latest beneficiary. Deccan Herald. New Delhi. [Internet] 2020 May 20. Available from: <https://www.deccanherald.com/amp/national/number-of-ayushman-bharat-beneficiaries-crosses-1-crore-mark-pm-narendra-modi-speaks-with-latest-beneficiary-839730.html>. Last accessed, 2020 Aug 8.
 20. Bhushan I. Opinion: Private sector must be a wholehearted partner of government in fight against COVID-19. The Indian Express [Internet]. 2020 Apr 16. Available from: <https://indianexpress.com/article/opinion/columns/india-coronavirus-lockdown-covid-19-economy-6364409/>. Last accessed, 2020 Aug 8.

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