

Public Health Triumph in Puducherry: Evaluating PM-JAY Outcomes from the Ground Up

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INTRODUCTION

The Sustainable Development Goal (SDG) 3.8, as defined by the World Health Organization, aims to achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and affordable, safe, and effective medicines and vaccines for all.^[1] Ayushman Bharat, the flagship initiative of the Government of India, was launched in line with the recommendations of the National Health Policy 2017 to realize the goal of Universal Health Coverage (UHC). This program is aligned with the Sustainable Development Goals (SDGs) and reflects the core principle of "leaving no one behind."^[2] The National Health Authority (NHA) is the apex body responsible for implementing India's flagship public health insurance scheme, Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). It has also been entrusted with the task of formulating strategy, developing technological infrastructure, and implementing the Ayushman Bharat Digital Mission (ABDM) to establish a national digital health ecosystem. The NHA is leading the ABDM's rollout in collaboration with various ministries, state governments, private sector stakeholders, and civil society organizations.^[3] Ayushman Bharat is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care service. This scheme aims to undertake path breaking interventions to holistically address the healthcare system (covering prevention, promotion and ambulatory care) at the primary, secondary and tertiary level.^[2]

Ayushman Bharat is designed to implement transformative interventions that address the entire spectrum of healthcare across primary, secondary, and tertiary levels. It follows a continuum-of-care approach and consists of two interrelated components:^[4]

Ayushman Arogya Mandir

The first component of Ayushman Bharat involves establishing Ayushman Arogya Mandirs (AAM), previously known as Health and Wellness Centres (AB-HWCs). These Ayushman Arogya Mandirs offer a broad spectrum of healthcare services, including preventive, promotive, rehabilitative,

and curative care. Ayushman Arogya Mandirs are envisaged to deliver expanded range services that go beyond Maternal and child health care services to include care for non - communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for

emergencies and trauma , including free essential drugs and diagnostic services.^[5] As of September

12, 2024, there are 1,74,453 Ayushman Arogya Mandir across the country. These include 1,12,617 Sub Health Centres, 23,903 Primary Health Centres, 5,123 Urban Primary Health Centres, 5,632 Urban Health and Wellness Centres and 12,178 Ayush-related Centres.^[4]

Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) AB-PMJAY is a government-funded health insurance scheme offering up to ₹5 lakh per family per year for secondary and tertiary care hospitalization. It benefits economically weaker sections by providing cashless and paperless access to treatment at empaneled

public and private hospitals, significantly reducing out-of-pocket healthcare expenses and improving access to quality medical services across India.^[6] In a significant move, the Union Cabinet approved a major expansion of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) on September 11, 2024. Under this decision, all senior citizens aged 70 and above will receive health coverage, regardless of their income. This expansion is set to benefit around 4.5 crore families, including 6 crore senior citizens, by providing them with free health insurance coverage of up to Rs 5 lakh per family. With this approval, every senior citizen in this age group will have access to the scheme's benefits, regardless of their socio-economic status.^[7]



Figure 1: PM-JAY milestones timeline. Source: National Health Authority (India) [Internet] [cited 2025 Aug 5]. Available from: <https://nha.gov.in/PM-JAY>^[2]

As on 05.02.2019, 33 States/UTs have signed MoUs with National Health Agency (now National Health Authority), the implementing body for PMJAY. Only States of Telangana, Odisha, and Union Territory of Delhi have not signed the MoU.^[8]

Ayushman Bharat Digital Mission

Launched by Prime Minister Narendra Modi on September 27, 2021, the Ayushman Bharat Digital Mission (ABDM) aims to establish a robust digital health ecosystem through active collaboration between public and private sectors^[4]. The Ayushman Bharat Digital Mission (ABDM), formerly known as the National Digital Health Mission, aims to support universal health coverage in an efficient, accessible, inclusive, affordable, timely, and safe manner.

ABDM is designed to create longitudinal electronic health records for citizens, enhancing healthcare accessibility, reducing care costs, and improving efficiency in health service delivery. It facilitates continuity of care across primary, secondary, and tertiary levels seamlessly. The digital health ecosystem established by ABDM also ensures the availability of healthcare services through electronic means, particularly benefiting remote and rural areas where

specialist care is often limited. As of September 12, 2024, 66.70 crore Ayushman Bharat Health Accounts have been created with 42.01 crore Health Records linked to it.

Ayushman Bhav Campaign

The Ayushman Bhav Campaign is a comprehensive nationwide healthcare initiative of the Union Ministry of Health and Family Welfare that aims to provide saturation coverage of healthcare services, reaching every village and town in the country^[9]. This Campaign was implemented during the 'Seva Pakhwada' from September 17 to October 2, 2023.

Unlike conventional assessments focused on national-level trends, this article takes a bottom-up approach to evaluate the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in the unique context of Puducherry. It highlights how strategic partnerships between public and private hospitals, active engagement of academic institutions, and streamlined digital infrastructure have enabled high enrolment, efficient claim processing, and increased treatment uptake among economically vulnerable populations. This review also accounts for disparities in utilization, focusing on rural–urban differences and variations in

specialty care access, offering insights often missed in national aggregates.

The analysis further explores Puducherry's experience as a scalable model for achieving health equity under AB-PMJAY. It emphasizes how the region's success in minimizing out-of-pocket expenditure, improving hospital-based service coverage, and empowering primary health institutions demonstrates the transformative potential of targeted universal health coverage schemes. The article argues for continued support to enhance public hospital capacities, reduce information asymmetry, and ensure long-term financial sustainability—particularly for high-risk groups like the elderly and chronically ill. Puducherry's experience, thus, stands as a testament to what well-implemented public health financing can achieve even in limited-resource settings.

Contextual Overview of PM-JAY In Puducherry

AB PMJAY was launched in Puducherry on 31st August 2019 by the Hon'ble Chief Minister with (PSHA) Puducherry State Health Agency as implementing Unit. With the approval of the

Hon'ble Lt. Governor, Scheme was implemented in Trust Mode on 30th Dec 2020 for 1,03,434 SECC families. As per the communication received from GOI Ministry of Home Affairs on 31.12.2019 (O.M. No. S-12018/15/2019-NHA) and 26th Nov 2020 (D.O. No.15039/131/2018-UT (Coord) the State Scheme "Pondicherry Medical Relief Society" was merged with AB-PMJAY on 13th Jan 2021 for 176180 families. The Socio Economic and Caste Census eligible families is 60:40 (which includes 1,03,434 families and 4,13,736 individuals. The Merged Scheme families eligible is 100% state share 100 % (This includes 72,746 families and 2,16,764 individuals.

NFSA database was implemented on 13th Jan- 2021 for 1,76,180 families with approval of the Hon'ble Lt. Governor of Puducherry. All BPL families were brought under AB-PMJAY Scheme. With approval of the Hon'ble Lt. Governor, M/s Good Health Third Party Administrator, Empanelled with National Health Authority is authorized as Third Party administrator for processing the claim. Processing fee per claim approval was fixed at Rs.36.53/- (including GST).

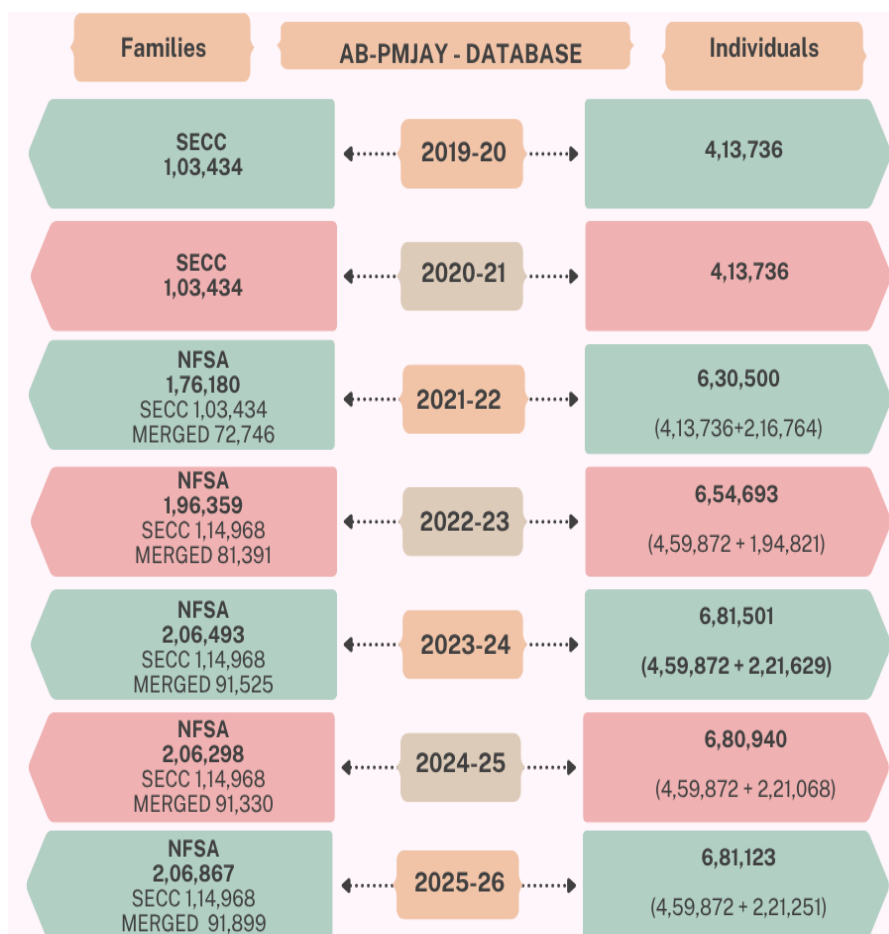
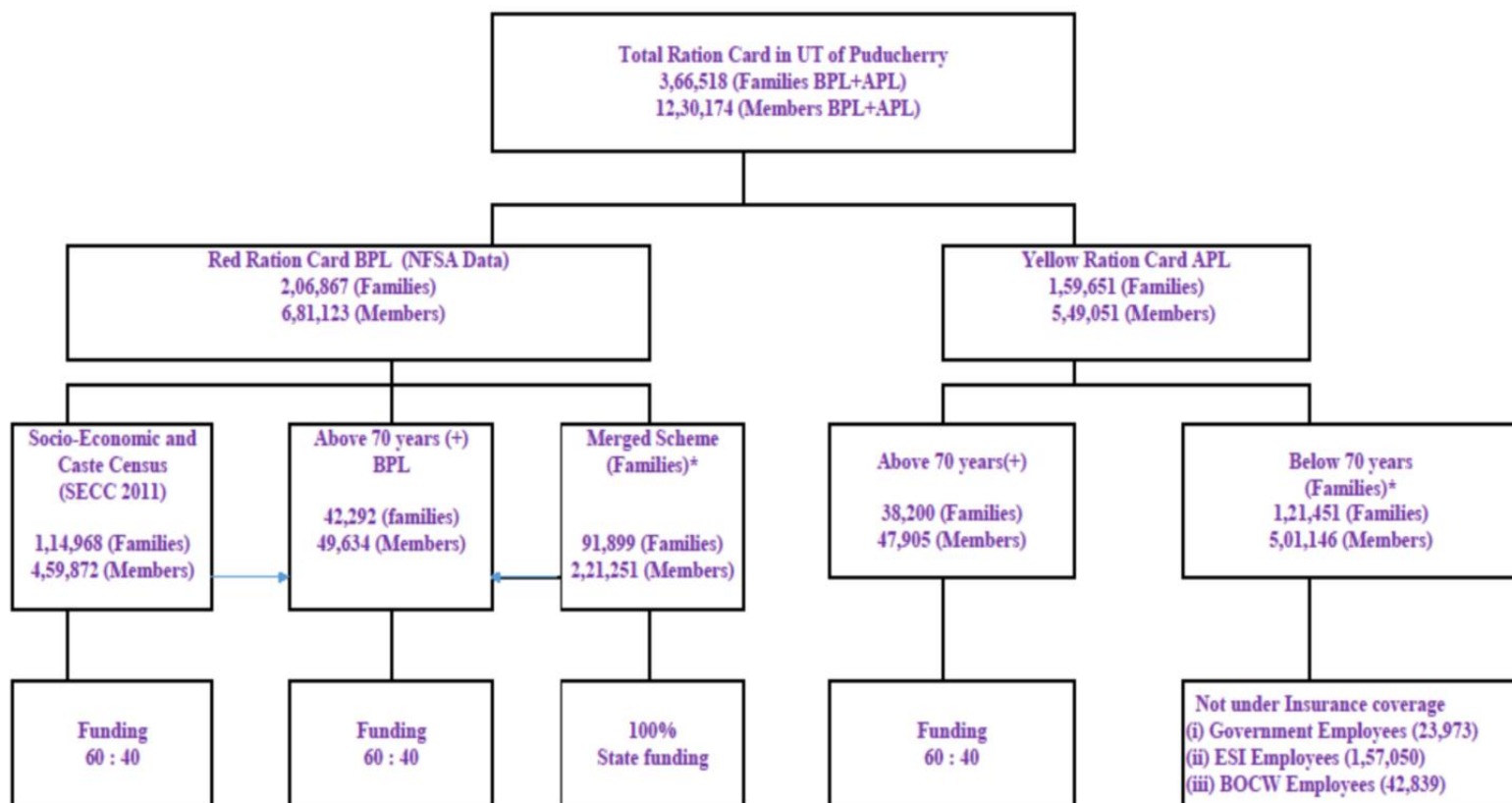
**Figure 2: AB-PMJAY-Database (2025)****DEMOGRAPHIC & COVERAGE STATISTICS**

Figure 2 presents a year-wise overview of the AB-PMJAY database in Puducherry, showing a progressive expansion in both family and individual coverage from 2019–20 to 2025–26. Initially based solely on SECC data (1,03,434 families and 4.13 lakh individuals), the inclusion of NFSA data significantly boosted beneficiary numbers from 2021–22 onwards.

By 2025–26, the database covers 2,06,867 families and 6,81,123 individuals, reflecting successful data convergence and beneficiary inclusion. The consistent increase in merged data indicates improved targeting and integration of welfare schemes, enhancing health security across the UT.

**Figure 3:** Total Ration Card in UT of Puducherry

The chart outlines the insurance coverage of BPL and APL families in Puducherry based on ration card data, highlighting segmentation by age and scheme type. While BPL families are largely covered

under centrally and state-funded schemes, a significant portion of APL families below 70 years remains uninsured, especially those not covered under ESI, BOCW, or government employment.

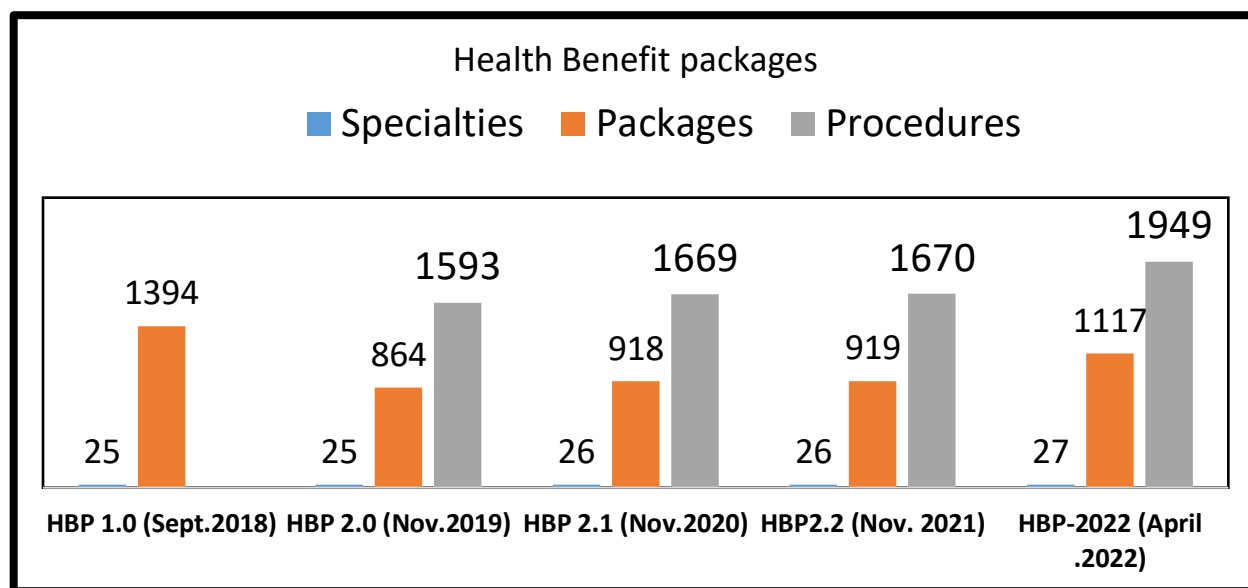


Figure 4: AB-PMJAY in the UT Puducherry - migration of packages 2019-2025

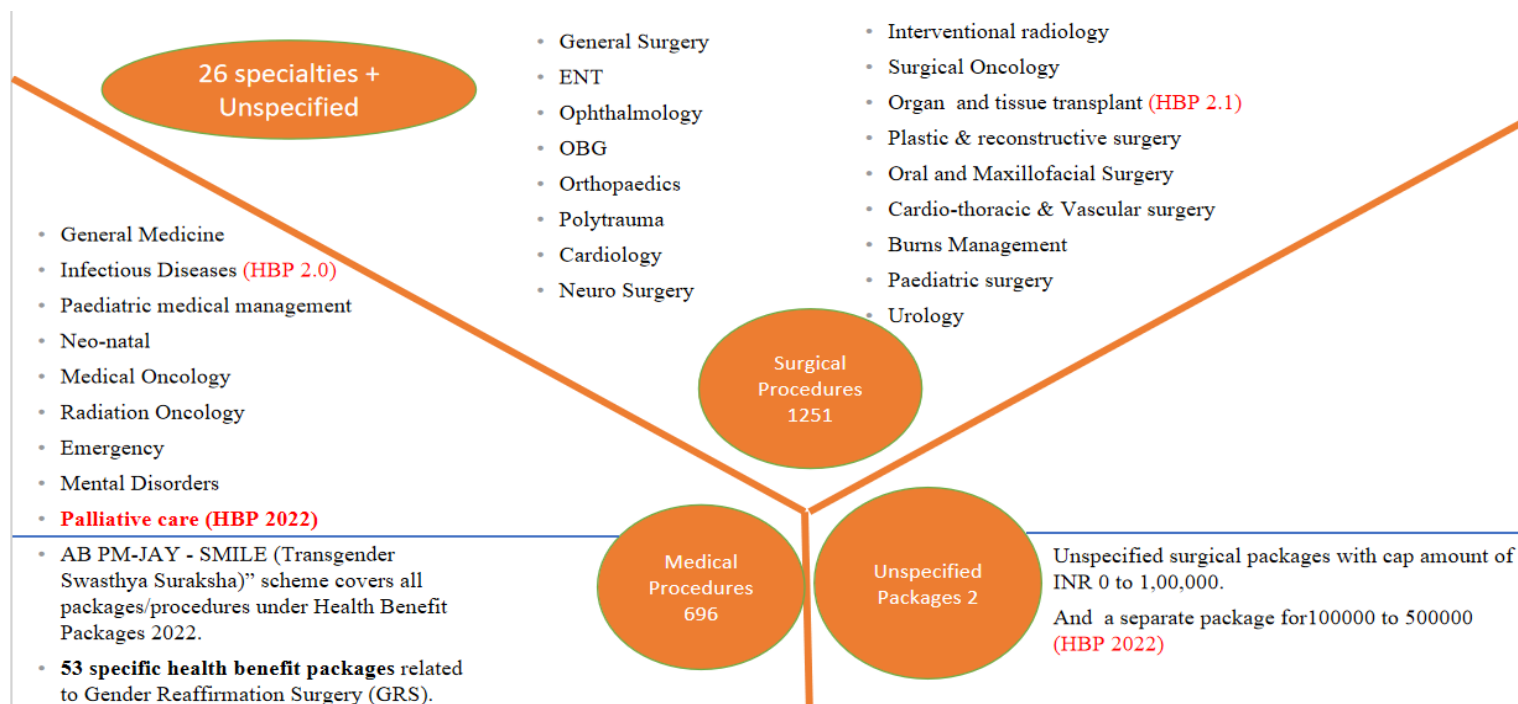


Figure 5: Overview of Health Benefit Packages (HBP 2022) Puducherry

Figure 5 outlines the **comprehensive range of medical, surgical, and unspecified procedures** covered under the Ayushman

Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) as per the updated Health Benefit Packages (HBP). A total of 26

specialties plus unspecified categories are included, spanning general medicine, pediatrics, mental health, emergency care, infectious diseases (HBP 2.0), and palliative care (HBP 2022). It also highlights niche services like neo-natal and oncology care, indicating an inclusive approach toward both acute and chronic care under the scheme.

The central part of the graphic divides the packages into three main types: 1,251 surgical procedures, 696 medical procedures, and 2 unspecified packages. The surgical procedures span across a wide spectrum including general surgery, orthopaedics, ENT, OBG, cardiology, and neuro surgery. Specialized interventions like interventional radiology, surgical oncology, plastic surgery, and organ transplantation (HBP 2.1) are also part of this list, reinforcing the program's ability to provide tertiary-level care.

Additionally, the infographic highlights the AB PM-JAY SMILE scheme for transgender individuals, which includes 53 specific packages related to Gender Reaffirmation Surgery (GRS), reflecting a commitment to inclusive healthcare. Unspecified surgical packages come with financial caps from ₹0 to ₹1,00,000, with an additional package tier for ₹1,00,000 to ₹5,00,000 (as per HBP 2022), offering

flexibility for rare or complex cases. Overall, the design ensures coverage breadth across general and specialized health needs with evolving updates under HBP 2.0 and 2022.

Funds received from Govt. of India and Govt. of Puducherry (2021-2025)

1. Financial Year 2021-22:

- A total of ₹3,63,08,597 was received as Grant-in-Aid, and ₹61,17,547 as Administrative Fund.

- From this, the Central Share contributed ₹1,23,08,597 (Grant-in-Aid) and ₹11,17,547 (Admin Fund).

- The State Share contributed ₹2,40,00,000 (Grant-in-Aid) and ₹50,00,000 (Admin Fund), split as ₹10,00,000 and ₹40,00,000 respectively.

- Remarks: ₹40,00,000 was sanctioned for E-card generation, of which ₹19,67,574 was utilized. The remaining unspent balance of ₹20,32,453 was remitted to the DAT account on 26.07.2024.

2. Financial Year 2022-23:

- ₹14,44,80,350 was received as Grant-in-Aid, and ₹19,94,068 as Admin Fund.

- The Central Share included ₹7,93,13,350 (Grant-in-Aid) and ₹4,94,068 (Admin Fund).

- The State Share provided ₹6,51,67,000 (Grant-in-Aid) and ₹15,00,000 (Admin Fund).

3. Financial Year 2023-24:

- ₹21,71,23,672 was received as Grant-in-Aid, and ₹10,79,318 as Admin Fund.

- From this, the Central Share included ₹5,25,29,672 and ₹4,79,318.

- The State contributed ₹16,45,94,000 and ₹6,00,000 for Grant-in-Aid and Admin respectively.

4. Financial Year 2024-25:

- The highest grant was received this year, totaling ₹27,99,37,932 (Grant-in-Aid) and ₹44,17,321 (Admin).

- Central Share: ₹9,26,05,932 and ₹34,17,321.

- State Share: ₹18,73,32,000 and ₹10,00,000.

5. Grand Totals (FY 2021–2025):

- Total Fund Received: ₹67,78,50,551 (Grant-in-Aid) and ₹1,36,08,254 (Admin Fund)

- Central Share: ₹23,67,57,551 (Grant-in-Aid) and ₹55,08,254 (Admin Fund).

- State Share: ₹44,10,93,000 (Grant-in-Aid) and ₹81,00,000 (Admin Fund).

This financial summary reflects a structured co-funding model, with a 60:40 Central-State share for SECC families and full state funding for the merged scheme. The funds are primarily utilized for service delivery infrastructure like E-card generation, with transparent tracking of utilization and remittance of unspent balances.

Performance of Public Hospitals from 2021-22 to 2024-25

A comprehensive year-wise distribution of cases and the corresponding financial amounts sanctioned across various healthcare facilities from 2021–22 to 2024–25, along with cumulative totals. A total of 30,631 cases were recorded across 12 facilities during this period, amounting to ₹45,77,98,941. The highest number of cases was reported in 2024–25 (12,002), with the amount spent that year totaling ₹16,46,90,306. Among all facilities, JIPMER handled the most cases (13,350) and received the highest cumulative amount of

₹19,07,10,663. This was followed by GGH, KARAIKAL, with 7,470 cases and ₹7,90,53,275 sanctioned. Other notable contributors include RGGW&CH (2,957 cases, ₹7,78,69,975) and IGGH&PGI (1,356 cases, ₹6,37,11,723). On the lower end, CHC PALLOOR reported only 20 cases with a total amount of ₹9,59,800. The year-on-year data illustrates a consistent rise in both the number of cases and funds allocated, reflecting increased healthcare utilization and financial support across the Union Territory.

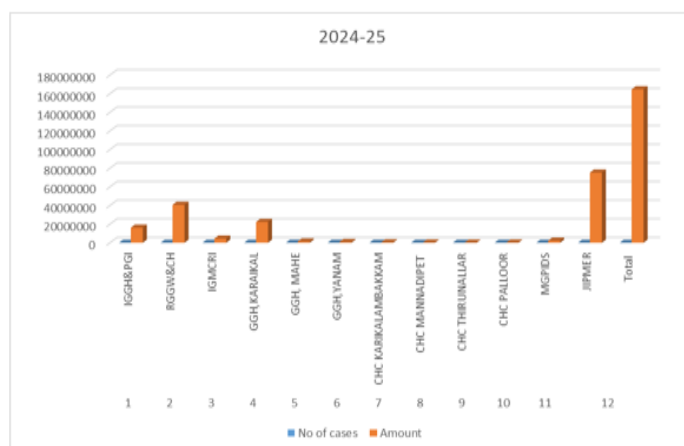
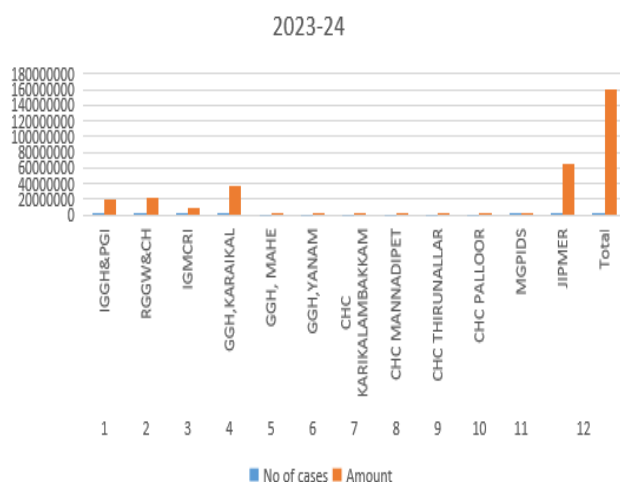
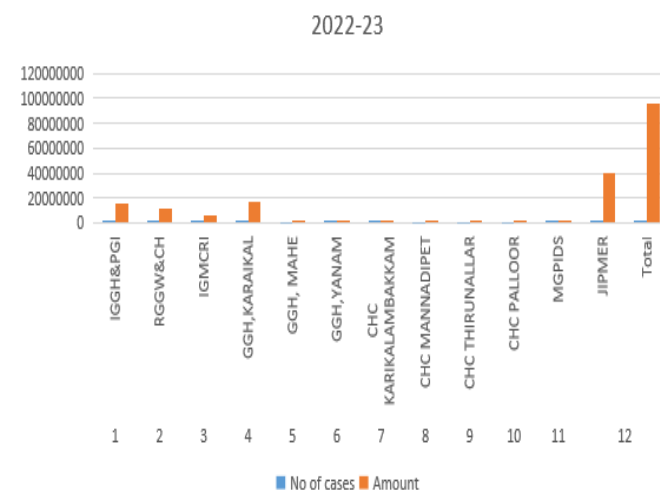
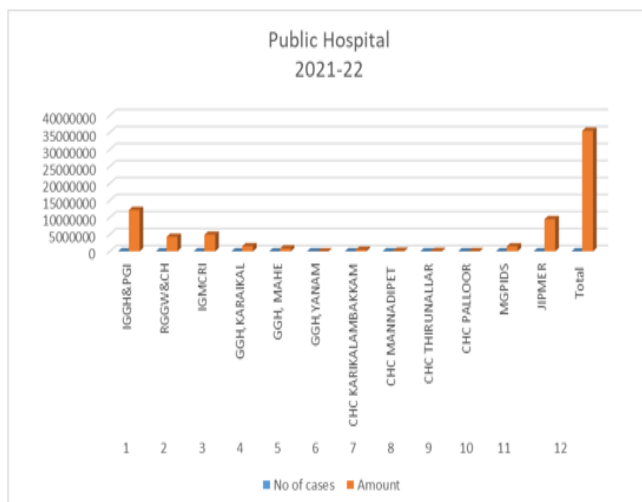


Figure 6: Performance of Private Hospitals from 2021-22 To 2024-25

The two diagrams provide a detailed breakdown of the number of medical cases handled and the corresponding financial expenditures across 19 private healthcare facilities over four financial years (2021–22 to 2024–25). The data reveals a consistent increase in both the number of treated cases and the funds disbursed each year, indicating a growing reliance on private healthcare services. The highest number of cases and expenditure occurred in 2024–25, with 31,919 cases amounting to ₹1,81,33,6001. The EAST COAST HOSPITALS LTD reported the largest number of cases overall (25,140) with a total fund usage of ₹85,64,33,03, followed by KIDNEY CENTRE HOSPITAL (21,926 cases, ₹46,29,5400) and GL HOSPITAL (1,725 cases, ₹11,43,83,23.25). Smaller facilities like THE POSH PONDY ORTHO SPECIALITY HOSPITAL and ST MARYS EYE CARE saw

minimal activity, handling only a few cases with relatively small financial disbursements.

Overall, these private institutions collectively handled 84,195 cases, receiving a total fund of ₹4,42,84,91,88 over the four years. Several facilities showed dramatic increases in both case load and funding, such as SRI VENKATESHWARAA MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE, which managed 7,128 cases totaling ₹73,47,51,08.75, and SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES, handling 10,693 cases and ₹93,69,82,37. These figures underscore the growing importance of private healthcare partnerships in meeting the region's medical needs, supplementing the capacity of public institutions. The rising numbers reflect an expanding healthcare ecosystem where both accessibility and financial support appear to be scaling significantly year over year.

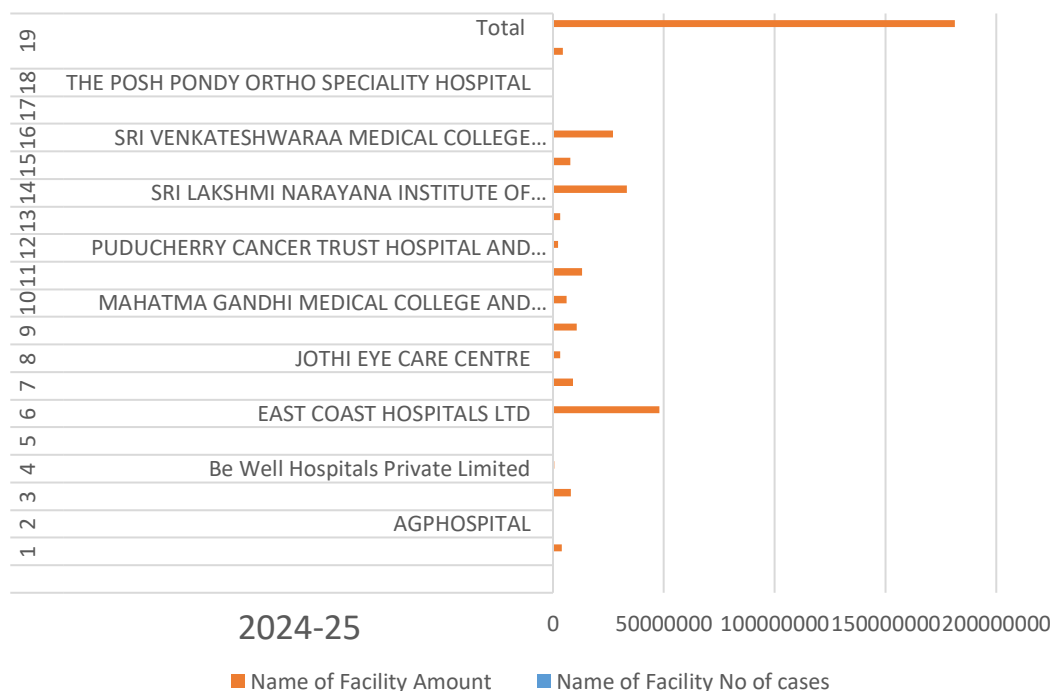
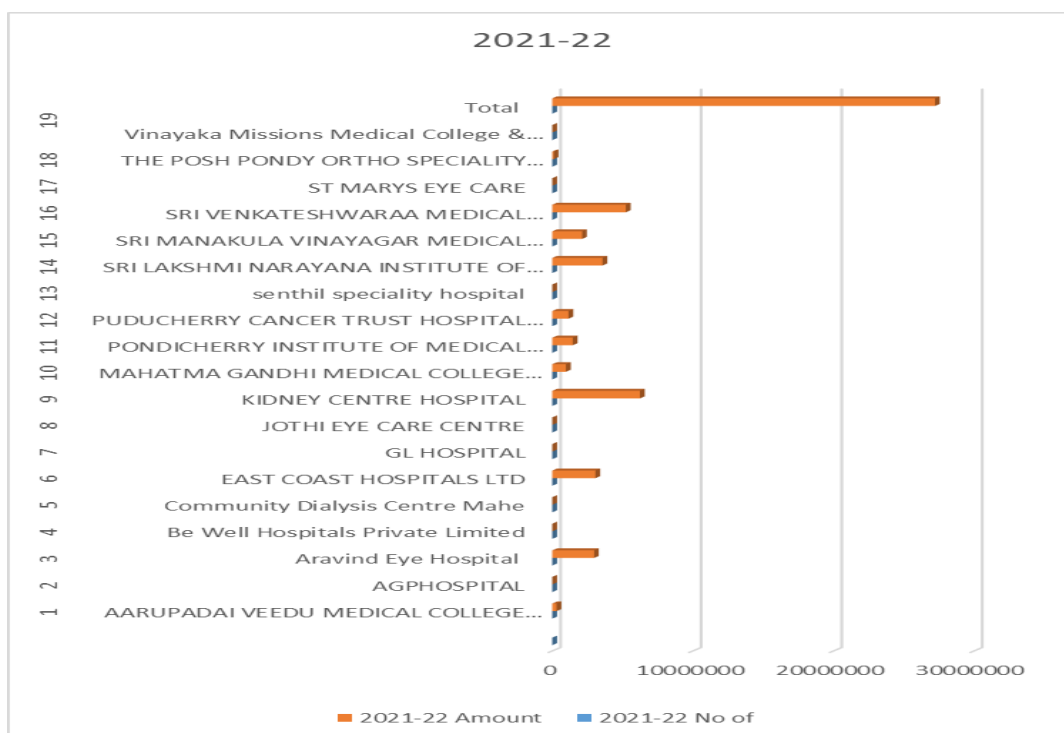


Figure 7: Comparative Analysis of Public and Private Hospitals under AB-PMJAY Scheme 2021-22 To 2024-25

Table 1: Overall Claim Settled by the Puducherry Government

S.No	Name of Facility	2021-22 to 2024-25	
		No of claim submitted	Claim submitted Amount
1	Public Hospitals	30,631	45,77,98,941
2	Private Hospitals	84,195	44,28,49,188
	Total	1,14,826	90,06,48,129

The number of claims paid and the total amount disbursed for each government healthcare facility from the financial year 2021–22 to 2025–26 was analysed. A total of 23,939 claims were paid across 12 facilities, amounting to ₹33,50,60,723. The highest number of claims was processed at JIPMER, with 13,313 claims totaling ₹18,18,38,901, accounting for more than half of the total amount disbursed. This was followed by GGH, KARAIKAL, with 4,860 claims and a total payout of ₹5,23,38,915, and RGGW&CH, with 1,600 claims amounting to ₹3,58,68,737.

Other facilities, such as IGGH&PGI (1,026 claims, ₹3,47,08,588) and IGMCRI (1,367 claims, ₹1,64,68,715), also had significant contributions. On the lower end, CHC PALLOOR processed only 17 claims, with a disbursed amount of ₹6,56,100, and CHC THIRUNALLAR with 46 claims totaling

₹5,34,800. This distribution reflects the varying scale of service delivery across institutions, with tertiary care centers like JIPMER handling the bulk of the healthcare load and receiving the highest financial support under the claims paid system.

Obtained data presents the number of claims paid and the total amount disbursed by 19 private healthcare facilities under the public health insurance scheme from 2021–22 to 2025–26. A total of 72,975 claims were processed, resulting in a cumulative disbursement of ₹3,24,11,77,67. The largest volume of claims came from KIDNEY CENTRE HOSPITAL, with 21,464 claims amounting to ₹4,44,16,100, followed by EAST COAST HOSPITALS LTD, which handled 20,509 claims and received ₹4,30,31,983. SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES also made a

significant contribution with 9,763 claims and a payout of ₹7,85,65,559, while SRI VENKATESHWARAA MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE processed 6,190 claims amounting to ₹5,08,24,180.

Other notable facilities include MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE (965 claims, ₹1,01,30,737), PONDICHERRY INSTITUTE OF MEDICAL SCIENCES (2,404 claims, ₹2,18,24,360), and Aravind Eye Hospital (1,744 claims, ₹1,83,27,962). Smaller centers such as ST MARYS EYE CARE (23 claims, ₹1,61,270) and THE POSH PONDY ORTHO SPECIALITY HOSPITAL (3 claims, ₹1,43,880) had minimal activity and fund utilization. Overall, this data highlights a substantial role played by private hospitals in delivering insured healthcare services, with a clear concentration of claims and funds among a few high-volume tertiary facilities.

Expansion of the Scheme to Senior Citizens above 70 Years & Above Vay Vandana Scheme

On 4th September 2024, guidelines were issued for the expansion of AB-PMJAY to include all senior citizens aged 70 years and above. Subsequently, on 11th September 2024, the Government of India approved the inclusion of all individuals aged 70 and above under AB PM-JAY, regardless of socio-economic status, on a family basis. The scheme for senior citizens was officially launched by the Hon'ble Prime Minister of India on 29th October 2024 at the All-India Institute of Ayurveda, New Delhi. Further, on 2nd December 2024, an Office Memorandum was released concerning enrollment and grant-in-aid for implementation. In continuation, the Government of Puducherry issued G.O. Ms.No.1 on 24th January 2025, and the **Ayushman Vay Vandana** scheme was formally launched in Puducherry on 14th February 2025 by the Hon'ble Lieutenant Governor in the presence of the Hon'ble Chief Minister. Minister of Puducherry and other selected members of legislative assembly of Puducherry.

Table – 2: E-card enrolment of Ayushman Vay Vandana scheme (29-Oct-2024 to 08-June-2025)

State/UT	Enrolled (Individuals)
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Puducherry	7,428
Karaikal	1,398
Mahe	2,480
Yanam	175
Total	11,481

Puducherry's Recognition

The Union Territory of Puducherry was recognized for its outstanding performance in implementing the Ayushman Bharat scheme by receiving four prestigious awards at Arogya Manthan 5.0, held on 25th and 26th September 2023 at Vigyan Bhawan, New Delhi. Organized by the National Health Authority, the event celebrated exemplary contributions by states and UTs. Puducherry was awarded for achieving over 90% coverage of families with at least one Ayushman Card, for having the highest number of hospital beds empanelled per 1000 beneficiaries, and for recording the highest number of treatments among Union Territories. Additionally, Puducherry was recognized for the full utilization of allocated funds under the scheme, reflecting its efficient and committed implementation.

CONCLUSION

The Union Territory of Puducherry stands out as a robust model for Universal Health Coverage under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-

PMJAY). Through strategic integration of state-funded and centrally sponsored schemes, digital health infrastructure, and a dynamic public-private partnership framework, Puducherry has demonstrated remarkable efficiency in scheme implementation, fund utilization, and healthcare access. Notably, it has ensured high beneficiary coverage, minimized out-of-pocket expenditure, and sustained year-on-year increases in both hospital admissions and financial disbursements. The state's inclusive approach—especially the successful rollout of the Ayushman Vay Vandana Scheme for senior citizens—underscores its commitment to equity and last-mile health delivery.

Its achievements in hospital empanelment, digital health record linkage, and consistent utilization of Health Benefit Packages (HBP 2.0 & 2022) reflect a mature and scalable ecosystem that other states can emulate.

Recommendations for Other States and Union Territories

1. Integrate State and Central Databases for Beneficiary Inclusion

Seamless merging of SECC, NFSA, and state-funded schemes—as done in Puducherry—can expand coverage, reduce duplication, and improve equity in healthcare access.

2. Strengthen Public–Private Partnerships (PPPs)

Engaging well-equipped private hospitals under strict empanelment guidelines enhances service availability, especially for tertiary and specialized care, helping bridge capacity gaps in public infrastructure.

3. Ensure Digital Health Readiness via ABDM

Accelerate adoption of the Ayushman Bharat Digital Mission (ABDM) to enable paperless, interoperable health service delivery. Linking electronic health records and Ayushman Cards can significantly improve efficiency and continuity of care.

4. Target High-Risk and Vulnerable Groups

Replicate Puducherry's success with the Ayushman Vay Vandana scheme to offer unconditional health coverage to senior citizens, regardless of socio-economic background.

5. Focus on Primary Health Strengthening via Ayushman Arogya Mandirs

Strengthen the first line of care by operationalizing Ayushman Arogya Mandirs to offer comprehensive and preventive health services, reducing the load on secondary and tertiary institutions.

6. Monitor and Evaluate Utilization Patterns

Regular audits of claim trends, specialty usage, and hospital-wise fund disbursement can help detect disparities, fraud, or inefficiencies—ensuring corrective actions and equitable fund allocation.

7. Optimize Administrative Efficiency

Streamline claim approval systems through authorized Third-Party Administrators (TPAs), as seen with Puducherry's engagement with M/s Good Health TPA, to maintain timely processing and transparency.

8. Leverage Recognition and Awards as Motivation Tools

Emulate Puducherry's drive toward performance-based outcomes by participating in national forums like Arogya Manthan to benchmark progress, share best practices, and gain national visibility.

9. Charting the Road to Health for All

Puducherry's trajectory under AB-PMJAY offers compelling evidence that a

focused, data-driven, and community-centric approach can make health coverage genuinely universal. With strategic replication and local customization, other states and UTs can similarly transform healthcare delivery and equity for their populations, advancing India's collective progress toward SDG 3.8.

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