

Research Article**Roadmap for the Pradhan Mantri Jan Arogya Yojana (PMJAY):
Viksit Bharat@2047, Policy Framework and Administration****Dr. Kaushlendra Dixit¹ and Himanshu Rai²**¹Assistant Professor, Department of Political Science, National P G College, Bhongaon, Mainpri, Uttar Pradesh, India²Research Scholar, Department of Political Science, Dr B R Ambedkar University, Agra, Uttar Pradesh, India**Corresponding Author: Dr. Kaushlendra Dixit****Abstract**

This review cum perspective-based article primarily focuses on knowledge about “Pradhan Mantri Jan Arogya Yojana” (PMJAY) among citizens of our country, its significance and problems experienced in implementation. Authors have provided their view pertaining to awareness level of the mentioned health scheme among people belonging to our nation, its importance, and perspectives of individuals from various economic categories and difficulties faced in its execution. Suggestions are given to increase the awareness level of familiarity about this health scheme among general public of “India” and to solve difficulties relating to its implementation.

Keywords: Awareness, Economic, Execution, Health, Nation, and PMJAY.

Introduction:

“Pradhan Mantri Jan Arogya Yojana” is a notable health initiative financed by the “Government of India”. Authors of this article sought to comprehend the literature review on this topic and aimed to present their joint perspectives on awareness regarding “Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana” among people of our country, its importance and the challenges in its implementation. Author’s unanimous views will be based on their personal interactions with citizens from various places across “India”. The aforementioned factors prompted them to create this review and perspective-based article on this theme.

Statement of the Research Problem:

This article will review pertaining to the specified topic. Authors will collaboratively present their perspectives on knowledge regarding “Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana” among people of our nations, its significance, views of individuals belonging to various economic categories and execution related problems.

Scope of this Study:

This intellectual work will present literature and the author’s perspective on the topic. Authors will provide a collaborative presentation of their perspectives on the knowledge of the “Pradhan Mantri Jan Arogya Yojana” among the people of our country, importance, perspectives of individuals from various economic categories and its implementation challenges. Author’s unanimous opinions will be based on their personal interactions with citizens from various places of “India”.

Significance of this scholarly endeavour:

Importance of this article is elucidated under below mentioned relevant headings.

(i) “Ministry of Health and Family Welfare, Government of India”

This intellectual work will offer significant insights into the challenges encountered in the implementation of the “Pradhan Mantri Jan Arogya Yojana”. “Ministry of Health and Family Welfare, Government of India”, can utilise this literature to refine plans, enhance resource allocation, and rectify administrative or infrastructural deficiencies found in this scholarly work.

(ii) “Ministry of Finance, Government of India”

It is an important stakeholder, as it designates the financial budget for health initiatives. This article is relevant as it enlightens about the obstacles of “Pradhan Mantri Jan Arogya Yojana”. It identifies areas for making budgetary improvements or reallocations.

(iii) “Indian citizens”

This article is relevant to general public of our country. It enhances public awareness and empowers citizens to make effective utilization of “Pradhan Mantri Jan Arogya Yojana”. This intellectual work will enlighten about problems in its implementation, which encourages community vigilance and demand accountability.

This review article, which is perspective-based, is pertinent to the “Social Sciences” subject and is related to the topic of “Pradhan Mantri Jan Arogya Yojana” in the “Medical and Psychiatric” specialisation subjects. This article contributes to the existing literature in the “Social Sciences” subject, as there is a scarcity of perspective-based studies on the aforementioned topic in “India” This intellectual work is related to “Sociology” subject as the topic “Pradhan Mantri Jan Arogya Yojana” is relevant to the “Medical Sociology” specialization subjects.

This article enhances the existing literature in the field of “Sociology”, addressing the paucity of perspective-based studies on the specified theme in “India”. This review cum perspective-based article is relevant to academicians, students, research scholars and professionals working in this sector. It would present relevant literature on the topic and enlightens about author’s perspectives on cognizance about “Pradhan Mantri Jan Arogya Yojana” among general public, its significance and problems in implementation. This article contributes to the existing literature in the “Public Administration” subject, as there is a scarcity of perspective-based studies on the above-mentioned topic in “India”.

(iv) Non-governmental organizations working in health sector of “India”

This article can assist non-governmental organisations operating in the health sector of “India” in aligning their strategies with the government’s objectives regarding the “Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana”, focussing on the implementation-related gaps identified in this intellectual work, and advocating for reforms.

Objective of this Study:

This intellectual endeavour will present literature as well as research studies related to “Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana”, its knowledge and execution related problems. It will also elucidate the author’s views regarding knowledge about the mentioned health scheme among general public, its significance, opinions of people from various economic categories and problems in its execution. Author’s perspectives given in this article are based on their personal interaction with general public from different places of “India”.

Review of Literature:

(1) “Pradhan Mantri Jan Arogya Yojana”

The largest publicly funded social health insurance scheme globally was formally inaugurated on “September 23, 2018”. The primary aim of this program is to execute an innovative policy that comprehensively encompasses the entire spectrum of healthcare services, including prevention, promotion, and ambulatory care, across all three tiers: primary, secondary, and tertiary (<https://pmjay.gov.in>; Sivarchaka, & Mangain, 2024). “Ayushman Bharat” employs a comprehensive continuum of care framework comprising two

interrelated components (Sivarchaka & Mamgain, 2024).:

- (i) "Health and Wellness Centres (HWCs)": It will offer full primary healthcare services.
- (ii) "Pradhan Mantri Jan Arogya Yojana (PM-JAY)": It will offer secondary and tertiary healthcare services.

The objective of "Pradhan Mantri Jan Arogya Yojana (PM-JAY)" is to realise the "Sustainable Development Goal (SDG)", which guarantees universal access to cheap, high-quality healthcare and financial protection against catastrophic medical costs.

The scheme was primarily advocated due to "5 significant issues confronting Indians", which are:

- (i) "Poverty",
- (ii) Triple burden of "diseases",
- (iii) Insufficient cheap healthcare,
- (iv) Heightened "out-of-pocket cost", and
- (v) The absence of portability in state health systems.

(2) "Characteristics of Pradhan Mantri Jan Arogya Yojana"

This program is entirely financed by the "Government, with the Central and State Governments" jointly covering implementation expenses. The program is presently functioning across all states and Union territories of India (<https://pmjay.gov.in>; Sivarchaka, & Mamgain, 2024).

(i) It offers secondary and tertiary hospitalisation coverage of up to "Rs. 5 lakhs per household" annually. This coverage encompasses about "50 crore beneficiaries" and includes approximately "10.74 crore marginalised and underprivileged families". It encompasses more than "1950 medical procedures" and incorporates "pre-hospitalization and hospitalisation expenses" for "3 days and 15 days", respectively. The program is nationally adaptable.

(ii) It is structured as a claim-based effort, aimed at disadvantaged and vulnerable families.

According to criteria of deprivation and occupation, as delineated in the "Socio Economic and Caste Census (SECC, 2011)" database.

(iii) The program guarantees participants' cashless and paperless access to public and private services at empanelled hospitals across India. This indicates that the program is transferable among several states within the country.

(iv) This system imposes no limitations on family size, ensuring coverage for all members of qualifying families, including female children and elderly individuals. and

(v) "Pradhan Mantri Jan Arogya Yojana" to aid its implementation, has created a

Comprehensive "Information technology system" that incorporates real-time transaction data for effective operation.

(3) "Recipients of the Pradhan Mantri Jan Arogya Yojana"

Families in both rural and urban regions of our country are chosen according to the deprivation and occupation criteria outlined in the "2011 Socio-Economic Caste Census (SECC, 2011)" (<https://pmjay.gov.in>; Sivarchaka, & Mamgain, 2024).

(4) "Structure and Functioning of the Pradhan Mantri Jan Arogya Yojana Scheme"

The primary objective of the "Government of India" through the scheme is to effect significant transformations in each of the 3 below mentioned elements of "Universal Health Coverage" (Sivarchaka, & Mamgain, 2024).

(i) "Population coverage" (by abolishing formal enrolment procedures and extending comprehensive eligibility to the most vulnerable demographic segments);

(ii) "Service coverage" (by providing an extensive benefits package that encompasses high-cost services offered by a broad network of accredited and empanelled providers under the "Pradhan Mantri Jan Arogya Yojana"); and

(iii) “Financial protection” (by reducing out-of-pocket expenses through cashless provisions and elevated insurance ceilings).

“National Health Authority (NHA)” supervises the program at the national level. “State Health Agency (SHA) is tasked with its execution in each state. Implementation can be executed by existing “insurance companies publicly operated autonomous trusts, nodal agencies, or a combination of these approaches known as mixed models”, which permit “state-specific modifications”. “Pradhan Mantri Jan Arogya Yojana” seeks to fulfil two primary goals: improving healthcare accessibility and ensuring financial security, while simultaneously promoting efficiency, transparency, and accountability via output-based financing mechanisms (<https://pmjay.gov.in>; Sivarchaka, & Mamgain, 2024).

(5) “Method of Execution of the Pradhan Mantri Jan Arogya Yojana”

The contents provided below are derived from the information given by Sivarchaka and Mamgain (2024).

Various governments employ diverse models to execute their specific assurance and health insurance programs. Certain states partner with insurance providers, but others administer the program independently. Due to the varying levels of preparedness and capacity among states to administer such programs, the “Pradhan Mantri Jan Arogya Yojana” permits states to choose the implementation model that most effectively meets their requirements. They may opt for an “insurance model, a mixed model, an assurance or trust methodology” to execute this health scheme.

(i) “Assurance Model or Trust Model”

This is the most commonly utilised implementation model in numerous states. Within this structure, insurance companies are excluded from the administration of the system; rather, the “State Health Agency” manages it directly. This model assigns the financial obligation for executing the program to the government. Healthcare professionals receive direct compensation from the “State Health Agency”. It utilises an “Implementation Support Agency” to manage functions such as claim processing, notwithstanding the lack of an insurance company. “State Health Agency” oversees multiple functions, including hospital empanelment, beneficiary identification, claims management, audits, and other associated activities, in addition to the daily management and administration of the program (<https://pmjay.gov.in>; Sivarchaka, & Mamgain, 2024).

(ii) “Insurance Model”

It stipulates that an insurance company is chosen via a “competitive tendering process” by the “State Health Agency (SHA)” to administer the “Pradhan Mantri Jan Arogya Yojana” across the state. The insurance company settlement manages claims and disbursements to service providers, while the insurance company receives a premium from the “State Health Agency” for each eligible family during the policy duration, determined by an amount established by the insurance sector. In this method, the insurance provider assumes the financial risk associated with its execution. The plan includes a mechanism that limits the percentage of the premium that insurance companies may retain for profit and administrative costs to avert excessive profit-making. The insurer must promptly reimburse any surplus to the “State Health Agency” within 30 days of deducting designated expenditures from executives (excluding service tax and applicable fees) and settling any claims (<https://pmjay.gov.in>; Sivarchaka, & Mamgain, 2024).

(iii) “Mixed model”

This approach allows the “State Health Agency” to attain flexibility and cost-efficiency while aligning with existing state schemes by integrating elements of both the assurance trust and insurance models in various roles. States employing this strategy typically possess established programs that cater to a broader population (<https://pmjay.gov.in>; Sivarchaka, & Mamgain, 2024).

(6) Financing of the “Pradhan Mantri Jan Arogya Yojana”

The following content is derived from the information provided in Sivarchaka and Mamgain (2024) as well as <https://pmjay.gov.in>.

The costs of the “Pradhan Mantri Jan Arogya Yojana” are shared between the “Central and State Governments”, with full backing from the “Government”. The maximum central contribution is dictated by the national household limit established by the “Indian government”. “Central Government and the States or Union Territories” will divide the actual premium, which will be established through an “open tendering process” or, if lower, the maximum limit of the determined premium set by the “Government of India” for the implementation of the “Pradhan Mantri Jan Arogya Yojana”, in accordance with the periodically updated directives of the “Ministry of Finance”. Additionally, the program encompasses the administrative expenses associated with its implementation at the state level, with the central and state governments sharing the costs according to the established distribution pattern. The financing ratio for the “Pradhan Mantri Jan Arogya Yojana” between the “Central Government and the States” is “60:40”, except for the “North Eastern States and the three Himalayan States (Jammu & Kashmir, Himachal Pradesh, and Uttarakhand)”, where it is “90:10”. For “Union Territories lacking legislatures”, the “Central Government” may allocate up to “100% funding”, assessed on a “case-by-case basis”.

(7) “Monitoring and evaluating “Pradhan Mantri Jan Arogya Yojana”

The contents provided below are derived from the information given by Sivarchaka and Mamgain (2024). Includes a monitoring and evaluation system that ensures accountability and openness. It offers a publicly accessible dashboard for monitoring daily implementation progress. The scheme offers beneficiary information for those who have accessed its services while ensuring their privacy is protected. Moreover, all claim processing is executed in an entirely anonymous fashion.

(i) “Monetary safeguarding for impoverished households”

It offers cashless and paperless health insurance of “₹5 lakh per family annually for secondary and tertiary care hospitalisation”. It alleviates the financial strain of medical costs for economically disadvantaged families.

(ii) “Most extensive government-funded health initiative”

It encompasses about “10 crore families (around 50 crore individuals)”, rendering it one of the largest health insurance programs globally. It aims at the most impoverished and susceptible segments of society, as determined by the “Socio-Economic Caste Census (SECC)” data.

(iii) “Enhanced accessibility to superior healthcare services”

It grants access to public and accredited private hospitals throughout India. It includes therapies for critical illnesses such as “Cancer, Cardiovascular disorders, Renal problems, and other health debilities”.

(iv) “Diminished Out-of-Pocket Expenditure”

It aids in preventing impoverished households from incurring debt as a result of exorbitant medical expenses. It motivates individuals to pursue medical assistance without financial concerns.

(v) “Fortifying the healthcare system”

It advocates for the establishment of “Health and Wellness Centres” to enhance preventive healthcare. It promotes private sector involvement in delivering high-quality healthcare services.

(vi) “Digital and transparent system”

It employs “Aadhaar-based identification” to guarantee transparency. Hospitals are accredited via a rigorous verification process, guaranteeing quality services. (vii) “Stimulus to the economy and employment”

It escalates the demand for healthcare services, resulting in expansion within the health industry. It generates employment opportunities in hospitals, insurance, and healthcare administration.

(8) Review based articles

Sivarchaka and Mamgain (2024) conducted a thorough examination of the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojana” and its accomplishments in their review-based work. This article successfully elucidates the comprehensive literature of the above stated health related program, including pertinent research studies, monitoring and evaluation processes, convergence, execution obstacles, and applicable recommendations.

Devanbu, Ravi, and Taneja (2020) examined the “Pradhan Mantri Jan Arogya Yojana” program in their review-based article and evaluated its potential to attain the objective of “Universal health coverage”.

This scholarly endeavour presents literature related to the plan, its achievements in India, critical evaluations, strengths, weaknesses, opportunities, threats, current advancements, and important ideas for enhancing its efficacy.

(9) Awareness of “Pradhan Mantri Jan Arogya Yojana”

Dixit, Chauhan, and Juneja (2025) assessed the awareness and utilization of the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojna” among urban and rural beneficiaries in “Gautam Buddha Nagar”. A “Comparative Cross-sectional study” was performed in the field practice areas of the “Department of Community Medicine, Gautam Buddha Nagar, Uttar Pradesh”, involving “224 households”. “Simple random sampling” was used to select participants of this study. Data was acquired by utilizing a “Semi-structured Questionnaire”. The findings of this research indicate that “8.9 percent” of beneficiaries in “urban areas” and “18.8 percent” in “rural regions” were cognizant of the advantages of this program.

Sahu, Verma, Sharma, Jaiswal, and Dengani (2024) evaluated the awareness and utilization of the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojna” in the state of “Chhattisgarh, India”. This “Community-based Cross-sectional study” was done among qualified recipients in “Chhattisgarh” state. “Multi-Stage Cluster Sampling” was employed to identify eligible beneficiaries. Data was gathered by face-to-face interviews utilizing a semi-structured questionnaire. The study's findings indicates that “90 percent” of respondents were aware of the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojna”.

Vani (2024) evaluated the present condition of the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojana” about awareness levels, card possession, and utilization among beneficiaries in “Andhra Pradesh, India”. This “Cross-sectional study” was done in the “Guntur, Krishna, and Ongole districts of Andhra Pradesh”. “Multi-stage sampling method” was employed. “1000 respondents” were interviewed by “20 undergraduate students”. The study's findings indicate that 20.1 percent of respondents exhibited a high degree of awareness on the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojana”, 51.7 percent had a moderate level of understanding, and 28.2 percent displayed a low level of cognizance about it.

Girish, Surendran, Vishma Jyothika, and Tahreem (2023) examined the awareness and utilization of the “Ayushman Bharat Arogya Karnataka scheme” in “Chamarajanagar taluk, Karnataka, India”. All “22 rural and urban field practice areas” of “Chamarajanagar Medical College and Hospital” were enumerated, and the study participants were picked randomly. Upon securing assent, the family head or, in their absence, the eldest adult in the home was selected as the respondent. This research study comprised “1,027 respondents”. “666 participants” were aware about the “Ayushman Bharat Arogya Karnataka scheme”.

Prasad, Singh, Naik, Pandey, and Rao (2023) investigated the awareness and use of the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB - PMJAY)” in a designated rural region of “Bihar”. “Multistage sampling technique” was used to choose “802 families” within a “5 km” radius of the “rural health training centre in Naubatpur”. A “Pre-tested, Semi-structured questionnaire” was employed to gather essential data concerning awareness of the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojana”. The relationship between the “respondent's category, occupation, education, age group, and ration card” with respect to awareness of “AB-PMJAY” was evaluated separately using “Pearson's Chi-square test”. The knowledge of the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojana” was recorded at “68.6% (95% CI: 65.30%-71.7%)”, with “362 out of 459 eligible study participants (78.9%)” demonstrating awareness of the “AB-PMJAY”. A statistical significance existed between “age, categories of eligible participant's, ration card, and employment position” with respect to awareness of “AB-PMJAY”.

Thomas, Raykundaliya, Bhatt, and Vadhel (2023) sought to evaluate the present state of awareness, enrolment, and utilization of the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojana” in “Gujarat, India”. This “Cross-sectional study” employed a “Multi stage sample selection strategy”, randomly selecting “1,152 beneficiaries from the Anand, Arvalli, and Tapi districts of Gujarat”, encompassing both rural and urban areas. “10 competent field investigators” gathered data from “January to March 2023”. “24 percent” of the respondents possess a high level of awareness of the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB - PMJAY)”, while “47.8 percent” exhibited a moderate level of awareness. Factors influencing awareness of “AB - PMJAY” encompass geographic location, religion, and caste.

Bidari, Saji, John, Anjita, Bhagat, and Bhumbe (2021) evaluated the awareness of the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojna” among residents of “urban regions in India”. “100 individuals” were chosen as samples through a “Non-purposive sampling” method. A self-structured questionnaire was employed to gather data from the respondents. The research findings indicated that “62 percent of the respondents” possessed inadequate knowledge of the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojna”, “22 percent” exhibited average awareness, and “16 percent” demonstrated an excellent comprehension of this initiative.

(10) View on “Significance of Pradhan Mantri Jan Arogya Yojna”

Authors based on their genuine efforts to search for qualitative research studies or perspective based intellectual work on the above-mentioned theme found that there is scarcity of qualitative or perspective-based studies presenting the importance of “Pradhan Mantri Jan Arogya Yojna (PMJAY)”.

(11) Opinion on “Problems in implementation of Pradhan Mantri Jan Arogya Yojna”

Panda (2019) has mentioned the below stated challenges in the implementation of “Pradhan Mantri Jan Arogya Yojna”.

- (i) Consolidation and stabilizing the implementation of scheme is an enormous task.
- (ii) Lack of sufficient motivation among quality tertiary hospitals to join the scheme.
- (iii) Low beneficiary awareness about their eligibility and entitlements.
- (iv) Limited capacity in some states for effective implementation of the scheme.
- (v) Ensuring quality of healthcare services by the empanelled hospitals.
- (vi) Prevention and mitigation of fraudulent practices.

Amit and Madhushree (2020) emphasized the challenges presently faced in the execution of the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojna”, drawing from insights obtained during a field tour conducted in “May 2018” across three blocks – “Gaya, Tankuppa, and Dobhi” in the “Gaya District of Bihar, India”, from the perspective of traditional medical practices.

Researchers disclosed that those who have received a “Pradhan Mantri Jan Arogya Yojna” letter belong to the “Dalit community”. The standard of care they are receiving is insufficient.

Research gap

Authors, through their thorough literature review efforts relating to topic of this article undertaken from “1st January, 2024 to 30th April, 2025”, have found the research gap stated below.

(i) There are less review-based articles or studies on this topic.

(ii) There is a dearth of qualitative studies or perspective-based intellectual work that elucidates public opinions regarding awareness of the “Pradhan Mantri Jan Arogya Yojana”, its significance, and the challenges in its implementation.

Consequently, the authors, based on the aforementioned research gap, choose to present their personal perspectives on this topic by personally interacting with the general public from several places across “India”.

Methodology related information for this article

(1) Source of information

Authors have collectively provided their unified viewpoints derived from “personal interactions with a total of 20 residents” from “10 places” across the country, conducted between “1st March, 2024 and 31st March, 2025”. “20 individuals” with whom the authors interacted were from “Puducherry, Tiruchirappalli, Tirupathi, Hyderabad, Bellary, Bengaluru, Trivandrum, Palakkad, Bhubaneswar, and Angul in India”. Secondary sources were employed to analyse literature pertinent to the theme of this article. It includes “journal articles, websites, books, and other sources”.

(2) View based topics covered

Authors had provided their views on the below mentioned open – ended topics related to this intellectual work.

(i) Opinion about awareness of “Pradhan Mantri Jan Arogya Yojana” among general public of our nation;

(ii) View on significance of “Pradhan Mantri Jan Arogya Yojana”;

(iii) Opinions of people belonging to various economic category on “Pradhan Mantri Jan Arogya Yojana” and

(iv) View about problems in implementation of “Pradhan Mantri Jan Arogya Yojana”.

The above mentioned open – ended themes for this intellectual work was decided during “18th February, 2024”.

(3) Personal interaction with general public

Each author of this article discussed with each other and decided in advance about places from which they would like to have personal interaction with general public based on their free will after deciding about open ended perspective - based topics for this article. Authors got information about the persons who would be interested to provide their responses in person to their self - prepared open-ended questions relating to perspective - based topics to be covered in this article from their acquaintances. Each author contacted the people at least 15 days prior to their convenient dates and explained them about purpose of their interaction on view - based topics of this article relating to “Pradhan Mantri Jan Arogya Yojana”. Author requested each person through mobile conversation for providing time and place for knowing their views about topics of this article in person prior to their convenient dates and got permission of concerned individual for the same in advance based on their free will. Each author met people individually, by confirming through mobile interaction the time and place on date fixed for the same prior. “Primary cum Corresponding Author” of this article interacted with “10 people (i.e. 2 persons each from 5 mentioned places)” from “Tiruchirappalli, Trivandrum, Palakkad, Bhubaneswar and Angul” during the time period “1st March, 2024 to 31st March, 2025”. “Co - Author” of this article

interacted with “10 people (i.e. 2 persons each from 5 mentioned places)” from “Puducherry, Tirupathi, Hyderabad, Bellary and Bengaluru” during the time period “1st March, 2024 to 31st March, 2025”. “Primary cum Corresponding Author” of this article personally interacted with “2 individuals who were economically poor” from “Tiruchirappalli”, as he could effectively speak in “Tamil”. “Co - Author” of this article personally interacted with “2 individuals who were economically poor” belonging to “Tirupati”, “2 persons belonging to poor economic category” from “Hyderabad”, and “2 individuals who were economically poor” from “Puducherry”. “Co - Author” of this intellectual work personally interacted with “6 individuals belonging to poor economic category” from “Tirupathi, Hyderabad and Puducherry” because he could efficiently speak in both “Telegu” and “Tamil” languages. Both the author’s interacted with general public who worked in informal sector jobs (“Street vendors and Domestic maids”), low skilled formal employment (“Security guards and kitchen helpers in restaurants”), private companies, government organizations and hospitals. 8 individuals with whom both the author’s interacted belonged to poor financial group, 8 people with whom both the author’s interacted belonged to middle economic category and 4 individuals with whom both the author’s interacted belonged to financially sound economic group.

(4) Time duration

Authors jointly decided to collaborate on writing review cum perspective-based article based on their mutual research interest regarding “Pradhan Mantri Jan Arogya Yojana” during “1st January, 2024”. They decided about the particular title of this article on “4th February, 2024” based on their mutual consensus, which emerged from limited perspective, based qualitative studies. Both of the authors started searching for research studies and articles on this topic from “1st January, 2024” and this procedure continued till “30th, April, 2025”. Each author of this intellectual work interacted with “10 people” belonging to “5 places (“Details provided above in sub -heading (c) Interaction with general public”), during the time period “1st March, 2024 to 31st March, 2025”. “Primary cum Corresponding Author” by discussing with “Co - Author” of this article played a significant role in finalizing themes for this article and relevant “Review of literature” needed to be presented in this intellectual work was segregated by both the authors

Author’s perspectives

Authors have given their commonly agreed joint perspectives below based on their “personal interaction with total of 20 residents” from “10 places in India (1) View about awareness on the “Pradhan Mantri Jan Arogya Yojana” among the general public of “India”

“We based on our personal interaction with “total 20 people from 10 different places of our nation” opine that cognizance of the “Pradhan Mantri Jan Arogya Yojana (PMJAY)” is greater in urban areas and among the educated populace of our country. It was evident from the opinions expressed by individuals during personal discussion that knowledge regarding “PMJAY” scheme is limited in rural and tribal areas of “India”.

Our personal interaction with people also revealed that several people, both in urban and rural places of our country, may lack comprehensive understanding regarding “eligibility, enrolment procedures, empanelled hospitals, and scope of coverage under the Pradhan Mantri Jan Arogya Yojana (PMJAY).”

(2) Perspective on the importance of the “Pradhan Mantri Jan Arogya Yojana”

“We assert that the “Pradhan Mantri Jan Arogya Yojana (PMJAY)” is advantageous, particularly in alleviating financial obligations during medical emergencies, on the basis of our personal interactions with 8 individuals from poor economic category. The aforementioned “PMJAY” scheme can be employed to conduct timely procedures, particularly for life-threatening or chronic medical illnesses, as evidenced by personal interactions with individuals from economically disadvantaged origins. Interactions with impoverished individuals suggest that the

“Pradhan Mantri Jan Arogya Yojana (PMJAY)” will improve their access to high-quality medical care at private institutions. It was also evident from our personal interaction with 8 people from middle class and 4 individuals from financially sound category that “PMJAY” scheme was highly beneficial for poor people in our country. Personal discussion with individuals from upper economic class shows that “Pradhan Mantri Jan Arogya Yojana (PMJAY)” has laid emphasis that accessible health care is a “basic human right”. It is also seen from personal interaction with people from high financial category shows that “PMJAY” scheme can play a significant role in reducing inequality in access to affordable medical care and can reduce strain on charitable health care institutions run with motto of providing quality medical care services which is affordable by general public.”

(3) Perspectives of individuals from several income categories on the “Pradhan Mantri Jan Arogya Yojana”

(i) View based on interaction with people from poor economic category

“We based on our personal communication with 8 individuals belonging to poor economic group wish to state that “Pradhan Mantri Jan Arogya Yojana (PMJAY)” is a boon, particularly in mitigating financial burdens during medical emergencies. Personal interactions with individuals from economically disadvantaged backgrounds indicate that timely procedures can be conducted, particularly for life-threatening or chronic medical illnesses, by utilizing the aforementioned “PMJAY” scheme. Interactions with poor individuals indicate that the “Pradhan Mantri Jan Arogya Yojana (PMJAY)” will facilitate their access to quality medical care at private hospitals.”

(ii) Opinion based on interaction with middle economic category individuals

“We based on our personal interaction with 8 people belonging to middle economic category opine that this initiative is significantly helpful for individuals coming under economically disadvantaged category. Individuals from the middle economic category remarked during personal discussions that they feel excluded from the “Pradhan Mantri Jan Arogya Yojana (PMJAY)” due to income thresholds. People in the middle financial category indicate that during medical emergencies, they are compelled to incur substantial expenses through loans. Interactions with middle class individuals reveals that private insurance is costly and not always sufficient to meet their health care requirements during emergency.”

(4) Opinions on the challenges associated with the implementation of the “Pradhan Mantri Jan Arogya Yojana”

“We have outlined the difficulties associated with the execution of the “Pradhan Mantri Jan Arogya Yojana”, which arose from our interactions with “20 individuals across 10 locations in India”.”

(I) Insufficient cognizance and inaccurate information

“We based on our personal interactions with 8 individuals from economically disadvantaged backgrounds assert that people from rural and tribal communities possess limited awareness regarding the “benefits, procedures, and eligibility criteria of the “Pradhan Mantri Jan Arogya Yojana (PMJAY)”.”

Conversations with poor persons revealed the following themes.

- (i) Numerous individuals are unaware of the procedures to verify eligibility or apply for the “Ayushman Bharat” card.
- (ii) They lack comprehension regarding the hospitals that are empanelled under this system; and
- (iii) Individuals are being deceived by local agents or incurring charges for services that ought to be complimentary.”

(II) Challenges in obtaining “Ayushman Bharat cards” and confirming eligibility.

“Our reflection on personal discussions with 20 persons from diverse regions of our nation reveals that the predominant issue cited is the bureaucratic delays and confusion surrounding the issuance of “Ayushman Bharat” cards.

Personal interaction with individuals disclosed the following themes.
(i) Prolonged delays or rejection of cards resulting from technical documentation issues.
(ii) Errors in the database about name, age, or address resulting in ineligibility.
(iii) Ambiguous procedures at Common Service Centres (CSCs) or dependence on private agents who impose fees.

Personal discussion with 8 individuals from economically disadvantaged backgrounds indicates that rural or tribal persons lacking internet proficiency may struggle to navigate the system effectively.”

(III) Restricted network of accredited hospitals and disproportionate allocation

“We based on personal interactions with 20 individuals from various regions of India, assert that the number of empanelled healthcare institutions under the “Pradhan Mantri Jan Arogya Yojana (PMJAY)” is limited, especially in rural and semi-urban areas.

Personal discussion with individuals disclosed the subsequent topics.

(i) Numerous hospitals in our country are still not included in the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojana”. and

(ii) “Ayushman Bharat Pradhan Mantri Jan Arogya Yojana” is limited to specific medical services.”

(IV) Refusal of medical care and concealed fees

“We based on our personal communication with 20 individuals opine that hospitals may deny cashless treatment under “Pradhan Mantri Jan Arogya Yojana (PMJAY)”.

Personal conversation with people has revealed the below stated themes.

(i) Hospitals may deny admittance under the “Pradhan Mantri Jan Arogya Yojana” owing to inadequate reimbursement rates; and

(ii) Individuals may be required to purchase medications or undergo external testing.”

Recommendations

Suggestions are given under various headings. The following recommendations seek to enhance public knowledge of the “Pradhan Mantri Jan Arogya Yojana (PMJAY)” in “India” and address challenges associated with its implementation, hence benefiting numerous beneficiaries in the country.

- enhancing cognizance about “Pradhan Mantri Jan Arogya Yojana (PMJAY)” among people of “India”
- “Awareness campaigns at the community level”
- Utilisation of “Accredited Social Health Activists and Anganwadi workers”
Formal training for “Accredited Social Health Activists (ASHAs) and Anganwadi workers on the benefits, enrolling procedures, and claim mechanisms of the Pradhan Mantri Jan Arogya Yojana (PMJAY)” can transform them into successful ambassadors of the initiative.
- “Health camps at the village level”
- Facilitating complimentary medical examinations and health camps in partnership with accredited hospitals might act as a gateway for dialogues around “PMJAY”. Live demonstrations of the “Ayushman Bharat” card verification and claims processes can elucidate about this scheme for general public.
- Village panchayat: “Panchayat leaders of Village Panchayat” in our country can disseminate information regarding the “Pradhan Mantri Jan Arogya Yojana (PMJAY)” during community gatherings or festivals.

Utilisation of Mass Media:

“Local television channels, radio stations, and newspapers” in regional languages can be utilised to enhance public knowledge of “PMJAY” among the citizens of our nation. Disseminating authentic success narratives can enhance trust and promote engagement in this health initiative.

Social Media and Digital Tools:

- Government and health authorities ought to utilise “WhatsApp, YouTube, Facebook, and short videos” to disseminate simplified information regarding the “Pradhan Mantri Jan Arogya Yojana (PMJAY)”.
- “Ayushman Bharat mobile app” should be advocated for self-verification and information dissemination.

Institutional Collaborations:

- Schools and higher educational institutions

Incorporating fundamental knowledge regarding government health schemes into the academic curriculum of schools and higher educational institutions, “NSS or NCC” activities can foster early awareness among youth, enabling them to educate their families.

- “Corporate Social Responsibility (CSR)” Promoting corporate sector involvement through “CSR” to implement “PMJAY” awareness campaigns, particularly in rural areas, urban slums, and industrial zones. This initiative can improve its cognizance among people of our nation
- Healthcare Institutions

All empanelled hospitals must prominently display information regarding the “Pradhan Mantri Jan Arogya Yojana (PMJAY)” and provide briefings during patient interactions.

- Non-governmental organizations
- Grassroots awareness and outreach
- Civil society organisations can increase awareness of the “Pradhan Mantri Jan Arogya Yojana (PMJAY)” among the general public using the following methods.
- Conduct awareness campaigns door-to-door, targeting rural and urban slum regions
- Conduct community gatherings, health camps, and street performances in vernacular languages and Disseminate basic information-based resources (leaflets, posters, audio-visual materials).
- Aiming at marginalised and vulnerable populations

Numerous eligible demographics, including tribal populations, migrant labourers, female-headed households, and individuals with impairments, may lack awareness of or be excluded from “PMJAY”.

- Civil society organisations can fulfil the roles outlined below, in addition to raising awareness for the benefit of the aforementioned qualifying people in our country.
- Identify households that are eligible yet excluded from the “Pradhan Mantri Jan Arogya Yojana (PMJAY)”. and
- Facilitate the generation and enrolment processes for the “Ayushman Bharat electronic card”.

Training programs:

- Non-governmental organisations may implement training programs on the “Pradhan Mantri Jan Arogya Yojana (PMJAY)” for the advantage of below mentioned people of our nation.
- Community health workers, self-help group members, and local volunteers. Panchayat leaders and health personnel to disseminate information pertaining to this scheme.
- Beneficiaries regarding the utilisation of “PM-JAY benefits, identification of empanelled hospitals, and submission of grievances”.
- This training program initiative establishes a self-sufficient awareness network at the community level.

Collaboration with healthcare institutions:

- Civil society organisations can assist empanelled hospitals in raising awareness about the “Pradhan Mantri Jan Arogya Yojana (PMJAY)” among the general public.

- Challenges in the execution of the "Pradhan Mantri Jan Arogya Yojana (PMJAY)"

Augmenting Public Awareness:

- Localised awareness initiatives
- Utilise regional languages via "Radio, TV, and community radio" to elucidate the features, processes, and advantages of the "Pradhan Mantri Jan Arogya Yojana (PMJAY)".
- Engage healthcare professionals
- Educate "Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs), and Anganwadi workers" to disseminate precise information regarding the "PMJAY" scheme.

Community Activities:

- Organise health camps, exhibitions, and street performances in rural areas and slums to promote awareness of the "Pradhan Mantri Jan Arogya Yojana (PMJAY)".
- Digital outreach
- Advocate for "PM-JAY" via "WhatsApp messages, SMS notifications, and official government social media platforms".
- "Enhancing identification and enrolment
- Dynamic Beneficiary Updating
- Facilitate regular updates to the "SECC (Socio-Economic Caste Census)" database to incorporate families previously excluded from the "Pradhan Mantri Jan Arogya Yojana (PMJAY)"
- Enhance the number of facilitation centres in rural and tribal regions
- Steps should be taken by the "Government of India" to enhance the availability of facilitation facilities for the enrolment of the "Pradhan Mantri Jan Arogya Yojana (PMJAY)" specifically in rural and tribal areas.
- Mobile Assistance Desks
- Implement mobile vans in rural and tribal regions for immediate "PMJAY registration and e-card issuance".

Enhancing Hospital Empanelment and Service Accessibility:

- Assistance to Private Hospitals"
- Provide financial and infrastructural assistance to private hospitals in underserved regions to participate in the "Pradhan Mantri Jan Arogya Yojana (PMJAY)".
- Compulsory Inclusion in Public-Private Partnership Initiatives"
- Mandate "PM-JAY empanelment for hospitals established through Public-Private Partnerships.
- Enhance Public Hospitals

Augment infrastructure and personnel in all government hospitals to satisfy the empanelment requirements of this health system.

Conclusion

This review and perspective-based study primarily examines citizens' awareness of the "Pradhan Mantri Jan Arogya Yojana", its efficacy, and the challenges encountered throughout its implementation. Authors have stated their collective opinion regarding the knowledge level of the specified health scheme among the general public of our nation, its significance, viewpoints of individuals from diverse economic strata, and challenges encountered in its implementation. The authors have collectively presented their unified viewpoints derived from personal interactions with a total of "20 residents across 10 places" in the country, conducted between "March 1, 2024, and March 31, 2025". "20 individuals" with whom the authors had personal discussion hailed from "Puducherry, Chennai, Tirupathi, Hyderabad, Dharwad, Bengaluru, Kochin, Kollam, Bhubaneswar, and Jagathsinghpur in India". Each author of this article work interacted with "10 persons personally". Recommendations are provided to enhance public knowledge of this health initiative in "India" and to address challenges associated with its implementation.

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