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# A CASE STUDY ON AYUSHMAN BHARAT (PM-JAY) UNDER DIMAPUR DISTRICT OF NAGALAND

**[1] Pallavi Lama [2] Dr. Aomatsung**

[1] Research Scholar, Department of Economics, St. Joseph University, Nagaland

[2] Assistant Professor& Supervisor, department of Economics, St. Joseph University, Nagaland

***Abstract***

*The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, initiated in 2018 by the Government of India, is the largest health insurance system globally as suggested by the National Health Policy 2017, aimed at realizing the objective of Universal health Coverage. Being a newly implemented scheme the evaluation of the yojana is in the process to be studied to fill the research gap. The study aims to find the out -of -pocket expenditure and socio-economic condition of the beneficiaries. The primary and secondary sources were collected for data analysis on how the scheme will impact and has benefited for positive externalities. The study shows satisfaction level 68% are satisfied. The analysis also shows out- of -pocket expenditure i.e. INR as 4065.42 on an average for one time hospitalization. Therefore, health insurance like AB PM-JAY plays a significant role in safeguarding the beneficiaries from out-of-pocket expenditure especially low to middle income families.*

*Key words: PM-JAY, beneficiaries, socio-economic, out-of- Pocket expenses, satisfaction*

## INTRODUCTION

In 2017, the National Health Policy proposed Ayushman Bharat to accomplish Universal Health Coverage, aligning with one of the Sustainable Development Goals. Its objective is to deliver comprehensive healthcare services based on needs, including prevention, promotion, and outpatient care as per the guidelines. Ayushman Bharat implements a continuum of care strategy, which consists of two interconnected components: health and wellness Centres and PM-JAY. Health and wellness centres are clinics that takes preventive measures for chronic diseases and morbidities by bringing communities to choose healthy behaviours including free essential drugs. It delivers wide range of services, health and wellness centres are inclined with Sub Centres and Primary Health Centres delivers maternal and child health services and non-communicable diseases. Ayushman Bharat PM-JAY aims at providing a health cover of INR 5 lakhs per family per year for secondary and tertiary care hospitalization in both public and private empanelled hospitals in India, to nearly 12 crores poor and vulnerable families that makes 40% of the Indian population. To reduce out -of -pocket expenditure on surgical treatment and treatment for chronic diseases like dialysis, cancer care to improve life expectancy by providing cashless insurance as per eligibility criteria and packages and availability of healthcare services in empanelled hospitals. PM- JAY is funded by the government and cost of implementation is shared between the central and state Governments. PM-JAY envisions to help mitigate catastrophic expenditure on medical treatment which pushes nearly 6 crore Indians into poverty each year. It covers up to 3 days of pre-hospitalization and 15 days post hospitalization. There is no restriction on the family size, age or gender.

## LITERATURE REVIEW

1 A study conducted by (Grewal H., Sharma P., et al. 2023) states that India ‘s economic progress can be seen over the years however because of difference in socio economic and health factors, 20% of the population still lives in poverty. India ‘s total healthcare expenditure is out- of -pocket expenditure. After the launch of Ayushman Bharat Pradhan Mantri Jan Arogya in September 2018, India has made progress towards Universal Health coverage. Some of the issues that need to be addressed are the need for more healthcare professionals as per the demand especially in rural health centres. For an effective plan forward more attention should be given on prevention and early diagnosis, linking Ayushman scheme with other regional schemes and providing awareness campaign to increase its usage. As one of the Sustainable Development goals, Ayushman Bharat can achieve its aim of offering equitable and cost-effective healthcare services for all Indians fulfilling Universal Health Coverage.PM-JAY has enrolled over 28,350 hospitals and healthcare providers benefiting more than 519 million vulnerable families across India (as of May 31, 2023). Furthermore, the Ayushman Bharat scheme has established over 12 lakh Health and Wellness Centres to provide primary healthcare services to people residing in remote and rural areas.

2. A study conducted by (Keshri, R. Vikash, et al. 2019) shows that in 2018, Government of India launched an ambitious health care scheme known as “Ayushman Bharat” widely projected to be progressive step toward Universal Health Coverage in India. The Ayushman Bharat scheme essentially has two components: Pradhan Mantri Jan Arogya Yojana (PMJAY) and Health and wellness centres (HWCs). The PMJAY is a publicly financed health insurance scheme. The household health expenditure comprised 64.7% of the total health expenditure, and out -of -pocket expenditure (OOPE) was around 60.5% of the total health expenditure. The objective of HWC at PHC level is envisioned to be manned by human resources as per existing norms. The objective of HWC is very ambitious as it provides services for mental health, common ophthalmic and ENT problems, palliative health care services and basic oral health care.

3. A study conducted by (Bhaduri D Sonam 2021) states that, Universal Health coverage is conceptualised to provide health services without having to undergo financial difficulty is an ambitious goal especially for essential healthcare. Any programme needs to be based on sound evidence to be ethical especially if it imposes greater costs and limitations. There are inequalities across the country in terms of healthcare institutions, infrastructure and manpower- including the capacity to administer PMJAY itself. Such inequalities translate into inequalities in access under insurance. World Health Organisation (WHO) Consultative Group on Equity and UHC has criteria for priorities along all the three dimensions of UHC, namely population coverage, number of services covered and financial risk protection. Indian UHC discourse namely primary care provision (H&W centres) and inpatient care insurance (PMJAY).

### Statement of the problem

The study about AB-PMJAY will help to update the new data to fill the research gap. The socio-economic impact on out-of-pocket expenditure and how the yojana gives financial protection for healthcare services making it cost efficient for the vulnerable population during emergencies. It will help to study, analyse, discuss and improve the healthcare. Its proper and efficient management through health account, to improve the healthcare system as per the need from infrastructure, staffing pattern, its services, medical supply chain and the role of health insurance like the AB-PMJAY in both public and private empanelled hospitals and vitally the timely/early diagnosis, treatment and recovery for the beneficiaries during emergency need. Not only focusing primarily on prognosis but putting the idea of” Prevention is better than cure”, focusing on adapting healthy lifestyles starting from vaccinations to health and hygiene (food, water, surroundings etc.). The AB-PMJAY has helped to reduce the cost of healthcare service delivery according to the health care packages. To identify the problems and challenges and to suggest recommendations.

### Significance of the study

Research on healthcare and health insurance is new and it will also help to update the data as per the objectives to study about the socio- economic variables and availing the schemes among the beneficiaries. To study how the Ayushman card has helped to reduce out -of -pocket expenditure from unforeseen financial costs during medical emergency. It will give an awareness about AB PM-JAY health insurance scheme that is implemented and can be availed in empanelled hospitals by the beneficiaries as per the guidelines. To improve the quality of life and life expectancy. To fulfil the idea of Universal Health Coverage to the eligible families because treatment for chronic and fatal diseases is always burdensome not only to patient/ beneficiary but to family too. The study will give an insight of the satisfaction level of the beneficiaries who have availed the benefits of the AB PM -JAY with facts and figures that will help to understand the significance of health policy and its implementation.

**Objectives of the study**

1. To study the socio-economic variables and availing the schemes among the beneficiaries.
2. To study the impact of the scheme on out-of- pocket expenditure of the beneficiaries.

**Research Methodology**

**Study Area:** Dimapur district of Nagaland is taken as the sample district for the study.

**Sample size**: Altogether 50 beneficiaries are selected as a sample size through purposive sampling method for the study.

**Data collection**

*Primary data collection:* The primary data is collected from sample respondent (beneficiaries) under the study area. Personal interview and questionnaire method is used to collect the primary data.

*Secondary data collection:* The secondary data is collected from the concern department, websites, journals, etc

**Statistical tools:** For the analysis of the tabulated data, simple percentage and average was applied and conclusion was drawn.

**Period of the study:** The study period covers from Jan-Sept.2025

## DATA INTERPRETATION AND ANALYSIS

Table 1.1 **Socio- demographic Profile of the respondents.**

| Sl.no. | Demographic Characteristics | Category | Frequency | Percentage |
|---|---|---|---|---|
| 1. | Gender | Male | 21 | 42 |
| | | Female | 29 | 58 |
| 2. | Age Group | <18 | 0 | 0 |
| | | 19-30 | 6 | 12 |
| | | 31-60 | 36 | 72 |
| | | 60 above | 8 | 16 |
| 3. | Marital status | Married | 43 | 86 |
| | | Unmarried/single | 6 | 12 |
| | | Widowed | 1 | 2 |
| | | Separated/Divorced | 0 | 0 |
| 4. | Religion | Christianity | 49 | 98 |
| | | Hindu | 1 | 2 |
| | | Buddhist | 0 | 0 |
| | | Islam | 0 | 0 |
| 5. | Caste | ST | 49 | 98 |
| | | SC | 0 | 0 |
| | | OBC | 0 | 0 |
| | | General | 1 | 2 |

Table 1.1 shows socio-demographic profile of the respondents shows that out of 50 respondents 42% of the respondents are male and 58% of respondents are female.

The percentage of respondents who belong to the age group less than 18, it is nil. Age group of the respondents who belong to the age of 19-30 is 12%. The number respondents who belong to the age of 31-60 is 72%. The number of respondents whose age is above 60 is 16%. The highest is 72% from the age of working population 31-60 and the lowest is 12% from the age of 19-30.

The marital status out of 50 respondents shows 86% of respondents are married, 12% are unmarried ,2% widowed, separated / divorced is nil. The highest is 86% who are married and the lowest is 0% divorcee.

The analysis of the religion shows 98 % of respondents follow Christianity, followed by Hindu with 2% percentage respectively. The highest is 98% Christianity because Nagaland is a Christian state majority and lowest is Buddhist and Islam with 0%.

The caste shows 98% of respondents belong to the schedule tribe of Nagaland followed by general with 2%. The highest is 98% from the schedule tribe of Nagaland and the lowest are SC and OBC with 0 %.

Table 1.2 **Educational level of the respondents.**

| Education | Frequency | Percentage |
|---|---|---|
| Illiterate | 8 | 16 |
| Primary | 4 | 8 |
| Elementary | 5 | 10 |
| High School | 17 | 34 |
| Higher secondary | 4 | 8 |
| Graduate | 10 | 20 |
| Post graduate | 2 | 4 |

Table 1.2 shows that the educational level of the respondents where 16% are illiterate, 8% have attended primary education, 10% have attended elementary education, 34% have attended high school education, 8% have attended higher secondary education, 20% have graduate degree and 4% have post graduate degree. The highest is high school 34% and lowest is post graduate with 4 %.

Table 1.3**Family Type of the respondents**

| Family Type | Frequency | Percentage |
|---|---|---|
| Nuclear | 50 | 100 |
| Joint family | 0 | 0 |

Table 1.3 shows nuclear family with 100%.

**Monthly income of the beneficiaries**

Table 1.4 Monthly income of the beneficiary

| | Monthly income of beneficiary | Frequency | Percentage |
|---|---|---|---|
| a) | Nil | 11 | 22 |
| b) | 1000-5000 | 3 | 6 |
| c) | 5001-10000 | 6 | 12 |
| d) | 10001-15000 | 8 | 16 |
| e) | 15001-20000 | 4 | 8 |
| f) | 20001-25000 | 3 | 6 |
| g) | Above 25000 | 15 | 30 |

Table 1.4 shows monthly income of the beneficiaries with 22% with no income,6% with 1000-5000 as their monthly income, 12% with monthly income of 5001- 10000, 16% earning monthly income between 10001-15000, 8% are earning 15001-20000, 6% are earning 20001-25000 and 30% earning above 25000. The highest is above 25000 with 30% and second highest with 22% without income and the lowest with 1000-5000 and 20001-25000.

**Occupation of the beneficiaries.**

Table 1.5 Occupation of the respondents.

| Occupation | | frequency | Percentage |
|---|---|---|---|
| Government servant (in service) | | 20 | 40 |
| Retired | | 2 | 4 |
| Private regular salaried | | 3 | 6 |
| Irregular salaried | | 1 | 2 |
| Part time | | 1 | 2 |
| Daily wages | | 1 | 2 |
| Business | | 2 | 4 |
| Self employed | | 3 | 6 |
| Others (Home maker) | | 17 | 34 |

Table 1.5 shows occupation of the respondents with 40% as Government servant, 4% retired, 6% private regular salaried,2% irregular salaried, 2% part time worker, 2% who work on daily wages, 4% business, 6% as self-employed and 34 % as homemakers. The highest is 40% as government servant (in service), followed by homemakers with 34%. With 2% irregular salaried, part time and daily wages as the lowest.

**Awareness among beneficiaries**

Table 1.6 Awareness level of AB PM -JAY.

| Awareness of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana | Frequency | Percentage |
|---|---|---|
| Yes | 50 | 100 |
| No | 0 | 0 |

As the data was collected from hospitals therefore almost all of them were aware about AB PM- JAY. 100% of the respondents were aware of the scheme.

**Sources of awareness**

Table 1.7 Source of awareness about AB PM-JAY.

| Source of awareness | Frequency | Percentage |
|---|---|---|
| Colleagues | 7 | 14 |
| Relatives | 13 | 26 |
| Friends | 5 | 10 |
| Neighbours | 11 | 22 |
| Advertisements | 6 | 12 |
| Hospitals/PHC/CHC | 3 | 6 |
| Others | 5 | 10 |

Table 1.7 Source of awareness about AB PM-JAY shows that 14% of the beneficiaries were aware of the AB PM-JAY through their colleagues, 26% of the respondents came to know about the scheme from their relatives, 10% came to know from their friends, 22% of the beneficiaries were aware of the scheme through their neighbours.12% of the beneficiaries were aware of the scheme through advertisements. 6% of the respondents were aware of the Ayushman card through Hospitals/ PHC/CHC during emergency need. However, there are allocated computer service centers where the card can be produced according to the eligibility criteria through registration. Others sources include 10% of the beneficiaries. The highest with 26 % from relatives and lowest with 6% from Hospitals/PHC/CHC.

**Year of enrollment**

Table 1.8 Year of enrolment in AB PM-JAY

| Year | Frequency | Percentage |
|---|---|---|
| 2018-2019 | 1 | 2 |
| 2020-2021 | 3 | 6 |
| 2022-2023 | 34 | 68 |
| 2024-2025 | 12 | 24 |

Table 1.8 shows the year of enrolment in AB PM-JAY. Here, out of 100 %, 2% of the beneficiaries were enrolled in the year 2018-2019. 6% of the beneficiaries were enrolled in the year 2020-2021. 68% of the beneficiaries were enrolled in the year 2022-2023. 24% of the beneficiaries were enrolled in the year 2024-2025. The highest with 68% from the year 2022- 2023 because in the year 2022, the scheme AB PM -JAY was fully launched and awareness was given. The lowest is 2% enrolled in the year 2018 when AB PM-JAY was launched.

**Utilization of Ayushman**

Table 1.9 Utilization of the card

| Particulars | Frequency | Percentage |
|---|---|---|
| Having cards and utilized the card | 50 | 100 |
| Required benefit, yet could not use the card | Nil | Nil |
| Has cards, but were not required to use | Nil | Nil |

Table 1.9 shows that 100 % of the respondents are having cards and have utilized the card because the data was directly collected from the hospital where the beneficiaries were utilizing the Ayushman card.

**Impact on out- of- pocket expenses.**

Table 2.0 The impact of the scheme on out -of -pocket expenditure of the beneficiaries.

| (On an average) in INR in one time hospitalization. |
|---|
| Out of pocket expenditure = Total Expenditure- Health Insurance coverage (AB PM-JAY) |
| = 17796.2- 13730.78 |
| = 4065.42 |

Table 2.0 shows out- of -pocket expenditure INR as 4065.42 on an average for one time hospitalization. Here the medical expenses are incurred by the beneficiaries except for secondary treatment like dialysis and chemotherapy and tertiary treatment like surgeries.

Table 2.1 Monetary Expenses incurred on an average

| Medical Expenses | Non – medical Expenses |
|---|---|
| 4065.42 | 13730.78 |

Table 2.1 The medical expenses shows 4065.42 and non-medical expenses shows 13730.78 as monetary expenses incurred on an average.

**Types of treatment**

Table 2.2 Type of treatment

| Treatment | Frequency | Percentage |
|---|---|---|
| Primary | - | - |
| Secondary | 38 | 76 |
| Tertiary | 12 | 24 |

Table 2.2 shows secondary treatment with 76% as the highest and tertiary treatment with 24% as the lowest.

**Digital insurance**

Table 2.3 Digital insurance claims

| Digital insurance claims | Frequency | Percentage |
|---|---|---|
| Yes | 50 | 100 |
| No | Nil | Nil |

Table 2.3 shows digital insurance claims where 100% of the respondents were utilizing the scheme as the data was collected from the hospital itself.

**Satisfaction of the beneficiaries**

Table 2.4Beneficiary satisfaction level after utilization of AB PM-JAY card.

| Satisfaction level | Frequency | Percentage |
|---|---|---|
| Satisfied | 34 | 68 |
| Highly satisfied | 11 | 22 |
| Neutral | 5 | 10 |
| Dissatisfied | Nil | Nil |
| Highly dissatisfied | Nil | Nil |

Table 2.4 shows the beneficiary satisfaction level after utilization of AB PM -JAY card as 68% of the beneficiaries are satisfied. 22% are highly satisfied. 10% are neutral. The highest is 68% who are satisfied. 0% who are dissatisfied and highly dissatisfied as the lowest.

“Do you think early diagnosis and timely health care intervention through the help of the AB PM-JAY scheme has given some relieve and hope to household preventing fatal disease whether its major or minor?”

Table:2.5

| Yes | % age | No | % age |
|---|---|---|---|
| 50 | 100 | Nil | 0.00 |

Table 2.5 Revealed that all beneficiaries are satisfied with the (treatment) health care services, it is helpful for general public. The treatment was successful. Everyone is health conscious and treatment are necessary whether the card is available or not as good health is important for all and this health card is helping. It gives financial support and help. For secondary and tertiary healthcare services the beneficiaries are getting the service. It has really helped everyone through the schemes and is saving a lot of family lives. The scheme for early diagnosis and timely healthcare intervention has given relieve and hope to household. It prevents worse situation. The healthcare professionals are very skilled, there service is remarkable and it has given us hope to cure the fatal disease. It has helped in improving the health condition after the treatment.

**Quality of health care service**

Table 2.6 quality of the healthcare services through AB PM-JAY.

| Responses | Frequency | Percentage |
|---|---|---|
| Good | 29 | 58 |
| Very good | 19 | 38 |
| Outstanding | 2 | 4 |
| Average | Nil | Nil |

Table 2.6 shows that the quality of the healthcare services that the beneficiaries have been receiving through AB PM -JAY shows 58% good as the highest and 0% average as the lowest.

**Improvement in health**

Table 2.7Improvement in health outcome after the utilization of the scheme.

| Responses | Frequency | Percentage |
|---|---|---|
| Yes | 50 | 100 |
| No | Nil | Nil |

Table 2.7 shows 100% of the beneficiaries say yes it has helped in improving the health outcome to have healthy life after the utilization of the scheme.

**Challenges faced by the beneficiaries.**

- Difficulty in accessing the reimbursement if any prescriptions or medical documents are lost or misplaced.
- Technical problem due to internet issue. Otherwise, its hassle- free and the process is also easy.

**Suggestions**

1.The AB PM -JAY is a good scheme, it is very helpful.

2. This kind of health insurance scheme should continue in future too, as it is going at present with transparency and it's a must to bring welfare to the beneficiaries.

3. Household needs health insurance because as human, disease is prevalent. It should be empaneled in hospitals where all kind of health facilities are available, if private cabin can be arranged in time of need as per the disease condition was also good.

4. It provides financial security and its helpful to the beneficiaries. Those who are in need for them, the scheme is very helpful and it's a good scheme.

5.The hospitals should also get the payment they deserve from the government to improve the infrastructure and healthcare services for availability as per the need. It is helpful in many ways.

**Conclusion**

The AB PM-JAY helps to reduce the costs of healthcare services in empanelled hospitals where Ayushman Mitras keeps a record of the beneficiary's health account and the cashless insurance is reimbursed accordingly as per the guidelines of the yojana for beneficiaries of the Ayushman card. It helps the beneficiaries to provide financial security and hope in time of need for both secondary and tertiary treatment. It reduces financial burden to some extent for the beneficiaries. Ayushman card has helped in many ways especially to the one whose income is irregular. Beneficiaries were satisfied and happy with the help. It provides security and hope that in future too it will benefit those who are in need, it has benefitted in many ways. It has been very helpful for dialysis patients. After admission in the hospital beneficiaries can utilize the card as per the guidelines of the scheme. The scheme secures, assures hope and recovery. A case study shows that the AB PM-JAY has helped beneficiaries a lot during ongoing treatment for cancer care. It has helped and the beneficiaries are satisfied for introducing this scheme. The scheme/yojana has benefited on an average level, as in most cases it does not cover the entire medical expenses as per the yojana but here is a huge difference between having a card and not having card. It provides great help during need. INR 90,000 was reimbursed and only 25,000 was paid in a beneficiary case. As, everyone is working together in the healthcare system and health insurance like AB PM- JAY for better healthy life has given a sense of hope and financial security.

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