

RESEARCH REPORT

Analysis of the Mass Health Insurance Scheme in Relation to Ayushman Bharat's Pradhan Mantri Jan Arogya Yojana (PM-JAY) among selected Urban population of Muradnagar City Ghaziabad District

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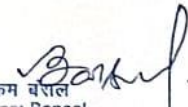


National Centre for Good Governance (NCGG)
Department of Administrative Reforms and Public
Grievances, Ministry of Personnel, Public Grievances and
Pensions, Government of India

CERTIFICATE

This is to certify that Ms. Aashi Tyagi, a student of Vivekananda College, University of Delhi, has satisfactorily concluded the research report titled “**Analysis of the Mass Health Insurance Scheme in Relation to Ayushman Bharat’s Pradhan Mantri Jan Arogya Yojana (PM-JAY) among selected Urban population of Muradnagar City Ghaziabad**” as part of the internship program at the National Centre for Good Governance (NCGG) under my mentorship.

I, Dr. Vikram Bansal hereby validate the successful completion of the internship report within the internship program at the National Centre for Good Governance (NCGG). The report submitted by Ms. Aashi Tyagi is an authentic work carried out by him/her under my supervision and guidance. I have reviewed and assessed the intern's performance throughout the internship period.


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UNDERTAKINGS

Ethical Compliance:

I, Aashi Tyagi, affirm that this research, titled “*Analysis of the Mass Health Insurance Scheme in Relation to Ayushman Bharat’s Pradhan Mantri Jan Arogya Yojana (PM-JAY) among Selected Urban Population of Muradnagar City, Ghaziabad District*”, has been conducted with strict adherence to ethical guidelines. All participants were informed about the nature and purpose of the study, and their consent was obtained prior to participation. Confidentiality and anonymity of the participants have been maintained throughout the research process.

Conflicts of Interest:

I declare that there are no conflicts of interest related to this study. I have no personal or financial relationships that could have influenced the outcomes of this research.

Additional Declarations:

I confirm that this work is original and has not been published elsewhere. All sources and references used in this study have been appropriately acknowledged. I have complied with all institutional requirements and guidelines throughout the research process.

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ABSTRACT

This research report, conducted by Ms. Aashi Tyagi as part of her internship at the National Centre for Good Governance (NCGG), provides a comprehensive analysis of the Mass Health Insurance Scheme with a specific focus on Ayushman Bharat's Pradhan Mantri Jan Arogya Yojana (PM-JAY) in Muradnagar, Ghaziabad District. The study aims to evaluate the implementation, impact, and challenges of PM-JAY in the local context, offering insights into its effectiveness and areas for improvement.

The report begins with an overview of Ayushman Bharat PM-JAY, outlining its concept, features, and benefits. It details the scheme's objectives to provide financial protection against catastrophic health expenditures and enhance access to healthcare for the bottom 40% of the Indian population. The scheme's implementation in Muradnagar is scrutinized through statistical analysis and comparison with global healthcare policies.

Key findings include the significant positive impact of PM-JAY on reducing out-of-pocket healthcare expenses for beneficiaries and improving access to healthcare services. However, challenges such as administrative inefficiencies and infrastructure limitations are highlighted. The report also presents a critical analysis of the scheme's strengths, opportunities, threats, and weaknesses (SWOT), and suggests ways forward to enhance its efficacy.

By juxtaposing PM-JAY with health insurance policies in countries like the USA, UK, Australia, and Canada, the report provides a global perspective on India's health insurance landscape. The research underscores the need for continuous monitoring and adaptation of the scheme to address emerging challenges and ensure equitable healthcare access for all citizens.

This study is a valuable resource for policymakers, healthcare professionals, and researchers interested in the dynamics of health insurance schemes and their role in achieving universal health coverage in India.

INTRODUCTION

BACKGROUND

“Healthy citizens are the greatest asset any country can have.” – Winston Churchill

Health is the cornerstone of a person’s overall well-being, encompassing emotional, mental, and physical aspects. It is more than just the absence of illness; it is a vital resource that enables individuals to thrive within society. A lifestyle that promotes health is essential for leading a fulfilling life filled with meaning and purpose.

Healthcare, on the other hand, is the systematic delivery of medical services to individuals or communities. Its purpose is to support people in maintaining their well-being across all facets of life. This includes the provision of primary, secondary, and tertiary care, as well as public health initiatives.

The significance of health and healthcare in any nation cannot be overstated. Here are some considerations:

1. **Economic Growth:** A robust healthcare system is a pillar of a strong economy. An increase in life expectancy by just 10% can lead to an economic growth of approximately 0.4% annually. According to the World Bank, half of the economic disparities between developed and developing countries can be attributed to differences in health and life expectancy.
2. **Workforce Effectiveness:** The health status of a country’s citizens directly impacts the productivity of its workforce. Optimal health is crucial for a high quality of life, influencing our capacity to enjoy and engage in daily activities.
3. **Family Welfare:** An efficient healthcare system alleviates the financial and emotional strain on families, thereby contributing to the nation’s prosperity.
4. **Promotion of Well-being:** Healthcare plays a decisive role in fostering the overall physical and mental health of populations globally.
5. **Equity and Access:** The availability of healthcare services can differ widely based on geographic location, socioeconomic status, and governmental policies. The goal of healthcare is to ensure that personal health services are used in a timely manner to achieve the best health outcomes possible.

Despite India’s remarkable economic progress, its healthcare access and quality index ranking at 145th among 195 countries is a cause for concern. This ranking, which trails behind nations like Sri Lanka and Bangladesh, highlights the urgent need for enhancements in India’s healthcare infrastructure and services.

India's healthcare system has encountered numerous challenges, including disease outbreaks and the COVID-19 pandemic. While the Government of India has been lauded for executing the world's largest vaccination campaign, the pandemic has underscored the necessity for stronger health governance. India has played a pivotal role globally during these challenging times, yet there is a pressing need to fortify the healthcare system for future crises.

The National Health Policy (NHP) of 2017 in India was designed with two main objectives: to comprehensively reach every individual and to integrate various healthcare components to promote wellness. Its central ambition is to achieve universal health coverage, ensuring the provision of quality healthcare services at affordable prices.

India's healthcare policies have evolved from the National Health Policies of 1983 and 2002, which have steered the health sector's direction within the framework of the Five-Year Plans. However, the current landscape has undergone four significant shifts:

- The nature of health priorities is changing. Although there have been improvements in maternal and child mortality rates, non-communicable diseases and certain infectious diseases are on the rise.
- The healthcare industry is experiencing rapid growth, with estimates suggesting a double-digit expansion rate.
- Healthcare expenses are increasingly contributing to poverty, with more families facing catastrophic healthcare costs.
- The country's economic advancement has increased fiscal capacity, offering greater opportunities for healthcare investments.

In line with the global health agenda, India's healthcare narrative aligns with Sustainable Development Goal (SDG) 3, known as "Good Health and Well-being," one of the 17 SDGs established by the United Nations in 2015. The essence of SDG 3 is to "ensure healthy lives and promote well-being for all at all ages."

SDG Target 3.8.2 of Sustainable development goal 3 emphasizes the pursuit of universal health coverage, incorporating principles of financial risk protection, access to quality essential healthcare services, and the availability of safe, effective, and affordable essential medicines and vaccines for everyone. Progress towards this target is measured by the coverage of essential health services and the proportion of the population facing significant healthcare expenditures relative to total household expenditure or income.

In harmony with these broad policies, the Government of India introduced Ayushman Bharat, a flagship program supported by the National Health Policy 2017, to fulfil the vision of Universal Health Coverage (UHC). This significant initiative is designed to meet the third Sustainable Development Goal - "Good Health and Well-being," with a commitment to "leave no one behind."

The World Health Organization (WHO) in India has established four strategic priorities, with the foremost being the swift advancement of Universal Health Coverage (UHC). This objective is being realized through the implementation of Ayushman Bharat, which encompasses Health and Wellness Centres and a hospital insurance scheme. Ayushman Bharat stands as the central element of this priority.

COMPARISON OF NATIONAL PUBLIC HEALTH INSURANCE POLICIES GLOBALLY:

Table 1:

Country/Region	Australia	Canada	UK	USA	France
Coverage	Universal	Universal	Universal	Varies by plan	Universal
Eligibility Criteria	Citizens and permanent residents	Citizens and permanent residents	Residents	Varies by plan	Residents
Benefits	Comprehensive hospital care for public patients in public hospitals, subsidized pharmaceuticals, etc.	Hospital and physician services, prescription drugs, etc.	National Health Service (NHS) provides comprehensive care	Varies by plan	Comprehensive healthcare including hospitalization, outpatient care, preventive services, etc.
Funding Sources	Federal & state funding, levies, Medicare levy, private health insurance premiums	Publicly funded through taxation	Tax-funded NHS, National Insurance contributions, private insurance, out-of-pocket payments	Taxes, premiums, private insurers, out-of-pocket payments	Social security contributions, taxes, private insurance premiums
Implementation Methods	Mixed public-private system, Medicare as primary payer	Single-payer system, provincial/territorial health insurance plans	National Health Service (NHS), public funding, private providers	Multi-payer system, employer-provided insurance, Medicaid, Medicare, private insurance, self-pay, etc.	Social health insurance, public and private providers
Practitioner Employment	Salaried within public sector	Salaried within public sector	Salaried within public sector	Mix of salaried and fee-for-service providers	Salaried within public sector
Private Sector Role in Public Sector Care Delivery	Minimal role with public sector providing 93% of total care delivery	Minimal role with public sector providing 70% of total care delivery	Minimal role with public sector providing 89% of total care delivery	Significant role for private providers	Significant role for private providers
Government Expenditure on Healthcare (% of GDP)	9.30%	10.40%	7.70%	8.50%	11.20%
Private Expenditure on Healthcare (% of GDP)	9.30%	30.10%	9.70%	17.70%	8.80%

Table 2:

Country/Region	India	China	Japan	Russia	Singapore
Coverage	Targeted population	Universal	Universal	Universal	Universal
Eligibility Criteria	Socioeconomically disadvantaged	Residents	All Japanese citizens	All Russian citizens	All Singaporeans and permanent residents
Benefits	Inpatient and outpatient care, diagnostics, surgeries, etc.	Basic medical services, essential drugs, preventive care, etc.	Thorough coverage, choice of clinics and hospitals within the system	Basic medical services, hospital care, preventive measures, etc.	Comprehensive healthcare services, choice of providers
Funding Sources	Government funding, tax revenue, Ayushman Bharat PM-JAY (public insurance)	Government funding, social health insurance contributions	State-provided health insurance	State budget, compulsory health insurance contributions	Central Provident Fund (CPF) contributions, Medisave, Medishield Life, private insurance
Implementation Methods	Public health facilities, private providers	Social health insurance, public hospitals, primary care centers	Vast majority of clinics and hospitals are part of the system	Public health facilities, private providers	Public and private providers, Medisave accounts for individual healthcare expenses
Practitioner Employment	Mix of salaried and fee-for-service providers	Salaried within public sector	Salaried within public sector	Salaried within public sector	Mix of salaried and fee-for-service providers
Private Sector Role in Public Sector Care Delivery	Significant role for private providers	Minimal role with public sector providing 90% of total care delivery	Minimal role with public sector providing 100% of total care delivery	Minimal role with public sector providing 100% of total care delivery	Significant role for private providers
Government Expenditure on Healthcare (% of GDP)	1.20%	5.20%	10.90%	3.70%	2.20%
Private Expenditure on Healthcare (% of GDP)	2.50%	36.50%	2.90%	2.30%	2.70%

Based on the comparison, here are some suggestions that can be derived:

The Indian public health insurance system, primarily through Ayushman Bharat PM-JAY, aims to provide comprehensive healthcare coverage to socioeconomically disadvantaged populations. However, a comparative analysis with other countries' systems reveals several areas for potential improvement. This research outlines actionable suggestions derived from best practices in countries with successful universal health coverage models.

1. Increase Government Expenditure on Healthcare

Current State:

India's government expenditure on healthcare is significantly lower than that of many other countries, at 1.20% of GDP compared to the global average of around 6-7%.

Suggestion:

Increase government spending on healthcare to at least 4-5% of GDP. This increased funding can enhance healthcare infrastructure, expand services, and improve the quality of care provided under public health insurance programs.

Justification:

Higher government expenditure will allow for better-funded public health facilities, more extensive health programs, and increased accessibility to healthcare services for all citizens. For instance, the UK spends 7.70% of its GDP on healthcare, enabling comprehensive and high-quality services through the National Health Service (NHS).

2. Strengthen Primary Healthcare Services

Current State:

India's primary healthcare services are often under-resourced and underutilized, leading to a greater burden on secondary and tertiary care facilities.

Suggestion:

Invest in strengthening primary healthcare services, including the expansion and enhancement of Health and Wellness Centres (HWCs) across the country.

Justification:

Countries like China and Australia have robust primary healthcare systems that function as the first point of contact, reducing the strain on higher-level care facilities. Improving primary care

can lead to better preventive care, early diagnosis, and management of chronic diseases, ultimately reducing overall healthcare costs and improving health outcomes.

3. Improve Integration of Public and Private Sector Services

Current State:

India relies heavily on private providers for healthcare delivery, which can lead to inconsistencies in care quality and access.

Suggestion:

Develop a more integrated approach between public and private healthcare providers, ensuring standardized care protocols and regulated quality of services.

Justification:

Countries like France and Singapore successfully integrate private sector providers into their public health systems, ensuring a cohesive and high-quality healthcare delivery network. By setting stringent standards and regulations, India can ensure that private providers deliver consistent, high-quality care within the public health insurance framework.

4. Enhance Practitioner Employment Conditions

Current State:

India employs a mix of salaried and fee-for-service healthcare practitioners, which can result in disparities in service delivery and quality.

Suggestion:

Move towards a predominantly salaried employment model for healthcare practitioners within the public sector, ensuring stable incomes and reducing the incentive for over-treatment.

Justification:

Countries like the UK and Canada employ healthcare practitioners on a salaried basis within the public sector, which helps maintain focus on patient care quality rather than quantity. This approach can lead to better health outcomes and higher patient satisfaction.

5. Expand Coverage and Benefits

Current State:

PM-JAY primarily targets socioeconomically disadvantaged populations, which leaves out a significant portion of the middle class who also face financial barriers to healthcare.

Suggestion:

Expand coverage to include a broader segment of the population, offering tiered benefits that cater to different economic groups.

Justification:

Universal health coverage models in countries like Australia and Japan provide comprehensive benefits to all citizens, ensuring equitable access to healthcare services. Expanding coverage under PM-JAY can help achieve similar equity in healthcare access in India.

6. Increase Awareness and Accessibility

Current State:

Awareness and utilization of public health insurance programs like PM-JAY remain limited in some regions, especially rural and remote areas.

Suggestion:

Implement extensive awareness campaigns and simplify enrolment processes to increase accessibility and utilization of public health insurance programs.

Justification:

Public awareness campaigns and streamlined enrolment processes in countries like Canada and the UK have led to higher utilization rates of health services. Increasing awareness and ease of access to PM-JAY can ensure that more eligible beneficiaries take advantage of the available healthcare services.

AYUSHMAN BHARAT SCHEME

4.1 CONCEPT

Ayushman Bharat is an initiative designed to enhance healthcare services across India. It encompasses two key elements: the establishment of Health and Wellness Centers (HWCs) and the implementation of the Pradhan Mantri Jan Arogya Yojana (PM-JAY), also known as the National Health Protection Scheme. This ambitious program aims to extend healthcare accessibility to the economically disadvantaged segments of society. The HWCs are set up to provide a comprehensive array of services, from routine health check-ups to basic medical treatments. On the other hand, PM-JAY seeks to offer financial cover for individuals requiring high-cost medical interventions.

Launched in 2018, the Ayushman Bharat PM-JAY is a national health insurance scheme targeting the bottom 40% of India's population, which equates to approximately 500 million individuals. It promises coverage of up to ₹500,000 per family per year for hospitalization expenses, including diagnostic tests and medication. The scheme is administered by the National Health Authority and receives joint funding from the central and state governments. States have the flexibility to manage the scheme through various models, including trust-based, insurance-based, or a combination of both. The eligibility criteria for households to benefit from this scheme are based on the socio-economic and occupational factors identified in the Socio-Economic Caste Census of 2011 for rural and urban populations.

The core objectives of PM-JAY include providing extensive protection against severe illnesses, minimizing the financial burden due to out-of-pocket medical expenses, enhancing access to inpatient care, addressing the gap in healthcare needs, and integrating diverse health insurance programs at the state level.

PM-JAY is an expanded version of the earlier Rashtriya Swasthya Bima Yojana (RSBY) and has already facilitated hospital care for millions. Its successful implementation holds the potential to significantly improve public health outcomes and reduce the financial strain of healthcare on individuals.

4.2 FEATURES OF AYUSHMAN BHARAT

1. PM-JAY Overview:

- PM-JAY, launched in September 2018, is the world's largest government-funded health insurance scheme.
- It aims to provide financial protection to vulnerable families by offering coverage of up to ₹5 lakhs per family annually.
- This coverage extends to secondary and tertiary hospital care, encompassing both public and private empanelled hospitals across India.

2. Beneficiary Base:

- Over 12 crore underprivileged and vulnerable families, which translates to approximately 55 crore individuals, qualify for PM-JAY.
- These families include those living below the poverty line, marginalized communities, and economically disadvantaged sections of society.

3. Cashless Access to Healthcare:

- PM-JAY ensures cashless access to healthcare services at the point of care, which is the hospital.
- Beneficiaries can seek treatment without worrying about immediate out-of-pocket expenses.

4. Poverty Alleviation:

- One of the scheme's primary goals is to reduce catastrophic medical expenses that often push nearly 6 crore Indians into poverty each year.
- By covering essential medical costs, PM-JAY aims to prevent financial distress due to healthcare expenditures.

5. Comprehensive Coverage:

- The coverage includes expenses incurred up to 3 days before hospitalization and 15 days post-hospitalization.
- It encompasses diagnostics, medications, and other necessary services.
- There are no restrictions based on family size, age, or gender.
- Importantly, all pre-existing conditions are covered from day one.

6. Portability:

- PM-JAY benefits are portable nationwide.
- Beneficiaries can receive cashless treatment at any empanelled hospital across India, regardless of their home state.

7. Covered Procedures:

- The scheme covers approximately 1,929 medical procedures.
- This includes costs related to treatment, drugs, supplies, diagnostics, physician fees, room charges, surgeon fees, operating theatre expenses, and ICU charges.

8. Public and Private Hospitals:

- Public hospitals receive reimbursement for healthcare services at the same rate as private hospitals.
- This ensures equitable access to quality healthcare for all beneficiaries, regardless of the hospital type.

4.3 BENEFITS OF AYUSHMAN BHARAT

1. Comprehensive Coverage:

- Imagine a safety net that envelops families, shielding them from the financial storm of medical expenses. PM-JAY does precisely that. It offers seamless cashless insurance of up to ₹5,00,000 annually for each qualifying family.
- This coverage extends to a wide spectrum of healthcare expenses, ensuring that families do not have to choose between their health and their savings.

2. Holistic Medical Care:

- When a family faces health challenges, PM-JAY steps in. It covers comprehensive medical care, including consultations, treatments, and examinations.
- Even before hospitalization, costs incurred—whether for diagnostics or consultations—are taken care of.

3. Medications, Supplies, and Comfort:

- Picture a family member recovering in a hospital room. PM-JAY ensures that necessary medications, medical supplies, and even meals during the stay are covered.

- It is about more than just treatment; it is about comfort and dignity.

4. Testing and Surgical Implants:

- When diagnostic tests are needed, PM-JAY has it covered. Whether it is an MRI, blood work, or any other test, beneficiaries do not need to worry about the bill.
- Surgical implants? No problem. PM-JAY steps up, ensuring that life-changing procedures are accessible.

5. Post-Treatment Care:

- The journey does not end at discharge. PM-JAY continues to support families during the critical post-hospitalization phase.
- Follow-up care for up to 15 days ensures a smooth transition back to daily life.

6. Family Floater Benefit:

- Imagine a family—a grandmother, parents, children—all protected under the same umbrella. PM-JAY operates on a family floater basis.
- Unlike the earlier RSBY, which limited coverage to five family members, PM-JAY embraces inclusivity. No restrictions on family size or age—everyone is covered.

7. Pre-Existing Conditions:

- Here's where PM-JAY truly shines. It covers pre-existing conditions from day one.
- If you have battled an illness before, PM-JAY does not hesitate. Immediate treatment is your right, not a privilege.

PM-JAY is not just about numbers; it is about lives touched, worries eased, and futures secured. It is a step toward a healthier India—one where quality healthcare is not a distant dream but a reality for all.

4.4 NEED OF AYUSHMAN BHARAT

Ayushman Bharat PM-JAY (Pradhan Mantri Jan Arogya Yojana) is a landmark initiative launched by the Indian government to advance Universal Health Coverage (UHC). Aligned with the National Health Policy of 2017, PM-JAY represents a significant step towards fulfilling the Sustainable Development Goals' (SDGs) commitment to "leave no one behind." This research aims to elucidate the essential aspects of PM-JAY, emphasizing its human impact and transformative potential in the Indian healthcare landscape.

Shielding Families from High Medical Costs

Financial Protection for the Underprivileged:

PM-JAY provides health insurance coverage up to ₹5 lakh per family annually for secondary and tertiary hospital care. This initiative is a critical safety net for over 120 million economically disadvantaged families, helping to mitigate the financial burden of healthcare expenses. By reducing out-of-pocket expenditures, PM-JAY plays a crucial role in preventing medical impoverishment among vulnerable populations.

Expanding Healthcare Reach

Inclusive Healthcare Access:

Targeting the most economically challenged 40% of India's population, as identified by the Socio-Economic Caste Census of 2011, PM-JAY significantly broadens healthcare access. This inclusivity ensures that the benefits of quality healthcare services reach those who are often marginalized and underserved.

Holistic Health Services

Integrated Care through Health and Wellness Centers:

PM-JAY is part of a broader health initiative that includes the establishment of Health and Wellness Centres (HWCs). These centres aim to provide comprehensive primary healthcare services, emphasizing preventive and promotive health. HWCs are designed to be the first point of contact for individuals, offering services such as screening, diagnostics, and basic treatment.

Fostering Healthy Lifestyles

Emphasis on Wellness and Disease Prevention:

PM-JAY encourages individuals and communities to adopt healthier lifestyles, which is vital for reducing the incidence of chronic diseases. The program promotes awareness and education on healthy living practices, thereby fostering a culture of wellness and prevention.

Elevating Healthcare Standards

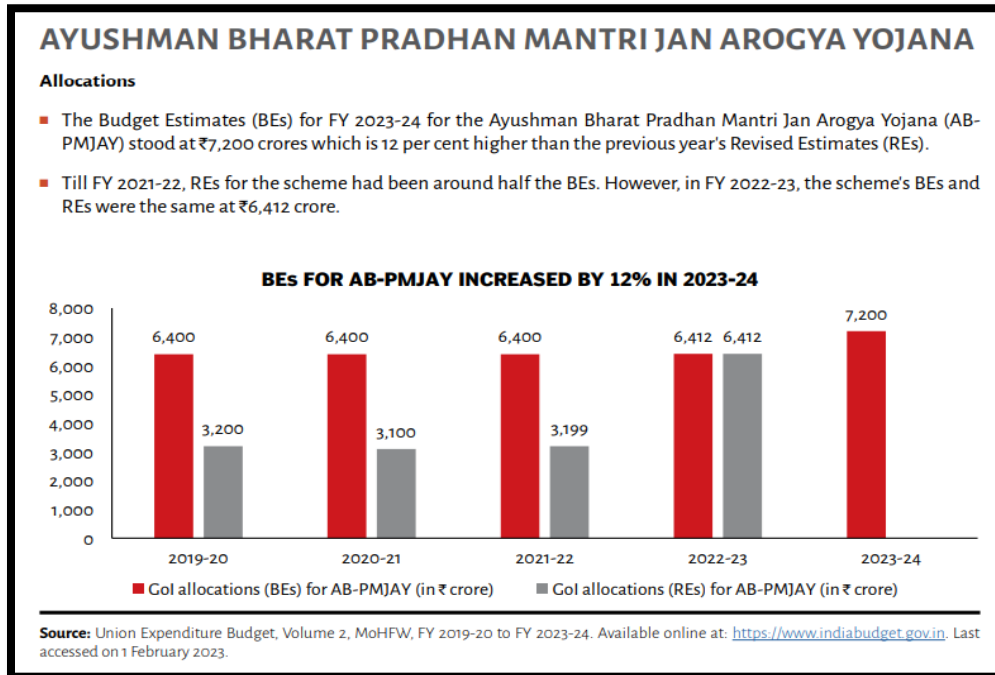
Quality and Efficiency in Healthcare Delivery:

A key objective of PM-JAY is to enhance the quality and efficiency of healthcare services across India. By setting high standards for care, the program ensures that the services provided are not only accessible but also meet rigorous quality benchmarks. This focus on quality improvement is essential for building a robust and reliable healthcare system.

GRAPHS AND STATISTICS

AYUSHMAN BHARAT'S CENTRAL RELEASES UNDER NATIONAL HEALTH MISSION FROM THE FY 2018-19 TO FY 2022-23

Graph 1:



The Graph 1 illustrates the financial allocations for the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) across different fiscal years. Here are the key points:

The scheme, launched in 2018, is jointly funded by the Centre and states in the ratio of 60:40.

1. Budget Estimates (BEs) and Revised Estimates (REs):

- The BEs represent the planned budget for a specific year, while the REs reflect the revised estimates based on actual spending.
- For FY 2023-24, the BE for AB-PMJAY stands at ₹7,200 crores, which is 12% higher than the previous year's RE.

2. Historical Trends:

- Until FY 2021-22, the REs were consistently around half of the BEs for AB-PMJAY.
- However, in FY 2022-23, the BE and RE were the same at ₹6,412 crore.

3. Significant Increase:

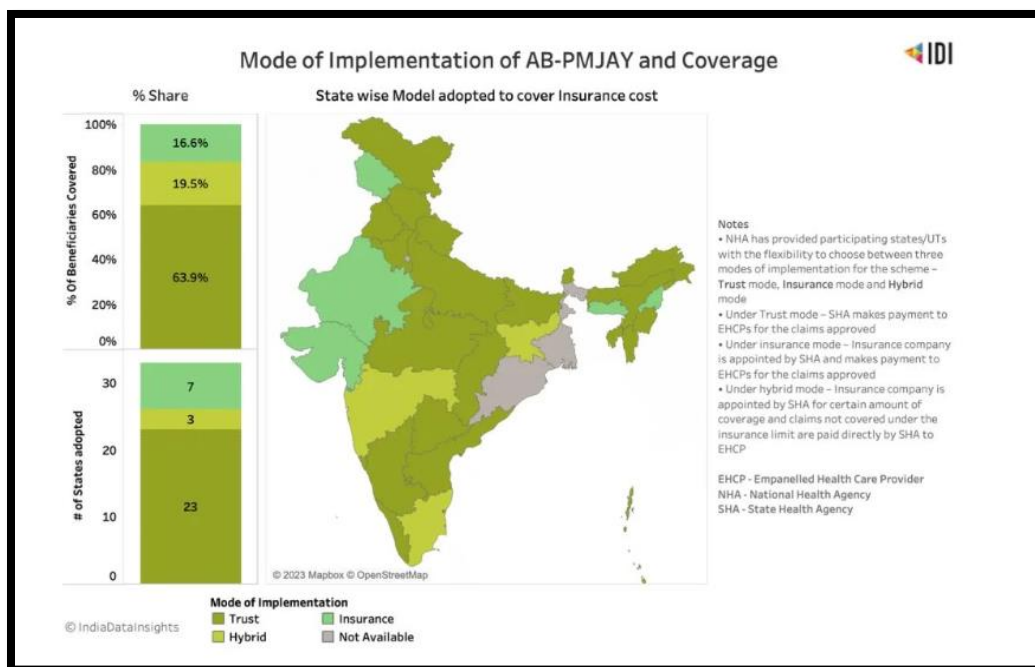
- The most notable change occurred in FY 2023-24, with a substantial 12% increase in BE compared to the previous year's RE.

4. Policy Implications:

- This upward trend indicates the government's commitment to strengthening AB-PMJAY and expanding healthcare coverage.
- The increased allocation suggests a focus on improving healthcare access and financial protection for citizens.

MODEL ADOPTED FOR AYUSHMAN BHARAT AMONG ALL STATES OF INDIA

Graph 2:



Source: India Data Insights

The image provides insights into the implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) across different states in India. Here is what it reveals:

1. Implementation Models: States have adopted three primary modes for implementing AB-PMJAY:

- **Trust Mode:** State Health Agencies (SHAs) directly pay Empanelled Health Care Providers (EHCPs) for approved claims.

1. Ayushman Bharat Cards Distribution:

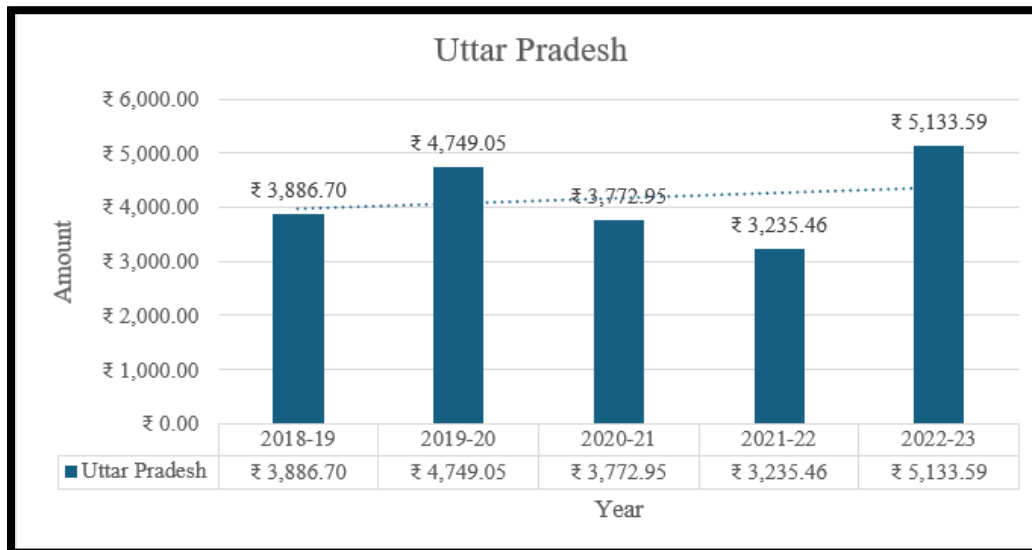
- The left map shows the state-wise distribution of Ayushman Bharat Cards.
- The varying shades of green represent the percentage share of cards in each state.
- Darker shades indicate higher percentages.
- For instance, some states have a significant share of cards (darker green), while others have a smaller share (lighter green).

2. Hospital Admissions:

- The right map displays the state-wise share of hospital admissions.
- Shades of blue represent different percentages.
- States with higher admissions are shown in darker blue.
- This map highlights variations in hospital utilization across different regions.

CENTRAL RELEASES TO UTTAR PRADESH FROM THE FY 2018-19 TO FY 2022-23

Graph 4:



Source: <https://Rb.Gy/05y55c>

The bar graph represents financial data for Uttar Pradesh across five fiscal years. Here are the key points:

1. Budget Estimates (BEs) and Revised Estimates (REs):

- BEs indicate planned budgets for each year, while REs reflect revised estimates based on actual spending.
- Notably, the BE for FY 2022-23 stands at ₹5,133.59 crore, showing a significant increase.

2. Historical Trends:

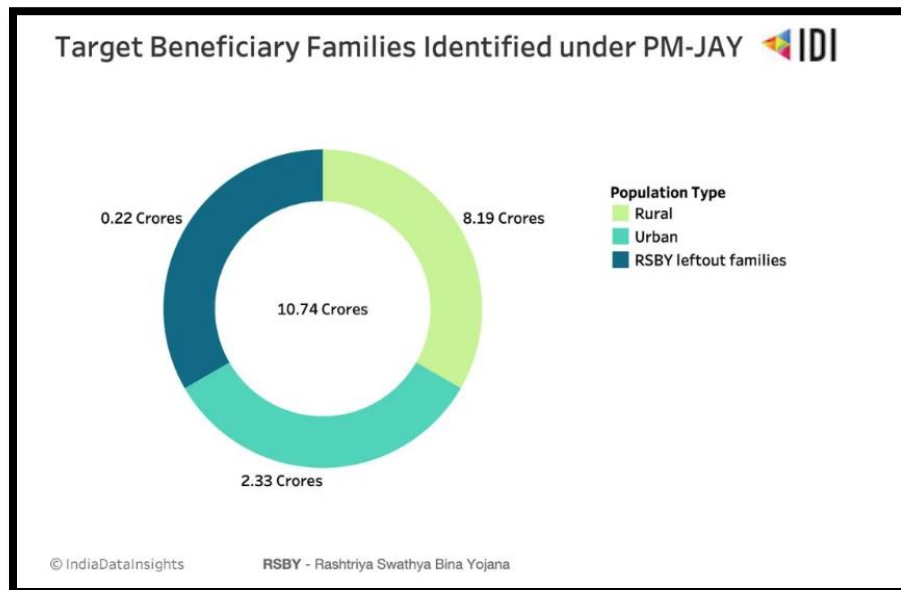
- In FY 2019-20, the allocation was ₹4,749.05 crore, higher than the previous year.
- However, in FY 2020-21, it decreased to ₹3,772.95 crore.
- By FY 2021-22, the allocation further reduced to ₹3,235.46 crore.

3. Recovery in FY 2022-23:

The substantial increase in BE for FY 2022-23 indicates a positive trend, potentially addressing budget constraints.

TARGET BENEFICIARY FAMILIES UNDER PM-JAY

Graph 5:



Source: India data insights

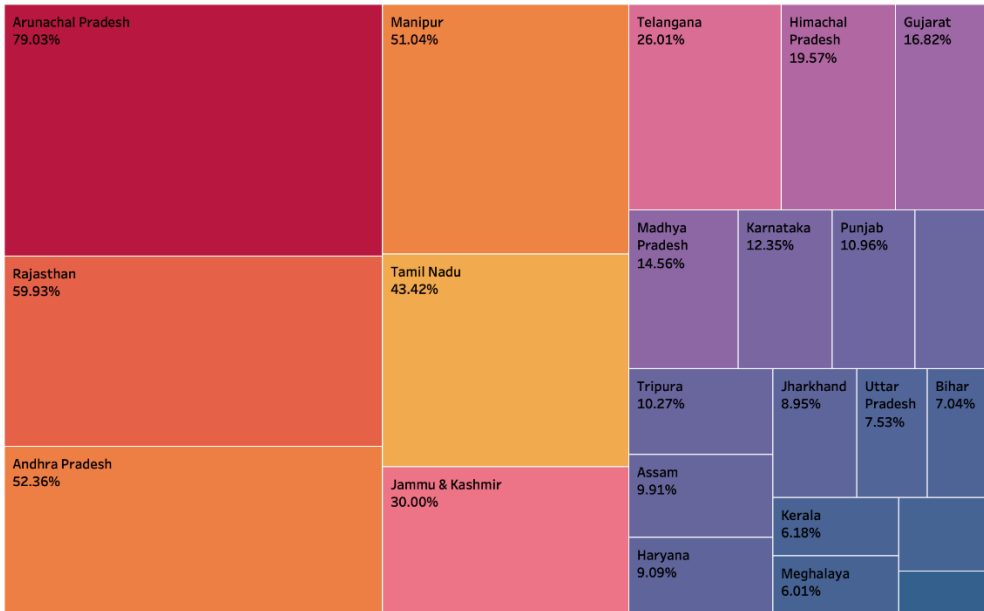
The donut chart illustrates the distribution of target beneficiary families identified under the **Pradhan Mantri Jan Arogya Yojana (PM-JAY)**

1. **Population Types Covered:** The chart segments represent three population categories:
 - **Rural:** Approximately 8.19 Crores rural families are covered.
 - **Urban:** Around 2.33 Crores urban families benefit from PM-JAY.
 - **RSBY Left-Out Families:** An additional 0.22 Crores families previously left out under the Rashtriya Swasthya Bima Yojana (RSBY) are now included.
2. **Significance:**
 - The substantial proportion of rural families highlights the scheme's focus on providing health insurance to vulnerable populations.

- Urban and RSBY left-out families also benefit, but rural coverage dominates.

Graph 6:

State-wise Share of Empanelled Hospitals that are Currently Inactive (Mar '23)



© IndiaDataInsights

Source: India data insights

As of March 2023, out of the total 28,561 hospitals empaneled under PM-JAY, 22% were found to be inactive. This is putting additional pressure on the active hospitals. Specifically, around 79% of the empaneled hospitals in Arunachal Pradesh and over 50% of those in Rajasthan, Andhra Pradesh, and Manipur are currently inactive.

STATISTICS

5.6 PM-JAY PAN INDIA STATISTICS

CATEGORY	DETAILS
<u>COVERAGE</u> 1. Beneficiaries 2. State/UT Expansion	<ul style="list-style-type: none">▪ 55 crore individuals (12 crore families, bottom 40% of India's population)▪ Expanded beneficiary base at their own expense
<u>AYUSHMAN CARDS</u> 3. Total Cards Issued 4. 2023 Issuance	<ul style="list-style-type: none">▪ 28.45 crore since inception▪ 9.38 crore cards created
<u>HOSPITAL ADMISSIONS</u> 5. Total Admissions 6. 2023 Admissions	<ul style="list-style-type: none">▪ 6.11 crore admissions authorized, worth Rs. 78,188 crores▪ 1.7 crore admissions worth over Rs. 25,000 crores authorized
<u>HOSPITAL NETWORK</u> 7. Empanelled Hospitals	<ul style="list-style-type: none">▪ 26,901 hospitals (11,813 private hospitals) empanelled
<u>GENDER EQUITY</u> 8. Ayushman Cards 9. Hospital Admissions	<ul style="list-style-type: none">▪ Women account for ~49% of cards issued▪ Women represent 48% of authorized admissions

Source: [About PM-JAY - National Health Authority | GOI \(nha.gov.in\)\(2023\)](#)

REVIEW OF LITERATURE

"It is health that is real wealth and not pieces of gold and silver." — Mahatma Gandhi

The National Health Policy 2017 set a clear agenda for achieving Universal Health Coverage (UHC) in India. The Ayushman Bharat Program, announced in the Union Budget 2018-19, is pivotal to this vision, comprising two key initiatives: Health and Wellness Centers and the Pradhan Mantri Jan Arogya Yojana (PM-JAY). These initiatives aim to improve accessibility, availability, and affordability of healthcare services across India, targeting the most vulnerable populations (Lahariya, 2018).

The Pradhan Mantri Jan Arogya Yojana (PM-JAY) is a significant publicly funded health insurance scheme in India aimed at providing financial access to health services for poor Indians. Several studies have been conducted to analyze various aspects of PM-JAY to assess its impact and effectiveness. Keshri et al. (2019) conducted a critical analysis based on coverage, distribution, and predictors from the National Family Health Survey-4 data to evaluate health insurance for universal health coverage in India, including PM-JAY. They highlighted keywords such as health insurance, universal health coverage, and Ayushman Bharat in their study. Joseph et al. (2021) focused on the empanelment of health care facilities under PM-JAY, emphasizing its importance as a key element of the scheme's functioning and impact. They suggested further studies to explore the reasons behind empanelment patterns and its impact on service access, utilization, population health, and financial risk protection. Naib et al. (2021) analyzed trends in cardiac care utilization under PM-JAY, specifically looking at the utilization of cardiac care packages. They found that claims from cardiac specialties accounted for a portion of the total PM-JAY claim volume, indicating the importance of cardiac care under the scheme. Saxena et al. (2022) studied the hospital-based processes for effective implementation of government-funded health insurance schemes, focusing on PM-JAY. They aimed to understand and improve the processes involved in managing hospital-based transactions to strengthen the scheme's operation. Parisi et al. (2022) conducted a cross-sectional study across six states to assess the awareness of PM-JAY among the eligible population. They found that while more than half of the eligible population was aware of PM-JAY, efforts are needed to achieve universal awareness, especially regarding eligibility. Mohanty et al. (2023) analyzed public health insurance coverage in India before and after PM-JAY using nationally representative survey data. They aimed to assess the scheme's success in raising health insurance coverage for the poorest population segments in India. These studies provide valuable insights into different aspects of PM-JAY, including coverage, provider empanelment, utilization of specific healthcare services, implementation processes, awareness levels, and the scheme's impact on health insurance coverage in India.

In Madhya Pradesh, the majority of the beneficiaries got to know about the scheme from informal sources, whereas in Gujarat, most were made aware by government official channels (Trivedi, 2022). The impact of this scheme is that it is beneficial only to those customers who are sufficiently aware of it. A large number of illiterates are not properly utilizing this financial coverage due to a lack of awareness. The present article highlights the impact of PMJJBY and how it generates notable change on the economy. The implementation process involves putting a plan into action to make something effective, while the impact refers to the effect on someone or something. Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) is a one-year life insurance plan of the government of India offering coverage for death, with the benefit accruing only to the nominee. PMJJBY is an attractive social security program launched to help economically backward people of the country (Devi & Farveen, 2020).

Health and Wellness Centers (HWCs) are designed to provide comprehensive primary healthcare services, essential for early detection and management of health issues. Pradhan Mantri Jan Arogya Yojana (PM-JAY), the world's largest health assurance scheme, offers financial protection for secondary and tertiary care hospitalization services up to INR 0.5 million per family per year (Kamath & Brand, 2023). The scheme targets over 100 million poor and vulnerable families, aiming to reduce out-of-pocket health expenditures and improve health outcomes.

Despite its ambitious goals, the Ayushman Bharat Program has faced several implementation challenges. Manju Priya (2023) highlights issues in practical implementation, such as administrative inefficiencies and inadequate infrastructure, which hinder the achievement of desired health outcomes. The effectiveness of the policy depends significantly on its execution, necessitating continuous monitoring and adjustments. Gopichandran (2019) provides an ethical analysis of the Ayushman Bharat scheme, emphasizing the need for regulation, especially of the private health sector. The potential for profit-motivated supplier-induced demand and corrupt practices necessitates stringent oversight to ensure the scheme meets ethical standards of justice and equity. Prioritizing comprehensive primary healthcare and regulating private sector hospitalizations are essential to address these concerns.

Kamath and Brand (2023) conducted a systematic review of the scheme, identifying critical issues such as fraud, upcoding, unnecessary provision of medical care, and exclusion at the periphery. These issues contribute to a lack of equitable access to healthcare services and undermine the program's goals. The review suggests that continuous recalibration and course corrections, based on high-quality feedback, are necessary to ensure the program's success.

The Ayushman Bharat Program has the potential to significantly improve health outcomes in India by providing financial protection and reducing catastrophic out-of-pocket health expenditures (OOPHE). The scheme's emphasis on primary and secondary/tertiary care aims to address India's high infant and maternal mortality rates and improve access to child health services, which are predominantly accessed through the private sector (Lahariya, 2018). The program is also expected to have a positive economic impact by creating numerous jobs, particularly for women, and

enhancing productivity and well-being (Kamath & Brand, 2023). By reducing the financial burden of healthcare, the program aims to avert wage loss and impoverishment, contributing to overall economic growth.

The results reveal that the health expenditure of enrolled households has reduced in comparison with non-enrolled households. Data collected in district Kangra of Himachal Pradesh shows significant differences in spending patterns (Maroof & Sangmi, 2021). However, Out-of-Pocket Expenditure (OOPE) and the incidence of Catastrophic Health Expenditure did not decrease with enrollment under PMJAY or other PFHI schemes (Garg, 2020).

The Ayushman Bharat scheme is anticipated to generate numerous jobs, particularly for women, thus enhancing gender equity in employment opportunities. This aspect of the program is critical, as it aligns with broader social goals of improving gender equality and empowering women through economic participation. Investing in a robust primary healthcare system is a practical and affordable solution for India. A strong primary healthcare foundation can improve early detection and management of health conditions, reducing the burden on secondary and tertiary care facilities. Strengthening the linkage between primary and secondary/tertiary care is essential for a cohesive and effective healthcare system (Gopichandran, 2019).

Exploring and enhancing the legal framework for PM-JAY is crucial for its successful implementation. Existing legislative provisions should be examined, and additional regulations should be introduced to ensure comprehensive coverage and protection. State governments should take the lead in advancing UHC by implementing policies that align with the national framework and addressing state-specific healthcare challenges (Priya, 2023). Continuous monitoring and evaluation are vital to the program's success. Impact evaluation studies should be conducted in every state where PM-JAY is operational to generate high-quality feedback and inform policy adjustments. This approach will help address issues such as fraud, inequitable access, and unnecessary medical care provision, ensuring that the program effectively reduces OOPHE and improves health outcomes (Kamath & Brand, 2023).

Outpatient spending increased by USD 57.43, but it was not statistically significantly associated with the policy implementation. However, the total out-of-pocket (OOP) payments and inpatient spending decreased significantly (Kim, 2024). A mixed and multi-methods concurrent triangulation design, including a demand-side household study, supply-side hospital-based survey, and process documentation, was adopted to evaluate implementation processes and early effects of PM-JAY in seven Indian states (Allegri, 2020). Given the complex healthcare system with the presence of parallel public and private systems in India, PM-JAY has shifted the use from public to private hospitalizations for economically and socially disadvantaged groups, contributing to improved access to secondary and tertiary care services from private providers (Parmar, 2023).

METHODOLOGY OF RESEARCH

The methodology for analyzing the Mass Health Insurance Scheme concerning Ayushman Bharat's Pradhan Mantri Jan Arogya Yojana (PM-JAY) in Muradnagar, District Ghaziabad from the beneficiaries' perspective will employ a mixed data approach, integrating qualitative and quantitative methods, and incorporating primary and secondary data sources.

1. Research Design:

The study will utilize a perceptions-based methodology, aligning with the guidelines provided in the UNDP Manual of Health Surveys. This approach allows for an in-depth description of beneficiaries' perceptions, experiences, and attitudes toward the PM-JAY scheme.

2. Sampling:

Sample size:

The sample size for our study has been constrained to a range of 50 to 100 individuals, primarily due to certain limitations. In light of these constraints, we have gathered data from 56 beneficiaries, 20 individuals currently holding Ayushman cards, and 25 individuals expressing their willingness to become Ayushman card holders. This approach has been taken with careful consideration to ensure the integrity and feasibility of our research within the given parameters.

Method:

Convenience sampling and Random sampling employed to select participants from designated public and private hospitals in the Muradnagar City.

3. Data Collection Methods:

The interview was designed to gather comprehensive insights encompassing both quantitative data on satisfaction levels, utilization patterns, and awareness of benefits, as well as qualitative perspectives on perceived barriers, effectiveness, and suggestions for improvement. The questionnaire included a mix of open and closed-ended questions, ensuring a balanced approach to capture the full spectrum of participant experiences and sentiments. This methodology aimed to foster an inclusive dialogue, enabling respondents to provide feedback in a manner that best reflects their views and experiences.

4. **Data Analysis:**

- **Descriptive Analysis:** This will summarize the data on benefit utilization (frequencies, percentages) and beneficiaries' perceptions.
 - **Correlation Analysis:** This test will explore relationships between variables like satisfaction with PMJAY and reduction in out-of-pocket expenses.
 - **Regression analysis:** This test will provide insights into how changes in the independent variables are associated with changes in the dependent variable.
 - **Hypothesis Testing:** a statistical analysis in which you put your assumptions about a population parameter to the test, will be used to estimate the relationship between 2 different statistical variables.

8.2 RESEARCH OBJECTIVE

1. Analyzing the real-world impact of the PM-JAY Scheme on its beneficiaries
2. Examining the financial ramifications of healthcare expenditure on beneficiaries of PM-JAY Scheme.

8.3 SIGNIFICANCE OF RESEARCH

The purpose of this study is to evaluate the real-world impact and economic consequences of the PM-JAY Scheme, offering valuable perspectives on how it has influenced those it serves.

In this analysis, we explore the various facets of the Pradhan Mantri Jan Arogya Yojana (PM-JAY), considering its socio-economic context. We aim to improve the healthcare system by identifying and discussing the scheme's strengths, weaknesses, opportunities, and threats, particularly in terms of their financial aspects. Our strategies are focused on broadening the scope of healthcare financing, fostering a nationwide initiative towards a healthier India, proposing a program to boost the healthcare sector, committing to universal health coverage, and reinforcing the infrastructure of primary healthcare.

By scrutinizing the scheme's attributes, this study seeks to shed light on the expected benefits and potential effects that PM-JAY may have for its recipients.

8.4 RESEARCH QUESTIONS

1. What are the tangible benefits and real-world impacts of the PM-JAY Scheme on its beneficiaries?
2. How has the PM-JAY Scheme affected the healthcare expenditure of its beneficiaries before and after the implementation of the PM-JAY Scheme?

8.5 RESEARCH GAP:

While there have been studies on the PM-JAY Scheme, there is a significant gap in the literature when it comes to a comprehensive, real-world impact analysis of the scheme on its beneficiaries. Most existing research tends to focus on either the policy aspect or the implementation challenges, with less emphasis on the actual experiences of the beneficiaries.

Furthermore, there is a lack of detailed examination of the financial ramifications of healthcare expenditure on beneficiaries of the PM-JAY Scheme. While some studies have touched upon the financial aspects, they often do not delve deep into understanding how the scheme has affected out-of-pocket expenses for beneficiaries, or how it has influenced their financial stability and health-related quality of life.

This research aims to fill these gaps by providing a thorough analysis of both the real-world impact and the financial implications of the PM-JAY Scheme on its beneficiaries. It will shed light on the tangible benefits of the scheme and provide a clearer picture of its effectiveness and areas for improvement. This could be invaluable for policymakers and stakeholders in making informed decisions about the future of the scheme.

DISTRICT GHAZIABAD: MURADNAGAR CITY

9.1 GEOGRAPHIC POSITIONING:

Muradnagar, a city and municipal board in Ghaziabad district, Uttar Pradesh, India, occupies a spot on the map at coordinates 28°47'N 77°30'E. This translates to roughly 22 kilometers from Ghaziabad, the district headquarters, and 55 kilometers from the vibrant capital city of Delhi. Muradnagar likely rests within the expansive Gangetic Plains, a fertile region shaped by the Ganges and Yamuna rivers.

9.2 ECONOMIC LANDSCAPE:

Muradnagar has evolved from a historical stop along trade routes to a commercial and industrial center. While specific details on its key sectors require verification from reliable sources, manufacturing, agriculture, and consumer goods distribution are potential areas of activity. The presence of a functioning Municipal Corporation suggests some level of urban planning and infrastructure development. This might indicate a current focus on attracting businesses to the area, potentially aiming to bolster the local economy.

9.3 DEMOGRAPHIC MAKEUP:

As per the 2011 census, Muradnagar boasts a population of approximately 95,208. The gender ratio leans slightly towards males, with 53% constituting the population compared to 47% females. Literacy rates are encouraging, exceeding the national average at 70% compared to 60.5%. Details on age distribution are limited, but a 2006 census indicated that 15% of the population fell under the age of 6. Given its proximity to Delhi, Muradnagar might be experiencing growth as a satellite city, potentially attracting young families, and working professionals.

9.4 HEALTH INFRASTRUTURE:

The health infrastructure of Muradnagar comprises private and public hospitals:

Public Hospitals:

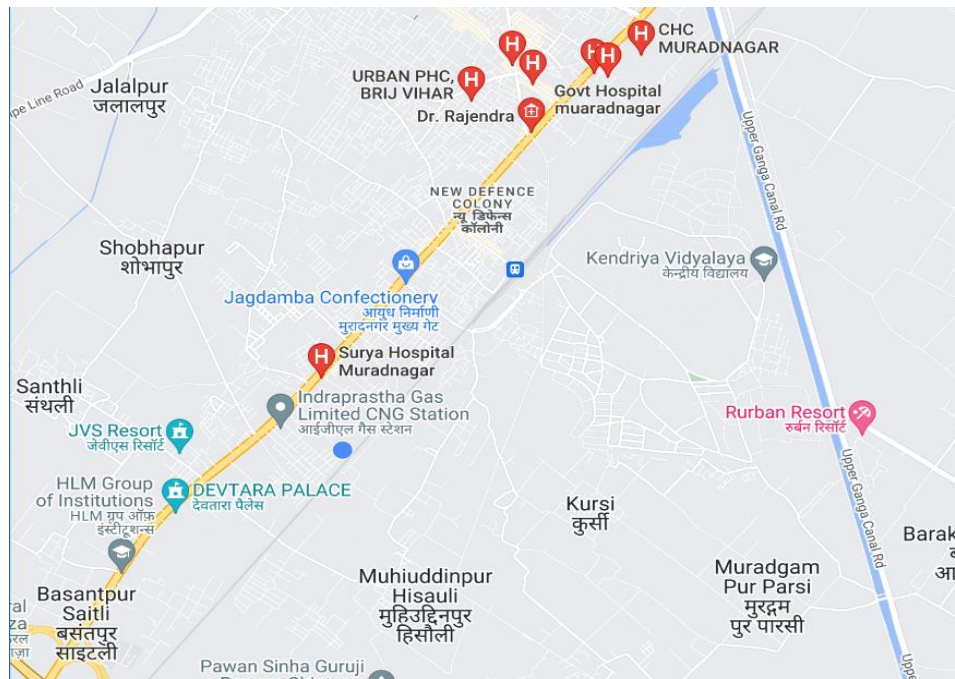
- 1.Up Swasthya Kendra Didoli
2. CHC MURADNAGAR

Private Hospitals:

1. Jeevan Aasha hospital
2. Tyagi Nursing Home

3. Maria Niwas Health Centre
4. Mangalam Hospital
5. GMS Hospital
6. Life Care Centre
7. Savitri Nursing Home
8. Shree Hans Charitable Hospital
9. Surya Hospital & Paramedical College
10. Anand Hospital
11. Life care Centre
12. Shree Shyam Hospital

Despite 12 privates only two private hospitals being empaneled under the Ayushman Bharat PM-JAY Scheme, and with CHC Muradnagar being the only operational public hospital, there is a significant gap in accessible healthcare facilities for Ayushman cardholders. As a result, patients often travel long distances or opt to self-fund their treatments, increasing their risk of exploitation. My research included visits to CHC Muradnagar, Surya Hospital & Paramedical College, and Shree Shyam Hospital.



MAP 1 REPRESENTATION THE HOSPITALS IN MURADNAGAR

DETAILS OF HOSPITAL VISITED

1. CHC MURADNAGAR FROM FY 2023-24:

Total Visitors: 452 Patients

Current Specialties: a) S4: Obstetrics & Gynecology

2. ITS SURYA HOSPITAL FROM FY 2021-24:

Total Visitors: 346 Patients

Current Specialties:

- a) M1: General Medicine
- b) M7: Emergency Room Packages (Care requiring less than 12 hrs. stay)
- c) M2: Pediatric medical management
- d) S1: General Surgery
- e) S16: Oral and Maxillofacial Surgery
- f) S3: Ophthalmology
- g) S4: Obstetrics & Gynecology
- h) S5: Orthopedic

3. TOTAL VISITORS OF SHREE SHAYAM HOSPITAL FROM FY 2022-24:

Total Visitors: 138 Patients

Current Specialties:

- a) MG: General Medicine
- b) SB: Orthopedics
- c) SG: General Surgery
- d) SO: Obstetrics & Gynecology

DEMOGRAPHIC DETAILS OF SELECTED SAMPLE

EDUCATION

Interpretation 1:

1. Education Levels:

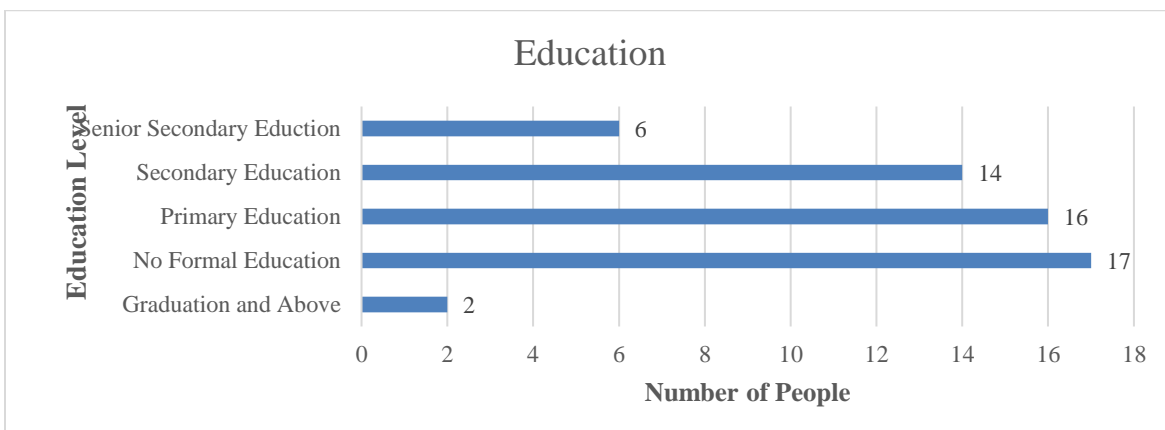
- The vertical axis represents different education levels.
- These levels include:
 - **No Formal Education:** Individuals who haven't received any formal schooling.
 - **Primary Education:** People who completed primary school.
 - **Secondary Education:** Those with a secondary school education.
 - **Senior Secondary Education:** Individuals who reached senior secondary level.
 - **Graduation and Above:** People with higher education (e.g., college or university degrees).

2. Number of People:

- The horizontal axis shows the count of people falling into each education category.
 - **No Formal Education:** 17 individuals
 - **Primary Education:** 16 individuals
 - **Secondary Education:** 14 individuals
 - **Senior Secondary Education:** 6 individuals
 - **Graduation and Above:** Only 2 individuals

3. Interpretation:

- Most people in this dataset lack formal education or have only completed primary school.
- A smaller group finished secondary school.
- Very few individuals reached senior secondary or higher educational levels.
- This suggests that higher education is less common among this population, possibly due to barriers or preferences for early workforce entry.



OCCUPATION

Interpretation 2:

1. Employment Types:

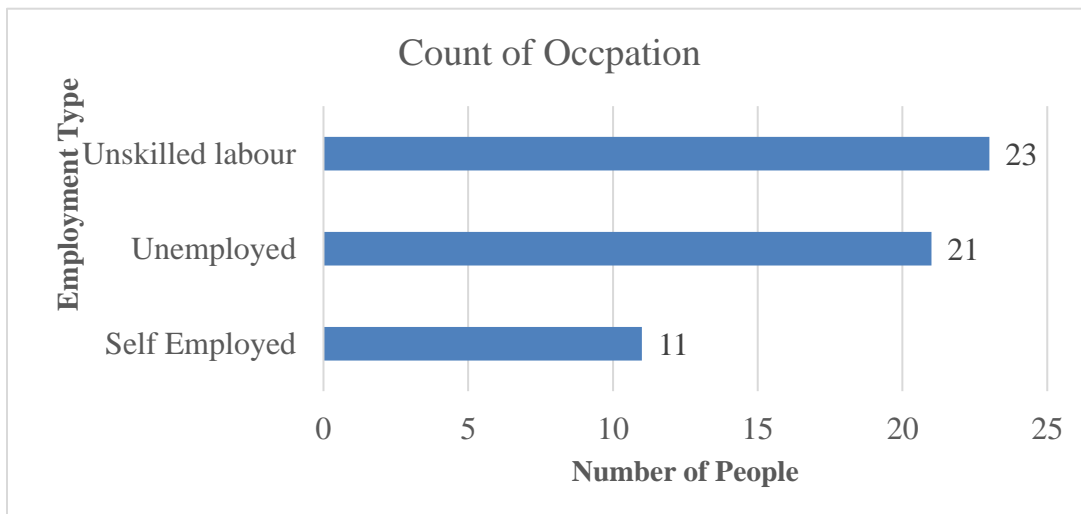
- The vertical axis represents different employment categories.
- These categories include:
 - **Unskilled Labour:** Individuals engaged in manual or low-skilled work.
 - **Unemployed:** People who are currently without a job.
 - **Self-Employed:** Individuals who work for themselves or own a business.

2. Number of People:

- The horizontal axis shows the count of people falling into each employment category.
- Here's how many people are in each group:
 - **Unskilled Labour:** 23 individuals
 - **Unemployed:** 21 individuals
 - **Self-Employed:** 11 individuals

3. Interpretation:

- The largest group consists of unskilled labourers, followed closely by unemployed individuals.
- Self-employed individuals are notably fewer in this particular dataset.
- This graph provides a clear visual representation of how these three employment categories compare in terms of population count within the sample group.



SOCIO ECONOMIC STATUS

Interpretation 3:

1. Employment Types:

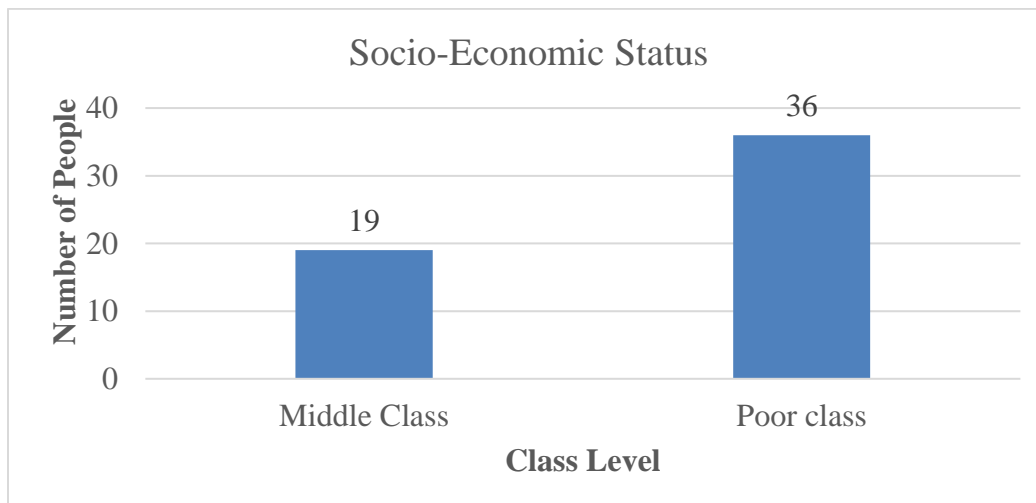
- The vertical axis represents different employment categories.
- These categories include:
 - **Unskilled Labour:** Individuals engaged in manual or low-skilled work.
 - **Unemployed:** People who are currently without a job.
 - **Self-Employed:** Individuals who work for themselves or own a business.

2. Number of People:

- The horizontal axis shows the count of people falling into each employment category.
- Here's how many people are in each group:
 - **Unskilled Labour:** 23 individuals
 - **Unemployed:** 21 individuals
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- The largest group consists of unskilled labourers, followed closely by unemployed individuals.
- Self-employed individuals are notably fewer in this particular dataset.
- This graph provides a clear visual representation of how these three employment categories compare in terms of population count within the sample group.



AGE GROUP

Interpretation 4:

1. Age Groups:

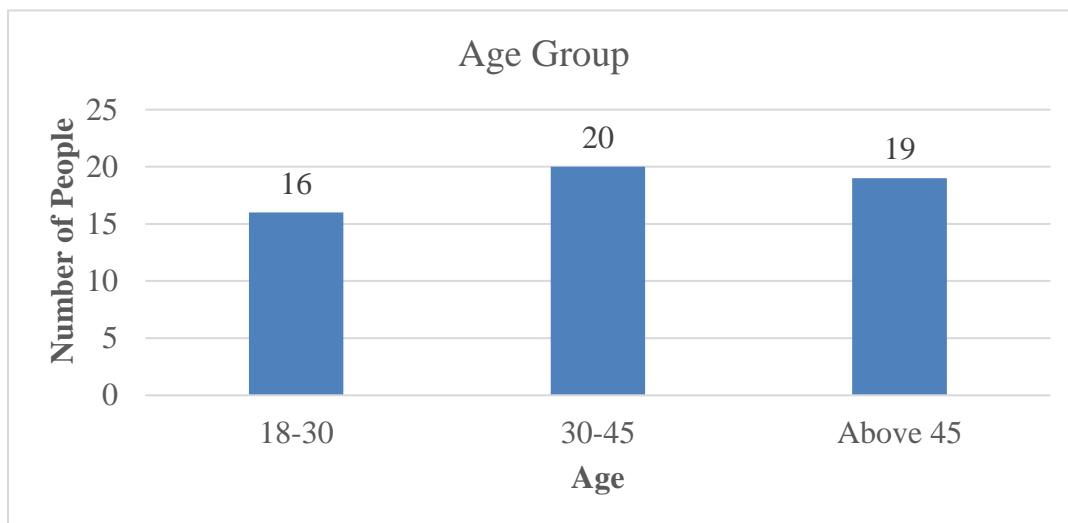
- The vertical axis represents different age ranges.
- These age groups include:
 - **18-30:** Individuals aged between 18 and 30 years.
 - **30-45:** People in the age range of 30 to 45 years.
 - **Above 45:** Individuals aged 45 years and older.

2. Number of People:

- The horizontal axis shows the count of people falling into each age category.
- Here's how many people are in each group:
 - **18-30:** Approximately 16 individuals
 - **30-45:** About 20 individuals
 - **Above 45:** Nearly 19 individuals

3. Interpretation:

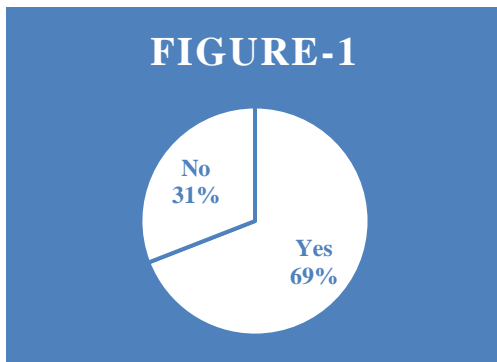
- The number of individuals in each specified age category is relatively similar.
- Those aged between 30-45 are slightly more numerous than the other groups.
- This information might be relevant for understanding demographics in a given population or for planning services targeted at specific age groups.



STATISTICAL ANALYSIS AND INTERPRETATION

Question 1: The PM-JAY Scheme cover all your basic healthcare needs?

GRAPH:



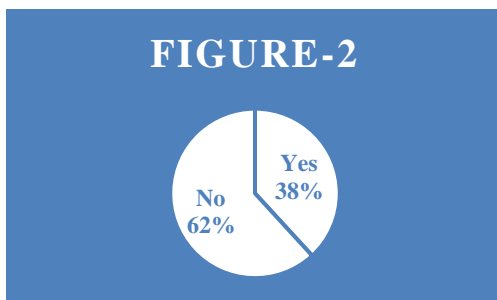
Total	Frequency
Yes	38
No	17

INTERPRETATION (FIGURE 1)

69% of respondents (38 out of 55) said 'Yes', indicating that a majority felt their total healthcare needs were covered by the PM-JAY Scheme.

Question 2: Were you able to get treatment you needed under PM-JAY Scheme Under 10Kms?

GRAPH:



Total	Frequency
Yes	21
No	34

INTERPRETATION (FIGURE 2)

34 respondents (approximately 62% of the total) answered 'Not', suggesting that most of the beneficiaries were not able to get the treatment they needed under 10 kms of distance.

Question 3: Did you face any difficulties/issues while availing of the benefits of PM-JAY Scheme?

GRAPH:



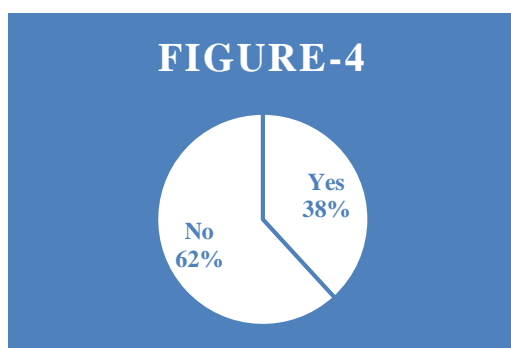
Total	Frequency
Yes	27
No	28

INTERPRETATION (FIGURE 3)

27 respondents (approximately 51% of the total) said 'No', indicating that more than half of the beneficiaries did not face any difficulties with the PM-JAY Scheme.

Question 4: Were you informed about all the benefits you are entitled to under the PM-JAY Scheme?

GRAPH:



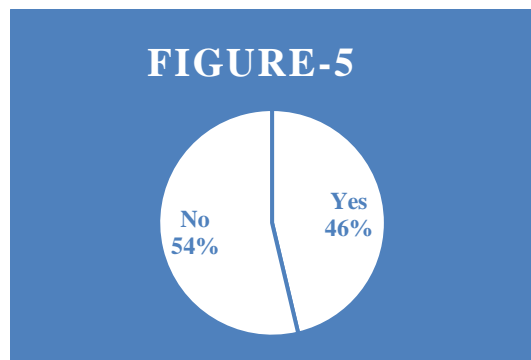
Total	Frequency
Yes	21
No	34

INTERPRETATION (FIGURE 4)

The 34 respondents (approximately 62% of the total) said 'No', indicating that more than half of the beneficiaries were not informed about all the benefits entitled under the PM-JAY Scheme.

Question 5: Did you receive timely treatment and approval for treatment under the scheme?

GRAPH:



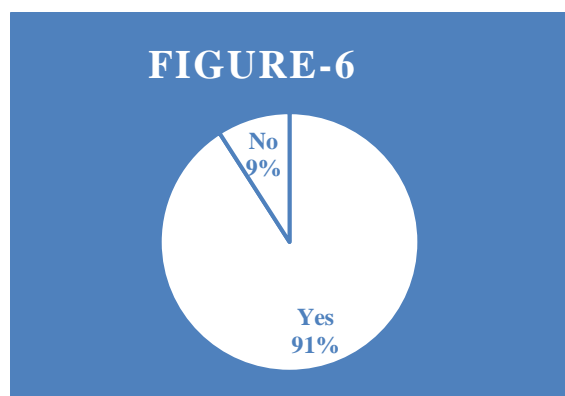
Total	Frequency
Yes	25
No	29

INTERPRETATION (FIGURE 5)

29 respondents (approximately 54% of the total) said 'No', indicating that more than half of the beneficiaries did not receive timely response or approvals and the treatment got delayed due to the same inconvenience.

Question 6: Do you think the PM-JAY Scheme improved your overall health conditions, especially for chronic diseases?

GRAPH:



Total	Frequency
Yes	50
No	5

INTERPRETATION (FIGURE 6)

50 respondents (approximately 91% of the total) said 'Yes', indicating that more than half of the beneficiaries believe their overall health conditions got improved under the PM-JAY Scheme.

HYPOTHESIS TESTING

CASE 1:

Hypothesis: The assistance provided by the PM-JAY Scheme in managing the cost of hospitalization, including diagnostic tests and surgical procedures (X), has a positive effect on the beneficiaries' perception of financial security regarding their healthcare needs (Y).

Null Hypothesis (H₀): There is no significant relationship between the PM-JAY Scheme's assistance in managing hospitalization costs (X) and the beneficiaries' financial security perception (Y).

Alternative Hypothesis (H₁): There is a significant positive relationship between the PM-JAY Scheme's assistance in managing hospitalization costs (X) and the beneficiaries' financial security perception (Y).

SOLUTION:

Hypothesis Testing of the Relationship Between PM-JAY Scheme Assistance and Beneficiaries' Financial Security Perception

This study examines the impact of the Pradhan Mantri Jan Arogya Yojana (PM-JAY) scheme on the financial security perception of its beneficiaries. The null hypothesis (H₀) posits that there is no significant relationship between the scheme's assistance in managing hospitalization costs (X) and the beneficiaries' financial security perception (Y).

To test this hypothesis, a correlation analysis was conducted, yielding a correlation coefficient @ of 0.58709527. The R-squared (R²) value, representing the proportion of variance in Y explained by X, was found to be 0.34468085. With a sample size (n) of 56, the t-statistic was calculated using the formula:

$$t = r\sqrt{n-2} / \sqrt{1-r^2}$$

Substituting the given values,

$$t = 5.3328$$

The calculated t-statistic of 5.3328 was then compared against the critical t-value from the t-distribution table at a 95% confidence level with 54 degrees of freedom (n-2). **The t-statistic**

exceeded the critical value, leading to the rejection of the null hypothesis. This indicates a statistically significant relationship between the PM-JAY Scheme's assistance and the beneficiaries' financial security perception.

CASE 2:

Hypothesis: There is a positive association between the assistance provided by the PM-JAY Scheme in managing the cost of hospitalization, including diagnostic tests and surgical procedures (X), and the beneficiaries' sense of financial security regarding their healthcare needs (Y).

Null Hypothesis (H₀): The PM-JAY Scheme's assistance in managing hospitalization costs has no effect on the beneficiaries' sense of financial security about their healthcare needs.

Alternative Hypothesis (H₁): The PM-JAY Scheme's assistance in managing hospitalization costs has a positive effect on the beneficiaries' sense of financial security about their healthcare needs.

This hypothesis can be tested using a linear regression model where:

- **X** (independent variable) represents the extent to which the PM-JAY Scheme has helped in managing hospitalization costs.
- **Y** (dependent variable) represents the beneficiaries' sense of financial security about their healthcare needs after enrolling in the scheme.

SOLUTION:

To test these hypotheses, a correlation analysis was conducted between the PM-JAY Scheme's assistance in managing hospitalization costs (X) and the beneficiaries' financial security perception (Y). The sample size for this study is 56.

The results yielded a correlation coefficient r of **0.61614163**, an intercept of **0.375**, a slope of **0.58244681**, and an R-squared (R^2) value of **0.37963051**.

Using the correlation coefficient, the t-statistic was calculated to determine the significance of the relationship between X and Y. The formula for the t-statistic is:

$$t = r\sqrt{n-2} / \sqrt{1-r^2}$$

Substituting the given values:

The calculations yielded a t-statistic of **5.7359**.

This t-statistic was then compared to the critical value from the t-distribution table at a 95% confidence level with 54 degrees of freedom (n-2).

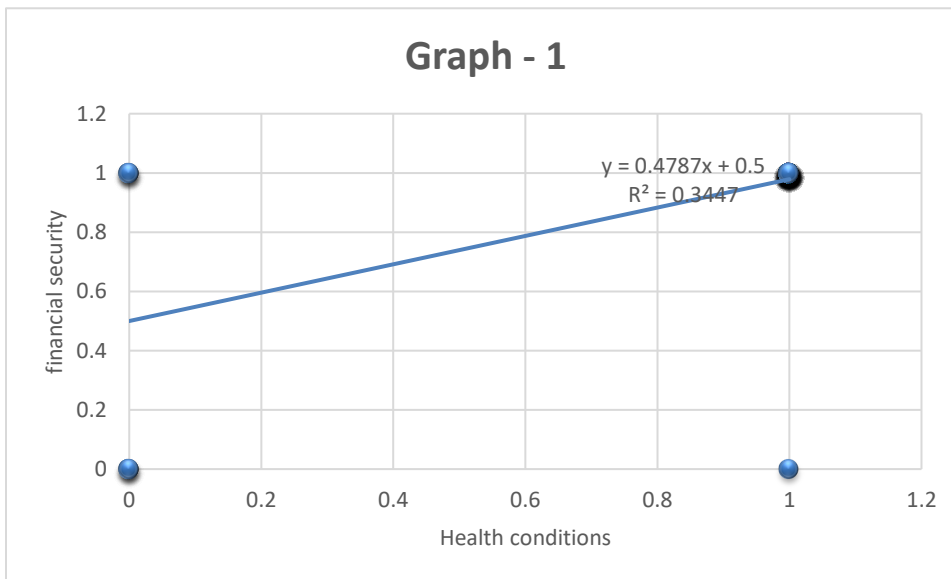
The calculated t-value of **5.7359** is significantly higher than the critical t-value at the 0.05 significance level, **leading to the rejection of the null hypothesis (H_0)**. **This indicates that there is a statistically significant positive relationship between the PM-JAY Scheme's assistance and the beneficiaries' sense of financial security about their healthcare needs.**

RELATIONSHIP ANALYSIS:

X: The PM-JAY Scheme improved your overall health conditions, especially for chronic diseases.

Y: Do you feel financially secure about your healthcare needs after enrolling in the PM-JAY Scheme.

Correlation	0.58709527
Intercept	0.5
Slope	0.4787234
R131	0.34468085



INTERPRETATION GRAPH 1:

- **Correlation (0.58709527):** The correlation coefficient of approximately 0.587 indicates a moderate positive relationship between the improvement in overall health conditions due to the PM-JAY Scheme (X) and the financial security felt about healthcare needs after enrolling in the scheme (Y). This suggests that as people's health conditions improve with the scheme, they also tend to feel more financially secure
- **Intercept (0.5):** The intercept value of 0.5 in the regression equation suggests that if there were no improvement in health conditions (X=0), the predicted level of financial security (Y) would be at the midpoint, which is 0.5 on a scale where 1 represents feeling financially secure and 0 represents not feeling secure.

- **Slope (0.4787234):** The slope of approximately 0.479 means that for each unit increase in the improvement of health conditions due to the PM-JAY Scheme, there is an associated increase of about 0.479 units in the feeling of financial security regarding healthcare needs.
- **R² (0.34468085):** The R² value, also known as the coefficient of determination, is approximately 0.345. This indicates that around 34.47% of the variance in the feeling of financial security (Y) can be explained by the improvement in health conditions (X) due to the PM-JAY Scheme.

The regression model based on these values can be represented by the equation:

$$Y = 0.5 + 0.4787234X$$

Where:

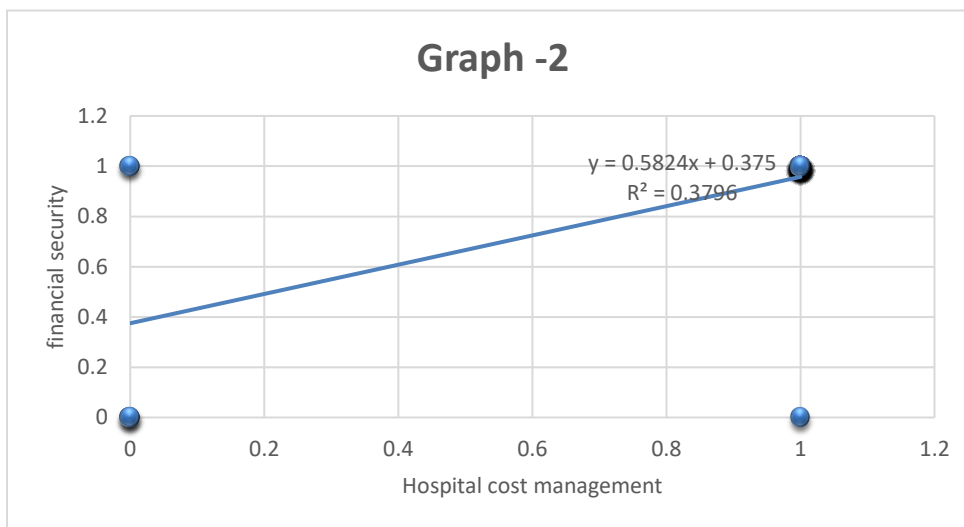
- (Y) is the predicted feeling of financial security about healthcare needs.
- (X) is the improvement in overall health conditions due to the PM-JAY Scheme.

A) RELATIONSHIP ANALYSIS:

X: Has the PM-JAY Scheme helped you in managing the cost of hospitalization, including any diagnostic tests and surgical procedures.

Y: Do you feel financially secure about your healthcare needs after enrolling in the PM-JAY Scheme.

Correlation	0.61614163
Intercept	0.375
Slope	0.58244681
R ²	0.37963051



INTERPRETATION GRAPH 2:

- **Correlation (0.61614163):** The correlation coefficient of approximately 0.616 suggests a moderate to strong positive relationship between the PM-JAY Scheme's assistance in managing hospitalization costs (X) and the beneficiaries' financial security regarding healthcare needs (Y). This indicates that as the scheme helps more with hospitalization costs, individuals tend to feel more financially secure about their healthcare needs.
- **Intercept (0.375):** The intercept value of 0.375 implies that if the PM-JAY Scheme did not help at all with hospitalization costs (X=0), the predicted level of financial security (Y) would be 0.375. This is below the midpoint of a scale where 1 represents feeling financially secure and 0 represents not feeling secure, suggesting that without the scheme's help, there is less financial security.
- **Slope (0.58244681):** The slope of approximately 0.582 indicates that for each unit increase in the PM-JAY Scheme's help with hospitalization costs, there is an associated increase of

about 0.582 units in the feeling of financial security regarding healthcare needs. This shows a relatively strong effect of the scheme's assistance on financial security feelings.

- **R² (0.37963051)**: The R² value, or the coefficient of determination, is approximately 0.380. This means that about 38% of the variance in the feeling of financial security (Y) can be explained by the scheme's help with hospitalization costs (X).

The regression model based on these values can be represented by the equation:

$$Y = 0.375 + 0.58244681 X$$

Where:

- (Y) is the predicted feeling of financial security about healthcare needs.
- (X) represents the extent to which the PM-JAY Scheme has helped in managing hospitalization costs

CRITICAL ANALYSIS OF AYUSHMAN BHARAT PRADHAN MANTRI

JAN AROGYA YOJNA:

STRENGTH:

- **Comprehensive Coverage:**

PM-JAY is designed to be inclusive, offering healthcare coverage to all senior citizens regardless of age, and covering extensive treatment for pre-existing conditions. This comprehensive approach addresses critical health needs and helps alleviate the financial burden on vulnerable groups, ensuring they receive the necessary care without worrying about the costs.

- **Access for Low-Income Families:**

The scheme is aimed at providing equitable healthcare access to economically disadvantaged households. By targeting low-income families, PM-JAY promotes health equity across different socio-economic strata in India, making quality healthcare accessible to those who need it the most.

- **Efficient Financial Transactions:**

The implementation of cashless and paperless transactions under PM-JAY streamlines financial processes within the healthcare system. This not only enhances convenience for patients but also brings transparency to the system, making it easier for healthcare providers to manage transactions efficiently.

- **Reduced Administrative Burden:**

PM-JAY minimizes paperwork and administrative requirements, significantly improving operational efficiency. This reduction in bureaucracy facilitates smoother healthcare delivery, allowing healthcare providers to focus more on patient care and less on administrative tasks.

WEAKNESSES:

- **Limited Awareness and Utilization:**

We have identified four types of beneficiaries under the PM-JAY scheme:

- **Beneficiaries who have already received benefits:** These individuals have successfully utilized the card for healthcare services.
- **Beneficiaries who have not yet utilized the card:** These users possess the card but have not accessed any services.
- **Beneficiaries who have been denied use of the card:** These individuals have attempted to use the card but faced denial.
- **Beneficiaries eager to create the Ayushman card:** These potential users are interested in enrolling and obtaining the card.

We observe a significant gap in the implementation of the PM-JAY scheme at the grassroots level, primarily due to a lack of awareness.

- (9/10) Potential beneficiaries lack a contact person to guide them through the card creation process.
- Furthermore, many people are unaware of the scheme's benefits and features, and they do not know when, where, or how to use it.

- **Financial and Regulatory Constraints:**

Delayed reimbursement cycles and regulatory uncertainties deter private sector participation in PM-JAY. Addressing these challenges is essential to incentivize private sector engagement and ensure sustainable healthcare service delivery.

- **Service Limitations in Private Sector:**

Additional costs for ancillary services and limitations in coverage options at private hospitals create affordability barriers for patients under PM-JAY. Enhancing coverage options and negotiating cost-effective service provisions can improve healthcare accessibility for beneficiaries.

- **Underutilization of Digital Platforms:**

This will help us to monitor real time actions taken to improve the ground penetrations of PM-JAY Scheme. The underutilization of digital platforms like Viksit Bharat Sankalp reflects challenges in leveraging technology for effective scheme management and beneficiary engagement. Enhancing digital infrastructure and promoting digital literacy can optimize scheme operations and outreach efforts.

- **Operational Challenges:**

Implementation hurdles at the grassroots level, including administrative complexities and insufficient healthcare provider capacity, hinder effective service delivery under PM-JAY. Strengthening operational frameworks and capacity building can enhance service efficiency and beneficiary satisfaction.

OPPURTUTNITY:

- **Public-Private Collaboration:**

Collaborating with private health insurers and providers presents a significant opportunity to expand PM-JAY's reach. Such partnerships can enhance the availability and affordability of services, making healthcare more accessible to a broader segment of the population. Initiatives like the Ayushman card can further support this collaboration, ensuring that more people benefit from the scheme.

- **Data-Driven Insights:**

Leveraging real-time data analytics can greatly optimize resource allocation and improve healthcare management under PM-JAY. The strategic use of data enables informed decision-making, leading to enhanced service quality and better patient outcomes. This data-driven approach ensures that resources are used efficiently and effectively.

- **Enhanced Outreach and Engagement:**

Effective communication strategies are crucial for maximizing PM-JAY's impact. By engaging with beneficiaries and stakeholders, the scheme can increase awareness and utilization, and improve overall satisfaction. Strengthening outreach efforts ensures that more people are informed about the benefits of PM-JAY, leading to its increased effectiveness nationwide.

THREAT:

- **Infrastructure Deficiencies:**

Insufficient healthcare infrastructure poses a significant challenge to PM-JAY's objective of delivering accessible and quality healthcare. Inadequate facilities can lead to service delays and compromises in patient care quality, undermining the scheme's effectiveness. Addressing these deficiencies is crucial to ensure the successful implementation of PM-JAY.

- **Fraudulent Activities:**

Instances of fraud, such as counterfeit cards or misuse of beneficiary information, threaten the integrity of PM-JAY. These fraudulent activities erode trust in the system and divert resources intended for legitimate healthcare services. Implementing stringent measures to safeguard against fraud is essential to maintain the scheme's credibility and ensure that resources reach those who need them.

- **Quality Assurance Issues:**

Challenges related to misinformation and substandard treatment practices in healthcare facilities can jeopardize patient safety and outcomes under PM-JAY. Ensuring adherence to quality standards across all healthcare providers is essential for maintaining the scheme's credibility and effectiveness. Continuous monitoring and quality assurance are necessary to provide safe and reliable healthcare services.

These insights underscore the complexities and opportunities associated with PM-JAY, highlighting the need for strategic enhancements and collaborative efforts to achieve universal healthcare coverage and improve health outcomes across India.

RECOMMENDATION

- **Collaborative Filmmaking for Awareness**

To effectively communicate the benefits of PM-JAY, drawing inspiration from successful campaigns like "Toilet" and "Padman," leveraging platforms such as YouTube and Multimedia houses can be pivotal. These movies not only entertained but also raised awareness about critical social issues, much like how PM-JAY aims to educate people about healthcare access.

- **Comprehensive Awareness Campaigns**

Following the model of the polio awareness campaign featuring celebrities like Amitabh Bachchan and Aishwarya Rai, PM-JAY can implement extensive awareness efforts. Utilizing community health workers, social media platforms, and local events/workshops can effectively disseminate information about the scheme's benefits and how to utilize them optimally.

- **Implementing Beneficiary Feedback Mechanisms**

Incorporating a feedback mechanism within PM-JAY allows beneficiaries to share their experiences and challenges. This feedback can inform continuous improvements in scheme implementation, ensuring it meets the evolving needs of beneficiaries effectively. Via Surveys, community meetings, and digital platforms for regular interaction.

A Responsive Approach Indeed Addressing specific issues promptly, whether related to hospital experiences, card issuance, or claim processing will help better penetration of scheme on ground.

- **Addressing Card Application Issues**

Granting beneficiaries editing access for correcting inaccurate details on their PM-JAY cards can prevent unnecessary rejections. Approximately 10,000 applications were rejected due to minor errors in personal details, highlighting the need for streamlined processes.

- **Enhancing Reimbursement Packages**

Private hospitals play a significant role in PM-JAY's success but face challenges due to low reimbursement rates for services like general ward, orthopaedic, and gynaecological care. Striking the right balance between affordability for the government and fair compensation for private hospitals is essential. Regular reviews and adjustments based on market dynamics are necessary, adjusting these rates can incentivize more hospitals to participate, thereby expanding healthcare access.

- **Establishing Updated Databases**

To ensure benefits reach the right recipients, establishing and maintaining updated databases is crucial. Conducting surveys to gather specific variables can enhance the accuracy of beneficiary data, facilitating targeted service delivery under PM-JAY.

- **Establishing Help Centres and Online Portals**

Creating accessible help centres by Collaborating with local health facilities, NGOs, and community leaders to establish physical help centres. Develop user-friendly online portals with multilingual support can simplify the process of card creation and provide beneficiaries with clear information on PM-JAY benefits and utilization guidelines.

- **Improving Digital Infrastructure**

Developing a centralized digital infrastructure for PM-JAY that integrates patient health records, insurance claims, and service utilization data is essential. This system can streamline administrative processes, reduce fraud, and ensure efficient healthcare delivery while safeguarding patient privacy through robust security protocols. The Abha ID initiative for digital health records in India demonstrates the potential of robust digital infrastructure.

- **Launching Preventive Healthcare Initiatives**

Under PM-JAY, targeted preventive healthcare initiatives can focus on prevalent health issues in rural areas such as malnutrition, infectious diseases, and maternal/child health. Promoting regular health check-ups, vaccinations, and health education campaigns can significantly reduce preventable diseases and improve community health outcomes.

- **Promoting Public-Private Partnerships**

Jointly work towards better health outcomes for beneficiaries, encouraging collaborations between public and private sectors can expand the network of empanelled hospitals under PM-JAY. This partnership can enhance healthcare access, improve service quality, and strengthen the overall healthcare system's capacity to serve PM-JAY beneficiaries.

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Annexure

A. Household Profile (*socio-economic status*)

1. Name
2. Social group: SC, ST, OBC, General,
3. Religion
4. Nature of family: a) nuclear, b) joint
5. Age
6. Gender of the respondent
7. Education
8. Location (State/District/Village or City)
9. Occupation
10. Income Level
11. Household Size: no. of male, no. of female, total
12. Household Ownership (1-Own, 2-Rented)
13. Type of House (1-Thatched, 2-Kaccha, 3-Semi Pucca, Pucca-4, Khotha-5, Jhopri-6)

B. Awareness and Benefits of PM-JAY Scheme

14. Are you aware of the PM-JAY Scheme?
 - a. Yes
 - b. No
- 14.b Have you ever availed of any benefits under the PM-JAY Scheme?
 - c. Yes, for less than a year.
 - d. Yes, for 1-2 years.
 - e. Yes, for more than 2 years.
 - f. No

15. Did the PM-JAY Scheme cover all your healthcare needs?
 - a. Yes
 - b. No
16. Were you able to get the treatment you needed under the PM-JAY Scheme without traveling long distances?
 - a. Yes
 - b. No
17. Did you face any difficulties/issues while availing yourself of the benefits of the PM-JAY Scheme?
 - a. Yes
 - b. No
18. Were the healthcare facilities provided under the PM-JAY Scheme satisfactory?
 - a. Yes
 - b. No
19. How would you rate the behavior of the hospital staff at the hospital you visited under the PM-JAY Scheme (on a scale of 1-5)?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
20. Were you informed about all the benefits you are entitled to under the PM-JAY Scheme?
 - a. Yes
 - b. No
21. Did you receive timely treatment and approval for treatment under the scheme?
 - a. Yes
 - b. No
22. Has the PM-JAY Scheme improved your overall health condition, especially for chronic diseases?
 - a. Yes
 - b. No
23. Would you recommend the PM-JAY Scheme to others, and do you think it is better than the previous health schemes you were enrolled in?
 - a. Yes
 - b. No
24. Which type of hospital did you prefer to visit for treatment under the PM-JAY Scheme?
 - a. Public
 - b. Private

C. Healthcare Services and Expenditure under PM-JAY

25. Has the PM-JAY Scheme helped you in managing the cost of hospitalization, including any diagnostic tests and surgical procedures?
- Yes
 - No
26. Has the PM-JAY Scheme covered the cost of post-operative care, including any follow-up visits after treatment?
- Yes
 - No
27. Has the PM-JAY Scheme helped you in managing the cost of emergency healthcare services, including any ambulance services?
- Yes
 - No
28. Did you have to pay for any medical devices or aids after enrolling in the PM-JAY Scheme?
- Yes
 - No
29. Has the PM-JAY Scheme helped you in managing the cost of preventive healthcare services, including any vaccinations?
- Yes
 - No
30. Overall, do you feel financially secure about your healthcare needs after enrolling in the PM-JAY Scheme?
- Yes
 - No

D. Public And Private Hospitals Under PM-JAY

31. How would you compare the cost of treatment, waiting time for treatment, and the process of availing the benefits of the PM-JAY Scheme between public and private hospitals?
- Public hospitals are more cost-effective and efficient.
 - Private hospitals are more cost-effective and efficient.
 - Both are equally cost-effective and efficient.
 - Neither is cost-effective nor efficient.
32. How would you rate the quality of healthcare services provided at the public/private hospitals under the PM-JAY Scheme (on a scale of 1-5)?
- 1 (Very poor)
 - 2 (Poor)
 - 3 (Average)
 - 4 (Good)

e. 5 (Excellent)

33. Overall, considering your experience with both public /private hospitals, are you satisfied with the PM-JAY Scheme?

- a. Yes
- b. No

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