



AN OVERVIEW OF MAHATMA JYOTIRAO PHULE JAN AROGYA YOJANA (MJPJAY) AND AYUSHMAN BHARAT-PRADHAN MANTRI JAN AROGYA YOJANA (AB-PMJAY)

**Shaikh Md Altaf & ** Prof. Dr. H.S Patange,*

**Research Scholar & ** Head of the Commerce Department, Yeshwant Mahavidyalaya Nanded.*

Abstract:

The state govt. of Maharashtra has lunched the integrated Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) and Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) health scheme to improve the health of below poverty line and above poverty line people. The research article explain the about the scheme and what kind of benefits provide by this integrated scheme.

Copyright © 2022 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial Use Provided the Original Author and Source Are Credited.

Introduction:

the state government of Maharashtra has launched initially jeevandayee yojana in 1997 there after the scheme has expanded with new terminologies and better services in 2 July 2012 with the name rajeev gandhi jeevandayee aarogya yojana in 8 districts of Maharashtra state and implemented this scheme in remaining districts on 21 November 2013.

Ayusman Bharat Pradhan Mantri Jan Aarogya Yojana was launched by Govt. of India as it is recommended by National Health Policy 2017. This scheme was launched on 23rd September, 2018 in Ranchi, Jharkhand by the Hon'ble Prime Minister of India, Shri Narendra Modi.

Integrated Mahatma Jyotirao Phule Jan Arogya Yojana and Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana were launched in the state on April 1, 2020. United India Insurance Company Limited company provides health insurance coverage to beneficiaries under the insurance mode and the State Health Assurance Society provides coverage under the insurance model. On behalf of eligible beneficiary families, the State Health Assurance Society pays insurance premiums of Rs 797 per year per family to the insurance company in quarterly installments.

Mahatma Jyotirao Phule Jan Arogya Yojana is fully funded by the Government of Maharashtra. Pradhan Mantri Jan Arogya Yojana is co-funded 60:40 by the Government of India and the Government of Maharashtra.

From July 2, 2012 to March 31, 2020, the plan was administered by the insurance company National Insurance Company, a public sector company. Effective April 1, 2020, Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) and Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) are administered by the public sector corporation United Insurance Company of India.

Beneficiaaries: The beneficiaries families of the Mahatama Jyotirao Phule Jan Aarogya Yojana has been divided under three categories.

Sr.No	Categories	Description of Beneficiaries
1	Category A	Possess a yellow ration card, Antyodaya Anna Yojana (AAY) ration card, Annapurna ration card, orange ration card issued by Department of Civil Supply, Government of Maharashtra for 36 districts of Maharashtra (up to INR 100,000 annual income).
2	Category B	Farmers holding white ration cards from 14 poor agricultural districts of Maharashtra,(Aurangabad, Jalna, Beed, Parbhani, Hingoli, Latur, Nanded, Osmanabad, Amravati, Akola, Buldhana, Washim, Yavatmal and Wardha)
3	Category C	1.Children from government orphanages, students from government Shala Ashram, prisoners from government Mahila Ashram and elderly people from government nursing homes.Journalists and family members approved by DGIPR. On-site registration of construction workers and their families with Maharashtra Construction and Other Construction Workers Welfare Board.

Beneficiaries under Pradhan Mantri Jan Arogya Yojana:

Households included are based on automatic inclusion, deprivation, and occupation criteria for rural and urban areas, respectively, from the Socioeconomic Caste Census 2011 (SECC 2011). There are 8.372 million households in the state. This data is frozen, so no other households can be added. However, new members of an existing family can be added.

Rural Beneficiaries:

Total seven deprivation criteria for rural areas, PM-JAY covered all such families who fall into at least one of the following six deprivation criteria (D1 to D5 and D7)

- ❖ D1- Only one room with kucha walls and kucha roof
- ❖ D2- No adult member between ages 16 to 59
- ❖ D3- Households with no adult male member between ages 16 to 59
- ❖ D4- Disabled member and no able-bodied adult member
- ❖ D5- SC/ST households
- ❖ D7- Landless households deriving a major part of their income from manual casual labour

Urban Beneficiaries: For urban areas, the following 11 occupational categories of workers are eligible for the scheme:

- ❖ Ragpicker
- ❖ Beggar
- ❖ Domestic worker
- ❖ Street vendor, Cobbler, hawker, other service provider working on streets
- ❖ Construction worker, Plumber, Mason, Labour, Painter, Welder, Security guard, Coolie and other

head-load worker

- ❖ Sweeper, Sanitation worker, Mali
- ❖ Home-based worker, Artisan, Handicrafts worker, Tailor
- ❖ Transport worker, Driver, Conductor, Helper to drivers and conductors, Cart puller, Rickshaw puller
- ❖ Shop worker, Assistant, Peon in small establishment, Helper, Delivery assistant, Attendant, Waiter
- ❖ Electrician, Mechanic, Assembler, Repair worker
- ❖ Washer-man, Chowkidar

List of valid Photo Id Proofs to be Accepted Along with Document of Eligible Criteria:

Aadhaar Card/Aadhaar Registration Slip with photo of the beneficiary. Aadhaar Card would be insisted upon as identification document and in absence of Aadhaar card any document which is accepted for issuance of Aadhaar card will also be accepted i.e Pan Card, Voter ID, Driving Licence, School/College ID, Freedom Fighter ID card, Health Card of RGJAY/MJPJAY, Nationalized Bank Passbook with Photo, Senior citizen card issued by central Government or State Government, Defense ex servicemen card issued by sainik board, Marine Fishrey Identity card issued by ministry of agriculture/ Fisheries Department , any photo ID proof issued by Govt. of Maharashtra / Govt. of India.

Sum Insured Amount:

Mahatma Jyotirao Phule Jan Arogya Yojana: The scheme provides coverage for all expenses related to hospitalization of the beneficiary up to a maximum of Rs 1,50,000/- per policy year per family. For kidney transplantation, this limit has been increased to Rs 2,50,000/- per family per policy year. Each family member can enjoy floating benefits, that is, one person or all family members can enjoy the full insurance of Rs. 150,000 or Rs.2.5 lack.

Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana: Ayushman Bharat PM-JAY provides health insurance of Rs 5 lakh per family per policy year for secondary and tertiary care stays in any approved hospital nationwide. Each family member can receive benefits on a floating basis.

Benefit of Coverage: This is a one-time medical insurance plan covering medical and surgical hospitalization through cashless treatment in the following 34 identified specialties. MJPJAY beneficiaries benefited from 996 medical and surgical procedures and 121 follow-up procedures, and PMJAY beneficiaries benefited from 1,209 medical and surgical procedures and 183 follow-up procedures. There are 131 government-only procedures out of 996 MJPJAY procedures and 37 additional government-only procedures in PMJAY 1209 procedures.

Sr.No.	Specialized Category	Sr.No.	Specialized Category
1	Burns	18	Neurosurgery
2	Cardiology	19	Obstetrics and Gynecology
3	Cardiovascular and Thoracic surgery	20	Ophthalmology
4	Critical Care	21	Orthopedics
5	Dermatology	22	Pediatric Surgery
6	Endocrinology	23	Pediatric Cancer
7	ENT surgery	24	Plastic Surgery
8	General Medicine	25	Polytrauma



9	General Surgery	26	Prosthesis and Orthosis
10	Haematology	27	Pulmonology
11	Infectious diseases	28	Radiation Oncology
12	Interventional Radiology	29	Rheumatology
13	Medical Gastroenterology	30	Surgical Gastroenterology
14	MEDICAL ONCOLOGY	31	Surgical Oncology
15	Neonatal and Pediatric Medical Management	32	Urology (Genitourinary Surgery)
16	Nephrology	33	Mental disorders
17	Neurology	34	Oral and Maxillofacial Surgery

Process Flow for Beneficiary Families:

Beneficiaries should go to the nearest empanelled network hospital. The honeysuckle placed in the above-mentioned hospital will be convenient for the recipient. Recipients can also participate in health camps organized by nearby network hospitals, and can get referral letters based on diagnosis.

Arogyamitra, of network hospital, reviews valid ration cards and photo IDs and registers patients. Information such as admission records, examinations performed, etc. will be entered into a dedicated database by the medical coordinator of the network hospital according to the scheme requirements.

If the procedure falls under Procedure 996 for MJPJAY beneficiaries and Procedure 1209 for PMJAY beneficiaries, the hospital establishes the electronic pre-authorization request by attaching the mandatory documents.

The insurance company's medical specialist reviews the pre-authorization request and approves the pre-authorization if all conditions are met. If the pre-authorization is rejected, it is sent to a technical committee composed of TPA's CMO and SHAS' CMC in the second phase. In the event of a disagreement between the CMO of the TPA and the CMC of the SHAS, the case is referred to ADHS-SHAS at the third stage. The decision of ADHS to approve or deny pre-authorization is final.

Once the prior authorization has been approved, the procedure must be performed within 30 days by private hospitals and within 60 days by public hospitals. The pre-authorization is then automatically canceled. SHAS will have the power to reopen pre-authorizations that were automatically canceled by public hospitals.

The execution time for prior authorization decisions is 12 hours. In an emergency, the MCO must obtain medical/surgical pre-authorization by phone - Emergency Telephone Notification (ETI) with recording.

Network hospitals extend cashless medical or surgical treatment to beneficiaries. The network hospital's medical coordinator will update the network hospital's postoperative daily treatment records on the portal every day.

Following medical or surgical procedures, network hospitals upload diagnostic reports, discharge summaries duly signed by hospital-designated officials, and receipts for transportation and medical expenses. Other documents comply with operating guidelines.

If the procedure falls under the category of follow-up procedures, details of the follow-up will be communicated upon discharge of the patient. It is also Aarogyamitra's responsibility to educate patients on postoperative care procedures (if eligible) and related details. Network hospitals will provide free follow-up consultation,



diagnosis and medication under the program for up to 10 days from the date of discharge.

Insurers review bills against operational guidelines and mandate investigations to pay claims based on agreed flat rates and hospital tiers. The insurance company will settle the hospital claim online within 15 business days of receiving the complete claim file from the network hospital. The claims module and electronic billing and payment gateway will be part of the State Health Security Association (SHAS) portal workflow and managed by the insurance company. Reports will be available for review at the State Health Assurance Society (SHAS) login.

Health camps will be organized in Taluka, Major Gram Panchayat and the headquarters of the municipalities. Camps must be held at least once a month at each consolidated hospital in the regions during the policy year. Insurance companies are required to ensure that each network hospital organizes at least one free medical camp per month at a location suggested by **Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY)** Society. MCCO Medical Camp Coordinator at the hospital will coordinate the entire event. Network hospitals should be equipped with the necessary screening equipment along with specialists (as recommended by MJPJAY Society and other nursing staff. Insurance companies will include minimum health camp requirements in their memorandums of understanding with hospitals. Merging hospitals should work closely with the insurance company's district coordinator, the civil surgeon, district health officer, and in consultation with the district collector. The hospital has to follow the camp policy of **Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY)**.

Health care Providers:

Hospitals established under the scheme include both public and private hospitals. Public hospitals include hospitals directly under the Department of Health, medical education and research department, hospitals directly under the central government, and hospitals directly under the municipality. The maximum number of public and private hospitals is 1000. Public and private, multi-specialty and single-specialty hospitals may be established according to the requirements and instructions of the Coordinating and Disciplinary Committee chaired by the CEO of the National Health Protection Association. For multi-specialty private hospitals, there is a minimum of 30 beds and intensive care unit criteria (with some relaxation), while for single-specialty specialty hospitals, 10 beds and other criteria will apply.

Conclusion:

The integrated Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) and Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) health scheme to improve the health of below poverty line and above poverty line people. The process used to provide services under the schemes is online and centralized motoring system therefore actual benefits are taking by the beneficiaries. Claim settlement process is online therefore as per schedule timing hospital will get their claim within stated time duration.

References:

<https://www.jeevandayee.gov.in/MJPJAY/FrontServlet?requestType=CommonRH&actionVal=RightFrame&pe=undefined%3E%3E%3Cb%3EMJPJAY%3C/b%3E&pageName=MJPJAY&mainMenu=About&subMenu=MJPJAY>



<https://www.pmjay.gov.in/about/pmjay>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8704974/>

<http://www.mahaarogya.gov.in/projectandschemes/Jeevandaiaarogya/default.htm>

Shaikh Md Altaf Shaikh Ibrahim, Pathan Mohsin Khan Aslam Khan, Rajeev Gandhi Jeevandayee Aarogya Yojana –Anoverview of Health Insurance Scheme of Govt. of Maharashtra. Asian Journal of Management Sciences. 02 (03 Special Issue); 2014; 137-139.

Kumbhar, Vijay Maruti, An Analytical Study of Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) in Maharashtra (January 12, 2015). Online International Interdisciplinary Research Journal, Vol. V, January 2015, Available at SSRN: <https://ssrn.com/abstract=2586123>

Cite This Article:

*** Shaikh Md Altaf & ** Prof. Dr. H.S Patange (2023).** *An Overview of Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) and Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), Educreator Research Journal, Volume–X, Issue–I, Jan –Feb 2023, 14-19.*