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CONVERGENCE OF NATIONAL AND STATE HEALTH INSURANCE SCHEMES: A CASE STUDY OF AB PM-JAY AND DR. NTR VAIDYA SEVA

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ABSTRACT
Healthcare is essential for human development, improving productivity, and reducing the socio-economic burden of diseases. Despite progress in economic growth, India struggles with healthcare accessibility, particularly for vulnerable populations. The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) and Dr. NTR Vaidya Seva are two significant health insurance schemes designed to address this challenge. AB PM-JAY, the world's largest publicly funded health insurance program, offers cashless coverage for secondary and tertiary care, aiming to reduce catastrophic health expenditure nationwide. Dr. NTR Vaidya Seva, specific to Andhra Pradesh, targets Below Poverty Line (BPL) families with comprehensive coverage for critical health conditions. This study evaluates the potential convergence of these two schemes to maximize healthcare delivery. It explores how the integration of PM-JAY and Dr. NTR Vaidya Seva can enhance accessibility, streamline administrative processes, and improve health outcomes by providing more comprehensive and coordinated services. The trust model underpinning both schemes ensures transparency, efficient fund allocation, and quality control while promoting sustainability and adaptability. Findings indicate that convergence can reduce overlapping administrative efforts, expand coverage, and foster collaboration among stakeholders. The unified approach supports equitable healthcare access, mitigates financial barriers, and ensures resource optimization. This study underscores the transformative impact of leveraging both national and state initiatives, offering a roadmap for achieving universal health coverage and addressing India's dual burden of communicable and non-communicable diseases. Enhanced synergy between PM-JAY and Dr. NTR Vaidya Seva can significantly uplift the health scenario for millions, particularly for those most vulnerable.

KEY WORDS: *Healthcare accessibility, Universal Health Coverage, AB PM-JAY, Dr. NTR Vaidya Seva, Health insurance, Vulnerable populations, Catastrophic health expenditure, Trust model, Administrative convergence, Comprehensive healthcare, Equity in healthcare.*

INTRODUCTION
Health is a key factor in human resource development and is considered the true wealth of a society. It not only enhances human productivity but also reduces both private and public costs related to illness and disease. Health is recognized as a fundamental human right, and healthcare services play a vital role in lowering infant mortality, controlling death rates, managing diseases, and increasing life expectancy. According to the World Development Report 1993, improved health contributes to economic growth in four ways: it reduces productivity losses from worker illness, allows the use of natural resources previously limited by disease, boosts school enrolment and improves children's learning abilities, and frees up resources that would otherwise be spent on healthcare. The economic benefits are especially significant for poorer populations, who are most burdened by ill health and stand to gain the most from better resource utilization. Various studies have looked into the impact of out-of-pocket (OOP)[1]health expenses on poverty levels, showing that such costs can push households further into poverty. The negative effects of OOP spending are evident in the increased poverty and deteriorating welfare experienced by affected households. For instance, in 1995-96 an estimated 2.2% of the Indian population fell into poverty because of out-of-pocket spending (Peters et al 2002)[2] and it increased to around 3.2% in 1999-2000 (Garg and Karan 2009)[3]. A significant proportion of population may have had to sell their assets (productive) for inpatient care (Peters et al. 2002; Dilip and Duggal 2002)[4]. A significant proportion of population may have had to forgo treatment all together due to scarcity financial resources (NSSO, 60th Round, 2004). Health insurance can provide financial protection to households in the event of health shock and can reduce catastrophic out-of-pocket expenditure on health care (Joglekar, 2009)[5]. So that it can protect families from impoverishment and empower the patient to seek health care as a right (Gilson, 1998). In low-income and developing nations Out-of-pocket (OOP) payments and the absence of prepayment options like insurance maintain to be the primary foundations of health care finance. Unlike insurance, a disease not only directly lowers welfare but also enhances the risk of poverty because of the high cost of treatment. (Wagstaff, A and E. van Doorslaer, 2003)[6].

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OBJECTIVES

1. To analyse PM JAY and Dr NTR Vaidya Seva schemes
2. To evaluate how PMJAY and Dr. NTR Vaidya Seva can complement each other to provide enhanced coverage for vulnerable populations.
3. Examine how the convergence of both schemes can increase healthcare accessibility,
4. Assess how the integration of PMJAY and Dr. NTR Vaidya Seva could lead to improved health outcomes by offering more comprehensive and coordinated healthcare services.
5. To assess the role of the trust model in promoting transparency, sustainability, and quality assurance in the implementation of converged healthcare schemes.
6. To analyze the potential for administrative and operational convergence between PM-JAY and Dr. NTR Vaidya Seva to streamline healthcare delivery and optimize resource utilization.

METHODOLOGY

The study employs a qualitative and descriptive research design to explore the convergence of PM-JAY and Dr. NTR Vaidya Seva. The Secondary data is employed for the study which include government reports, official documents related to both schemes, published research articles, policy briefs, and evaluations from national and international journals, as well as statistical data from the National Health Authority (NHA) and the Dr. NTR Vaidya Seva Trust regarding scheme implementation and outcomes. The data analysis involves a comparative approach, systematically comparing the features, funding mechanisms, and implementation models of PM-JAY and Dr. NTR Vaidya Seva. Additionally, the study includes an impact evaluation to assess healthcare accessibility, financial protection, and equity outcomes of both schemes. Andhra Pradesh is selected as the case study region due to the coexistence of both schemes, providing valuable insights into the practical aspects of scheme integration.

AB PM-JAY

VISION	*MISSION*
Achieving SDG 3.8: Ensuring financial protection against catastrophic health expenditure and access to affordable and quality healthcare for all[7]	Creating the world's best health assurance programme on an efficient and technologically robust ecosystem[8]

1. Background

India's rapid economic growth has not translated into proportional progress in healthcare accessibility, posing significant challenges. Despite a young population, with over a quarter aged 15-29 by 2029, India faces a dual disease burden of communicable and non-communicable diseases (NCDs), alongside injuries. This has led to increased healthcare demand, but public healthcare remains underfunded, overburdened, and staff-deficient. Over half of healthcare needs are met by an unregulated, fragmented private sector concentrated in urban areas, resulting in catastrophic out-of-pocket expenditures (OOPE) that push many low-income families into poverty. To address these issues, the government has introduced health insurance initiatives, starting with Rashtriya Swasthya Bima Yojana (RSBY) in 2008, which primarily targeted primary care. In 2018, Ayushman Bharat was launched, aiming to reform healthcare through a two-pronged approach. The first component, Health and Wellness Centres (HWCs), upgrades Primary Health Centres to reduce the disease burden and hospitalization rates. The second, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), is the world's largest publicly funded health insurance scheme, covering over 12 crore families. AB PM-JAY provides cashless secondary and tertiary care, leveraging technology for seamless transactions. By combining public and private providers, Ayushman Bharat strengthens healthcare systems to enhance access, affordability, and equity.

2. Salient Features of AB PM-JAY[8]

1. **Annual Coverage**: Ayushman Bharat-National Health Protection Mission offers Rs. 5 lakh per family annually.
2. **Cashless Benefits**: Beneficiaries can access cashless benefits at empanelled public and private hospitals nationwide.
3. **Eligibility:** Benefits are determined by deprivation criteria from the SECC database.
4. **Package Rate Payments:** Treatment costs are covered at predetermined package rates.
5. **Cooperative Federalism:** The program emphasizes state autonomy and cooperative federalism.
6. **AB-NHPMC Council:** The Union Health Minister chairs the Ayushman Bharat National Health Protection Mission Council for policy guidance and coordination.
7. **State Health Agencies:** States will implement the scheme through State Health Agencies (SHAs).
8. **Fund Transfers:** Central Government funds are transferred to SHAs via an escrow account.
9. **Digital Transactions**: Paperless and digital transactions are enabled via a modular, scalable IT platform.
10. **Interoperable IT System:** The IT platform collaborates with NITI Aayog to ensure seamless integration.

3. Beneficiary Identification

PM-JAY targets the bottom 40% of the vulnerable population, covering over 12 crore households. Beneficiaries are identified using the SECC 2011 deprivation and occupational criteria for rural and urban areas. Households listed in RSBY but not in SECC 2011 are also included, ensuring broader coverage for social welfare programs.

3.1Rural Beneficiaries

All such families who fit into at least one of the following six deprivation criteria (D1 to D5 and D7) and automatic inclusion (Destitute/living on alms, manual scavenger households, and primitive tribal group, legally released bonded labour) were

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covered by PM-JAY out of the seven deprivation criteria for rural areas:

- D1: There is only one room with a kucha roof and walls.
- D2: There are no adults aged 16 to 59.
- D3: Families without an adult male member aged 16 to 59
- D4: Families with a disabled member but no able-bodied adult member
- D5: SC/ST households
- D7: Landless households that rely heavily on physical labour for a living

3.2 Urban Beneficiaries

PM-JAY covers 11 occupational categories in urban areas, including street vendors, construction workers, sanitation workers, drivers, tailors, electricians, and many others.States implementing their own health insurance programs can use their own beneficiary lists, but they must ensure all eligible families identified in the SECC database are included.This allows states flexibility in using their existing databases while ensuring compliance with the SECC criteria for household eligibility.

4.Expansion of coverage by States under PM-JAY and convergence[14]

Many Indian states previously implemented their own health insurance programs, often covering only tertiary care and with varying eligibility criteria.PM-JAY was launched to address these gaps by offering comprehensive coverage for catastrophic illnesses, reducing out-of-pocket costs, and harmonizing state programs.It provides Rs. 5,00,000 annual coverage per family, including secondary and tertiary care, with nationwide portability, cashless transactions, and coverage for pre- and post-hospitalization expenses, benefiting over 59.74 crore people and ensuring equitable healthcare access across India.

5. Implementation Structure[15]:

PM-JAY's implementation follows a decentralized, three-tier framework. The National Health Authority (NHA), led by a CEO, oversees treatment protocols, data security, fraud prevention, health package management, and program transparency. The State Health Authority (SHA), also headed by a CEO, manages local implementation, infrastructure, and coordination. At the district level, the District Implementation Unit (DIU), led by the District Collector, handles Ayushman card creation, hospital empanelment, grievance redressal, awareness campaigns, and ensures effective hospital engagement and fraud control., enabling effective, decentralized program management.

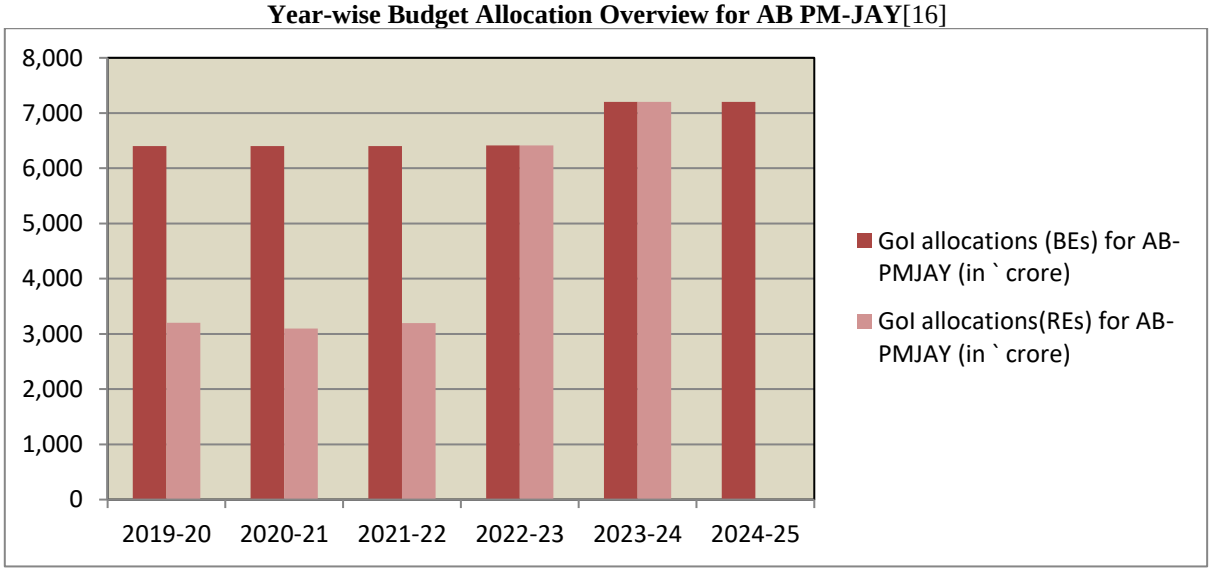
6. Implementation Models

AB PM-JAY offers states flexibility in choosing their implementation model: Trust, Insurance, or Hybrid. In the Trust Model, State Health Agencies (SHAs) directly manage the scheme, handling tasks like hospital empanelment and claims without insurance companies. The Insurance Model involves SHAs paying premiums to an insurer, which manages claims and financial risks, with profit caps ensuring affordability. The Hybrid Model combines both approaches, offering initial coverage via insurance and the rest managed through the trust, providing efficiency, flexibility, and cost-effectiveness. Currently, 23 states/UTs use the Trust Model, 7 use the Insurance Model, and 3 follow the Hybrid Model.

7. Scheme Funding

Ayushman Bharat PM-JAY is fully funded by the Government, with the cost shared between the Central and State Governments.The funding ratio is 60:40 for most states and UTs, 90:10 for North-Eastern and three Himalayan states, and up to 100% for some Union Territories.The scheme has issued over 35.4 crore Ayushman cards, covering millions in 33 states and UTs. It has facilitated 7.79 crore hospital admissions and ₹1.07 lakh crores in coverage, with 49% of benefits going to women.The scheme includes 30,529 empanelled hospitals, ensuring nationwide healthcare access and equity.

Year-wise Budget Allocation Overview for AB PM-JAY[16]



Source: Union Budget,

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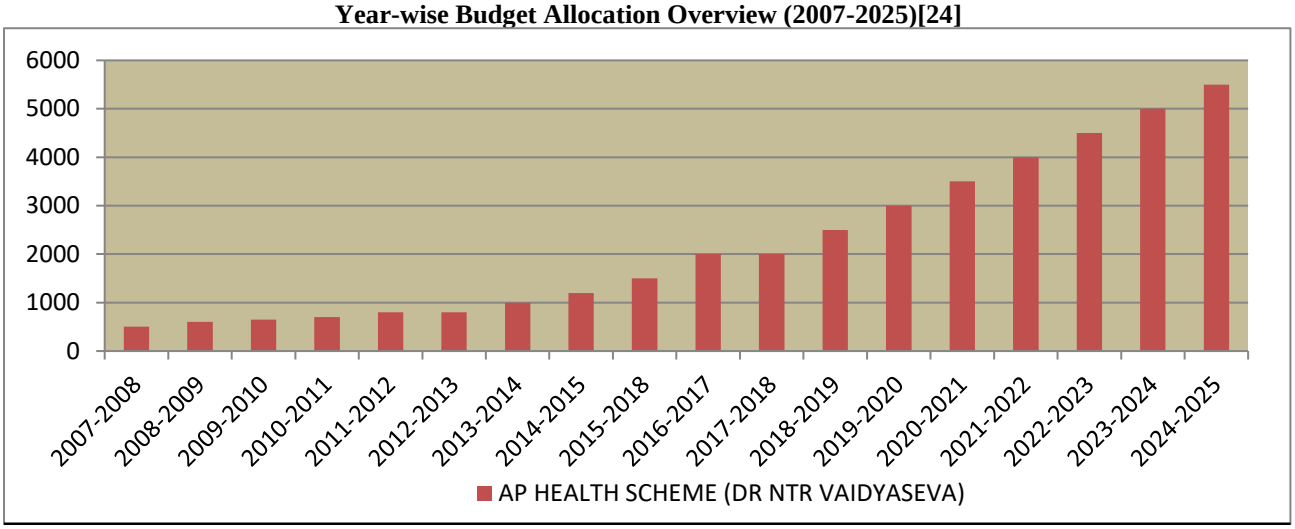
Andhra Pradesh Health Insurance Scheme(Dr NTR Vaidya Seva)

The Dr. NTR Vaidya Seva Scheme[17] evolved from the Rajiv Aarogyasri Scheme, expanding healthcare services for Below Poverty Line (BPL) families in Andhra Pradesh.This transition introduced a more comprehensive, cashless model, incorporating both public and private healthcare providers for secondary and tertiary care.The scheme enhances accessibility, quality, and transparency by integrating advanced technology and streamlining claims processing.Launched in 2007, the Rajiv Aarogyasri Scheme initially provided financial protection for serious ailments like cancer and heart disease, preventing families from falling into debt.Before this, the Chief Minister's Relief Fund supported medical expenses between 2004-2007[18][19]. The scheme was a flagship health initiative of the Andhra Pradesh government that was launched in 2007 .the Aarogyasri scheme, initially an insurance model, transitioned to a trust model in 2011 to provide quality healthcare to Below Poverty Line (BPL) families in Andhra Pradesh[20] [21].,. The government covers insurance premiums, ensuring no out-of-pocket expenses for beneficiaries. Star Health and Allied Insurance Company covers up to Rs. 1.5 lakh annually per family for various treatments at empanelled hospitals. Despite changes in government leadership, the scheme has consistently focused on improving healthcare access, preventing financial distress, and promoting long-term development. Successive governments have increased funding, ensuring its sustainability and effectiveness. [22] [23].

NO	Period of time	Scheme(Transition)	Ruling party
1	01.04.2007	Rajiv Aarogyasri Health Insurance Scheme (launched)	Congress
2	2009-2014	Rajiv Aarogyasri Health Insurance Scheme	Congress
3	2014-2019	Dr.Nandamuri Taraka Rama Rao Aarogya Seva	TDP
4	2019-2024	Dr. YSR Aarogyasri and converged with PM JAY	Ysrcp
5	2024 -present	Dr. NTR Vaidya Seva and converged with PM JAY	TDP

Year-wise Budget Allocation Overview (2007-2025)[24]



Source:AP budget manuals(2007-2024)

The Dr. Nandamuri Taraka Rama Rao Vaidya Seva Scheme[25], implemented by the government of Andhra Pradesh, aims to achieve Universal Health Coverage (UHC)[26] for Below Poverty Line (BPL) families through a unique Public-Private Partnership (PPP) model. This pioneering initiative provides comprehensive, cashless healthcare services, covering secondary and tertiary care for identified diseases, through a network of public and private providers. The scheme integrates demand-side financing, offering free screenings, outpatient consultations, health education, and treatment for common ailments at health camps and network hospitals, while strengthening the state's healthcare system, particularly in preventive and primary care. Managed by the Dr. Nandamuri Taraka Rama Rao Vaidya Seva Trust, chaired by the Chief Minister, the scheme ensures transparent and accountable services through an online web-based system for claims processing and patient management. It empowers patients to choose their treatment hospitals and supports them with help Desks at Primary Health Centres (PHCs), District Hospitals, and network hospitals, staffed by Vaidya Mithras to assist illiterate patients. By offering a clear benefits package, preventing fraud, and providing UHC for the poor, the scheme is a significant step toward equity in healthcare.

Objectives of Dr NTR Vaidya Seva scheme[17]

- To provide free quality hospital care and equity of access to BPL families by purchase of quality medical services from identified network of health care providers through a self-funded reimbursement mechanism (serviced by Trust).
- To provide financial security against the catastrophic health expenditures.
- To strengthen the Government Hospitals through demand side financing.
- To provide universal coverage of health for both urban and rural poor of the State of Andhra Pradesh.

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Framework of Health Insurance Coverage

1. Target Beneficiaries:
Covers Below Poverty Line (BPL) families identified through White Ration Card linked to Aadhaar. Financial coverage up to Rs. 5 lakh per family annually, with no co-payment.

2. Benefit Coverage: Free outpatient consultations, screenings at health camps. Covers 3,257 listed therapies across 31 categories for specific diseases.

3. Package Includes: End-to-end cashless services through Networked Hospitals(NWH). Covers initial treatment, post-discharge medication, and complications for up to 30 days. Free outpatient evaluation for listed therapies, including pre-existing conditions. Food and transportation costs for patients.

4. Follow-up Services: Provided for up to one year through fixed packages for long-term therapies. Includes consultations, investigations, medications, and other related services.

Important Stakeholders

1. Dr. Nandamuri Taraka Rama Rao Vaidya Seva Trust: Manages the scheme, benefiting 129.44 lakh families across 26 districts.Contracts network hospitals in Andhra Pradesh and Telangana.

2. District-Level Committees: Led by District Collectors, oversee implementation, health camps, and awareness campaigns.

3. Real-Time Online System: Streamlined operations for registration, treatment, follow-up, claim settlement, and payment processing.

Implementation Process

1. Patient Registration: Through Vaidya Mithra counters at PHCs, health camps, or directly at NWHs.Includes biometric identification with a digital image.

2. Treatment Process: Initial evaluation followed by pre-authorization for listed therapies.Emergency cases treated immediately with pre-authorization obtained later.

3. Health Camps: Key for health education, screenings, and referrals to NWHs.

Impact on Health Scenario

1. Improved Healthcare: Significant reduction in high-end diseases like cardiology, neurosurgery, and gynaecology conditions.

2. Quality Improvement: Enhanced hospital documentation, regulatory oversight, and care quality.

3. Health Awareness: Promoted through rural health camps and IEC activities.

4. Public-Private Partnerships (PPP): Successful partnerships in hemodialysis and advanced diagnostics in government hospitals.

5. Economic Impact: High beneficiary satisfaction with transformative effects on the health of economically disadvantaged populations.

6. Further Evaluation: Planned third-party evaluation for scheme alignment with objectives.

CONVERGENCE

The Pradhan Mantri Jan Arogya Yojana (PMJAY) and the Dr. NTR Vaidya Seva differ primarily in their geographical scope and coverage. PMJAY is a national health insurance scheme under the Ayushman Bharat initiative, launched by the Government of India. It aims to provide financial protection for medical expenses to economically vulnerable populations across the country. The scheme covers over 10 crore families (approximately 50 crore individuals) and offers cashless treatment for a broad range of medical services, particularly focusing on secondary and tertiary care.

In contrast, the Dr. NTR Vaidya Seva is a state-specific health insurance program implemented in Andhra Pradesh. This scheme provides comprehensive coverage for high-cost and critical health conditions such as cancer, heart disease, kidney failure, and other severe illnesses. While PMJAY has national coverage, Dr. NTR Vaidya Seva is tailored to meet the needs of the residents of Andhra Pradesh, offering specialized treatment options not covered under PMJAY. Both initiatives aim to reduce the financial burden of healthcare for low-income families, but PMJAY offers broader, nationwide support, while Dr. NTR Vaidya Seva focuses on specific health issues within the state of Andhra Pradesh.The Dr. NTR Vaidya Seva scheme, initially launched in 2007 as an insurance-based initiative, then transitioned to a trust model in 2011[27]. It was later integrated with Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in 2019 to further expand its outreach and impact. Under this convergence, the Trust Model (also known as the assurance model) is the most common approach for implementation.

In the Trust Model[27], the State Health Agencies (SHAs) directly manage the scheme, handling critical tasks such as hospital empanelment, beneficiary identification, claims management, and audits. SHAs reimburse healthcare providers without involving insurance companies, ensuring a more streamlined and efficient process. To support these activities, SHAs may engage Implementation Support Agencies (ISAs). This model operates through a public-private partnership involving the Aarogyasri Healthcare Trust, private hospitals, and insurers, ensuring that the people of Andhra Pradesh have access to efficient and effective healthcare services.

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Comparing the Trust Model in PMJAY and Dr. NTR Vaidya Seva

Benefit	PMJAY (National)	Dr. NTR Vaidya Seva (AP)
Transparency	High, with independent state-level agencies (SHAs) ensuring transparent fund allocation and claims processing	High, with the Trust ensuring transparent disbursement of funds and hospital reimbursements
Financial Efficiency	Trusts help allocate resources to healthcare providers effectively	Trust ensures direct fund disbursement to hospitals, reducing middlemen
Independent Oversight	Trusts ensure autonomy and prevent political interference in healthcare decisions	Trusts provide operational independence from state bureaucracy, allowing faster decisions
Quality Assurance	Trust enforces quality standards for hospitals and treatment protocols	Trust oversees quality control, ensuring hospitals maintain required standards
Sustainability	Long-term sustainability of the scheme, immune to political changes	Ensures continued benefits, even during political transitions or leadership changes
Service Delivery	Trust manages the coordination between hospitals and insurance providers, improving service delivery	Trust manages the expansion of healthcare providers, improving access and service delivery
Adaptability	Trust model allows rapid adjustments to healthcare needs (e.g., adding new treatments)	Localized adaptations to meet the unique healthcare challenges in Andhra Pradesh
Stakeholder Coordination	Streamlined management of stakeholders (state health agencies, insurance companies, hospitals)	Strong collaboration between the state government, healthcare providers, and insurers

Benefits of the Trust Model in PMJAY and Dr. NTR Vaidya Seva

Transparency and Accountability: The trust model ensures financial resources are used appropriately, preventing fraud and ensuring the funds reach the intended beneficiaries.

Efficient Fund Distribution: Both schemes benefit from better financial management, with funds being allocated more effectively to ensure timely healthcare delivery.

Autonomy and Flexibility: The trust can operate independently, making decisions that are based on healthcare needs rather than political considerations. This allows for quicker response times and better local adaptation of healthcare services.

Quality Control and Monitoring: With a trust model, both schemes can monitor the quality of healthcare services being provided and enforce standards, ensuring that beneficiaries receive appropriate and timely medical care.

Long-Term Sustainability: A trust is often a more stable structure, which ensures the continuity of healthcare services even during periods of political change, thus guaranteeing long-term benefits for the population.

Stakeholder Engagement: The trust model fosters collaboration between various stakeholders—such as hospitals, insurance companies, and government agencies—leading to more effective delivery of services and better outcomes.

Targeted Services for Vulnerable Populations: Both PMJAY and Dr. NTR Vaidya Seva are designed to reach vulnerable groups, and the trust model ensures that resources and services are targeted effectively at those in need.

The **trust model** provides both **PMJAY** and **Dr. NTR Vaidya Seva** with a transparent, efficient, and accountable structure that enhances the delivery of healthcare services. By establishing an independent and dedicated trust, these healthcare schemes can better manage resources, ensure quality control, and reach the most vulnerable populations with the care and support they need. This approach ensures long-term sustainability and creates a healthcare system that is both equitable and effective for the people of India and Andhra Pradesh. Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is implemented in convergence with State scheme Dr. NTR Vaidya Seva[28] in the State of Andhra Pradesh. As on August.2024, 2433 hospitals including 1027 private hospitals are empanelled in the State. The year wise number of hospitals empanelled since 2018 in Andhra Pradesh is enclosed

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Year wise total number of hospitals empanelled in Andhra Pradesh

Financial Year	Total no. of private hospitals empanelled	Total no. of public hospitals empanelled	Total number of hospitals empanelled
Upto2018	389	266	655
2018-19	91	1	92
2019-20	158	452	610
2020-21	52	0	52
2021-22	93	220	313
2022-23	99	414	513
2023-24	53	24	77
2024-25	92	29	121

Source: GOI, (Unstarred Question No. 2046, Lok Sabha)

The empanelment of hospitals under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) and Dr. NTR Vaidya Seva in Andhra Pradesh reveals important patterns. By 2018, 655 hospitals were included, with the largest expansion occurring in 2019-20, when 610 hospitals were added, focusing primarily on public hospitals. Although private hospitals have consistently constituted a significant portion of empanelled facilities, the inclusion of public hospitals has seen notable growth in recent years. However, the pace of annual additions has slowed since 2020-21, with only 77 hospitals added in 2023-24. By June 2024, 2,433 hospitals, including 1,027 private ones, had been empanelled, underscoring the need to address this downward trend.

With the convergence of **PM-JAY** and **Dr. NTR Vaidya Seva** in Andhra Pradesh, the beneficiaries include:

1. Households under SECC 2011 criteria: Families eligible for PM-JAY based on socio-economic deprivation for rural areas and occupational categories for urban areas.

2. Below Poverty Line (BPL) households: Families covered under Dr. NTR Vaidya Seva, identified through the White Ration Card database.

3. Additional beneficiaries beyond SECC: Inclusion of families covered under Dr. NTR Vaidya Seva not part of the PM-JAY SECC list, expanding coverage.

4. Vulnerable and marginalized groups: Includes destitute families, manual laborers, tribal groups, and low-income urban workers (e.g., domestic work, construction, transport services).

FINDINGS

1. Enhanced Accessibility: The convergence of PM-JAY and Dr. NTR Vaidya Seva increases healthcare access for economically vulnerable populations, ensuring broader coverage.

2. Reduction in Financial Burden: Both schemes reduce out-of-pocket expenditures, preventing impoverishment due to high healthcare costs.

3. Streamlined Administration: Integration under a trust model improves efficiency, transparency, and fund allocation.

4. Improved Healthcare Outcomes: Coordinated services lead to better health outcomes, covering a range of medical conditions, including secondary and tertiary care.

5. Flexibility and Adaptability: The trust model allows quick adaptations to local healthcare needs and emerging challenges.

6. Quality Assurance: Monitoring, standardized protocols, and oversight improve the quality of care in empanelled hospitals.

7. Sustainability and Equity: The trust model ensures long-term sustainability and equitable access to healthcare services.

8. Collaboration among Stakeholders: Public-private partnerships foster effective service delivery and improved access for marginalized groups.

9. Empowerment through Cashless Services: Cashless and paperless healthcare delivery gives beneficiaries financial protection and dignity.

10. Health Awareness and Prevention: Health camps and awareness campaigns promote early disease detection and preventive care.

11. Growth Trends: The empanelment process showed significant growth in 2019-2020, with 610 hospitals added.

12. Public vs Private Hospitals: The ratio of public hospitals empanelled has grown significantly, particularly in recent years.

13. Declining Additions in Recent Years: The number of hospitals added has decreased since 2020-2021, with only 77 hospitals empanelled in 2023-2024.

14. Current Status (June 2024): 2,433 hospitals are empanelled, including 1,027 private hospitals.

15. Growth Trends of Arogya Sree and PM-JAY: Arogya Sree shows sustained growth, while PM-JAY demonstrates stability with potential for expansion, enhancing healthcare accessibility.

CONCLUSION

Through this integration, the convergence provides comprehensive and seamless healthcare access for these groups, covering a significant portion of the state's economically and socially disadvantaged population. It ensures that both schemes' advantages are utilized to reduce financial barriers and improve healthcare outcomes for millions in Andhra Pradesh.

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