

Has Ayushman Bharat Dwindled the Out-of-Pocket Expenditure?

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ABSTRACT

BACKGROUND

The Ayushman Bharat scheme claimed to cover all pre-existing ailments and 1,350 medical packages covering day care treatments, medicine, diagnosis, and surgery. We wanted to address the research question of the Pradhan Mantri Jan Arogya Yojana viability in depleting pocket expenses in a rustic terrain of Haryana.

METHODS

The data of 114 policyholders had been collected through a questionnaire using a convenience sampling technique in the Sirsi and Madanpur village of Haryana. The respondents were asked questions and their responses were recorded in the questionnaires accordingly. All respondents were from the rustic territory of the Karnal district. The collected data was analysed with the usage of descriptive statistics.

RESULTS

The respondents (18.4 percent) who had sickness, paid for their treatment from their own pockets instead of getting it done under the scheme. The scheme claimed that no empanelled hospital turned-down treatment. Survey acknowledged that private hospitals asked for valid cards of some respondents (8.8 percent). Some family member names were left out from the card, mainly kids under the age of 5 - years. Some respondents were having trouble in getting the card and found no offline application centre for applying.

CONCLUSIONS

The survey concluded that no policyholder had acknowledged any medical benefits from the scheme. The need is to create more awareness in the families of ailments and remove the hitch in getting the card. Each ailment (from little to fatal) needs to secure to utilize the stipulated claim.

KEY WORDS

Ayushman Bharat, Government-Funded Health Insurance Scheme, Out-of-Pocket Expenditure, Pradhan Mantri Jan Arogya Yojana

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BACKGROUND

Medical cover is to fund the medical care costs of an individual.¹ Indian government focuses on getting universal health coverage.² In 2018, the Ayushman Bharat national health protection mission was endorsed, which was later on renamed as Pradhan Mantri Jan Arogya Yojana.³ Haryana state doesn't have any state-funded medical care scheme. Thus, the state is thoroughly relying upon this scheme and this study is examining the ground viability of it, where complete medical care inclusion is lowest. Although, a few states like Kerala, Chhattisgarh, Gujarat, Karnataka, and Tamil Nadu have government funded medical care schemes along with this scheme. As of 14 June 2018, out of 26 states for which data was accessible, an aggregate of 11.97 crore families got secured under either this scheme or state funded medical care schemes. This scheme claimed to incorporate 1,350 medical packages that covered surgery, day care treatments, medicines, diagnosis, all previous ailments, and no empanelled hospital could deny treatment. According to scheme guidelines, costs being controlled by fixing package rates in advance, and hospitals are to be empanelled based on packages. The huge Indian health care expenditure is out of pocket. This study reported reasons behind increasing interest in health insurance and its project history to date. During exploratory fieldwork, 6 - themes suggested for future researches and among them, one was out of pocket expenditure.⁴

In Uttar Pradesh despite both the government funded health insurance schemes (like ESIS,⁵ RSBY¹ & CGHS²) and non-government funded schemes only 4.8 percent individuals were covered. There is a need to reduce out of pocket expenditure.⁶ The Rashtriya Swasthya Bima Yojana (RSBY)³ proved statistically insignificant in terms of reducing out of pocket expenditure for the poor (in both cases of inpatient & outpatient). On the contrary, out of pocket expenditure increased by 30 percent,⁷ in India. Out of pocket expenditure was around 63 percent of total current health expenditure. In each year, around 5.5 crores of people are becoming poor because of out-of-pocket expenditure.⁸ The sustainable development goals (SDG) in 2030 emphasizes that all people need to receive quality health services. Meantime, they need to get it without any financial difficulty.⁹ In India, there is a need for extensive reforms in public and private health care providers to meet its stated claims of providing universal health coverage for its population.² The largest part of out-of-pocket expenditure comprised of preventive and outpatient care expenditure. Whereas the scheme covers merely secondary and tertiary hospitalization that would not reduce the out-of-pocket expenses.¹⁰ The challenges during the execution of Ayushman Bharat in Bihar (in May 2018 with data of 102 respondents) were lack of mindfulness. As a result, most respondents utilized conventional prescriptions, which did not help treat the element.

After reviewing the earlier studies, it has summed up that out-of-pocket expenditure is a major worry for families as most of them do not have any medical cover. This study analyses the viability of the scheme in tapering off the out-of-pocket expenses in the rustic territory of Haryana that has no other state funded scheme.

METHODS

It is a descriptive study conducted from December 2019 to December 2020 to depict the impact of the Pradhan Mantri Jan Arogya Yojana in selected sample. Haryana state does not have any state-funded medical coverage schemes. Subsequently this study analyses the viability of this scheme on out-of-pocket expenditure through primary and secondary data.

The primary data was collected through the questionnaire using convenience sampling technique in the Sirsi and Madanpur Village of Haryana. The study was approved by ethical committee. The respondents were asked questions and their responses were recorded accordingly. The survey was led with the help of two school teachers who visited the respondent's families to get the responses. The teachers were filtered (as volunteers) as they taught the families and their children in the primary school in surveyed locality. Meanwhile they were given telephonic instructions (as discussed by the research committee) by the authors to ask the mentioned questions in questionnaire and fill it accordingly. In the first go they didn't get desired data (incomplete response) so the authors instructed for the second round of data collection. The second round collected data was complete and fit for analysis.

Inclusion Criteria

The respondents who had the the Pradhan Mantri Jan Arogya Yojana's card and the ones who will be eligible for the Yojana's card as per the scheme.

Exclusion Criteria

The respondents who were not eligible and not taking the Pradhan Mantri Jan Arogya Yojana card.

Statistical Analysis

The descriptive statistical analysis was carried out in the current study and the results of categorical measurements were reported in the form of frequency and percentage. The statistical analysis was done with SPSS (Statistical Package of Social Sciences, version 22).

RESULTS

In India, out of pocket expenditure is 62 percent of current health expenditure, which is a major worry for the families and government as well. To minimize the out-of-pocket expenditure with the health insurance schemes has become a major debatable issue. All respondents (100 percent) belonged to a rustic territory of Karnal district. Most of them (75.4 percent) were males, and the rest (24.3 percent) were females. A large part of them (96.5 percent) were engaged in agriculture activities, and the rest (3.5 percent) were labourers. They had 4, 5, and more than 5 (36.0, 30.7, and 21.9 percent respectively) family members (Table 2).

Table 1 shows most respondents (99.1 percent) knew the scheme. Though, few of them (0.9 percent) were unaware. A large part of the respondents (74.6 percent) said that it was

critical to them. To buy the scheme most respondents (41.2 percent) were influenced by the government, by media (32.5 percent), by their families, friends, and colleagues (14.9 percent). Notably, insurance agents could inspire a few respondents (0.9 percent) for this.

| Statements | Responses | F | % |
|---|------------------------------|------------|--------------|
| Are you aware of the govt. Health insurance scheme? | Yes | 113 | 99.1 |
| | No | 1 | 0.9 |
| | Total | 114 | 100.0 |
| How important health insurance scheme? | Extremely Important | 85 | 74.6 |
| | Important | 26 | 22.8 |
| | Can't say | 2 | 1.8 |
| | NA | 1 | 0.9 |
| | Total | 114 | 100.0 |
| Who influenced you to get the scheme? | Government | 47 | 41.2 |
| | Media | 37 | 32.5 |
| | Family, Friends, & Colleague | 17 | 14.9 |
| | Insurance agent | 1 | 0.9 |
| | NA | 12 | 10.5 |
| | Total | 114 | 100.0 |

Table 1. Awareness of Government-Funded Health Insurance Scheme? How Important is the PM-JABY Scheme? Who Influenced You to Get This Scheme?

Source: Primary Data. NA: Indicates Not Available.

| Statements | Responses | F | % |
|--|--------------|------------|--------------|
| Do you have PM - JAY scheme? | Yes | 109 | 95.6 |
| | No | 5 | 4.4 |
| | Total | 114 | 100.0 |
| Do you and your family have any health issue? | Yes | 21 | 18.4 |
| | No | 93 | 81.6 |
| | Total | 114 | 100.0 |
| Are you taking any treatment? | Yes | 19 | 16.7 |
| | No | 94 | 82.5 |
| | NA | 1 | 0.9 |
| | Total | 114 | 100.0 |
| Have you ever postponed treatment time of sickness? | Yes | 27 | 23.7 |
| | No | 84 | 73.7 |
| | NA | 3 | 2.6 |
| | Total | 114 | 100.0 |
| Why you postponed the treatment at the time of sickness? | Yes | 5 | 4.4 |
| | No | 109 | 95.6 |
| | Total | 114 | 100.0 |

Table 2. Do you have PM - JAY Scheme? Do you and your family have any health issues? Are they taking any treatment? Have you ever postponed treatment at the time of sickness? Please mentioned reason

Source -Primary Data. NA: Indicates Not Available

| Statements | Responses | F | % |
|---|------------------|------------|--------------|
| From where do you get the treatment? | Govt. Hospital | 6 | 5.3 |
| | Hakim or Vaidyas | 1 | .9 |
| | Medical Shops | 1 | .9 |
| | Private Clinic | 16 | 14.0 |
| | Private Hospital | 10 | 8.8 |
| | NA | 80 | 70.2 |
| | Total | 114 | 100.0 |
| Which hospital provides better treatment? | Private | 53 | 46.5 |
| | Govt. | 61 | 53.5 |
| | Total | 114 | 100.0 |

Table 3. From Where Do You Get treatment? Which Hospital Provides Better Treatment?

Source: Primary Data. NA: Indicates Not Available (who never visited hospital).

Table 2 results show that a large part of the respondents (95.6 percent) had taken the scheme. Though some respondents (4.4 percent) were actively putting their amount of energy for it. 81.6 percent of respondent's family members had no health issues.

Though, some respondents and their family members (18.4 percent) had some medical problems like bruises, injuries because of mishaps, adenoids, alopecia, anaemia, asthma, back pain, BP, cold, conjunctivitis, gastrodynia, heaviness in the head, leukoderma, skin acne, stone, sugar, tooth, gum ailments, and maniac for which, they did not get any medical coverage. Most of them (82.5 percent) were disease free. Meanwhile, some respondents (16.7 percent) said that they had deferred their treatment because of

different reasons. Most respondents (73.7 percent) did not delay treatment at the hour of affliction. Though some respondents and their family members (23.7 percent) had deferred treatment, the reason was lack of mindfulness of the sickness, particularly in the beginning.

Table 3 results show that some respondents (14 & 8.8 percent respectively) inclined towards the treatment from private clinics / hospitals. Most respondents (53.5 percent) favoured government hospitals for treatment over private hospitals. Some respondents (8.8 percent) had mentioned their remarks related to this scheme. Those were like all ailments did not secure on the card, and tests were not free, and some of their family members were excluded, especially kids (under 5 - years). They did not know any application centre where they could apply for the card, and it was not valid in the private clinic.

| Statements | Responses | F | % |
|---|--------------|------------|--------------|
| Which problem faced after joining the PM-JABY scheme? | Yes | 10 | 8.8 |
| | No | 104 | 91.2 |
| | Total | 114 | 100.0 |
| Have you exhausted 5 lakhs under PM - JAY scheme? | Yes | 0 | 0 |
| | No | 114 | 100.0 |
| | Total | 114 | 100.0 |
| Please mention any comments about the scheme | Yes | 44 | 38.6 |
| | No | 70 | 61.4 |
| | Total | 114 | 100.0 |

Table 4. Have You Exhausted 5 lakhs under PM - JAY? If You Have Any Comments, Please Mention

Source: Primary Data

Table 4 results show that not even a single respondent had depleted the stipulated amount of total claim (5 lakh) in the scheme. Most respondents (61.4 percent) didn't utter a word for this scheme. Meanwhile, some respondents (38.6 percent) remarked that all the ailments from a little to lethal need to be secured. In table 4 comments reported as its claim limit ought to expand.

This scheme does not cover minor sicknesses, and treatment becomes costly as a result of expensive medicines. All respondents praised the scheme by saying that it was a good scheme for underprivileged families, though, most of them did not utilize the card. Some respondents said that the way of making this card ought to be quick, and there ought to be a one - stop - centre for the card application.

| Parameters | Premium Payment | | Coverage | | Reputation of Scheme | | Treatment | |
|----------------|-----------------|--------------|------------|--------------|----------------------|--------------|------------|--------------|
| | F | % | F | % | F | % | F | % |
| Very satisfied | 70 | 61.4 | 4 | 3.5 | 28 | 24.6 | 2 | 1.8 |
| Satisfied | 35 | 30.7 | 42 | 36.8 | 18 | 15.8 | 7 | 6.1 |
| Can't say | 9 | 7.9 | 59 | 51.8 | 68 | 59.6 | 105 | 92.1 |
| Unsatisfied | 0 | 0 | 9 | 7.9 | 0 | 0 | 0 | 0 |
| Total | 114 | 100.0 | 114 | 100.0 | 114 | 100.0 | 114 | 100.0 |

Table 5. Premium Payment, Coverage, Reputation, and Treatment under the Scheme

Source: Primary Data

Table 5 outcomes show that most respondents (61.4 percent) were very satisfied with the scheme in terms of premium. Though, most respondents (51.8, 59.6 & 92.1 percent) did not utter a word regarding scheme coverage, reputation, and treatment under this scheme.

DISCUSSION

This study is designed to address the implementation of the PMJAY scheme and its significance to reduce the out-of-pocket

expenditure by using the survey method. The significance of health insurance for any country has been shown in achieving the universal health coverage.¹¹ The study observed during the survey that this scheme was unable to cover the minor sickness, and that treatment sometimes becomes costly. Respondents' collective statements showed that they appreciated the scheme by saying that it was a good scheme for underprivileged families and reducing the out-of-pocket expenditure.

Though it was also observed that most of them did not utilize their cards because of their unconcern at the initial stage of the diseases, and inadequate diagnostic provisions for the minor sickness. Meanwhile in India, where out-of-pocket expenditure (62 percent of current health expenditure) is a big concern for families and the government; it has become a debatable issue to actually reduce it with the health insurance coverage. For sure PMJAY is a powerful scheme to reduce out-of-pocket expenditure, especially for catastrophic expenditure. Therefore, more awareness programs and transparency are required to ensure that each and every family, that is eligible, should register for this scheme.

CONCLUSIONS

Numerous respondents and their family members (18.5 percent) had different ailments, and for treatment, they were spending from their pocket expenses instead of getting any medical cover. Meanwhile, some respondents (23.7 percent) had deferred their treatment in the absence of consciousness about sickness. Likewise, some respondent's problems in the wake of joining the scheme were under the age of 5 - years and were excluded from the card, and that card was invalid in private clinics / hospitals. Some were confronting trouble in getting the card, and there was no off - line centre to help them out. Consequently, not a single respondent depleted the claim amount (partial or total) under the scheme. It interprets that this scheme did not plunge the out-of-pocket expenses.

The respondents ranked the 4 - parameters (i.e., premium, coverage, reputation, and treatment) of the scheme, most responses (61.4 percent) tuned out gratified with premium payments only. In response to cover, prestige, and treatment (i.e., 51.8, 59.6, and 92.1 percent respectively), they did not utter a word. It means that they spent by themselves on the treatment instead of getting the medical claim under the scheme.

In short, the viability of the government funded scheme to reduce the pocket expenses not verified in the field. There is a need to incorporate all ailments (from a little to lethal) in this scheme. To create mindfulness about sickness from the beginning to treat without delay, and assist families in getting the card on the schedule.

Data sharing statement provided by the authors is available with the full text of this article at jemds.com.

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