

Milestone Volume

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Ayushman Bharat Gol, 2023-24

Ayushman Bharat, under the aegis of the Ministry of Health and Family Welfare (MoHFW), was launched by Government of India (GoI) on 23 September 2018.

This brief uses government data to analyse the following components of the scheme:

- Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY);
- Establishment of Health and Wellness Centres (HWCs);
- Ayushman Bharat Digital Mission (ABDM); and
- Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM).

Cost share and

implementation: Both AB-PMJAY and HWCs are Centrally Sponsored Schemes (CSS). Funds are shared between GoI and states in a 60:40 ratio except for Himalayan and North Eastern Region (NER) states, for which the ratio is 90:10. ABDM is a Central Sector (CS) scheme which is completely financed by GoI. PM-ABHIM has some CS components and some CSS components.

HIGHLIGHTS

₹ 7,200 cr

GoI allocations for Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in FY 2023-24

₹ 4,846 cr

GoI allocations for Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) in FY 2023-24

SUMMARY AND ANALYSIS

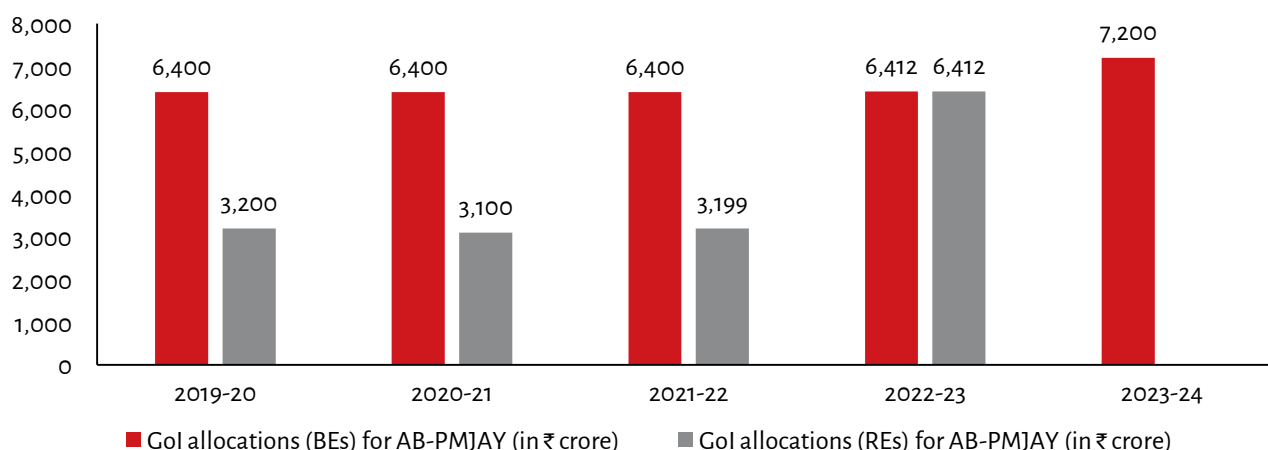
- In FY 2023-24, GoI has allocated ₹7,200 crore to Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the Budget Estimates (BEs). This is a 12 per cent increase over the previous year's Revised Estimates (REs), which stood at ₹6,412 crore.
- Release of funds under the scheme has been low. In FY 2022-23, till December 2022, only 18 per cent of the REs for the year had been released.
- As of March 2022, 66 per cent of eligible families were covered under the scheme. Including state schemes, coverage increased to 79 per cent.
- The most common specialties for which claims were made included General Medicine, General Surgery, and Medical Oncology. However, there were delays in payments. Almost 40 per cent of claim payments took more than 45 days, compared to the mandated 30 days.
- More Health and Wellness Centres (HWCs) had been built than the original targets for December 2020. Thus, no new allocations have been made for the scheme since FY 2022-23.
- Ayushman Bharat Digital Mission (ABDM) aims to create digital health records and a registry of verified health professionals. On 27 December 2022, ABDM achieved a milestone of 30 crore Ayushman Bharat Health Account (ABHA) registrations.

AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA

Allocations

- For FY 2023-24, Gol allocated ₹7,200 crore for the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), 12 per cent higher than the previous year's REs.
- Till FY 2021-22, REs for the scheme had been around half the BEs. However, in FY 2022-23, the scheme's BEs and REs were the same at ₹6,412 crore.

BES FOR AB-PMJAY HAVE INCREASED BY 12% IN 2023-24



Source: Union Expenditure Budget, Volume 2, MoHFW, FY 2019-20 to FY 2023-24. Available online at: <https://www.indiabudget.gov.in>. Last accessed on 1 February 2023.

Releases

- Funds released (including premiums and administrative expenses) are deposited in designated escrow accounts of both Gol and state governments. While state governments are to release their share of the premium in advance, Gol must release it to the states within 21 working days from the receipt of a completed proposal from the state government. Upon receipt of Gol's share, states are to release the funds to the insurance company/ Implementation Support Agency (ISA) within seven working days.
- Release of funds has been slow. In FY 2021-22, Gol released ₹2,941 crore, or 92 per cent of the REs. However, for FY 2022-23, till December 2022, ₹1,123 crore was released, which amounted to 18 per cent of the REs.

Implementation Framework

- AB-PMJAY is currently being implemented in 33 states and UTs across India except West Bengal, the National Capital Territory (NCT) of Delhi, and Odisha. Telangana was the latest state to join the scheme in May 2021.
- AB-PMJAY is an entitlement-based scheme i.e. the scheme does not mandate any enrolment, but all eligible families are covered based on an identity verification, followed by the issuance of E-cards.
- A three-tier framework has been devised for the implementation of the AB-PMJAY. The National Health Authority (NHA) has been provided with full autonomy, accountability, and a mandate from Gol to implement the scheme. At the state level, State Health Agencies (SHAs) are responsible for implementation. On-ground coordination between scheme stakeholders at the district level is undertaken by District Implementation Units (DIUs).

- States and UTs can implement the scheme based on their choice of framework, considering region-specific conditions. AB-PMJAY is currently being implemented in three ways - Insurance mode, Mixed mode, and Trust mode.
- As of December 2022, seven states and UTs, namely Meghalaya, Nagaland, Punjab, Dadra and Nagar Haveli and Daman and Diu, Jammu and Kashmir, Ladakh, and Puducherry were running the scheme on an Insurance mode. Four states, namely Gujarat, Jharkhand, Maharashtra, and Tamil Nadu had chosen the Mixed mode. The remaining states and UTs were implementing AB-PMJAY through a Trust.

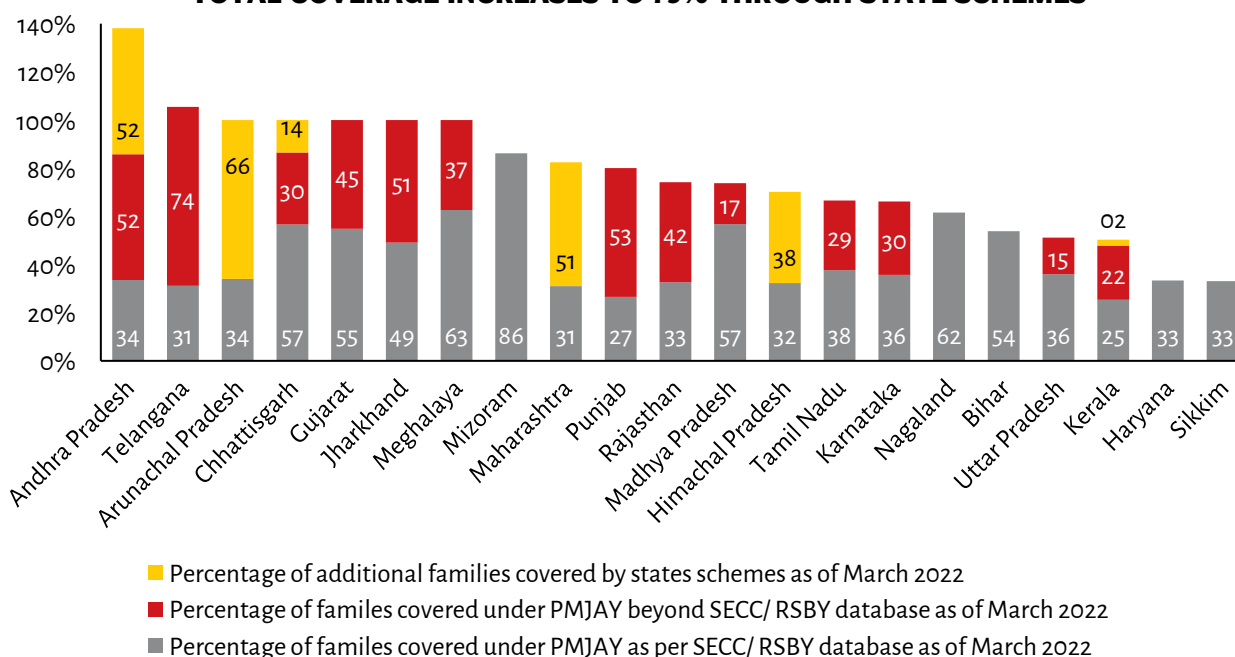
Health Benefit Packages

- The initial Health Benefit Packages, or HBP 1.0, introduced in September 2018, included 1,393 medical packages. Several existing packages (554) were discontinued in November 2019, leaving the number of packages at 867. These packages were further split into 1,573 procedures under HBP 2.0.
- A key feature of the HBP 2.0 is a three-layered IT customization for easier and more accurate package booking – which helps in better analytics and monitoring.
- HBP 2.0 was further revised in November 2020 and November 2021 with new packages and procedures added under HBP 2.1 and HBP 2.2. The present version of HBP 2.0, including HBP 2.1 and HBP 2.2, as of March 2022, consists of 871 packages, split into 1,578 procedures covering 94 specialties.
- As of March 2022, all states and UTs other than Goa, Karnataka, Meghalaya, Tamil Nadu, and Maharashtra were implementing HBP 2.0.
- Among these, only Maharashtra had a state-specific package, while the other four states still operated under HBP 1.0. For Maharashtra, their state-specific package provided treatment for 34 categories of identified specialties, which included 1,209 packages.

Coverage

- When the scheme was launched, the total number of families to be covered under AB-PMJAY was estimated to be around 10.74 crore, or 50 crore citizens. However, as of December 2022, after addition by states, a total of 14.65 crore families were eligible for the scheme. Of these, 8.94 crore were eligible as per the Socio Economic and Caste Census (SECC) and Rashtriya Swasthya Bima Yojana (RSBY) database, and an additional 5.7 crore families were included by states to expand the coverage of AB-PMJAY (up to ₹5 lakh).
- The total estimated number of eligible households in a state have been taken from different sources by each state – Telangana, Andhra Pradesh, and Kerala use data from Civil Supplies Department; Chhattisgarh uses data from Food, Civil Supplies, and Consumer Protection Department; Jharkhand uses data from Public Distribution System (PDS); Himachal Pradesh uses Statistical Outline; while the rest of the 24 states and UTs use data from Census or SECC 2011.
- As of March 2022, around 66 per cent of families were covered by AB-PMJAY. However, several states also have their own state insurance schemes. These states run both AB-PMJAY and state schemes and have expanded the coverage by adding a further 2.83 crore families under their state scheme, bringing the total health insurance coverage to 79 per cent of families.
- There were state variations in coverage. States such as Gujarat, Jharkhand, and Meghalaya reported 100 per cent coverage for all families according to the SECC and RSBY database.
- Haryana (33 per cent), Sikkim (33 per cent) and Maharashtra (31 per cent), and Punjab (27 per cent) indicate lowest coverage under AB-PMJAY. For Maharashtra and Himachal Pradesh, however, state schemes led to an overall improvement in coverage.

**ON AVERAGE, 66% OF FAMILIES WERE COVERED UNDER PMJAY;
TOTAL COVERAGE INCREASES TO 79% THROUGH STATE SCHEMES**



Source: PMJAY Website, States at a Glance. Available online at <https://pmjay.gov.in/states/states-glance>. Last accessed on 22 December 2022.
Note: The analysis indicates coverage as of March 2022, and does not include Telangana, due to unavailability of data for total number of households.

- In terms of overall coverage, including AB-PMJAY and state schemes, states with the lowest coverage included Kerala (49 per cent), Haryana (33 per cent), Sikkim (33 per cent).
- Andhra Pradesh stood out as it reported a higher insurance coverage percentage than the total eligible population at 138 per cent.

Empanelment of Hospitals

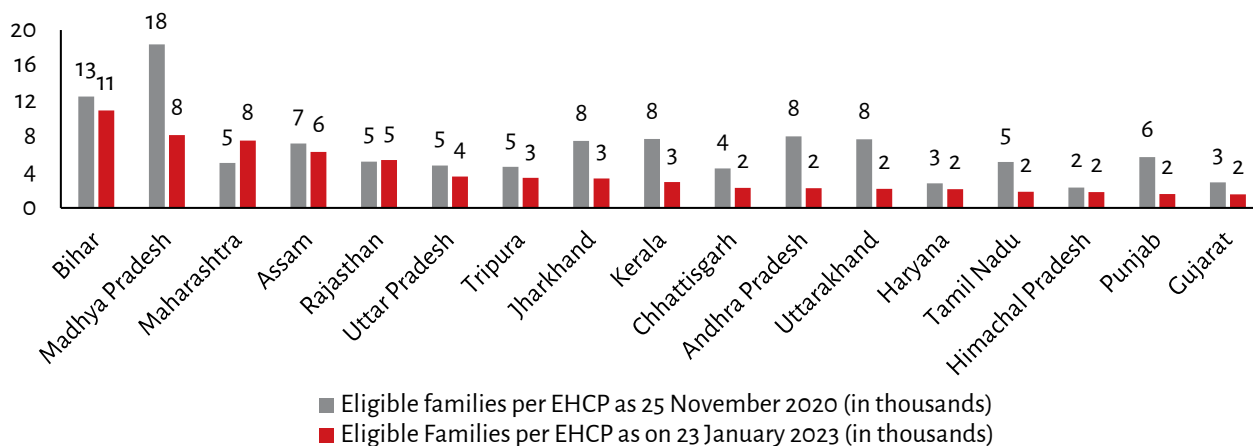
- As on 27 January 2023, there were 28,586 EHCPs. Of this amount, 13,085 private EHCPs had been empaneled in India, which amounted to 46 per cent of the total. This percentage is the same as percentage of private EHCPs as on 25 November 2019.
- However, there were state variations. The percentage of private EHCPs increased in Tamil Nadu from 1,328 to 2,249 (69 per cent) and in Chhattisgarh from 383 to 571 (49 per cent) from 24 November 2020 to 27 January 2023.
- On the other hand, there were states where private hospitals were dis-empaneled like Rajasthan where the number of private EHCPs fell from 1,498 to 206 (86 per cent) and Himachal Pradesh where it fell from 392 to 125 (68 per cent).

Families per EHCP

- A look at the number of eligible families per EHCP (both private and public) under AB-PMJAY gives a sense of the potential patient load on hospitals providing health cover. As on 23 January 2023, there were, on average, 3,128 eligible families per EHCP.
- Compared to FY 2020-21, there was a 42 per cent decrease in eligible families per EHCP.

- There were significant differences across states. The number of eligible families per EHCP was high in Bihar (10,942), Madhya Pradesh (8,193), and Maharashtra (7,583). In contrast, there were less than 2,000 eligible families per EHCP in Tamil Nadu (1,799), Himachal Pradesh (1,774), Punjab (1,576), and Gujarat (1,520).

THERE HAS BEEN A 42% DECREASE IN ELIGIBLE FAMILIES PER EHCP SINCE NOVEMBER 2020

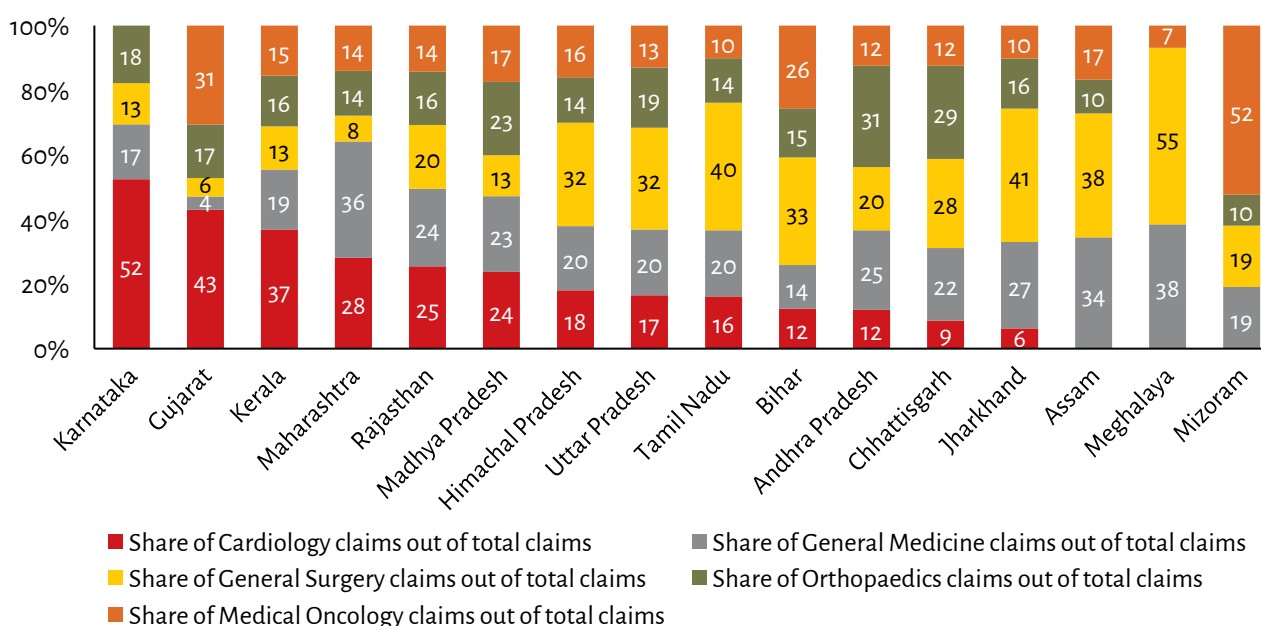


Source: (1) Data on eligible families from Lok Sabha Unstarred Question No. 2074, answered on 29 July 2022. Available online at: <https://pqals.nic.in/annex/179/AU2074.pdf>. (2) EHCP data as on 23 January 2023 from ABDM dashboard. Last accessed on 23 January 2023. Available online at: <https://dashboard.abdm.gov.in/abdm/>. (3) EHCP data as on 24 November 2020 from RTI response by NHA dated 27 November 2020.

Top Specialty for Claims under AB-PMJAY

- As on 18 January 2023, Cardiology was the top specialty for which most claims were made under AB-PMJAY, based on claim amounts. A total of ₹4,115 crore had been claimed across all states and UTs in India. Kerala (₹653 crore), and Gujarat (₹650 crore) are states making highest claims for Cardiology.

OUT OF TOTAL CLAIMS MADE, THE HIGHEST CLAIM AMOUNT WAS OF CARDIOLOGY AT 23% FOLLOWED BY GENERAL MEDICINE AT 22%



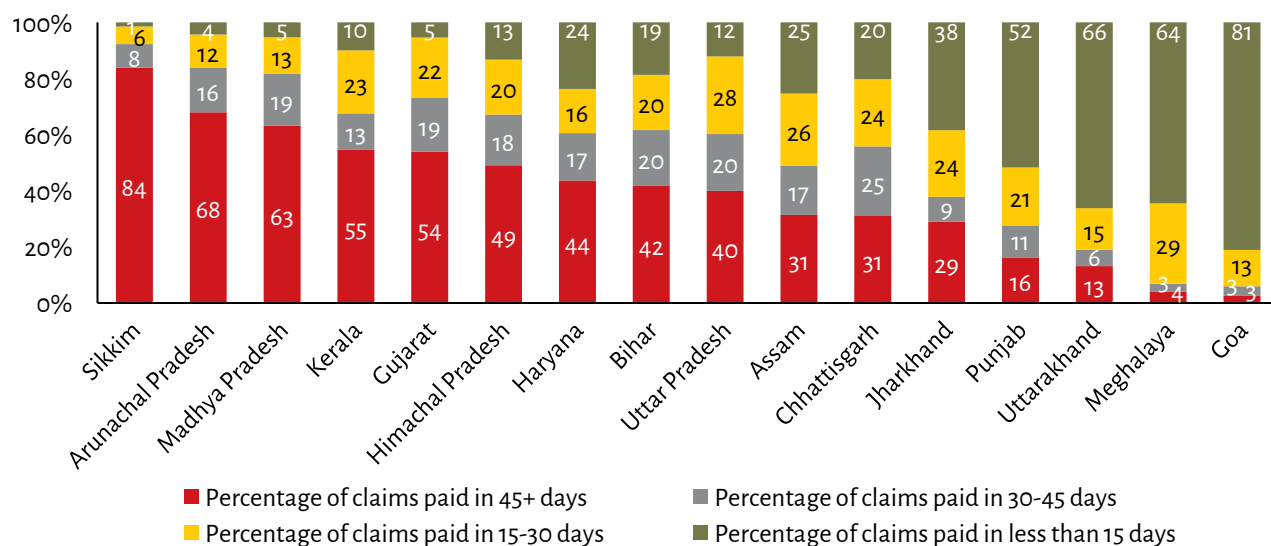
Source: NHA PMJAY dashboard. Available online at <https://dashboard.pmjay.gov.in/publicdashboard/#/>. Last accessed on 18 January 2023.

- Cardiology was followed by General Medicine, where claims worth ₹3,985 crore had been made across India, with Maharashtra (₹797 crore) and Andhra Pradesh (₹737 crore) making claims worth the most.
- State-wise analysis of the total claim amount indicated that states like Goa (56 per cent) and Sikkim (53 per cent) had the largest share of General Medicine claims made within their state in terms of claim amount.
- For General Surgery, Meghalaya (55 per cent) and Jharkhand (41 per cent) contributed the most to total claims made within the same state. Similarly, for Medical Oncology, Mizoram (52 per cent) and Nagaland (43 per cent) had major contributions within the state. For Orthopaedics, claims were the most in Andhra Pradesh (31 per cent) and Chhattisgarh (29 per cent).

Claims Made and Related Delays

- As indicated in the Claims Adjudication Manual of NHA for AB-PMJAY, all claim payments (for both public and private EHCPs) should have a uniform Turnaround Time (TAT) of 15 days for intra-state claims and 30 days for inter-state claims (portability).
- However, as on 19 January 2023, 40 per cent of claim payments took more than 45 days, while 16 per cent of these claim payments took between 30 and 45 days.
- Delays of more than 45 days were observed in states like Sikkim (84 per cent), Arunachal Pradesh (68 per cent), and Madhya Pradesh (63 per cent).
- The highest share of claims within 15 days were paid in Goa (81 per cent), followed by Uttarakhand (66 per cent), and Meghalaya (64 per cent).

SIKKIM AND ARUNACHAL PRADESH HAD THE MOST DELAYS IN CLAIM PAYMENTS; WHILE GOA WAS THE BEST PERFORMING STATE WITH REGARDS TO CLAIMS

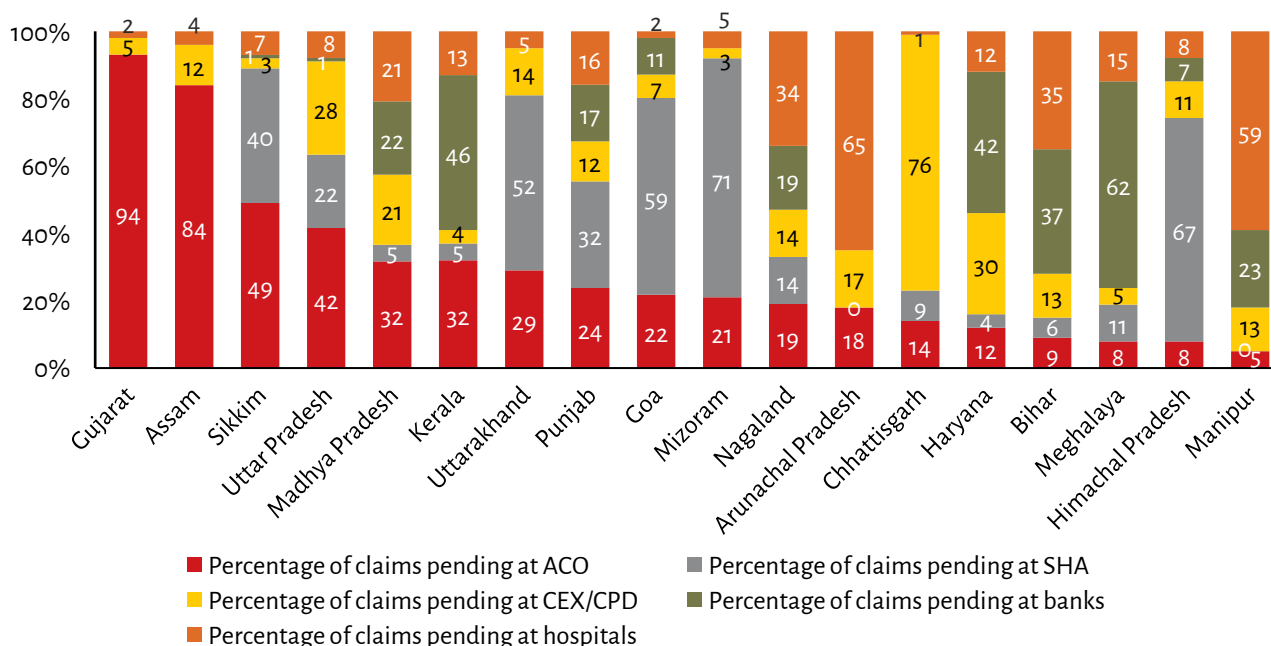


Source: NHA PMJAY dashboard. Available online at: <https://dashboard.pmjay.gov.in/publicdashboard/#/>. Last accessed on 19 January 2023.

- There are also several payments which remain pending at various stages in the claim process. As per the Claims Adjudication Manual, a claim request progresses from the Claims Executive (CEX), to the Claims Processing Doctor (CPD), followed by the Accounts Officer (ACO) and finally the State Health Agency or Insurance Company (SHA/ IC), who is the final authority for the decisions pertaining to claims.

- As on 19 January 2023, across India, 6,10,981 cases were pending with the CEX or CPD, whereas 8,60,622 were pending with the ACO, 6,89,188 with the SHA, and 2,89,669 cases with banks.
- Uttarakhand (9,04,343) and Uttar Pradesh (4,43,304) had a significant number of total pending claim payments, with majority of pending cases with SHA for Uttarakhand, and ACO for Uttar Pradesh.
- As on 19 January 2023, states with the large proportion of claims pending at the CEX level included Chhattisgarh (76 per cent), followed by Haryana (30 per cent), and Uttar Pradesh (28 per cent). On the other hand, a majority of claims were pending at the SHA level in Mizoram (71 per cent), Himachal Pradesh (67 per cent), and Goa (60 per cent).

ASSAM AND GUJARAT HAD THE HIGHEST NUMBER OF CLAIMS PENDING FOR PAYMENT WITH THE ACO; JHARKHAND AND MEGHALAYA HAD HIGHEST CASES PENDING WITH BANKS



Source: NHA PMJAY dashboard. Available online at: <https://dashboard.pmjay.gov.in/publicdashboard/#/>. Last accessed on 19 January 2023.

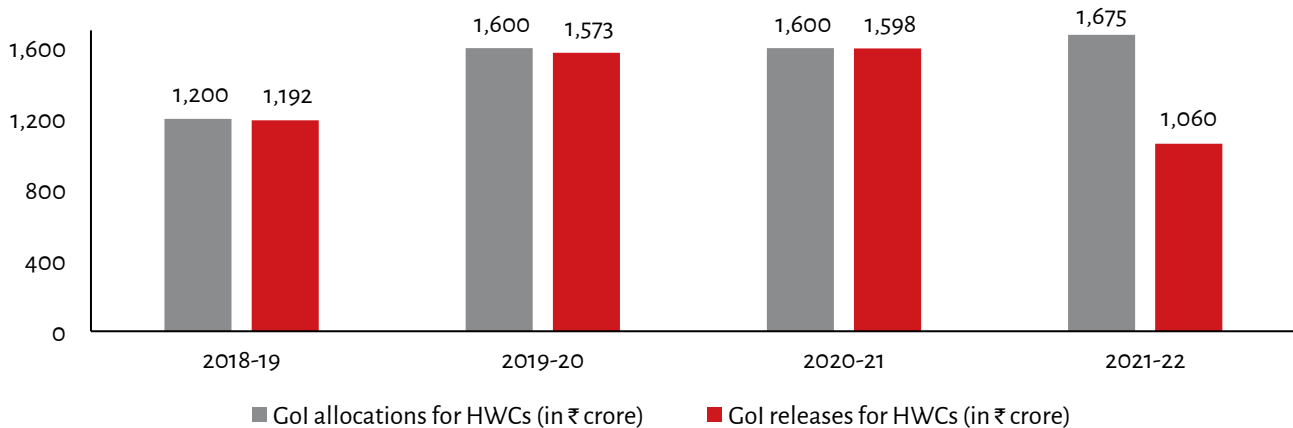
AYUSHMAN BHARAT - HEALTH AND WELLNESS CENTRES

- Apart from the insurance scheme, an initiative to transform the existing Sub Health Centres (SHCs) and Primary Health Centres (PHCs) into Health and Wellness Centres (HWCs) was also introduced in February 2018. As an initial target, around 1.5 lakh PHCs and SHCs were targeted to be operationalised as HWCs by December 2022.
- The HWCs were envisaged to provide Comprehensive Primary Health Care (CPHC) through a multitude of services including child and maternal health, provision of essential drugs, diagnostic services, Screening, Prevention, Control and Management of Non-communicable Diseases and Chronic Communicable diseases like Tuberculosis, Leprosy, etc.
- While households in Odisha and West Bengal do not have coverage under AB-PMJAY, operationalisation of HWCs have been undertaken by the state governments. The NCT of Delhi is the only state where HWCs are not being operationalised.

Allocations and Releases

- Releases under the scheme till FY 2021-22 were high with close to 100 per cent of GoI allocations released.
- However, for FY 2021-22, only 63 per cent of GoI allocations were released.

63% OF GOI ALLOCATIONS FOR HWCs HAD BEEN RELEASED FOR 2021-22

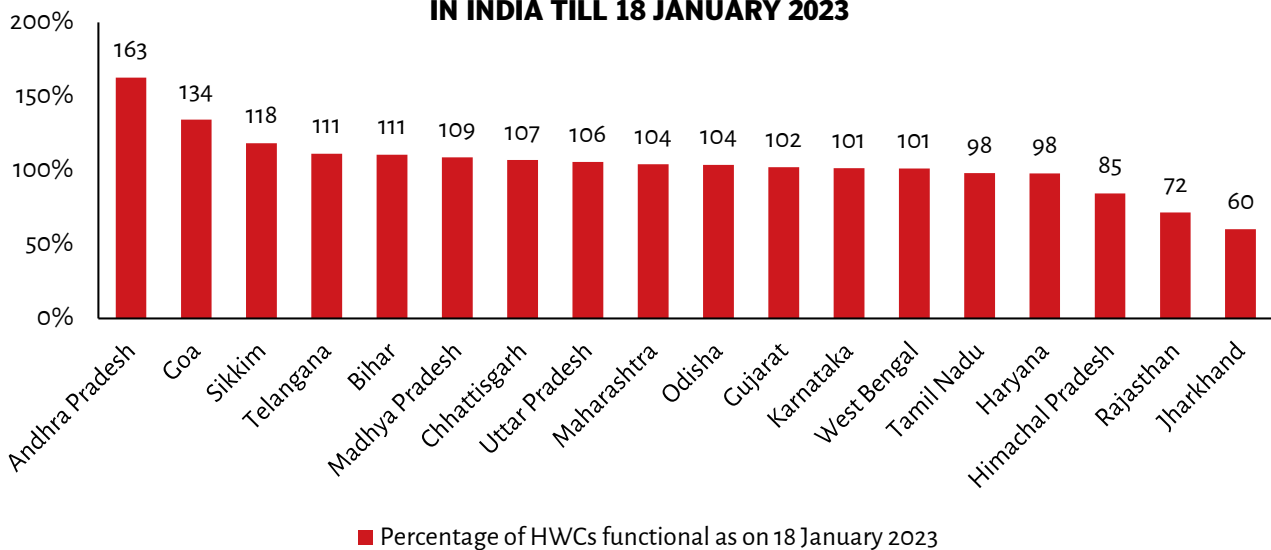


Source: (1) HWC allocations from Union Expenditure Budget. Available online at: <https://www.indiabudget.gov.in>. (2) HWC releases from Lok Sabha Starred Question No. 333, answered on 25 March 2022. Available online at: <https://pqals.nic.in/annex/178/AS333.pdf>. Last accessed on 21 December 2022

Coverage and Operationalisation

- During the launch of the programme, around 1.5 lakh PHCs and SHCs were envisaged to be converted to HWCs in a four-year period – 15,000 during FY 2018-19; 25,000 during FY 2019-20; 30,000 during FY 2020-21; and 40,000 each in FY 2021-22 and FY 2022-23 till December 2022; which was the targeted completion period. States were given specific targets, and the total target stood at 1,50,182 HWCs. The targets were surpassed and as on 18 January 2023, 1,55,468 HWCs were functional (104 per cent of original target).
- There were, however, state variations. Andhra Pradesh, Goa, Sikkim, Telangana, Bihar have built more than 110 per cent of their targets.
- Only five states remained below the 100 per cent mark. These were Tamil Nadu (98 per cent), Haryana (98 per cent), Himachal Pradesh (85 per cent), Rajasthan (72 per cent), and Jharkhand (60 per cent).

ON AVERAGE, 104% OF TARGETED HWCs HAD BEEN OPERATIONALISED IN INDIA TILL 18 JANUARY 2023

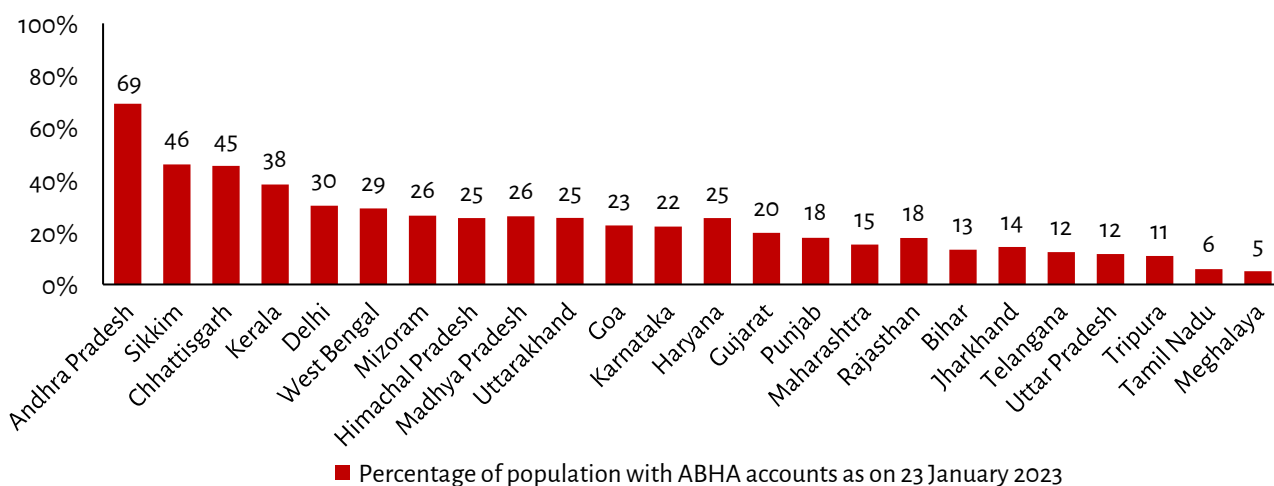


Source: Calculated using data from HWC dashboard. Available online at: https://ab-hwc.nhp.gov.in/home/Consolidated_Weekly_Report?pmo_date=2023-01-18 andstate=0. Last accessed on 18 January 2023.

AYUSHMAN BHARAT DIGITAL MISSION

- The Ayushman Bharat Digital Mission (ABDM) is a Central-Sector (CS) scheme with a budget of ₹1,600 crore for five years. Like with AB-PMJAY, NHA is the implementing agency for ABDM.
- For FY 2023-24, GoI has allocated ₹341 crore to ABDM. This is double the previous year's REs which stood at ₹140 crore.
- Cumulatively, since the start of the Mission till FY 2023-24, ₹586 crore or 37 per cent of GoI's total share has been allocated.
- The scheme aims to create an online platform through the provision of a wide range of data, information and infrastructure services. As per the guidelines, this will be done by leveraging open, interoperable, standards-based digital systems while ensuring the security, confidentiality, and privacy of health-related personal information.
- Under the scheme, citizens will be able to create their Ayushman Bharat Health Account (ABHA) numbers, to which their digital health records can be linked. This will enable creation of longitudinal health records for individuals across various healthcare providers.
- The linking of medical records is facilitated by both private and public agencies. As on 23 January 2023, there were 31 agencies providing this service and of these 18 (58 per cent) were private actors. However, 99 per cent of these linked medical records were handled by government agencies.
- As on 23 January 2023, 29.3 crore ABHAs had been created, 1.3 lakh verified healthcare professionals had been enrolled in the scheme, and 13 crore linked health records had been registered under ABDM.
- Using population projections for the year 2023 by the Census Bureau, 22 per cent of Indians had a registered ABHA. As on 23 January 2023, Andhra Pradesh topped this list by creating ABHAs for 69 per cent of its citizens. Other leading states included Sikkim (46 per cent), Kerala (38 per cent), and Delhi (30 per cent).
- Twenty-two states/UTs were below the national average including Gujarat (20 per cent), Punjab (18 per cent), Maharashtra (15 per cent), and Tamil Nadu (6 per cent).

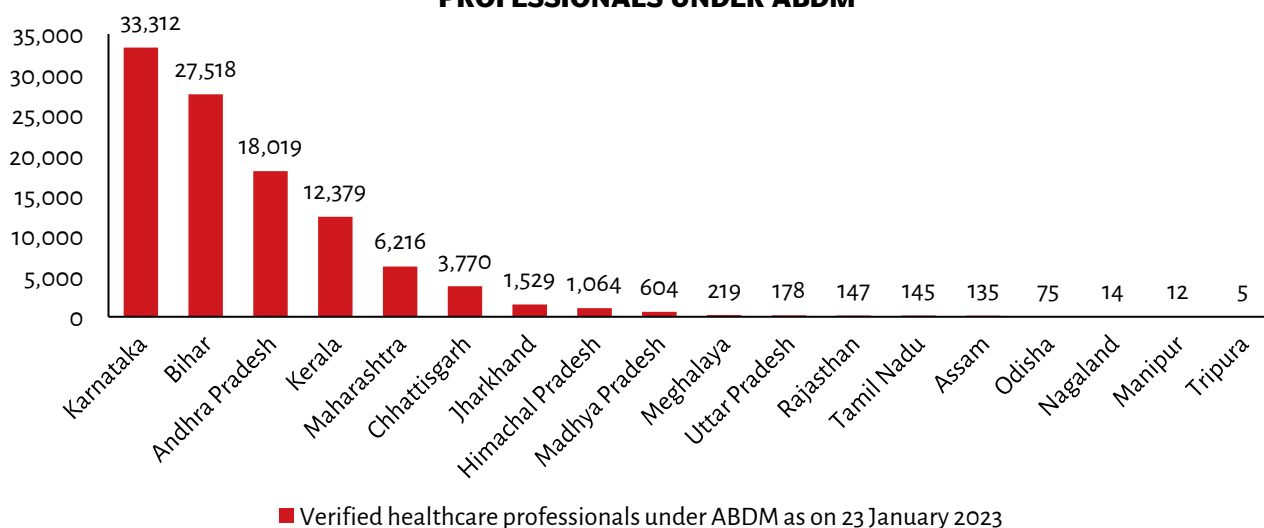
ON AVERAGE, 22% OF INDIANS HAD A REGISTERED ABHA ACCOUNT AS ON 23 JANUARY 2023



Source: (1) Population data from Population Projections for India and States, 2011-2036 published by the National Commission on Population, Ministry of Health and Family Welfare in 2020. Available online at: https://main.mohfw.gov.in/sites/default/files/Population%20Projection%20Report%202011-2036%20-%20upload_compressed_o.pdf. Last accessed on 18 December 2022. (2) ABHA data from the ABDM dashboard. Available online at: <https://dashboard.abdm.gov.in/abdm/>. Last accessed on 23 January 2023.

- The Health Professional Registry (HPR) is a comprehensive repository of all healthcare professionals (doctors, nurses, etc.) involved in the delivery of healthcare services across modern and traditional systems of medicine. The HPR is a core building block of ABDM.
- Through HPR, healthcare professionals can enrol themselves in India's digital health ecosystem and connect patients to healthcare providers or vice versa, with last mile coverage.
- As on 23 January 2023, Karnataka (33,312), Bihar (27,518), and Andhra Pradesh (18,019) had the highest enrolments of verified healthcare professionals under ABDM.

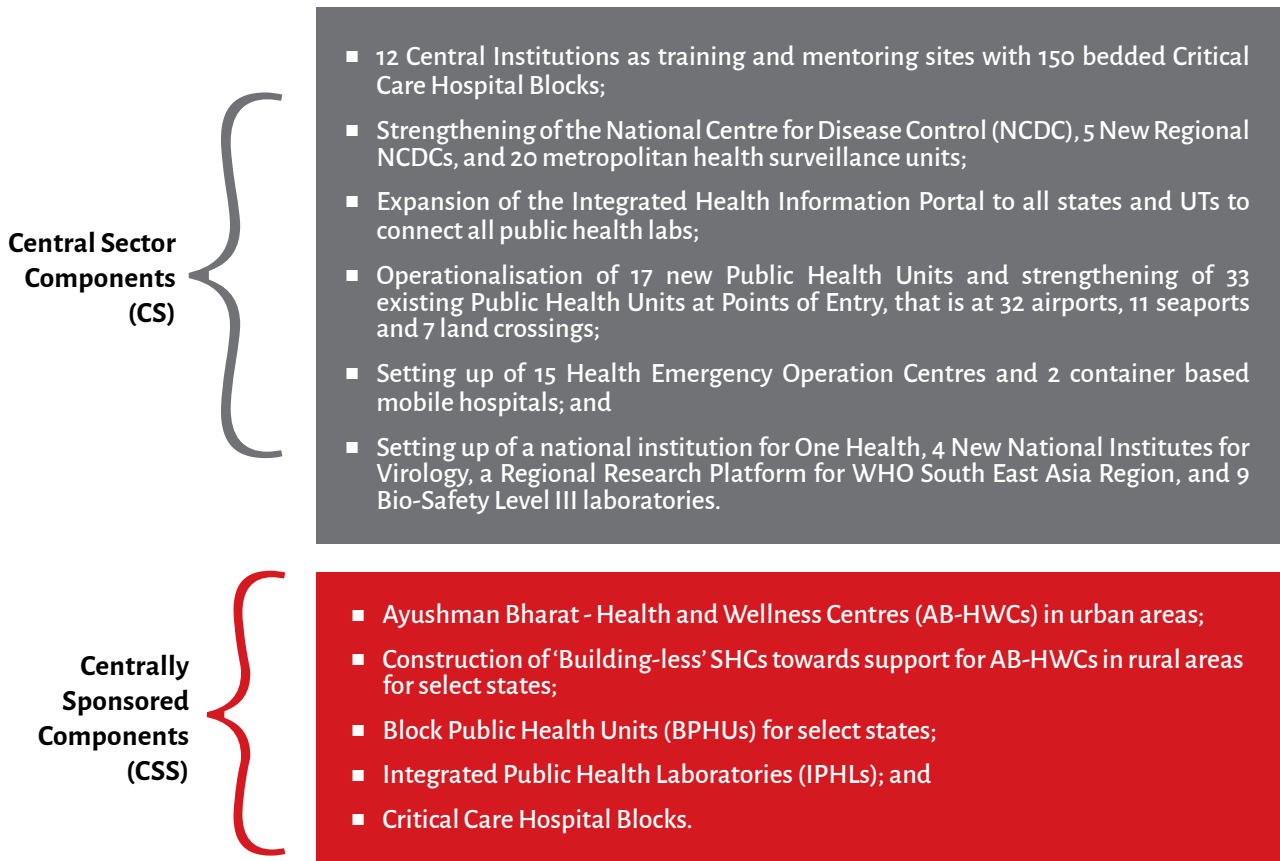
AS ON 23 JANUARY 2023, THERE WERE 1.3 LAKH REGISTERED HEALTH PROFESSIONALS UNDER ABDM



Source: ABDM dashboard. Available online at: <https://dashboard.abdm.gov.in/abdm/>. Last accessed on 23 January 2023.

PRADHAN MANTRI AYUSHMAN BHARAT HEALTH INFRASTRUCTURE MISSION

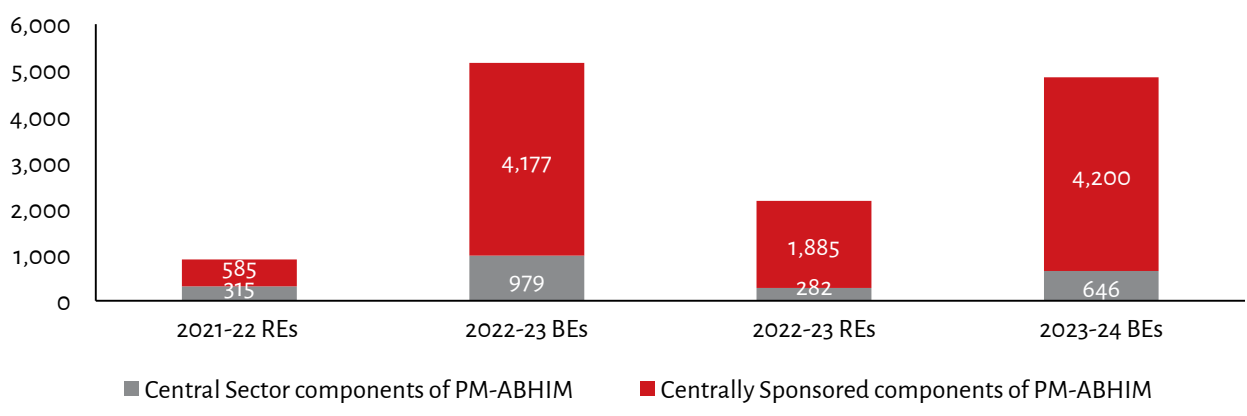
- The Prime Minister Atmanirbhar Swasth Bharat Yojana (PMASBY) was relaunched as PM-ABHIM, a long-term health infrastructure development scheme in the Union Budget 2021-22 with an outlay of ₹64,810 crore over five years from FY 2021-22 to FY 2025-26.
- It is a CSS with some CS components. CS components are fully funded by GoI, while states have to pay a share of the CSS components. Of the total allocation, 84 per cent or (₹54,205 crore) is for CSS components and the remaining is for CS components.
- State Health Society, established under National Health Mission (NHM), is the implementing agency at the state level. Similarly, at the district level, the District Health Society, headed by the District Collector, plays a crucial role in planning, effective implementation, and robust monitoring of the units of various components under PM-ABHIM.
- States and UTs submit monthly progress on the implementation of various CSS components of the scheme to the Ministry, and these details are to be updated in the Progress Monitoring System developed for PM-ABHIM.



Allocations for PM-ABHIM for each FY

- As the scheme was introduced in October 2021, only REs were available for FY 2021-22. In FY 2021-22, a total of ₹900 crore had been allocated to the scheme. This increased more than 5 times to ₹5,1561 crore in FY 2022-23 BEs.
- The scheme has seen a decline in FY 2023-24. In FY 2023-24, ₹4,846 crore was allocated for the scheme, which is double the previous year's REs and 6 per cent lower than the BEs. This is because REs for FY 2022-23 were less than half the BEs for the year.

A TOTAL OF ₹4,846 CRORE HAS BEEN ALLOCATED FOR PM-ABHIM IN 2023-24 WHICH IS MORE THAN DOUBLE THE REs FOR 2022-23



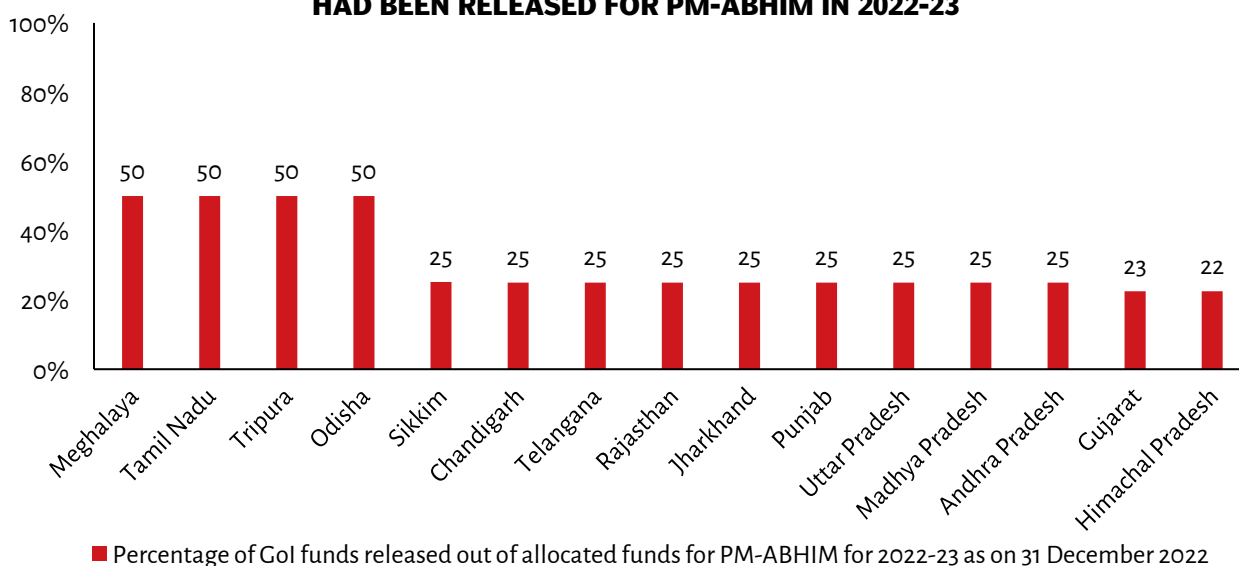
Source: Union Expenditure Budget, Volume 2, MoHFW, FY 2022-23 to FY 2023-24. Available online at: <https://www.indiabudget.gov.in>. Last accessed on 1 February 2023.

- Allocations, however, remain 54 per cent lower than the operational guidelines which stated that allocations for FY 2023-24 should be ₹11,016 crore – ₹1,692 crore for CS components and ₹9,324 crore for CSS components.

Releases

- In FY 2021-22, ₹585 crore or 97 per cent of the allocations were released. Releases have been slow for FY 2022-23, despite an increase in allocations. Till 31 December 2022, ₹654 crore or 35 per cent of REs had been released under the scheme.
- States which had released 50 per cent of the allocations included Meghalaya, Tamil Nadu, Tripura, and Odisha. In an RTI response dated 17 January 2023, data for releases under CSS components were unavailable for 19 states and UTs.

TILL 31 DECEMBER 2022, ONLY 16% OF THE ALLOCATED AMOUNT FOR CSS COMPONENTS HAD BEEN RELEASED FOR PM-ABHIM IN 2022-23



Source: (1) Releases from RTI response from MoHFW dated 17 January 2023. (2) Allocations from Lok Sabha Unstarred Question No. 521, answered on 9 December 2022. Available online at: <https://pqals.nic.in/annex/1710/AU521.pdf>. Last accessed on 23 December 2022.