

An Analytical Study of Mahatma Jyotiba Phule Jan Arogya Yojana

Dr. R. D. Jeur
Assistant Professor of Economics
Miraj Mahavidyalaya, Miraj

Mr. Bhasme Ashish
Ph.D. Research Scholar
Shivaji University, Kolhapur

Introduction:

Across the world it is said that 'Health is Wealth'. It denotes that nothing is more valuable than good health not only in our individual life but also in public/social life. One can face any good or bad situations in life, if he is healthy. Therefore, it is clear on these bases that, health is a crucial part in our life. In this modern world every country/state has accepted and adopted the concept of welfare state. Thus, the responsibility of public health goes to the government. The motto of public health is to improve the quality of life through prevention and treatment of disease, including mental well being. In short, public health is concerned with protecting the health of the overall population.

The motto of public health is to improve the quality of life through prevention and treatment of disease, including mental well being. In short, public health is concerned with protecting the health of the overall population. According to the American Public Health Association (APHA), "public health promotes and protects the health of people and communities where they live, learn, work and

play.”

- 1) WHO: Public health means the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society”.
- 2) Cambridge Dictionary: Public health is the government system for providing for the health needs and services of all the people of a country or region.”

Since first five year plan, government of India and state governments are making and launching different schemes and programmes for development of public health. Maharashtra government is moreover active about this subject. According to the Constitution of India, state governments have jurisdiction over public health, sanitation and hospitals while the Central Government is responsible for medical education.

Maharashtra is one of the advanced states in India. The Maharashtra state has made a considerable progress in public health. Present research paper discusses about the current status of ‘Mahatma Jyotiba Phule Jan Arogya Yojana’, an innovative cashless public health insurance scheme offered by Maharashtra government.

• Objectives of the study:

1. To study the importance of MJPJAY introduced by Maharashtra Government.
2. To study the benefits of MJPJAY - gender-wise and card-wise.
3. To study the benefits of MJPJAY- specialty-wise.
4. To evaluate the region-wise status of Mahatma Jyotiba Phule Jan Arogya Yojana

• Research Methodology:

This research study is an analytical type. Researchers have used secondary data for this research. Data have been collected from published research articles /papers, official reports, government published statistics on websites, books and internet etc.

• Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY)

Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) was implemented in July 2012 in eight selective 8 districts of Maharashtra (Gadchiroli, Amravati, Nanded, Solapur, Dhule, Mumbai, and Mumbai Suburban) and further in the second phase, from 21st November 2013 made it applicable to remaining 27 districts. The scheme is renamed as Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) from 1st April, 2017. After renaming, the scope of this programme has been increased to farmers in 14 suicide prone districts having white ration cards.

Objective of MJPJAY is to improve access of Below Poverty Line (BPL) and Above Poverty Line (APL) families to quality medical care for identified speciality services requiring hospitalization for surgeries and therapies or consultations through an identified Network of health care providers. The insurance policy/coverage under the MJPJAY can be availed by eligible beneficiary families residing in all the 36 districts of Maharashtra. MJPJAY signed MoUs with National Insurance Company

for supporting this programme.

• Features of Mahatma Jyotiba Phule Jan Arogya Yojana

Some of the key features of Mahatma Jyotiba Phule Jan Arogya Yojana can be listed as follows:

- The premium charges for this medical insurance are paid by the state government.
- Policyholders can enjoy health insurance benefits up to the sum insured limit of Rs.1.5 lakh per year. (Recently this limit has been increased up to Rs.2 lakh.)
- The insurance benefit available under this cover can be enjoyed by one individual or by a whole family on a floater basis.
- Health insurance benefits are provided to policyholders in the form of cashless treatment, and there is no deposit required for availing medical treatment.
- Insurance claims are settled on-line.
- There is no waiting period for any pre-existing diseases.
- This policy provides coverage for surgeries, follow-up treatment, diagnosis, and medications.
- Network hospitals are listed in the official website of this scheme. In addition to the government facilities, there are many private hospitals included in the list of network hospitals.
- People who wish to enroll in this cover can visit a nearby network hospital and file for an application.
- Beneficiaries also have access to one free medical camp per year.

Eligibility Criteria for Beneficiary Families :

Families belonging to any of the 36 districts of Maharashtra holding Yellow Ration Card, Antyodaya Anna Yojana Card (AAY), Annapurna Card and Orange Ration Card along with farmers having white ration cards from 14 suicide prone and agriculturally distressed districts of Maharashtra (Amravati, Akola, Aurangabad, Buldhana, Beed, Hingoli, Jalna, Nanded, Latur, Osmanabad, Parbhani, Wardha, Washim and Yavatmal) can also get benefit of this scheme.

Package :

The package covers entire cost of beneficiary from day one to his/her discharge. This cost includes bed charge in general ward nursing and boarding charge, blood, oxygen, O.T charges, Surgeons, Anesthesia Medical practitioner Anesthetist, Consultants fees, Cost of surgical appliances, X-Ray and Diagnostic tests medicines, drugs, cost of Prosthetic devices, food to in patient and one time transport cost also. All this transactions are truly cashless to the beneficiary.

Steps for seeking Treatment in the Network Hospital

STEP 01: Beneficiary families shall approach nearby Network Hospitals.

Arogyamitra placed in the hospitals shall facilitate the beneficiary. If beneficiary visits other than the Network Hospitals, he/she will be given a referral card to the Network Hospital with preliminary diagnosis by the doctors.

STEP 02: The Arogyamitra at the Network Hospital examines the referral card and health card or Yellow/Orange Ration Card, Annapurna or Antyodaya card and facilitates the beneficiary to undergo specialist consultation, preliminary diagnosis, basic tests and admission process.

STEP 03: The Network Hospitals, based on the diagnosis, admit the patient and send E-preauthorization request to the insurer, same can be reviewed by MJPJAY.

STEP 04: Recognized Medical Specialists of the Insurer and MJPJAY examine the preauthorization request and approve preauthorization, if, all the conditions are satisfied. This will be done within 24 working hours and immediately in case of emergency wherein e-preauthorization is marked as "EM".

STEP 05: The Network Hospitals extend cashless treatment and surgery to the beneficiary. The Post operative notes of the Network Hospitals will be updated on the website by the medical coordinator of the Network Hospitals.

STEP 06: Network Hospitals after performing the covered surgery/ therapy/ procedure forward the Originals bills, Diagnostics reports, Case sheet, and Satisfaction letter from patient, Discharge Summary duly signed by the doctor, acknowledgement of payments of transportation cost and other relevant documents to Insurer for settlement of the claim.

STEP 07: Insurer scrutinizes the bills and gives approval for the sanction of the bill and shall make the payment within agreed period as per agreed package rates. The reports will be available for scrutiny on the MJPJAY login.

STEP 08: The Network Hospitals will provide free follow-up consultation, diagnostics, and medicines under the scheme up to 10 days from the date of discharge.

• **Online Claim Settlement:**

The Insurance Company shall settle the claims of the hospitals online within 7 working days of receipt of the Originals bills, Diagnostics reports, Case sheet, Satisfaction letter from patient, Discharge Summary duly signed by the doctor, acknowledgement of payments of transportation cost and other relevant documents to Insurer for settlement of the claim. A "Run Off Period" of one month will be allowed after the expiry of the policy period.

Outcome of Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY)

The scheme has been doing well so far and has surely helped a lot of poor families in the 36 districts of state of Maharashtra. With the help of following tables we have tried to explain the status of Mahatma Jyotiba Phule Jan Arogya Yojana.

1. Gender-wise beneficiaries –

Table No. 1: Gender Wise Preauthorization, Surgery and Claim Paid
(Up to the end of December 2017).

Card Type	Preauth. Approved		Surgery Done		Claim Paid	
	No. of Patients	Amount (Rs. Cr.)	No. of Patients	Amount (Rs. Cr.)	No. of Patients	Amount (Rs. Cr.)
Female	875702 (42.1%)	1896.4 (37.9%)	870773 (42.07%)	1884.9 (37.93%)	802003 (42.23%)	1577.1 (37.77%)
Male	1206139 (57.9%)	3102.4 (62.1%)	1198867 (57.93%)	3083.9 (62.07%)	1097143 (57.77%)	2598.2 (62.23%)
Total	2081841 (100%)	4998.8 (100%)	2069640 (100%)	4968.8 (100%)	1899146 (100%)	4175.3 (100%)

Table no. 1 indicates that total no. of 20,69,640 surgeries have been done under this scheme. Out of them 8,70,773 (42.07%) beneficiaries were female and 1198867 (57.93%) beneficiaries were male. Government has spent Rs. 4175.3 crore for this scheme. Out of total expenditure Rs. 1577.1 (37.77%) crore have been spent for female and Rs. 2598 (62.23%) crore for male. It is clear that more benefit of MJPJAY was accessed by the male.

2. Card type-wise Beneficiaries-

Table No. 2: Card type-wise status of MJPJAY

(Up to the end of December 2017).

Card Type	Preauth. Approved		Surgery Done		Claim Paid	
	No. of Patients	Amount (Rs. Cr.)	No. of Patients	Amount (Rs. Cr.)	No. of Patients	Amount (Rs. Cr.)
BPL	559005 (26.9%)	1282.1 (25.6%)	555500 (26.84%)	1273.7 (25.63%)	507025 (26.70%)	1062.1 (25.44%)
APL	1522836 (73.1%)	3716.7 (74.4%)	1514140 (73.16%)	3695.1 (74.37%)	1392121 (73.30%)	3113.2 (74.56%)
Total	2081841 (100%)	4998.8 (100%)	2069640 (100%)	4968.8 (100%)	1899146 (100%)	4175.3 (100%)

Source: www.jeevandayee.gov.in

Beneficiary families are divided into two categories. i.e. Below Poverty Line (BPL) having Annapurna, Antyodaya and Yellow ration cards and Above Poverty Line (APL) having Orange and White (Farmer) ration cards. Table no.2 clarifies that 5,07,025 (26.70%) beneficiaries from BPL services of Rs.1062.1 (25.44%) under this scheme and 13,92,121 (73.30%) beneficiaries from APL families have got medical services of Rs.3113.2 (74.56%) under this scheme. It is obvious that APL families have got more benefit than BPL families.

3. Speciality-wise Beneficiaries-

Table No. 3: Speciality count and spent amount.

(Up to the end of December 2017).

Speciality Name	Preauth. Approved		Surgery Done		Claim Paid	
	No. of Patients	Amount (Rs. Cr.)	No. of Patients	Amount (Rs. Cr.)	No. of Patients	Amount (Rs. Cr.)
Medical Oncology	484455 (23.3%)	295.9 (5.9%)	481968 (99.5%)	294.3 (99.5%)	454442 (93.85)	251.5 (85.0%)
Nephrology	305792 (14.7%)	292.9 (5.9%)	303120 (99.1%)	290.3 (99.1%)	273657 (89.5%)	248.9 (85.0%)
Cardiology	244302 (11.7%)	1018.7 (20.4%)	243334 (99.6%)	1014.8 (99.6%)	227647 (93.2%)	906.4 (89.0%)
Genitourinary System	166490 (8%)	350.8 (7%)	165937 (99.7%)	349.6 (99.7%)	153351 (92.1%)	307.2 (87.6%)
Poly Trauma	132794 (6.4%)	216.6 (4.3%)	131632 (99.1%)	214.7 (99.1%)	119826 (90.2%)	169.1 (78.1%)
Prostheses	172 (0.008%)	0.073 (0.001%)	170 (98.8%)	0.072 (98.6%)	94 (54.7%)	0.036 (49.3%)
Infectious Diseases	162 (0.008%)	0.31 (0.006%)	161 (99.4%)	0.3 (96.8%)	117 (72.2%)	0.18 (58.1%)
Total	2081841 (100%)	4998.8 (100%)	2069640 (99.4%)	4968.8 (99.4%)	1899146 (91.2%)	4175.3 (83.5%)

Source: www.jeevandayee.gov.in

Above table shows that maximum patients related to cancer, heart and kidney have got benefit of this scheme than related other diseases. Maximum amount was also spent on cancer, heart and kidney related treatment. On the other side number of beneficiaries related to infectious diseases and prostheses was observed minor.

4. District-wise Beneficiaries:

Table no. 4 indicates district-wise statistics of MJPJAY. This table focuses only three top districts which have got more benefit from the scheme and three lowest districts which have got least benefit from this scheme.

Table No. 4: District Wise status of MJPJAY

Speciality Name	Preauth. Approved		Surgery Done		Claim Paid	
	No. of Patients	Amount (Rs. Cr.)	No. of Patients	Amount (Rs. Cr.)	No. of Patients	Amount (Rs. Cr.)
Mumbai & Mumbai Suburban	253740 12.19 %	670.1 13.41%	252591 12.20%	666.9 13.42%	233937 13.33%	565.4 13.54%
Kolhapur	123171 5.92%	315.4 6.31%	122535 5.92%	313.8 6.32%	114360 6.02%	266.4 6.38%
Nashik	120900 5.81%	306.3 6.13%	120474 5.82%	305.3 6.14%	112016 5.90%	264.1 6.33%
Gadchiroli	7013 0.34%	16.1 0.32%	6945 0.34%	15.9 0.32%	6077 0.32%	13.1 0.32%
Nandurbar	11176 0.54%	30.5 0.61%	11130 0.54%	30.4 0.61%	10240 0.54%	26.7 0.64%
Gondiya	12428 0.6%	25.4 0.51%	12224 0.59%	25.1 0.50%	10590 0.56%	19.8 0.47%
Total	2081841 100%	4998.8 100%	2069640 100%	4968.8 100%	1899146 100%	4175.3 100%

Source: www.jeevandayee.gov.in

In district wise statistics, we can see that maximum benefit of this scheme was accessed by Mumbai Suburban, Kolhapur and Nashik district whereas, Gadchiroli, Nandurbar, Gondiya districts have got least benefit. It may be happened that due to

less awareness about this scheme. One thing is understandable that people from urban and developed region can trap the benefits of government/public schemes. Among the 36 district in Maharashtra; Mumbai, Kolhapur and Nashik have got benefit of medical services of Rs. 1095.9 crore (26%) and on the other side Gadchiroli, Nandurbar, and Gondiya have got benefit of medical services of only Rs. 60.6 crore (1.43%).

5. Region-wise Beneficiaries-

For the convenience of administration Maharashtra state has been divided into six revenue regions i.e. Mumbai(Kokan), Pune (Western Maharashtra), Nashik (North Maharashtra), Aurangabad (Marathwada), Nagpur and Amravati (Vidarbha). Table no. 5 explains the region-wise performance of MJPJAY from April 2015 to December 2017. It is observed that total 7,54,885 surgeries related to cancer, heart, brain and kidney have been done. Out of them more surgeries were related to cancer disease and less were of kidney related.

**Table No. 5: Region-wise status of MJPJAY
Surgeries Performed (from April 2015 to Dec. 2017)**

Region	Kidney	Heart	Brain	Cancer	Total	Total Exp. (Rs. Cr.)
Kokan	69712 42.3%	48436 25.4%	3832 13.1%	64804 18.0%	186784 25.0%	433.19 25.6%
Nashik	21767 13.2%	43281 22.7%	6063 20.7%	65937 18.3%	137048 18.4%	338.91 20.0%
Pune	30434 18.4%	43180 22.6%	7093 24.2%	81661 22.6%	162368 21.8%	379.04 22.4%
Aurangabad	22785 13.8%	29125 15.3%	5634 19.3%	80943 22.4%	138487 18.6%	293.75 17.4%
Amravati	12354 7.5%	17409 9.1%	4182 14.3%	38730 10.7%	72675 9.7%	151.48 9.0%
Nagpur	7940 4.8%	9378 4.9%	2455 8.4%	28720 8.0%	48493 6.5%	95.62 5.7%
Total	164992 100%	190809 100%	29259 100%	360795 100%	745855 100%	1691.99 100%

Source: Economic Survey of Maharashtra 2017-18

Region-wise data shows that Kokan region particularly Mumbai and Thane district got more benefit of this scheme. Out of 745855 surgeries, 186784 (25 %) surgeries have been done and out of Rs.1691.99 crore, the amount of Rs.433.19 (25.6%) is

spent on Kokan region. Only 48493 (6.5%) operations have been done in Nagpur Region and Rs.95.62 (5.7 %) amount has been spent on it.

The data related number of beneficiaries also describe that more people in Kokan region (mostly Mumbai and Thane) are suffering from kidney and heart related diseases whereas, more people in Pune and Nashik region are suffering from heart and brain related diseases. It is also observed that people in Marathwada region are suffering mostly from cancer and brain related diseases. Vidarbha region (Nagpur and Amaravati) is suffering mostly from brain and cancer related diseases.

• **Conclusion :**

MJPJAY is one of the best government programmes relating to public health. Objective of MJPJAY is to improve access of Below Poverty Line (BPL) and Above Poverty Line (APL) families including farmers of 14 suicide prone and agriculturally distressed districts to quality medical care for identified specialty services requiring hospitalization for surgeries and therapies or consultations through an identified Network of health care providers. All transactions are related to this scheme are online, so there is no chance for corruption. Under the 30 speciality heads total 1100 types of ailment are included under this programme. Till the end of December 2017, Government of Maharashtra has provided health services to 18,99,146 people of worth Rs. 4175.3 crores. The region-wise data indicate that developed cities like Mumbai, Thane, Kolhapur, Nashik are getting more benefit and Gadchiroli, Nandurbar and Gondiya are getting least benefit of this scheme.

It is noteworthy that all the medical facilities under this scheme are easy to access and all transactions related to this scheme are settled online. Therefore, there is a least possibility of corruption. This is an innovative and multidimensional public health programme. Researchers have enormous scope to study in future.

• **References :**

- 1) Mery- Jane Schneider (2011), Introduction to Public Health (3rd edition), Jones and Bartlett Publishers.
- 2) Elena Andersen & Erin D. Bouldin (2010), Public Health Foundations: Concepts and Practices, Jossey-Bass-A Wiley Imprint.
- 3) Radhakrishnan A., Seema S. & Bansode-Gokhe (2017), An Epidemiological Study of Rajiv Gandhi Jeevandayee Arogya Yojana in a Municipal Tertiary Care Hospital Located in a Metro City, International Journal of Community Medicine and Public Health.
- 4) Vijay M. Kumbhar (2015), An Analytical Study of Rajiv Gandhi Jeevandayee Arogya Yojana, Online International Interdisciplinary Research Journal, ISSN 2249-9598.
- 5) Subitha Lakshminarayanan (Jan-Apr-2011), Role of government in public health: Current scenario in India and Future scope, Journal of Family & Community Medicine, Volume-18(1) p. 26-30.
- 6) <http://pmjandhanyojana.co.in/mahatma-jyotiba-phule-jan-arogyayojana/>
- 7) Economic Survey of Maharashtra 2017-18, Government of Maharashtra, Mumbai.
- 8) www.jeevandayee.gov.in