

The role of health administrative services offer to financial viable community : A case study of
“Pradhan Mantri Jay Arogya Yojana – Ayushman Yojana”

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Research Article

**The role of health administrative services offer to financial viable community
: A case study of “Pradhan Mantri Jay Arogya Yojana – Ayushman Yojana”**

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Abstract:

The ultimate focus of emerging economies should be to provide optimum healthcare coverage to their inhabitants. To provide the greatest health care to the people of India On the advice of the national health policy, the Government of India (GOI) established Ayushman Bhart, a flagship scheme. This scheme, also known as PM-JAY, aimed to provide basic health care to everyone (Pradhan Mantri Jay Arogya Yojana). How this strategy functioned all across the pandemic and whether or not its goal was met is investigated. For the study, the researchers selected 152 respondents who has used PM-JAY (Pradhan Mantri Jay Arogya Yojana) during the pandemic and investigated because they used the scheme.

Key word:

Health facility, PM-JAY (Pradhan Mantri Jay Arogya Yojana), pandemic

Introduction:

As a developing nation, India has experienced profound barriers in access to basic services, specifically in the context of health. “For the past two decades, the world has been monitoring India although the economy has been one of the world's top three fastest emerging economies. Despite making real progress in some sectors, Continue to remain a Lower Middle-Income Country (LMIC) according to the World Bank's classification of countries based on per capita GDP, owing to its inconsistency in socioeconomic and health indicators.” According to statistics, more than 20% of Population of india still lives on less than \$1.9 per day (2011 PPP). According to a World Bank prediction, more than 34% of India's population would be between the ages of 15 and 35 by 2021. India can be confident about sustainable economic growth for a few more decades until the first higher dependency ratio comes in, despite its huge demographic dividend.
[1]

Major Aim of the scheme:

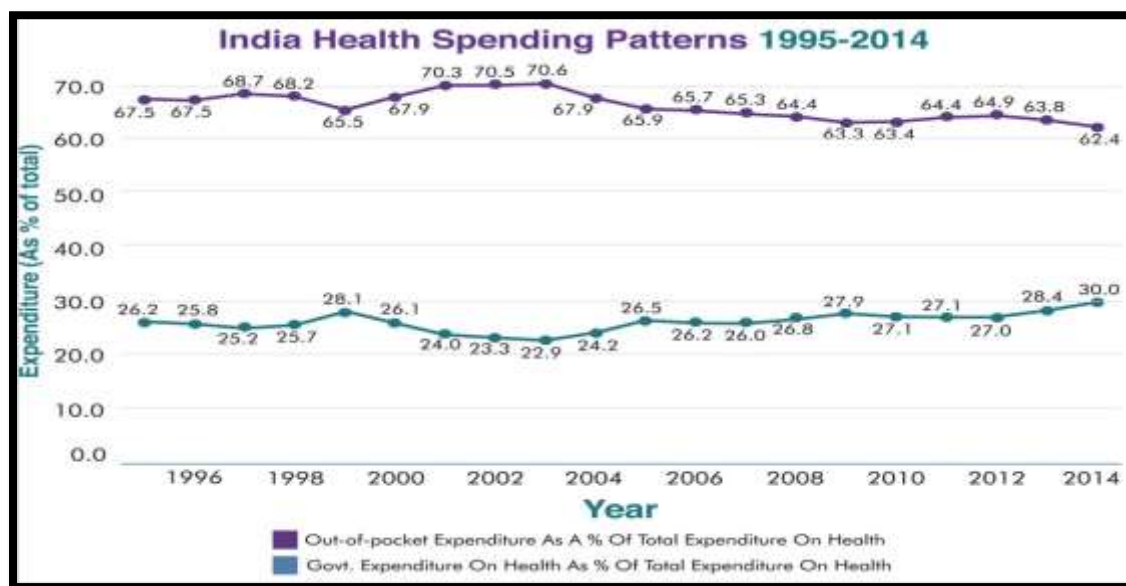
The scheme's primary objective is to use a continuum of care approach, which comprises of two interrelated neurons:

- Health and Wellness Centers (HWCs)
- Pradhan Mantri Jan Arogya Yojana (PM-JAY)

Under this, the SHA engages the assurance/ trust and insurance models mentioned above in various capacities with the aim of being more economic, efficient, providing flexibility and allowing convergence with the State scheme. This model is usually employed by Brownfield States which had existing schemes covering a larger group of beneficiaries.

Category A States/ UTs	Arunachal Pradesh, Goa, Himachal Pradesh, Jammu and Kashmir, Manipur, Meghalaya, Mizoram, Nagaland, NCT Delhi, Sikkim, Tripura, Uttarakhand and 6 Union Territories (Andaman and Nicobar Islands, Chandigarh, Dadra and Nagar Haveli, Daman and Diu, Lakshadweep and Puducherry)
Category B States	Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh and West Bengal

Pattern of indian government spending on the health sector is describe as under.

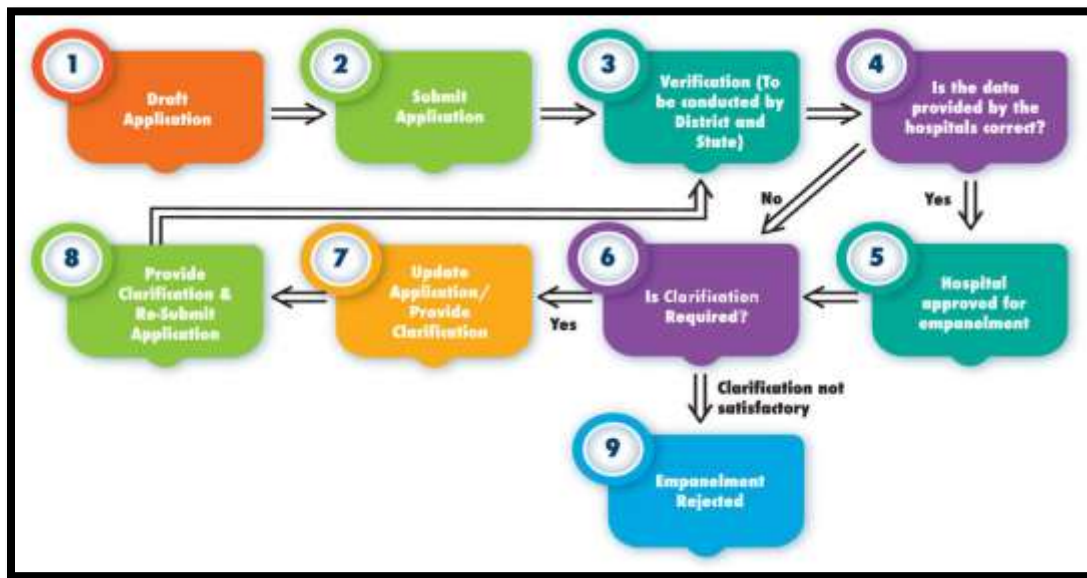


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Ayushman Bharat, the government of India's flagship initiative, was implemented in based on the National Health Policy 2017's suggestion to accomplish the vision of Universal Health Coverage (UHC). The goal of this project is to achieve the Sustainable Development Goals (SDGs) and the underlying principle of "leaving no one behind." PM-JAY stands for Pradhan Mantri Ayushman Bharat Yojana (Pradhan Mantri Jay Arogya Yojana). Ayushman Bharat is an endeavour to transition from a sectoral and segmented strategy to a comprehensive, need-based health care system. This programme aims to implement pavement interventions at the primary, secondary, and tertiary levels to address the healthcare system holistically (encompassing prevention, promotion, and ambulatory care). Ayushman Bharat uses a continuum of care approach, which composed of multiple interrelated neurons.

Process of hospital empanelment in PM-JAY:

The process of hospital empanelment of PM-JAY is described as under. The Process of PM-JAY is explained as under.



PM-JAY milestones are as under:

The milestones of PM-JAY during the following years are as under.



PM-JAY health scheme adoption at the Gujarat level is described as under.

Particulars	India	Gujarat
Number of Empanelled hospitals (Nos.)	21604	2694
E-Cards Generated (Nos.)	7,80,18,367	72,79,756
Hospital Admission (Nos.)	1,03,18,046	16,15,308
Amount of Hospital Admissions (Rs. In Crores)	12,853	2258

Literature review :

Health Minister of India shri . Harsh Vadhani discussed in the official report-2016 “ India to have 40,000 Ayushman Health care centres by 2020.” This report discussed the exploration of the health facility to the needy who are aspirants of the medical facility. And tried to reach till the unreached region. Dhaka R, Verma R., Agarwal G, Kumar G. analysed in their report “ Ayushman Bharat Yojana : A memorable health initiative for Indians” (2018) that The aim of this programme is to provide a service to create healthy, capable and contain new India and two goals are to creating a network of health and wellness infrastructure across the nation to deliver primary health care services and to provide health insurance cover to at least 40% of India’s

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population. This scheme will cover poor below poverty line families, deprived rural families and identified occupational categories for urban families as per 2011 socio-economic caste census (SECC) data. This scheme will be covering over 10 crore families across the country with health insurance coverage up to Rs.5,00,000/- per family per year for secondary and tertiary care hospitalization. Bakshi H., Sharma RKumar P,(2018) focused in their paper titled “ ”Right to health” is central to exercise the basic human rights” that Success of the scheme will depend upon focusing on health and not merely sickness. Reducing disease burden through robust primary care, focus on allied determinants of health, quality outdoor and indoor services in public hospitals and incorporation of indigenous schools of medicine and technology will all help in checking farcical and wasteful expenditure. CRISIL presented in their report (2018) , Ayushman Bharat improvement in quality of Government infrastructure and leveraging private sector at right price to be crucial tasks for the scheme. This report highlights that The impact on hospitals may limit participation of major corporate hospitals. Will change the way industry functions today-focus to shift to volume driven affordable care. Will support rapid growth of hospital chains in Tier-II and Tier-III cities. Change in coverage criteria (BPL vis-à-vis SECC) in existing change funding needs. Perappadan B, discussed in his paper titled “ PM-JAY to include cancer treatment soon says health officials” in his paper how the hospitals have been empanelled and reach till the beneficiaries nearly 34 lakh and also generated 9 crores cards to aspirants. Krishnan A (2018) in the paper “ All you wanted to know about Ayushman Bharat” that the government Govt. has rolled out a mammoth scheme, deemed the largest in the world, to provide free health insurance to India’s poor and marginalized families. Ayushamn Bharat is a health insurance scheme under which 10.74 crore poor households across India will be eligible for reimbursement of up to Rs. 5,00,000/- per year towards hospitalization expenses of their family members. Apart from the expenses on in-patient treatment, the scheme also covers pre and post hospitalization costs to some extent. Such a way is able to reach till the large population in the most desirable way.

Economic times in his article explained that Ayushman Bharat aims to provide facilities to over 10 crore families covering urban and rural poor. PMJAY-AB is the biggest government sponsored healthcare scheme in the world. As per SECC data, 8.03 crore families in rural areas and 2.33 crore families in urban areas will be entitled to be covered under these schemes, i.e. it will cover around 50 crore people. To ensure that nobody is left out, there will be no cap on the family size and age. Blake Jangell, Shankar Prinja, Anandi Gupta, Vivekanand Jha, Stephen Jan, (2019) share their thought in the paper “ The ayushman Bharat Pradhan Matri Arogya Yojana and the path to universal health coverage in India : Overcoming the challenges of stewardship and governance`.The cabinet of Indian Govt. approved AB-PMJAY in March-2018. The scheme delads on previous programmes outlined and has been designed to implement or operate alongside based programmes but has a broader remit in terms of services covered and the amount of coverage that each individual is entitled to. Public spending on health care in India is amongst the lowest in the world at just over 1% of GDP and the Indian health system is characterized by substantial shortcomings relating to work-force, infrastructure and the quality and availability of services.

In the Financial Express article “ ‘Ayushman Bharat’ significant step towards universal health coverage in India : US Think Tank” shared thoughts on the scheme in the most meaningful way. Modicare has put healthcare within reach for hundreds of millions, significantly increasing the number of people which have government-funded health insurance and far exceeding the initial estimates. In a country of almost 1.4 billion people that is home to one-third global maternal deaths, where public spending for health accounts for roughly one percent of GDP and where 60 million people fall into poverty every year because of healthcare bills, fixing healthcare is a daunting task that will determine the world’s performance against the sustainable development goals over the coming decade. Sharma A.(2019) explain his thoughts in “ Like NREGA, Government to introduce law for Ayushman Bharat soon” that The mega health scheme so far rests on an executive notification and MOUs between the Center and States. Started the process to draft legislation for the same. The mega health insurance scheme so far rests on an executive notification and MOUs signed between Center and Various States.

Researchers have been looking into the following research objectives.

- To investigate the benefits of the government of India's Ayushman Yojana/ PMJAY health insurance scheme.
- To look into how this programme communicates to the people who need it through hospitals.

(of the city of Ahmedabad / Gandhinagar)

- To assess input from the user on how PMJAY is being used.
- **Research design: Descriptive research design**
- **Research Methodology: Qualitative**
- Data collection method and instruments utilisation for data collection : Primary data collection method is accepted and questionnaire and interview utilized as research data collection instrument.
- Sample size: 152 respondents who were already hospitalized under this scheme and got treatment. (in Ahmedabad and Gandhinagar .)
- **Data analysis and interpretation:**

The following table is provided information on demographic variables.

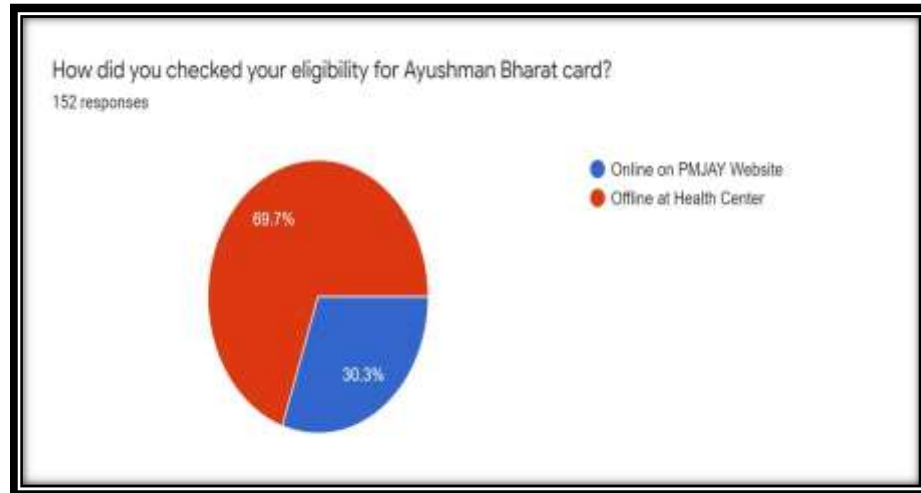
Age:	
Particulars	Percentage
Below 20	2.00
20-40	30.30

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When research asked them in detail about the scheme feasibility and availability of the scheme to the different centers are as below.:

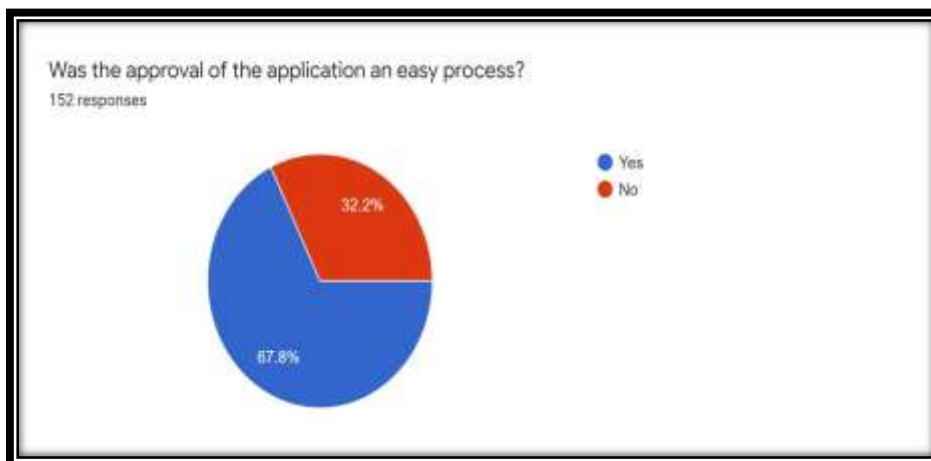
40-60	50.00
Above 60	17.80
Gender	
Particulars	Percentage
Male	53.30
Female	46.70
Family size	
Particulars	Percentage
0-2	11.20
3-5	69.10
6-8	18.40
More than 8	1.30
Occupation	
Particulars	Percentage
Student	3.30
Self-employed	17.80
Job	44.10
House wife	22.40
None	11.80
Other	0.70

M
**ode of Checking of eligibility of
 the Scheme:**



According to the graph above, 69.70 percent of respondents examined their eligibility offline, whereas 30.30 percent checked their eligibility online. This revealed that majority were aware of the online registration process and had used it.

Opinion regarding easiness of approval process:



According to the graphic above, about 67.80 percent of respondents believe that application approval is a simple procedure, while 32.20 percent say that application approval is challenging. Those who used PMJAY's services during the pandemic had their comments collected by the respondent for the sake of further research. This respondent's input revealed in-depth usage of services, where respondents want to adjust accordingly, and how to make PMJAY more resourceful for users.

Feedback for Coverage of Hospitalisation Expense:

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Particulars	Percentage
All Amount covered	64.50
Not Covered	35.50
Hospital preference getting treatment:	
Particulars	Percentage
Easy	67.80
Not Easy	32.20
Feedback for Coverage of medicine expense:	
Particulars	Percentage
Yes	41.40
No	58.60
Feedback for Coverage of pre and post hospitalization charges:	
Particulars	Percentage
Yes	61.80
No	38.20
Feedback of Denial to get admission at any hospital:	
Particulars	Percentage
Yes	38.80
No	61.20
Experience regarding often admission in hospital:	
Particulars	Percentage
Yes	54.60
No	45.40
Opinion regarding helpfulness of scheme to the poor in situation of COVID-19:	
Particulars	Percentage
Yes	56.60
No	19.10

Neutral	24.30
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For further research, following hypothesis tested by the researcher and tried to get more insight in the research.

HYPOTHESIS

Hypothesis: I

H₀: There is no co-relation between age and preference that AyushmanBharat Yojana is beneficial to poor.

Crosstab							
Age		What do you personally feel about Ayushman Bharat Yojana? [Scheme is beneficial for poor]					Total
		Highly Dis-satisfied	Not satisfied	Neutral	Satisfied	Highly satisfied	
Less than 20	Count	0	0	1	1	1	3
	Expected Count	.1	.2	.8	1.4	.6	3.0
20-40	Count	6	4	14	17	5	46
	Expected Count	1.8	2.4	11.8	20.9	9.1	46.0
41-60	Count	0	4	16	39	17	76
	Expected Count	3.0	4.0	19.5	34.5	15.0	76.0
More than 60	Count	0	0	8	12	7	27
	Expected Count	1.1	1.4	6.9	12.3	5.3	27.0
Total	Count	6	8	39	69	30	152
	Expected Count	6.0	8.0	39.0	69.0	30.0	152.0

Chi-Square Tests:

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	22.021 ^a	12	.037
Likelihood Ratio	24.238	12	.019
Linear-by-Linear Association	9.477	1	.002
N of Valid Cases	152		

a. 11 cells (55.0%) have expected count less than 5. The minimum expected count is .12.

Conclusion:

In order to check significant difference between Age and preferences that Scheme

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is beneficial to poor is tested through chi square test. In the above table p value is $.037 < .05$, so this result suggests that derived value is less than level of significance. Hence, here **null hypothesis is rejected**.

Hypothesis: II

H₀: There is no association between age and opinion that scheme's advantage is also being taken by non-poor family

Crosstab							
Age		What do you personally feel about Ayushman Bharat Yojana? [Scheme's advantage is also being taken by non-poor family]					Total
		Highly Dis-satisfied	Not satisfied	Neutral	Satisfied	Highly satisfied	
Less than 20	Count	0	1	2	0	0	3
	Expected Count	.2	.5	1.5	.5	.3	3.0
20-40	Count	6	7	23	8	2	46
	Expected Count	2.7	8.2	23.3	7.6	4.2	46.0
41-60	Count	3	14	38	12	9	76
	Expected Count	4.5	13.5	38.5	12.5	7.0	76.0
More than 60	Count	0	5	14	5	3	27
	Expected Count	1.6	4.8	13.7	4.4	2.5	27.0
Total	Count	9	27	77	25	14	152
	Expected Count	9.0	27.0	77.0	25.0	14.0	152.0

Chi-Square Tests:

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.735 ^a	12	.639
Likelihood Ratio	11.474	12	.489
Linear-by-Linear Association	3.461	1	.063
N of Valid Cases	152		

a. 12 cells (60.0%) have expected count less than 5. The minimum expected count is .18.

Conclusion:

In order to check significant difference between age and opinion that Scheme's advantage is also being taken by non-poor family is tested through chi square test.

In the above table p value is .639

> .05, so this result suggest that derived value is higher than level of significance. Hence, herenull hypothesis is accepted.

Hypothesis: III

H₀: There is no association between occupation and opinion that scheme has improved quality of government hospitals.

Crosstab							
Occupation		What do you personally feel about Ayushman Bharat Yojana? [It has Improved quality of government hospitals]					Total
		Highly Dis-satisfied	Not satisfied	Neutral	Satisfied	Highly satisfied	
None	Count	2	1	6	7	2	18
	Expected Count	.7	2.8	6.9	6.0	1.5	18.0
Job	Count	1	9	25	25	7	67
	Expected Count	2.6	10.6	25.6	22.5	5.7	67.0
Seld Employed	Count	2	5	13	6	1	27
	Expected Count	1.1	4.3	10.3	9.1	2.3	27.0
Student	Count	0	1	2	1	1	5
	Expected Count	.2	.8	1.9	1.7	.4	5.0
Housewife	Count	1	8	11	12	2	34
	Expected Count	1.3	5.4	13.0	11.4	2.9	34.0
Farmer	Count	0	0	1	0	0	1
	Expected Count	.0	.2	.4	.3	.1	1.0
Total	Total	6	24	58	51	13	152
	Expected Count	6.0	24.0	58.0	51.0	13.0	152.0

Chi-Square Tests:

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.107 ^a	20	.825
Likelihood Ratio	14.355	20	.812
N of Valid Cases	152		

a. 19 cells (63.3%) have expected count less than 5. The minimum expected count is .04.

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Conclusion:

In order to check significant difference between occupation and opinion that Scheme has improved quality of government hospitals is tested through chi square test. In the above table p value is $.825 > .05$, so this result suggest that derived value is higher than level of significance. Hence, here **null hypothesis is accepted.**

Hypothesis: IV

H₀: There is no association between occupation and opinion that scheme has helped poor to get rid of tension of medical expenses.

Crosstab							
Occupation		What do you personally feel about Ayushman Bharat Yojana? [Scheme has helped poor to get rid of tension of medical expenses]					Total
		Highly Dis-satisfied	Not satisfied	Neutral	Satisfied	Highly satisfied	
None	Count	0	1	6	8	3	18
	Expected Count	.9	2.6	6.5	5.9	2.0	18.0
Job	Count	4	9	20	25	9	67
	Expected Count	3.5	9.7	24.2	22.0	7.5	67.0
Seld Employed	Count	4	5	12	3	3	27
	Expected Count	1.4	3.9	9.8	8.9	3.0	27.0
Student	Count	0	1	2	2	0	5
	Expected Count	.3	.7	1.8	1.6	.6	5.0
Housewife	Count	0	6	14	12	2	34
	Expected Count	1.8	4.9	12.3	11.2	3.8	34.0
Farmer	Count	0	0	1	0	0	1
	Expected Count	.1	.1	.4	.3	.1	1.0
Total	Count	8	22	55	50	17	152
	Expected Count	8.0	22.0	55.0	50.0	17.0	152.0

Chi-Square Tests:

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	20.100 ^a	20	.452
Likelihood Ratio	23.984	20	.243

N of Valid Cases	152		
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a. 20 cells (66.7%) have expected count less than 5. The minimum expected count is .05.

Conclusion:

In order to check significant difference between occupation and opinion that Scheme has helped poor to get rid of tension of medical expenses is tested through chi square test. In the above tablep value is $.452 > .05$, so this result suggest that derived value is higher than level of significance. Hence, here **null hypothesis is accepted.**

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ONE-WAY ANOVA

Particular		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum	
						Lower Bound	Upper Bound			
What do you personally feel about Ayushman Bharat Yojana? [Scheme is beneficial for poor]	Less than 20	3	4	1	0.577	1.52	6.48	Neutral	Highly Agree	
	20-40	46	3.24	1.177	0.174	2.89	3.59	Highly Disagree	Highly Agree	
	41-60	76	3.91	0.803	0.092	3.72	4.09	Disagree	Highly Agree	
	More than 60	27	3.96	0.759	0.146	3.66	4.26	Neutral	Highly Agree	
	Total	152	3.72	0.973	0.079	3.56	3.87	Highly Disagree	Highly Agree	
	Model	Fixed Effects			0.929	0.075	3.57	3.87		
		Random Effects				0.234	2.97	4.46		
What do you personally feel about Ayushman Bharat Yojana?	Less than 20	3	2.67	0.577	0.333	1.23	4.1	Disagree	Neutral	
	20-40	46	2.85	1.01	0.149	2.55	3.15	Highly Disagree	Highly Agree	
	41-60	76	3.13	0.984	0.113	2.91	3.36	Highly Disagr	Highly Agree	

[Scheme's advantage is also being taken by non-poor family]								ee	e	
	More than 60	27	3.22	0.892	0.172	2.87	3.57	Disagree	Highly Agree	
	Total	152	3.05	0.975	0.079	2.9	3.21	Highly Disagree	Highly Agree	
	Model	Fixed Effects			0.972	0.079	2.9	3.21		
		Random Effects				0.097	2.75	3.36		
What do you personally feel about Ayushman Bharat Yojana? [Facilities under scheme are same in both public and private hospitals]	Less than 20	3	3.67	0.577	0.333	2.23	5.1	Neutral	Agree	
	20-40	46	3.15	0.942	0.139	2.87	3.43	Highly Disagree	Highly Agree	
	41-60	76	3.36	1.08	0.124	3.11	3.6	Highly Disagree	Highly Agree	
	More than 60	27	3.41	1.083	0.209	2.98	3.84	Highly Disagree	Highly Agree	
	Total	152	3.31	1.031	0.084	3.14	3.47	Highly Disagree	Highly Agree	
	Model	Fixed Effects			1.035	0.084	3.14	3.48		
		Random Effects				.084a	3.04a	3.58a		

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	N	Mean	Std. Dev iatio n	Std. Erro r	95% Confid en ce Interval for Mean	Min i mu m	Maxim um		N	Mean
What do you personally feel about Ayushman Bharat Yojana? [It has Improved quality of government hospitals]	Less than 20	3	3.33	1.528	0.882	-0.46	7.13	Disagree	Highly Agree	
	20-40	46	3.13	0.934	0.138	2.85	3.41	Highly Disagree	Highly Agree	
	41-60	76	3.36	0.934	0.107	3.14	3.57	Highly Disagree	Highly Agree	
	More than 60	27	3.26	1.059	0.204	2.84	3.68	Highly Disagree	Highly Agree	
	Total	152	3.27	0.963	0.078	3.12	3.42	Highly Disagree	Highly Agree	
	Model	Fixed Effects			0.967	0.078	3.11	3.42		
		Random Effects				.078a	3.02a	3.52a		
What do you personally feel about Ayushman Bharat Yojana? [Scheme	Less than 20	3	2.33	0.577	0.333	0.9	3.77	Disagree	Neutral	
	20-40	46	3.2	1.046	0.154	2.89	3.51	Highly Disagree	Highly Agree	
	41-60	76	3.38	1.006	0.115	3.15	3.61	Highly Disagr	Highly Agree	

has helped poor to get rid of tension of medical expenses]								ee	e	
	More than 60	27	3.37	1.043	0.201	2.96	3.78	Highly Disagree	Highly Agree	
	Total	152	3.3	1.023	0.083	3.14	3.47	Highly Disagree	Highly Agree	
	Model	Fixed Effects			1.021	0.083	3.14	3.47		
		Random Effects				0.1	2.98	3.62		

ANOVA								
				Sum of Squares	df	Mean Square	F	Sig.
What do you personally feel about Ayushman Bharat Yojana? [Scheme's advantage is also being taken by non-poor family]	Between Groups	(Combined)		3.627	3	1.209	1.278	.284
		Linear Term	Unweighted	1.129	1	1.129	1.194	.276
			Weighted	3.291	1	3.291	3.480	.064
			Deviation	.336	2	.168	.177	.838
	Within Groups			139.952	148	.946		
	Total			143.579	151			
What do you personally feel about Ayushman Bharat Yojana? [Facilities under scheme are same in both public and private hospitals]	Between Groups	(Combined)		1.939	3	.646	.603	.614
		Linear Term	Unweighted	.098	1	.098	.092	.763
			Weighted	.739	1	.739	.690	.408
			Deviation	1.200	2	.600	.560	.572
	Within Groups			158.528	148	1.071		
	Total			160.467	151			
What do you personally feel about Ayushman	Between	(Combined)		1.464	3	.488	.521	.668
			Unweighted	.000	1	.000	.000	.999

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Bharat Yojana? [It has Improved quality of government hospitals]	Groups	Linear Term	Weighted	.408	1	.408	.436	.510
			Deviation	1.056	2	.528	.564	.570
	Within Groups			138.477	148	.936		
	Total			139.941	151			
What do you personally feel about Ayushman Bharat Yojana? [Scheme has helped poor to get rid of tension of medical expenses]	Between Groups	(Combined)		3.943	3	1.314	1.262	.290
		Linear Term	Unweighte	3.227	1	3.227	3.099	.080
			Weighted	1.952	1	1.952	1.874	.173
			Deviation	1.991	2	.995	.956	.387
	Within Groups			154.136	148	1.041		
	Total			158.079	151			

Null hypothesis: There is no significant association of age with opinion regarding Scheme

ANOVA table	Sig.	Evaluation
Statement which is consider for calculation		
What do you personally feel about Ayushman Bharat Yojana? [Scheme's advantage is also being taken by non-poor family]	.284	In this table at time of calculation of ANOVA valuation derived which is more than .005 in each statement. So it will consider by researcher that null hypothesis is accepted in this case and consider with respect to age all the factors are not affective much.
What do you personally feel about Ayushman Bharat Yojana? [Facilities under scheme are same in both public and private hospitals]	.614	
What do you personally feel about Ayushman Bharat Yojana? [It has Improved quality of government hospitals]	.668	
What do you personally feel about Ayushman Bharat Yojana? [Scheme has helped poor to get rid of tension of medical expenses]	.290	

FINDINGS:

This system has been constructed in such a way that the majority of card holders believe the Ayushman Card approval operation is straightforward. Not only are all citizens treated equally under the plan, regardless of their gender, age, or occupation, as beneficiaries from all walks of life may be seen.

Admission to hospitals under this programme is quite simple, and they will not face any treatment rejections from the authorised establishments.

The users are confident that the programme would reduce their health-care costs to the fullest extent practicable, and that they will also receive post-hospitalization health costs, making life better for them.

The majority of respondents agree that this scheme has benefited the poor in combating the current COVID-19 crisis, even though majority of respondents are unaware of anyone who has been infected with COVID-19 and has been cured under the scheme.

Conclusion:

With the scheme it would be possible to provide medical facilities to each citizen of India who could not afford the medical expenses. It has a major financial effect on poor citizens of India as the Government has paid around Rs. 130 billions to empanelled hospitals for treatment of patients admitted under the scheme. Empanelled hospital has treated around 1.03 crores citizens under scheme since inception of scheme. Average per patient claim amount is around Rs. 13,000/- hence we can say that this scheme has helped to save Rs.13,000/- of around 1.03 crores citizens. This scheme has impacted on net disposable income of citizens who have taken benefit of this scheme.

It would be possible to provide healthcare care to any Citizen of india who could not pay them under the system. The government has paid over Rs. 130 billions to empanelled hospitals for treatment of patients admitted under the plan, which has a major economic impact on India's destitute residents. Since the scheme's inception, about 1.03 crore citizens have been treated by empanelled hospitals. The average claim amount per patient is roughly Rs. 13,000/-, hence this scheme has helped save Rs. 13,000/- for around 1.03 crore citizens. This initiative has had an impact on the net disposable income of citizens who have benefited from it. That would be to say, precisely now Citizens who eligible for this programme can now put their medical expense budget to better use. Given the current trend, it is possible that, in a few years, people would prefer government hospitals for treatment equally, as the majority of beneficiaries believe that the quality of government hospitals has improved. This programme is still in the implementation phase, and numerous improvements are needed in the context of professional deployment, transparency, and citizen awareness of disease coverage under the scheme. To prevent non-eligible beneficiaries from exploiting the scheme, extreme conditions for obtaining a "Ayushman Bharat Card" are required. This can be accomplished by making use of technology.

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