



## PMJAY Affected by Lockdowns

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### Why in News

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According to the “**Pradhan Mantri Jan Arogya Yojana (PMJAY) Policy Brief (8): PMJAY Under Lockdown: Evidence on Utilization Trends**”, the **nationwide lockdown** has had a significant negative impact on inpatient care utilisation under the scheme.

- The analysis covers **22 weeks of data, from 1<sup>st</sup> January to 2<sup>nd</sup> June 2020**. The national lockdown started on 25<sup>th</sup> March and was significantly relaxed as of 1st June.
- The analysis is based on claims **data drawn from the PMJAY Transaction Management System (TMS)** and the **main indicator of claim volumes** (utilization) is **non-rejected pre-authorisation requests**.

### Pradhan Mantri Jan Arogya Yojana

- It offers a sum insured of **Rs. 5 lakh per family for secondary care** (which doesn't involve a super-specialist) as well as **tertiary care** (which involves a super-specialist).
- It is an **entitlement-based scheme** that targets the beneficiaries as identified by the latest **Socio-Economic Caste Census (SECC) data**.
  - Once identified by the database, the beneficiary is considered insured and can walk into any empanelled hospital.
- The insurance cost is **shared by the centre and the state mostly in the ratio of 60:40**.
- **Packaged rates** are the rates which include everything so that each product or service is not charged for separately.
  - These rates also mention the number of average days of hospitalization for a medical procedure and supporting documents that are needed.
  - These are flexible but the hospitals can't charge the beneficiary more once fixed.

- The **National Health Authority (NHA)** has been constituted as an **autonomous entity under the Society Registration Act, 1860** for effective implementation of PMJAY in alliance with state governments.
- The **State Health Agency (SHA)** is the **apex body of the State Government** responsible for the implementation of PMJAY in a State.

## Key Points

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- **Demographic groups**, women, younger and older populations (under 20 and over 60) **reduced their utilisation** by more than men, young adults or the middle-aged.
- Among **procedures, planned surgeries such as cataract operations and joint replacements suffered a decline** of over 90%, while hemodialysis (also known as dialysis which is a process of purifying the blood) declined by only 20%.
- Overall, **average weekly claim volumes** in 10 weeks of lockdown **were 51% lower** than the weekly average observed during the 12 weeks prior to the lockdown.
  - The **steepest decline** (over 75%) was registered in **Assam**, followed by **Maharashtra and Bihar**, while much **smaller declines** (about 25% or less) were observed in **Uttarakhand, Punjab and Kerala**.
- There was a **small but perceptible shift in PMJAY utilisation from the public to private hospitals**.
- Significant declines were noticed in **admissions for child delivery and oncology** (study and treatment of tumours).
  - The **utilisation of neo-natal packages declined by 24%**.
  - There was a slight **shift from public to private hospitals for neonatal care** and the **largest declines** have been observed in the public sector in **Tamil Nadu and Madhya Pradesh**.
  - The **64% decline in oncology volumes** across India was concentrated in a few States.
  - In the **public sector**, which plays a smaller role in oncology care under PMJAY, there was a **90% decline in claims in Maharashtra** and a **65% decline in Tamil Nadu**.

- While **access to medical facilities was one of the few exceptions** to stay-at-home orders during the lockdown, **care-seeking behaviours and healthcare provision** were nevertheless **significantly affected**, due to the following **reasons**:
  - **On the Supply Side:**
    - Hospitals may be **preoccupied with Covid-19 preparations or caseloads**, resulting in fewer resources for non-Covid-19 cases.
    - This may be particularly relevant in public hospitals, which have been the primary focus of the policy response and could extend to activities such as submitting pre-authorisation requests or claims documents as required under PMJAY.
    - **Private hospitals may reduce services out of fear** among health workers that they will become infected.
  - **On the Demand Side:**
    - PMJAY beneficiaries might **delay or forego treatment due to fear of infection** at a hospital.
    - They may not be able to reach hospitals due to **public transport shutdowns and mobility constraints**.
    - The **economic crisis** may affect financial considerations related to seeking care.
- Health experts have highlighted that **ensuring the least possible impact on key health programmes** will be an ongoing challenge which needs **continued close monitoring**.

**Source: TH**