RNI No.- MPHIN/2013/60638, ISSN 2320-8767, E- ISSN 2394-3793, Scientific Journal Impact Factor (SJIF)- 8.054, January to March 2025 E-Journal, Volume I, Issue XLIX, ISO 9001:2015 - E2024049304 (QMS)

Impact of Ayushman Bharat Scheme on Beneficiaries in Rewa, Madhya Pradesh

Eshika Agrawal* Dr. Kumud Shrivastava**

*Research Scholar (Economics) Govt. TRS College, Rewa (M.P.) INDIA
** Professor (Economics) Govt. TRS College, Rewa (M.P.) INDIA

Abstract: The Ayushman Bharat Pradhan Mantri Jan arogya Yojana (AB-PMJAY) is India's flagship health insurance scheme aimed at providing financial protection to economically vulnerable populations. This study examines the impact of the scheme on beneficiaries in Rewa, Madhya Pradesh, focusing on access to healthcare, financial relief and health outcomes. Through a mixed methods approach combining surveys and interviews, this paper highlights both the benefits and challenges faced by beneficiaries. Findings indicate improved healthcare access but also reveal gaps in awareness and hospital participation. Policy recommendations are proposed to enhance the scheme's effectiveness.

Introduction - Healthcare affordability remains a significant challenge in India, particularly for low-income populations. The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was introduced in 2018 to provide cashless secondary and tertiary healthcare to over 500 million beneficiaries. This paper investigates how the scheme has affected the beneficiaries in Rewa, Madhya Pradesh, focusing on financial relief, hospital accessibility and service utilization.

Research Objectives:

- 1. The research will assess the demographics, accessibility and impact of Ayushman Bharat Yojana on population of Rewa.
- To assess the impact of Ayushman Bharat scheme on healthcare outcomes and financial burden reduction in the region.
- 3. To evaluate the accessibility and utilization of healthcare services under the scheme.
- 4. To identify barriers faced by beneficiaries in availing scheme's benefits.

Research Highlights: The research for assessing the situation of Ayushman cardholders in Rewa had gone through several stages which includes use of stratified sampling method to conduct survey of around 100 beneficiaries and interviews from around 20-25 persons, health personnel's, and government officials.

Field Survey Report

(Collected data of about 100 Ayushman card holders through survey and interviews.)

<u> </u>	
Total Ayushman cardholders surveyed	100
Percentage of cardholders using	65% (65
the scheme for hospitalizations	beneficiaries)

Average no. of hospital visits per year	2.5
(per beneficiary)	
Average distance travelled to nearest	15km
empanelled hospital	
Average claim amount reimbursed	20,000
(per hospitalizations)	
Percentage reduction in healthcare	60%
costs after using the scheme	
Percentage of claims rejected	8%
Beneficiaries reporting satisfaction	75%
with services	

Further Analysis

1. Demographics of respondents

- i. Male 55%
- ii. Female 45%

2. Age groups:

- i. 18-30 years 20%
- i. 31-50 years 45%
- iii. 51-70 years 25%
- iv. Above 70 years 10%

3. Financial Impact:

- i. Average healthcare expense saved using Ayushman card: Rs 25,000/year per household.
- Percentage of respondents reporting no out of pocket expenses: 60%

4. Satisfaction levels:

- i. Very satisfied- 50%
- ii. Somewhat satisfied- 30%
- iii. Neutral- 10%
- iv. Dissatisfied- 10%

Analysis of survey reports:

. Around 65% of surveyed cardholders actively use the

Naveen Shodh Sansar (An International Refereed/Peer Review Multidisciplinary Research Journal)

INSS

RNI No.- MPHIN/2013/60638, ISSN 2320-8767, E- ISSN 2394-3793, Scientific Journal Impact Factor (SJIF)- 8.054, January to March 2025 E-Journal, Volume I, Issue XLIX, ISO 9001:2015 - E2024049304 (QMS)

- scheme, showing significant adoption but leaving a sizeable portion unutilized.
- ii. Beneficiaries report an average 60% reduction in out of pocket expenses, indicating improved affordability.
- iii. An average distance of 15km to hospitals suggests moderate accessibility but may be a barrier for rural populations.
- iv. A satisfaction rate of 75% shows positive perception but leaves room for addressing grievances related to claim rejections.

Conclusion: The questions arose at the starting of the research or the hypothesis proclaimed have been turned out to be true and explained briefly throughout the report. The healthcare services provided are quite affordable and easily accessible to people seeking healthcare aid, thus benefitting them in the best way possible for all those who cannot afford quality treatment for several diseases.

Thus, it ensures welfare of people since:

- i. The scheme is well- utilized, with a significant majority relying on public hospitals.
- ii. Financial relief is notable, reducing financial pressure on patients.
- Awareness campaigns enhancing scheme's reach and effectiveness.
- iv. Helping people with different socio-demographic background.

Challenges associated to the

PM-JAY-AB scheme: Though, this scheme of government

comes with several benefits, it also includes several leakages or loopholes:

- Firstly, India is not a corruption free nation, starting from the making of Ayushman cards to availing services and free treatment involves various malpractices.
- Hospitals sometimes charge unnecessarily from patients in order to increase the bill to avail the full insurance amount by the government.
- iii. Not every hospital in a district is empanelled to provide its benefits, somewhere in rural areas only a few hospitals are authorized to provide treatments under AB PM-JAY scheme.

Recommendations:

- Firstly, regular verification of beneficiaries should be done to check proper functioning of the scheme.
- ii. Secondly, hospitals empanelled under the scheme should also remain under continuous check to create a corruption free environment from people.
- Policymakers should be more focused on increasing hospital network coverage and improving claim processing systems.
- iv. Proper grievances redressed mechanism should be enforced.
- The hospital network should be increased to provide healthcare access in private hospitals along with government ones.

Reference:-

1. Personal Research.

