



Physical And Financial Performance Of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) In Sirsa District Of Haryana

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ABSTRACT

The paper on the physical and financial performance of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Sirsa District of Haryana presents a comprehensive overview of the study's scope, methodology, key findings, and implications. The study investigates the implementation and impact of AB-PMJAY from 2018 to 2022, utilizing data sourced from the National Health Authority website. Through detailed analysis and interpretation of data, the paper explores various aspects of the scheme, including the number of empaneled hospitals, total claim amounts received, per-patient claim amounts, enrollment trends, and growth rates. Key findings indicate the dominance of private hospitals in terms of both empanelment and claim amounts, alongside fluctuating trends in reimbursement rates and beneficiary coverage across different hospital types. The study underscores the evolving dynamics of healthcare access and utilization under AB-PMJAY, influenced by factors such as policy implementation, infrastructure development, and healthcare-seeking behavior. Moreover, it highlights the importance of continuous monitoring, evaluation, and targeted interventions to ensure equitable access, efficiency, and sustainability of healthcare services provided under the scheme. Overall, the findings contribute to the broader discourse on healthcare policy and universal health coverage in India, offering insights for policymakers, healthcare providers, and researchers aiming to enhance the effectiveness and reach of similar healthcare services.

Introduction

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojna (AB-PMJAY) stands as one of India's most ambitious healthcare initiatives, aiming to provide universal health coverage to its citizens, particularly the underprivileged segments of society. Introduced in September 2018, because India envisions achieving universal health coverage to provide its people with access to affordable quality health services. A breakthrough effort in this direction has been the launch of the world's largest health assurance scheme Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, Prinja S., et. al, (2023). The AB-PMJAY scheme is a boon for vulnerable families who cannot afford costly medicines & specialized surgical procedures. The Ayushman Bharat PMJAY scheme is an ambitious and giant leap towards ensuring "Universal Health Coverage" for all, especially the poor & vulnerable population of our country. The major challenge lies in the meticulous implementation to ensure healthcare is accessible to all the beneficiaries. Singh J., et. al, (2022). It offered financial risk protection to the participants as intended by the scheme. Kanwal, S., et. al (2024). The global health policy advocates suggest that health insurance provide an important safety net to low income families by reducing financial risk during health emergency. Hooda, S. K. (2020). India has been trying to achieve universal health coverage through Publically Funded Health Insurance Scheme (PFHIs) at a national level since 2008 with the RSBY. It is now 14 years since RSBY was launched. There have been PFHIs before RSBY but nowhere close to its scale. Ayushman Bharat is a natural extension and RSBY on a larger scale to encompass the length and breadth of the country. Kamath, R., et. al (2022). Also AB-PMJAY has incorporated administrative and strategic changes, which were

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based on the shortcomings of earlier PFHIs, viz., provision of a 24-hour inquiry helpline and increased coverage of healthcare services and benefit package. Reshmi, B., et. al, (2021). Moreover, the scheme's long-term sustainability and potential to generate monetary profits for healthcare institutions are contingent upon efficient management and utilization of resources (Singh, J., Kaur, et al., 2022). In the specific context of Sirsa District, located in the western part of Haryana, AB-PMJAY holds particular significance due to the district's socio-economic landscape and healthcare infrastructure. Sirsa, emerging as a distinct administrative entity in 1975, grapples with developmental hurdles exacerbated by its geographical remoteness and limited industrial development. Despite its strategic location along National Highway 9, the district faces significant disparities in healthcare access and services, necessitating residents to seek medical treatment in neighboring urban centers. Against this backdrop, the implementation of AB-PMJAY in Sirsa District offers a crucial opportunity to evaluate the scheme's physical and financial performance, assess its impact on healthcare delivery, and identify potential avenues for improvement. AB-PMJAY's introduction in Sirsa District has not only aimed to alleviate the financial burden of healthcare expenses on vulnerable families but also sought to enhance the overall healthcare infrastructure and service delivery mechanisms. The scheme's core objective of providing financial risk protection to participants aligns with broader national goals of achieving universal health coverage. By offering a comprehensive benefit package covering a wide range of healthcare services, including secondary and tertiary care, AB-PMJAY endeavors to bridge the gap in healthcare accessibility and ensure equitable healthcare delivery across socio-economic strata. As of September 2023, a total of 10 government hospitals, 3 trust/private non-profit hospitals, and 45 private hospitals have been empaneled under the AB-PMJAY scheme. Over the past five years, 40,388 individuals in Sirsa have availed treatment under the Ayushman Yojana, constituting 3.11% of the total population, with an average of 0.622 cents per year. In light of these developments, our study aims to delve into the physical and financial performance of AB-PMJAY in Sirsa District, assessing its impact, challenges, and potential avenues for improvement. In this paper, we aim to delve into the physical and financial performance of AB-PMJAY in Sirsa District of Haryana. By analyzing data, assessing outcomes, and evaluating stakeholder perspectives, this study seeks to provide insights into the scheme's impact, challenges, and opportunities for improvement in Sirsa District and contribute to the broader discourse on healthcare policy and universal health coverage in India.

Methodology

In our research, secondary data were used which was downloaded from the official website of national health authority (NHA) during the time period of 2018-2022 in Sirsa District. The data were divided into 3 categories of hospitals, which was public, trust/private nonprofit and private. The data were availed related to the claim amount, beneficiary and claim amount per patient. Along with this, the growth rate of claim amount, progress rate of beneficiaries and growth rate of claim amount per patient from the year 2018 to 2022 were ascertained. This study was obtained comparison between the performance of public, trust/private nonprofit and private. This study was employed of total 40388 beneficiaries. By using these data, calculated the hospital wise percentage of claim amount from the total year wise by using the following formula:

$$P = \frac{x}{y} \times 100$$

P = Hospital's percent amount

x = Hospital's relevant amount

y = Total amount of all type of hospitals

For analyzing the data, the annual growth rate of claim amount was calculated, for which MS Excel was used. The following formula was used in this.

$$G = \frac{C_n - C_{n-1}}{C_n} \times 100$$

G = Growth rate of claim amount

C_n = Current years claim amount

C_{n-1} = Previous years claim amount

Result and discussion

This paper provides a comprehensive analysis of the physical and financial performance of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Sirsa district, utilizing data sourced from the National Health Authority website. Through seven tables, key insights into the implementation and impact of the scheme are elucidated, including the number of empaneled hospitals, total claim amounts received, per-patient claim amounts, enrollment trends, and growth rates from 2018 to 2022. The findings underscore the dominance of private hospitals, fluctuations in reimbursement rates, and the dynamic nature of healthcare access and utilization, emphasizing the need for ongoing monitoring and evaluation.

Table-1: Number of empaneled hospital and received claim amount

Sr. No.	Hospital	No. of empaneled hospital	Claim amount received (in Rupees)
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1.	Public	10 (17.24)	58,75,451 (1.32)
2.	Trust/private non profit	03 (05.17)	1,38,59,593 (3.13)
3.	Private	45 (77.59)	42,36,67,556 (95.55)
Total		58 (100.00)	44,34,02,600 (100.00)

Source: Official website of NHA

Note: percentage is given in parentheses

Table 1 provides information about the number of empaneled hospitals and the total claim amount received under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) scheme, categorized by the type of hospital. The total claim amount received for services rendered by empaneled hospitals of each type, represented in Indian Rupees. There are 10 empaneled public hospitals, which collectively received a claim amount of 58,75,451 rupees. This represents 1.32% of the total claim amount received for all hospital types. There are 3 empaneled trust/private non-profit hospitals, which received a claim amount of 1,38,59,593 rupees. This constitutes 3.13% of the total claim amount. With 45 empaneled private hospitals, they received the largest share of the claim amount, totaling 42,36,67,556 rupees. This accounts for a substantial 95.55% of the total claim amount. Across all hospital types, there are 58 empaneled hospitals, which collectively received a claim amount of 44,34,02,600 rupees. These figures indicate a significant dominance of private hospitals in terms of both the number of empaneled hospitals and the claim amount received under the AB-PMJAY scheme, as because The AB- PMJAY's goal is to enhance access to quality healthcare, timely treatment, improvements in health outcomes Mathur, P., et. al,(2021) While public and trust/private non-profit hospitals play a smaller but still notable role.

Table-2: Claim amount received under AB-PMJAY during the year 2018-2022

Sr No.	Hospital type	Per patient claim amount received AB-PMJAY (in Rupees)					Total
		2018	2019	2020	2021	2022	
1	Public	2,96,000 (30.03)	9,11,874 (2.02)	5,05,810 (0.71)	15,30,149 (1.36)	17,22,524 (1.13)	49,66,357 (1.30)
2	Trust/private non profit	-	12,69,550 (2.81)	20,16,770 (2.84)	43,08,390 (3.82)	45,69,140 (3.00)	1,21,63,850 (3.18)
3	Private	6,89,560 (69.97)	4,30,06,006 (95.17)	6,84,43,204 (96.45)	10,69,15,947 (94.82)	14,61,60,368 (95.87)	36,52,15,085 (95.52)
Total		9,85,560 (100)	4,51,87,430 (100)	7,09,65,784 (100)	11,27,54,486 (100)	15,24,52,032 (100)	38,23,45,292 (100)

Source: Official website of NHA

Note: percentage is given in parentheses

- Sign represents non availability of Data

Table 2 appears to show the per-patient claim amounts received under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) scheme for different types of hospitals over the years 2018 to 2022 in India. The total claim amount received for each hospital type in each year, with percentages representing the share of that hospital type's claims in the total claims for that year. Public Hospitals Received claims amounting to 2,96,000 rupees per patient in 2018, increasing to 17,22,524 rupees per patient in 2022. Their share of total claims increased gradually from 30.03% in 2018 to 49.66% in 2022. Trust/Private Non-Profit Hospitals Started receiving claims from 2019 onwards. Their per-patient claim amount increased steadily from 12,69,550 rupees in 2019 to 45,69,140 rupees in 2022. Their share of total claims also increased from 2.81% in 2019 to 63.52% in 2022. Private Hospitals Received the highest per-patient claim amounts throughout the years, ranging from 6,89,560 rupees in 2018 to 14,61,60,368 rupees in 2022. They consistently held the largest share of total claims, starting from 69.97% in 2018 and reaching 95.87% in 2022. The overall claim amounts increased each year, reflecting the growing utilization of the AB-PMJAY scheme. The total claims across all hospital types increased from 9,85,56,000 rupees in 2018 to 38,23,45,292 rupees in 2022. These figures suggest a significant reliance on private hospitals for healthcare services under the AB-PMJAY scheme, because Longer waiting times in public Emergency Departments (EDs) is the principal issue considered by patients choosing private EDs He jun et. al.,(2017). Concluding these figures we can say both private and non-profit hospitals playing crucial roles alongside public healthcare institutions

Table-3: Number of Patient under AB-PMJAY during the year 2018-2022

Sr No.	Hospital type	Number of Patient under AB-PMJAY					Total
		2018	2019	2020	2021	2022	
1	Public	33 (44.59)	182 (5.42)	136 (1.93)	571 (5.93)	919 (7.75)	1,841 (5.76)
2	Trust/private non profit	-	183 (5.45)	587 (8.34)	943 (9.79)	1,035 (8.73)	2,748 (8.60)

3	Private	41 (55.41)	2,992 (89.13)	6,319 (89.73)	8,120 (84.28)	9,906 (87.52)	27,378 (85.64)
Total		74 (100)	3,357 (100)	7,042 (100)	9,634 (100)	11,860 (100)	31,967 (100)

Source: Official website of NHA

Note: percentage is given in parentheses

- Sign represents non availability of Data

Analyzing the data provided in the table 3, it reflects the implementation and evolution of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) across various types of hospitals from 2018 to 2022. In 2018, the scheme initiated with a modest enrollment of 74 patients, out of which public hospitals catered to 33 patients (44.59%), while private hospitals served 41 patients (55.41%). Notably, no data was available for trust/private non-profit hospitals in that year. As the program progressed, there was a noticeable surge in enrollment across all hospital types. By 2019, public hospitals witnessed a substantial increase, catering to 182 patients (5.42%), while private hospitals continued to lead with 2,992 patients (89.13%), reflecting their dominant role in healthcare provision. Trust/private non-profit hospitals entered the scenario in 2019 with 183 patients (5.45%). Over the subsequent years, the enrollment numbers surged significantly across the board, indicating the widening reach and acceptance of the AB-PMJAY scheme. Public hospitals saw a gradual but steady rise in patient enrollment, reaching 919 patients (7.75%) by 2022. Trust/private non-profit hospitals also experienced exponential growth, accommodating 2,748 patients (8.60%) by the same year. However, private hospitals remained the primary choice for patients under the scheme, consistently holding the highest enrollment numbers. By 2022, private hospitals accounted for a staggering 27,378 patients (85.64%) enrolled under AB-PMJAY. This indicates a paradigm shift in healthcare utilization patterns, with a substantial portion of beneficiaries preferring private healthcare facilities. Overall, the total number of patients enrolled under AB-PMJAY witnessed a remarkable escalation, soaring from 74 patients in 2018 to 31,967 patients in 2022, showcasing the program's increasing impact in providing accessible healthcare to the masses. This data underscores that insured persons from the lowest socio-economic strata may be exercising this choice and choosing private sector facilities in greater numbers Sharma S.K., et. al, (2023) and the importance of public-private partnerships in healthcare delivery and highlights the evolving landscape of healthcare accessibility and utilization in India.

Table 4. Per capita claim amount received under AB-PMJAY during the year 2018-2022

Sr No.	Hospital type	Per capita claim amount received AB-PMJAY (in Rupees)					Total
		2018	2019	2020	2021	2022	
1	Public	8969.70	5010.30	3719.19	2679.77	1874.35	2697.64
2	Trust/private non profit	-	6937.43	3435.72	4568.81	4414.63	4426.44
3	Private	16818.54	14373.66	10831.33	13166.99	14754.73	13339.73
Total		13318.38	13460.66	10077.50	11703.81	12854.30	11960.62

Source: Official website of NHA

- Sign represents non availability of Data

Table 4 delineates the per capita claim amount received under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) across different types of hospitals from 2018 to 2022. In 2018, public hospitals received the highest per capita claim amount of Rs. 8,969.70, which gradually decreased over the subsequent years, reaching Rs. 1,874.35 by 2022. Trust/private non-profit hospitals, on the other hand, began reporting data from 2019, receiving Rs. 6,937.43 per capita, and witnessed fluctuating trends over the years, ending at Rs. 4,426.44 in 2022. Private hospitals consistently received the highest per capita claim amounts, starting at Rs. 16,818.54 in 2018 and decreasing slightly to Rs. 13,339.73 in 2022. The total per capita claim amount across all hospital types fluctuated over the years, reaching its peak in 2019 at Rs. 13,460.66 and declining to Rs. 11,960.62 by 2022. This data indicates variations in the reimbursement rates for healthcare services provided under AB-PMJAY across different hospital types and highlights potential trends in healthcare expenditure and resource allocation within the program. Policies of publicly funded and privately provided care need to be evaluated in light of current evidence from LMICs. Garg S., et. al (2020). The increasing trend in per capita claim amounts of private hospitals over the years may reflect that antifraud mechanisms would need to be strengthened at every step Kamath, R., & Brand, H. (2023). Furthermore, it underscores the need for continuous monitoring and evaluation of reimbursement mechanisms to ensure equitable access to healthcare services and financial sustainability of the program.

Table 5. Yearly growth of claim amount received under AB-PMJAY during the year 2018-2022

Sr No.	Hospital type	Yearly growth of claim amount received AB-PMJAY			
		2019	2020	2021	2022
1	Public	208%	-45%	203%	13%

2	Trust/private non profit	-	59%	114%	6%
3	Private	6137%	59%	56%	37%
Total		4485%	57%	59%	35%

Source: Official website of NHA

- Sign represents non availability of Data

Table 5 illustrates the yearly growth rates of claim amounts received under the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) across different categories of hospitals from 2018 to 2022. The data reveals dynamic patterns in claim amount growth, showcasing fluctuations and trends unique to each hospital type. Public hospitals experienced significant growth in 2019, followed by a sharp decline in 2020, and subsequent recovery in 2021, indicating potential shifts in policy implementation or healthcare utilization patterns. Trust and private non-profit hospitals displayed consistent growth, albeit with some variability, possibly reflecting their increasing participation in the AB-PMJAY network and improved service delivery. Private hospitals initially saw an extraordinary surge in claim amounts in 2019, likely due to their robust infrastructure and greater accessibility, After that there was a gradual decline in growth rates, which could be indicative of changes in beneficiary preferences. Overall, the table underscores the complex interplay of policy, infrastructure, and healthcare-seeking behavior in shaping the dynamics of healthcare financing and delivery under AB-PMJAY, ABPMJAY might negatively impact the ongoing process of continuous strengthening and development of the government health-care system at all levels—primary, secondary, and tertiary. Kamath, R., & Brand, H., (2023). This highlights the need for continuous monitoring and targeted interventions to ensure equitable access and sustainability of the program

Table 6. Yearly growth in number of beneficiary of AB-PMJAY during the year 2018-2022

Sr No.	Hospital type	Yearly growth in number of beneficiary of AB-PMJAY			
		2019	2020	2021	2022
1	Public	452%	-25%	320%	61%
2	Trust/private non profit	-	221%	61%	10%
3	Private	7198%	111%	29%	22%
Total		4436%	110%	37%	23%

Source: Official website of NHA

- Sign represents non availability of Data

Table 6 provides a comprehensive overview of the yearly growth rates in the number of beneficiaries covered under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) across different categories of hospitals from 2018 to 2022. Each cell represents the percentage change in the number of beneficiaries compared to the previous year, offering insights into the evolving landscape of healthcare access and utilization. Public hospitals witnessed substantial growth in 2019, followed by a sharp decline in 2020, possibly influenced by factors such as changes in policy implementation or variations in healthcare-seeking behavior. Also affected by COVID-19. However, there was a significant rebound in 2021, suggesting potential improvements in service delivery or outreach efforts. Trust and private non-profit hospitals experienced remarkable growth rates, particularly in 2020, indicating their increasing role in providing healthcare services to AB-PMJAY beneficiaries. This trend continued in 2021, albeit at a slower pace, reflecting a more stable expansion trajectory. Private hospitals exhibited extraordinary growth rates in 2019, driven by their extensive infrastructure and accessibility, although the growth slowed down in subsequent years, possibly due to market saturation or shifts in beneficiary preferences. Overall, the table underscores the dynamic nature of healthcare access and utilization under AB-PMJAY, highlighting the need for ongoing monitoring and targeted interventions to ensure equitable coverage and sustainable healthcare delivery for all beneficiaries.

Table 7: Yearly growth in per capita claim amount received under AB-PMJAY during the year 2018-2022

Sr No.	Hospital type	Yearly growth in per capita claim amount received under AB-PMJAY			
		2019	2020	2021	2022
1	Public	32%	-17%	6%	-22%
2	Trust/private non profit	-	-50%	373%	100%
3	Private	112%	-8%	106%	44%
Total		107%	-10%	102%	43%

Source: Official website of NHA

- Sign represents non availability of Data

Table 7 presents a detailed analysis of the yearly growth rates in the per capita claim amount received under the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) across different categories of hospitals

from 2018 to 2022. Each cell represents the percentage change in the average claim amount per beneficiary compared to the previous year, providing valuable insights into the dynamics of healthcare financing and utilization within the framework of AB-PMJAY. Public hospitals experienced a modest increase in per capita claim amount in 2019, followed by a decrease in 2020 and subsequent fluctuations in 2021 and 2022. These variations may be attributed to changes in policy frameworks, funding allocations, or shifts in healthcare delivery patterns within the public sector. Trust and private non-profit hospitals exhibited significant fluctuations in per capita claim amounts, with a substantial decrease in 2020 followed by a sharp increase in 2021, possibly indicating adjustments in billing practices or changes in patient demographics. Private hospitals, known for their higher service charges, saw a notable increase in per capita claim amounts in 2019, followed by a decrease in 2020 and subsequent fluctuations in 2021 and 2022. These trends may reflect adjustments in billing practices, negotiations with insurance providers, or changes in the mix of services offered. Overall, the table underscores the complex interplay of factors influencing per capita claim amounts under AB-PMJAY, including policy dynamics, provider behavior, and patient preferences, highlighting the importance of ongoing monitoring and targeted interventions to ensure efficient and equitable healthcare financing and delivery for all beneficiaries.

Conclusion

The findings from the comprehensive analysis of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) scheme from 2018 to 2022 paint a detailed picture of its implementation, impact, and evolving dynamics within the Indian healthcare landscape. The data presented across Tables 1 to 7 highlight several key trends and patterns that shed light on the utilization, effectiveness, and challenges of the scheme. Firstly, the dominance of private hospitals in terms of both the number of empaneled hospitals and the claim amount received underscores the significant role played by the private sector in delivering healthcare services under AB-PMJAY. Despite public and trust/private non-profit hospitals playing notable roles, it's evident that private hospitals remain the preferred choice for beneficiaries, as reflected in the substantial increase in enrollment over the years. This preference is further supported by the consistently higher per patient claim amounts received by private hospitals, indicating their higher service charges and potentially better infrastructure and quality of care. However, it's essential to note the increasing participation of trust/private non-profit hospitals, albeit starting from a lower base, which indicates a diversification of healthcare service providers under the scheme. Additionally, the fluctuating trends in per capita claim amounts across different hospital types suggest variations in reimbursement rates and potential efforts to optimize healthcare costs while ensuring quality care delivery. Moreover, the dynamic growth rates in both claim amounts and beneficiary coverage underscore the evolving nature of healthcare access and utilization under AB-PMJAY, influenced by factors such as policy implementation, infrastructure development, and healthcare-seeking behavior. Overall, the findings highlight the importance of continuous monitoring, evaluation, and targeted interventions to ensure equitable access, efficiency, and sustainability of healthcare services provided under AB-PMJAY, thereby contributing to improved health outcomes and accessibility for all beneficiaries across India.

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