A DESCRIPTIVE STUDY ON ASSESSMENT OF THE FEASIBILITY AND VIABILITY OF ECHS AND CGHS SCHEMES IN INDIA

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The IIHMR University, Jaipur

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in

Hospital and Health Management

By

Kalpit Bohra

Under the Supervision and Guidance of

Dr Kunal Rawal

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GODREJ MEMORIAL HOSPITAL
COMPASSIONATE CARE FOR ALL
(NABH & NABL Accredited)

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To Whomsoever it may concern

This is to certify that **Dr. Kalpit Bora** from Indian Institute of Health Management Research, Jaipur has satisfactorily completed his internship/ dissertation in the Department of **Hospital Operations** at **Godrej Memorial Hospital**, from **01-Apr-2024** to **30-Jun-2024.**

The study on **Feasibility and Viability** of **ECHS and CGHS Schemes in India's Expanding Healthcare Landscape** was undertaken as a part of his academic fulfillment in the Department of **Hospital Operations.**

Yours Truly
For Godrej Memorial Hospital

Lt. Col. Dr. L C Verma (Retd.)
Chief Executive Officer

Deceleration by the student

I hereby declare that this dissertation titled **"A Descriptive Study on Assessment of the Feasibility and Viability of ECHS and CGHS Schemes in India"** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

Dr. Kalpit Bohra
Date- 05/07/2024

Certificate

IIHMR UNIVERSITY

This is to certify that dissertation titled **"A Descriptive Study on Assessment of the Feasibility and Viability of ECHS and CGHS Schemes in India"** is a record of the research work undertaken by **Dr. Kalpit Bohra** in partial fulfilment of the requirements for the award of the degree of MBA(Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

05/7/2024

Dr. Kunal Rawal
Associate Professor
IIHMR University, Jaipur

Date- 05/07/2024

Dr. Sanjay Gupta
School Dean
IIHMR University, Jaipur

Date 05/07/2024

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Abstract

Free insurance for the central government employees in India has the objective of providing social security measures and medical facilities so that the employees and their families are able to avail medical services and get protection from financial implications arising out of health risks or ill-preparedness. These schemes will basically entail to provide all forms of medical services to the employees, pensioners and their respective dependants through wellness centres, government and private accredited hospitals. CGHS offers cashless approach to patients for consultations, specialists services, diagnostics, and admission to hospital, thus minimizing the cost implication on all beneficiaries. The purpose of these insurance schemes is to improve the quality of the lives and workplace effectiveness of government personnel through the provision of stable healthcare coverage and financial security. There is constant strive to ensure that these schemes are implemented optimally through the removal of barriers such as poor service delivery in addition to ensuring that diverse treatment and services are included in the schemes. Therefore, the present pattern of insurance for central government employees provides evidence of the Government's concern and care for its human resources and health and safety for the employees and their families

Ex-servicemen contributory health scheme (ECHS)-

The Ex-servicemen Contributory Health Scheme (ECHS) was launched in India in the year 2003, with the primary aim of catering to the medical requirements of ex-servicemen pensioners and their families. The scheme primarily focuses on the provision of affordable and accessible, comprehensive care through the ECHS polyclinics, service medical facilities and empanelled private hospitals across the country. The beneficiary of ECHS is ex-servicemen of Indian Army and Indian Navy, the Indian Air Force and the Indian Coast Guard and other dependents who are registered under ECHS. It is a cashless medical care scheme, aimed at minimizing the potential financial burden on the client and simultaneously covering most of the services that involve specialists, diagnostics, and hospitalization. Due to the efficient use of Armed Forces infrastructure, ECHS minimizes speedy means of service delivery and overhead costs that may be incurred in the process of extending the benefit of health care to its beneficiaries.

Central Government Health Scheme (CGHS)-

An integrated architecture for e health system. The 'Central Government Health Scheme' or 'CGHS' was started in 1954 and offers medical facilities to the employees and pensioners of central as well as railway and postal departments, and their families. CGHS largely offers primary outpatient care with wellness centres, different types of allopathy dispensaries, government hospitals and empanelled major private hospitals in each of the several major cities of India. The scheme is for OPD, specialist, investigations, hospitalization and mostly cashless mode so out of pocket expense of the beneficiary will be minimized. CGHS is a contributory scheme where monthly subscription depending on the pay spine is paid by the employee accompanied by government subsidy. However, the expansion of the scheme is limited due to some of the factors which include overcrowding of the hospitals, limited specialists in the country's hospitals, and administrative problems among others. CGHS continues to be an important part of the healthcare delivery system of the central government employees with clinics forever working to provide the best in care for their clintes.

Purpose of the study - This dissertation assesses the feasibility of cashless treatment under the Central Government Health Scheme (CGHS) and the Ex-Servicemen Contributory Health Scheme (ECHS) in India. The study examines the evolving landscape of cashless healthcare, its core functionalities, and the key factors driving its adoption. Through a comprehensive analysis of survey data from both beneficiaries and healthcare providers, the research identifies critical challenges and benefits associated with these schemes.

Method - Exploratory part – Staking out different beneficiaries, consolidated healthcare workers, and their impression toward cashless treatment.

Results– Specific observations reveal high satisfaction rates with private hospitals, which implies that the coverage network of CGHS and ECHS needs to be expanded for providing equal access to healthcare facilities. Despite the fact that financial issues are cited in the scheme as a problem by a limited number of respondents, they show its efficiency in the fight against OOP payments and improving access to medical services. Conversely from the providers' side reimbursement issues comprise the biggest concern followed by administrative issues and claim processing. The challenges explained above therefore imply the need to promote transparency, make procedures less complex, and improve IT systems.

CHAPER 1

Introduction

Background:

Being confined primarily to the healthcare industry, the system has always expected the patient to pay the amounts directly. But recent years' changing trends have observed an increase in cashless health care systems. This shall discuss a brief history of cashless healthcare, its main areas of operation, and the critical influential element.

Understanding of the Current System of Healthcare Payments and Its Problems

Traditionally, payment of healthcare has entailed the role of patients paying either the hospital or clinic. This system presented several challenges: This system presented several challenges-

- Financial Burden- Most medical emergencies cause the patients to spend a lot on their treatment hence are financially drains on the individuals especially if the individuals do not have health insurance.
- Delayed Treatment- Essentially, the nature of compensation required to be arranged prior to access implies the possibility of delaying the patient's treatment and, therefore, exacerbating his or her health situation.
- Administrative Inefficiencies- Old style claim processing of insured patient meant paper work and patients had to wait for a long time which created more problems to both the patient's side and the doctor's side.

The Advancement of Cashless Health Care

The existing models had their shortcomings and thus, the development of the concept of cashless healthcare was postulated as a solution. It includes several forms through which a patient can be attended to by a healthcare provider without paying cash up front. Here's a breakdown of the core functionalities: Here's a breakdown of the core functionalities-

- **Health Insurance**- Cashless healthcare tends to be dependent on health insurance schemes since it is an addition to the insurance cover. Health insurance firms have networks of empanelled medical facilities through which the insured people can avail of cashless treatment.
- **Third-Party Administrators (TPAs)-** TPAs also known as the third-party administrators work for the insurers as well as the hospital and sometimes the patient.

They increase convenient and cashless means of payment by verifying all insurance policies required to be honoured electronically processing claims electronically.

- **Point-of-Sale (POS) Systems-** POS systems integration allow hospitals to electronically validate a patient's insurance status and get approval from the insurance provider for the costs of treatment.

Aspects Contributing to the Emergence of Cashless Health System:

Several factors contribute to the growing importance of cashless healthcare: Several factors contribute to the growing importance of cashless healthcare-

- Increased Healthcare Costs- Increase in the general costs of medical care also makes cashless healthcare plans more appealing as they do not put so much pressure on patients' pocket at that moment.
- Technological Advancements- This has increased cashless settlements by enhancement of secure electronic claim processing technique, POS associations.
- Growing Insurance Penetration- More people getting covered by a health insurance plan also means that there are a greater number of people who could potentially benefit for cashless healthcare programs.
- Government Initiatives- As such, most of the governments are quite conversant with driving the idea of cash-less health care to ensure the citizens have an easy time when seeking quality health care.

Benefits of Cashless Healthcare

The adoption of cashless healthcare offers a multitude of benefits for various stakeholders: The adoption of cashless healthcare offers a multitude of benefits for various stakeholders:

- Patients: Financial strain, time to get a treatment and inconvenience reduced.
- Healthcare Providers: Efficiency in the billing and claim status possibly meaning that patients could receive their bills more quickly and also face less delay in relation to collecting their money back.
- Healthcare System: Less expenditure on administrative cost, an opportunity to increase the quality of data about healthcare utilization and, the chances of avoiding fake claims.

Cashless healthcare translates to a change in protocols of payment for health care services within the society. It has a lot benefits in relation to both patients, practitioners and all the system associated with the health care. You see, with advancement in technology and increase in the overall costs of healthcare, especially in the developed world, the future of, or more appropriately the sustainability of cashless health care is assured. Thus, this background helps to acquire a general perception of this emerging phenomenon and its implications for the advancement of healthcare technology.

ECHS: Ex-Servicemen Contributory Health Scheme

The ECHS is a fully integrated health care plan launched by the Government of India in the year 2003. This treats the ex-servicemen retirees' medical exigencies, dependents, and select other classes of beneficiaries. In this part of the study, the author explains the different facets of ECHS starting from the definition, components, advantages, and features of the scheme.

Purpose and Eligibility

The main goal of ECHS is to discharge subsidized and attainable medical facility to a distinguish portion of the people, viz the ex-service personnel and their dependents. Here's a breakdown of eligibility criteria-Here's a breakdown of eligibility criteria:

- Ex-Servicemen: NRI emigrants axed include retired personnel from the Indian Army Navy Air Force and Coast Guard, pensioner drawing pension from the Controller of Defence Accounts
- Dependents: It includes a spouse, unmarried dependent daughter, dependent sons up to the age of 25 years in case of unmarried dependent daughter above 25 years also if wholly dependent on ESM and dependent parents.
- Other Beneficiaries: Included are widows of war, NOK of people who perished in the war, and disabled veterans during any operations, recruits discharged for medical reasons while still in training and taking disability pension. Structure and Functioning

Key Components-ECHS is designed to be operational within the framework of Armed Forces and, therefore, such administrative expenses are kept to the minimum. Here's an overview of its key components-

- ECHS Polyclinics: Polyclinics are more than 227 and they are located in the military stations and populated districts, they act as primary care providers for beneficiaries. They avail outpatient consultancy, simple investigations, and most essential treatment forms drugs.
- Service Medical Facilities: The qualifying beneficiaries of ECHS are allowed medical attends at military hospital to include specialist review, elaborate investigations, and admission for treatment.
- Empanelled Hospitals: It associates with several private hospitals and the specific Government AYUSH hospitals located in several locations of the nation. With the help of this network, the cashless treatment is available to the beneficiaries for availing the specialized services or where service medical facility is not available.
- Smart Card System: In beneficiary identification and cashless transactions, there is also smart cards enable at the empanelled hospitals for ECHS beneficiaries.

Benefits of ECHS

ECHS offers a wide range of benefits to its beneficiaries, including: ECHS offers a wide range of benefits to its beneficiaries, including:

- Comprehensive Medical Coverage: The specified services range from consultations and generic, allied and AYUSH, and other treatments and sine allopathy treatments, investigations, admissions, and required drugs
- Cashless Treatment: It makes treatment cashless for the beneficiaries up to the extent as pre-settled for by the empanelled hospitals, thus ruling out any demand for any direct payment at the time of admission to the hospital.
- Life-Time Membership: Beneficiaries who join the scheme do so for lifetime that is, once a person joins a particular scheme he or she remains in that scheme.
- Nationwide Network: ECHS polyclinics, service medical facilities and empanelled hospitals which gives easy access to the people throughout the country.

- No Age Bar: It can be stated that there are no restrictions on the maximum ages of students for enrolment and the receipt of these benefits.

Enrolment and Contribution

- Thus, enrolment is ECHS is a one-time affair. One contribution is expected, which depends on the monthly rank pay at the time of retirement of an ex-serviceman. Part of the cost of this scheme is contributed by this.

Challenges and Limitations

While ECHS offers numerous benefits, certain challenges exist: While ECHS offers numerous benefits, certain challenges exist:

- Network Adequacy: It is suggested that the number of hospitals that are empanelled might not be large especially in rural areas.
- Long Waiting Lists: Whereas if a person requires specialized treatment the service medical facilities itself may take time and the waiting list may be long.
- Bill Disputes: The problem can be observed when hospital bills differ from the ECHS approved rates at times.
- Awareness Issues: Nothing hampers the uptake of the scheme than the population's lack of information on the advantages of the scheme and how it shall benefit them.

Therefore, the ECHS is quite important in catering for the needs of the ex-servicemen and their families. The identified institutions provide primary and comprehensive healthcare services, thus meeting the patients' medical needs adequately. If the current challenges that are presently being experienced are dealt with accordingly, and the efficiency of the scheme in reaching out and being functional is enhanced then ECHS will be in a position to continue serving its beneficiaries in the best.

CGHS: Central Government Health Scheme

Government of India in 1964 at the centre of the crisis and the activities that led up to it. It caters to the medical needs of a specific population segment: government and civil employees and pensioners and their dependents residing in the territorial jurisdiction of this forum. This

section seeks to dissect the essentials of CGHS focusing on who is eligible for it, what it holds in this regard, how it is structured as well as how it operates.

Eligibility and Beneficiaries

CGHS provides health insurance to a selective category of people. Here's a breakdown of those eligible: Here’s a breakdown of those eligible:

- Central Government Employees: Central Government civil and other employees including PSU employees and retiring employees are pension holders.
- Dependents: Besides, the scheme offers coverage to spouses, unmarried dependent daughters, sons up to the age of 25 or unmarried dependent daughters beyond the age of 25 but if wholly dependent, dependent parents both the in –laws and the natural parents.
- Other Beneficiaries: Other persons who are also covered are ex-servicemen re-employed in Central Government departments and their families.

Structure and Functioning

CGHS currently function through a chain of hospitals in the major cities of India. Here's an overview of its key components: Here’s an overview of its key components:

- CGHS Wellness Centres: These are the initial entry point of the beneficiaries where they are allowed to receive outpatient services from the general practitioners, some simple preliminary lab tests, and basic medicines.
- Allopathic Dispensaries: These facilities offer appointments with doctors of different profiles; diagnosis; and primary therapies and drugs.
- Government Hospitals: Specialist consultations, hospitalization and other tested diagnostic procedures may be obtained at the empanelled CGHS preferred/tertiary health care facilities.
- Empanelled Private Hospitals: Some of the private hospitals have been empanelled with the scheme and beneficiaries are provided with the requisite treatment or service that is not extendible at CGHS centres.

- Smart Card System: Like ECHS, CGHS has a smart card with the identity of the beneficiary for any cashless transactions in the empanelled hospitals.

Benefits of CGHS

CGHS offers a multitude of advantages to its beneficiaries, including's offers a multitude of advantages to its beneficiaries, including:

- Comprehensive Medical Coverage: Depending on the chosen package, the scheme provides services relating to consultations with specialists in different fields as well as inpatient care for treatment, diagnostic services, and chiefly necessary prescriptions.
- Cashless Treatment: Cashless treatment can be claimed for the empanelled hospital within a specified limit, which means that no advance payments shall be required.
- Nationwide Coverage: CGHS at present has setup centres in 26 cites of India to who can reach various beneficiaries.
- Contributory Scheme: It is a mixed one or both, depending on the specifics of a beneficiary's case. The bigger portion of the scheme is funded by deductions from the employee's salary depending on the rank, and the government provides the remainder.

Enrolment and Contribution

All working Central Government civil employees who are living in a city that is under CGHS are required to join CGHS. A monthly contribution is made by the members of the organization through their salary depending on the grading. The CGHS membership can be continued for the pensioners through submission of application along with the prescribed monthly contribution.

Challenges and Limitations

Despite its advantages, CGHS faces certain challenges: Despite its advantages, CGHS faces certain challenges:

- Limited Network Coverage: The intended programme is implemented only in some cities, which exclude the major part of the central governmental employee contingent.
- Overcrowding at Facilities: This not only causes long queues in affairs mass at the wellness centres and dispensaries, but also results in high costs.
- Limited Availability of Specialists: The specialization of the CFHS doctors or lack thereof especially in some disciplines may be restricted at CGHS facilities.

- Inefficiencies in Cashless Transactions: At some of the empanelled hospitals some questions like delay in processing of the claims, or disagreements on the bills could come up.

The CGHS has a wide responsibility to establish and maintain affordable and quality health care services to the civil employees and other affiliated family members of central government. When the coverage is widened, issues of overcrowding in hospitals are solved, and cashless transactions are well achieved, then CGHS should be able to serve its aim of the protection of the health of its beneficiaries.

CHAPTER 2

Review Of Literature

- **Examining The Efficiency And Effectiveness Of Ex-Servicemen Contributory Health Scheme (Echs0 Implementation In Maharashtra: A Critical Analysis Of Healthcare Services For Ex-Servicemen by Mr. Hari Haran Nair, Dr. Vijay Kulkarni, Dr. Manju Rugwani (2023)-** Similar to the CGHS that was established to meet the health requirements of the central government employees, the ECHS is also an umbrella health care system formulated in 2003 for ex-servicemen personnel from the armies of India including the Indian Army, Navy and Air force. Thus, this review is intended to uncover gaps in the ECHS, which may be crucial for meeting veterans' health requirements in the future. It emphasizes the identification of gaps and offers recommendations addressing the improvement of the status of the existing health care system to increase the satisfaction rates of ECHS beneficiaries as well as eliminate the muddled administrative procedures. The article critically examines implementation flaws within the contributory health plan for retired military personnel and their families, using public audit findings to assess the scheme's operational efficacy and effectiveness

- **Facilitators and barriers to participation of the private sector health facilities in health insurance & government-led schemes in India Harsh S. Dave, Jay R. Patwa 1, Niraj B. Pandit (June,2021**)- In the study analysis from June 2021, added 30 hospitals for availing cashless private health insurance facilities, representing 30% enrolment and 26% enrolment of government health schemes. The ideas for admitting people to the hospital under the tag of government health schemes were the social responsibility towards individuals, competing with other health departments or organizations, and adding more customers to their list. On the other hand, common enrolling barriers were; low and delayed reimbursements, offering of bribes to hasten the reimbursement processes, limited scopes of services, and complicated bureaucratic systems. The study also showed a correlation between the no of bed strength in hospitals and the probability of its participation in governmental health programmes ($p < 0.05$).

Furthermore, the use of cashless private health insurance facilities was also significantly related to the decision to participate ($p < 0.01$) as was the respondents' level of satisfaction with the TPA model of health insurance participation in india ($p < 0.05$).

- **Illegalities and Infirmities in Implementation of 'Ex-Servicemen Contributory Health Scheme: Public Audit Findings and Other Irregularities - An Analytical Study. By Bhupal Singh, Asha Verma 2020-** The study objectives are to determine the gaps in the organization and management of the ECHS that was started in 2003 by the Government of India with the purpose of providing healthcare services to the Ex-servicemen. This work therefore complements the evaluation of the scheme by analysing its failure and weaknesses, specifically the problems impacting armed forces retirees and their dependants. In analyzing the public audit findings concerning the delivery efficiency of the health care scheme, the works give real solutions to help augment on the health care scheme and attain better satisfied ECHS patients and client acquiring medical services.

- **Central Government Health Services (CGHS) in Perspective of Beneficiaries Satisfaction by Aparajita Kumari1 , Nalin Ranjan Tripathy2 , Amand Bhaskar3 (December,2015)- A study by Aparajita Kumari, Nalin Ranjan Tripathy, and Amand Bhaskar (2015**) investigated the satisfaction level of the beneficiaries of Central Government Health Scheme (CGHS) based on a cross sectional survey of 412 beneficiaries from six cities in India. This analysis observed that beneficiaries predominantly prefer the healthcare services of the empanelled private practitioners to CGHS dispensaries/polyclinics. While the beneficiaries are satisfied with service quality they are not willing to shift from CGHS to health insurance because of issues related to health wise and issues of out of pocket expenses. On the part of the Private providers who are empanelled there have been incidences of low tariffs and delays in reimbursements thereby posting the problems of the Public Private Partnerships. This paper suggests changes that would improve the quality of services in CGHS and respond to the needs of providers for long-term health systems' development.

- **Healthcare Delivery and Stakeholder's Satisfaction Under Social Health Insurance Schemes in India: An Evaluation of Central Government Health Scheme (CGHS) and Exservicemen Contributory Health Scheme (ECHS) by Sukumar Vellakal, Shikha Juyal, Ali Medhi (May 2012**)_This study assessed the performance of CGHS and ECHS by a cross-sectional survey of 1,204 CGHS and 640 ECHS patients, 100 empanelled private health care facilities, and key informants from the scheme's head office in India's 12 cities. It established that though patients are in general satisfied with both providers that are private and government dispensaries/polyclinics, there is a higher level of satisfaction with providers that are private. Depending on out-of-pocket expenses, beneficiaries highlighted their desire to receive high quality services. This study also revealed that private providers' major obstacles include low tariffs and reimbursement that endanger constructive cooperation. Proposals covered increasing healthcare standards in CGHS and ECHS centers and handling providers' concerns for better healthcare outcomes and the continuation of partnership between the public and private sectors.

CHAPTER 3

Methodology

Research Questions (RQ)

Based on the identified research gap, specific research questions are formulated. These questions will guide the study and tell us that how we can address the knowledge gaps from the gather data.

Research Questions are:

- RQ1: To what extent is cashless treatment viable under the ECHS and CGHS schemes, considering network development and financial implications?
- RQ2: How would cashless treatment impact beneficiary access to healthcare services, treatment adherence, and out-of-pocket expenses within ECHS and CGHS?
- RQ3: What are the potential challenges and opportunities associated with implementing cashless treatment in ECHS and CGHS, considering the perspectives of beneficiaries, healthcare providers?

Research Objectives

The objectives of this research are:

- To assess the feasibility of implementing cashless treatment under ECHS and CGHS.
- To analyze the potential impact of cashless treatment on beneficiary healthcare access, treatment adherence, and financial burden.
- To identify challenges and opportunities associated with cashless treatment implementation in ECHS and CGHS for beneficiaries and healthcare providers.

Study Design – Descriptive study design

Study Tools – Survey

Duration of the study : 3 months

Sample Size - 103

Data Type – Primary Data

Data Collection Method – Online Google Form

Inclusion/Exclusion Criteria –

- Only Central govt servants will be eligible (For Beneficiaries)
- Only Multi speciality Hospital will be eligible

CHAPTER 4

Results and Discussion –

1-From beneficiaries' perspective – A total of 83 CGHS and ECHS participants were interviewed from different age group and asked q on 6 different topic like-

- Demographic information
- Awareness of the scheme
- Current Healthcare Utilization
- Access to Healthcare Services
- Treatment Adherence
- Out of Pocket Expenditure

And the Findings are

A. **Demographics of the participants** – The Survey captured responses from diversified groups. More than half of the respondents were within the age bracket of 46-60 years (54 respondents17) followed by 61 & above at 13 respondents and 31-45 at 12 respondents. Few respondents were in the 18-30 age group (4) Among the said respondent male respondents are more than female respondent, with 63 and 20 respondents respectively.

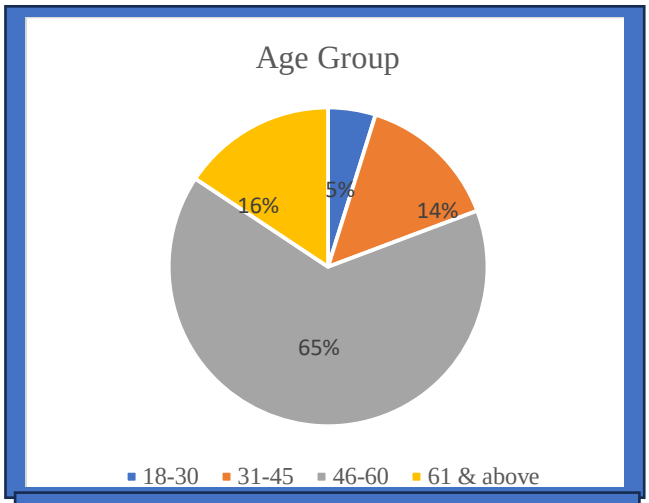

Fig4.1.1- Different Age Group of the participants

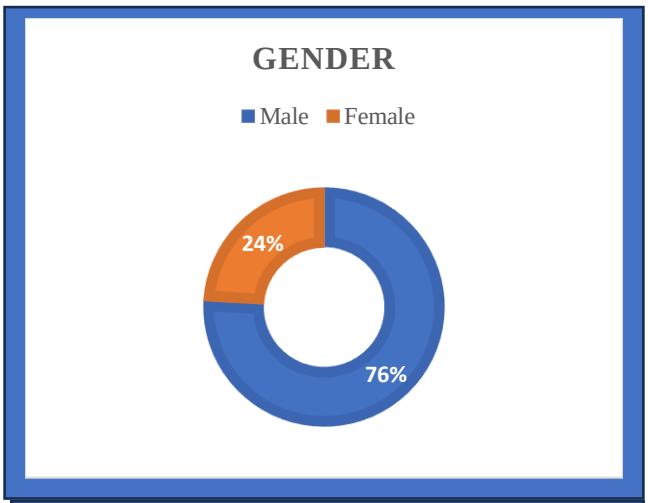

Fig4.1.2- Gender of the participants

B. **Awareness about the Scheme** – out of 83 participants 68 participants were from CGHS side while 18 were from ECHS Side: A significant Majorities (78) were aware of health schemes while minority (5) was not aware Unlike the awareness about the health scheme the survey recorded one respondent who showed no interest in the health scheme while majority (79) were interested in the health scheme. Regarding the knowledge of the health scheme, the respondents expressed themselves in different levels of familiarity, and with 51% being very familiar, 42% somewhat familiar, and 7% not familiar at all. Also according to survey findings we can see that,, 61 respondents formally acknowledged that the scheme was capable of decreasing out of pocket expenditure. Other perceived gains made includes; easy access to healthcare services (48) and better compliance to treatment (31). Issues raised were the restricted number of hospitals admitted (51), random chances of high fees charged by the hospitals (46), and cases of out-of-pocket expenses beyond certain thresholds (34). Another 46 respondents complained that the process of filing a claim which they noted to be very tricky was very cumbersome. The services offered most frequently by the respondents include a coverage for various types of medical services, more information on the respective cashless treatments, and the availability of cashless hospitals throughout different locations. Also, the subject preferred a mobile app for cashless transactions; customer support is crucial and should be available 24/7. All these preferences imply that great emphasis must be placed on the provision of a full package of health scheme options that are characterized by information openness, and easily accessible support systems.

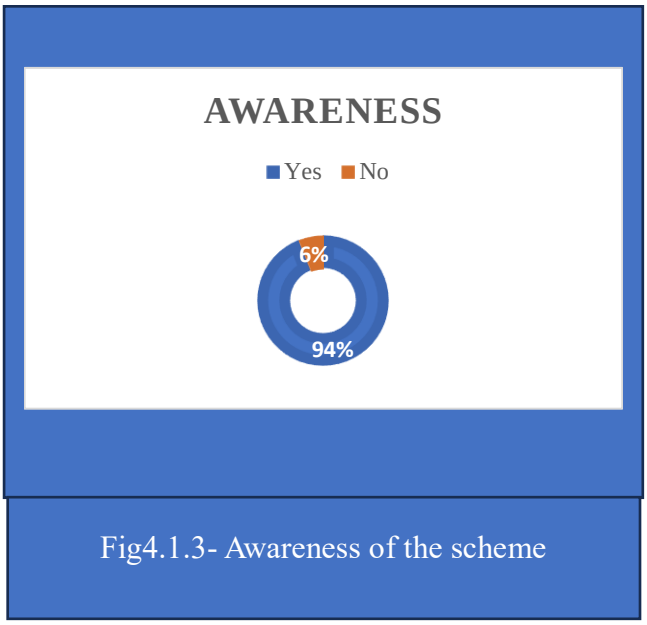

Fig4.1.3- Awareness of the scheme

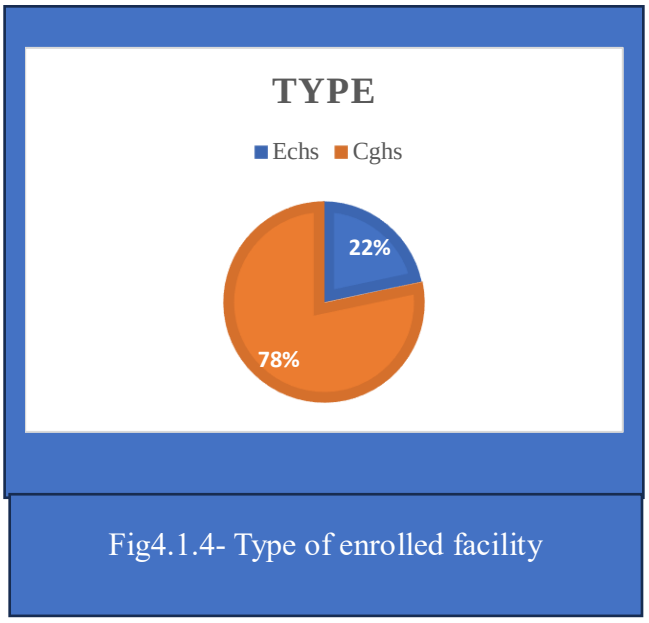

Fig4.1.4- Type of enrolled facility

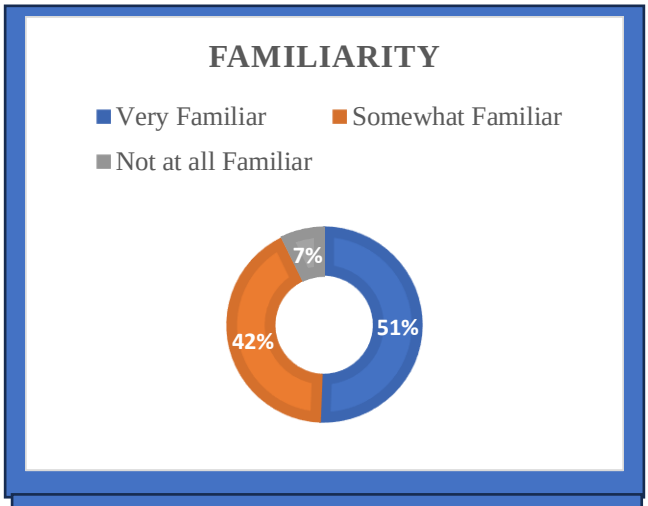

Fig4.1.5- Familiarity with scheme

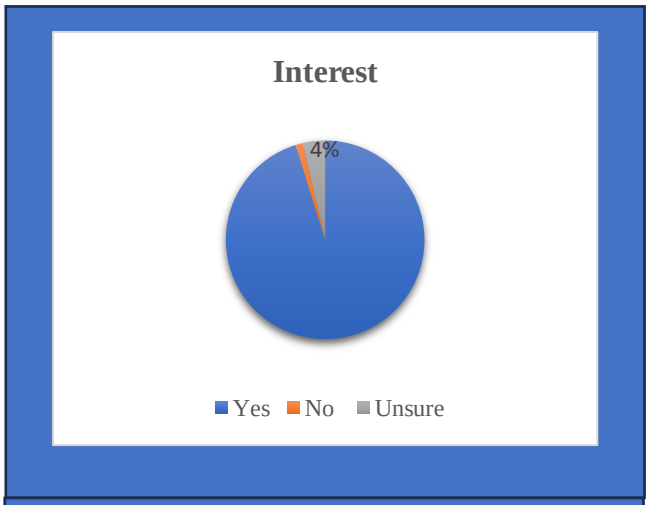

Fig4.1.6- Interest in the scheme

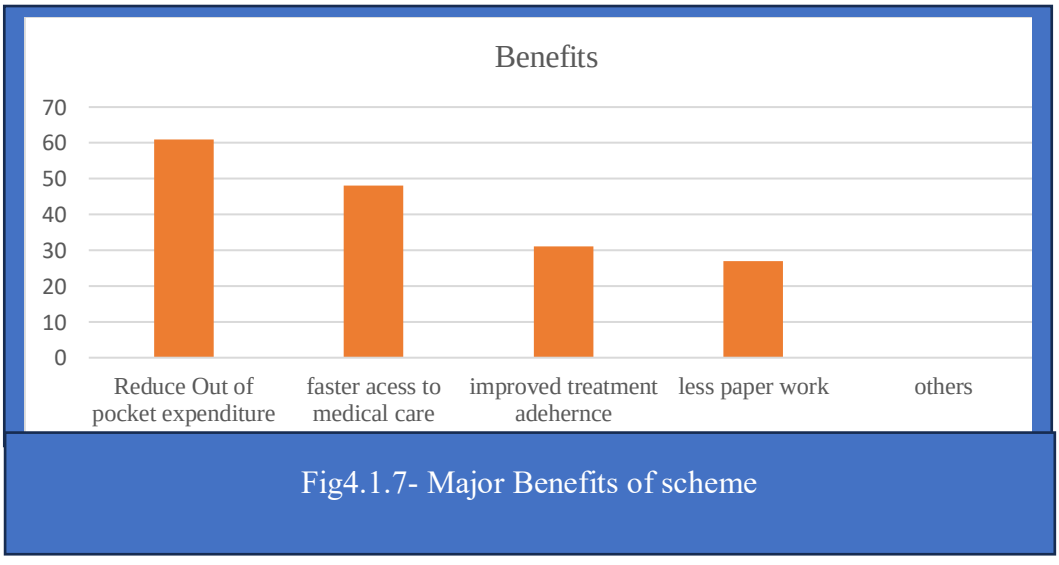

Fig4.1.7- Major Benefits of scheme

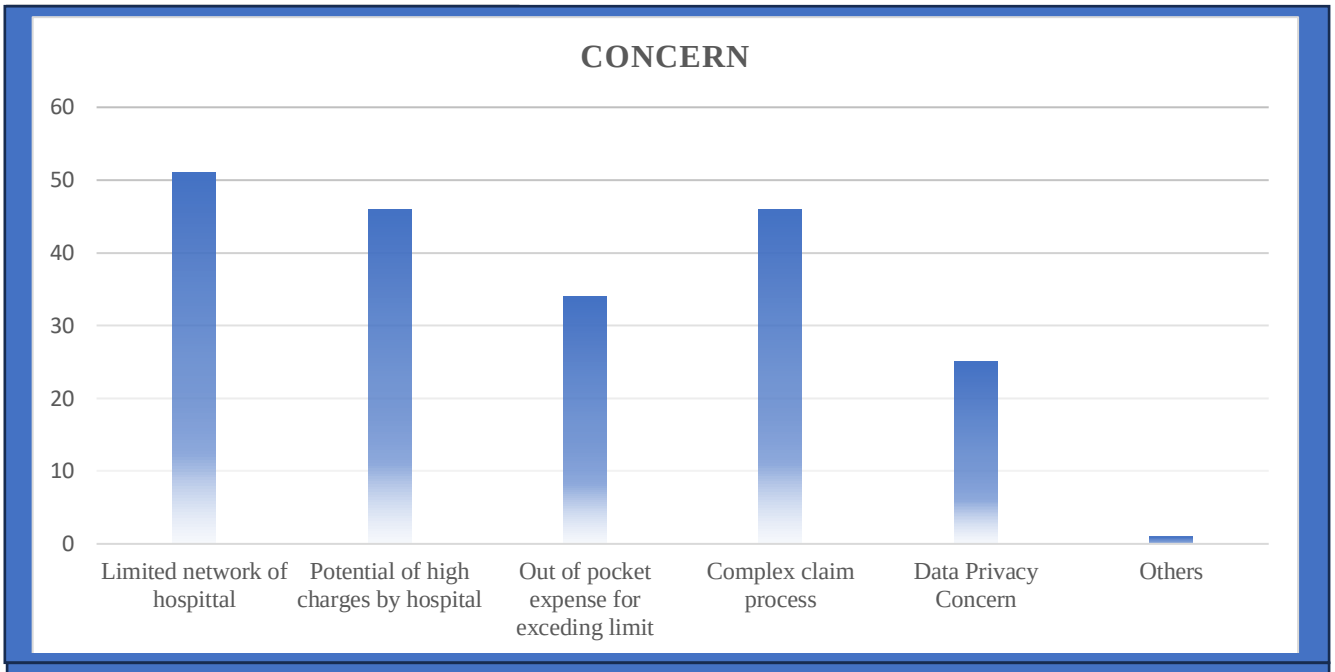

Fig4.1.8- Major concern regarding the scheme

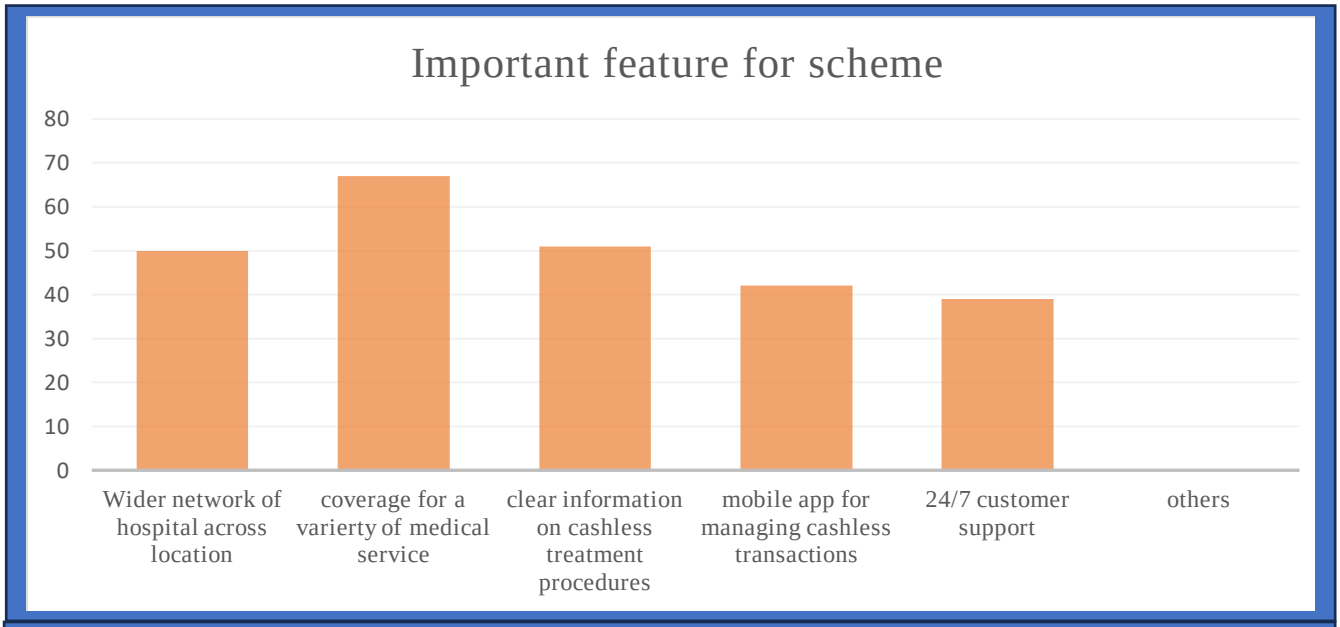

Fig4.1.9- Important feature of the scheme

C. **Current healthcare utilization-** As for the current healthcare attributes, the respondents' visits to the hospitals/clinics ranged between 1- 2 annually (37respondents). About the hospitals, a majority selected private hospitals (45 participants), then government hospitals (20 participants), and others with no strong preference (18 participants).

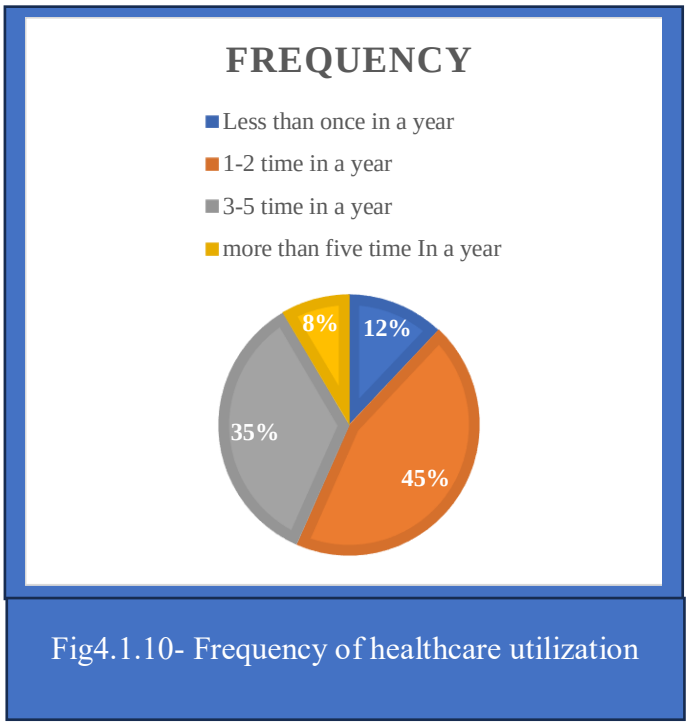

Fig4.1.10- Frequency of healthcare utilization

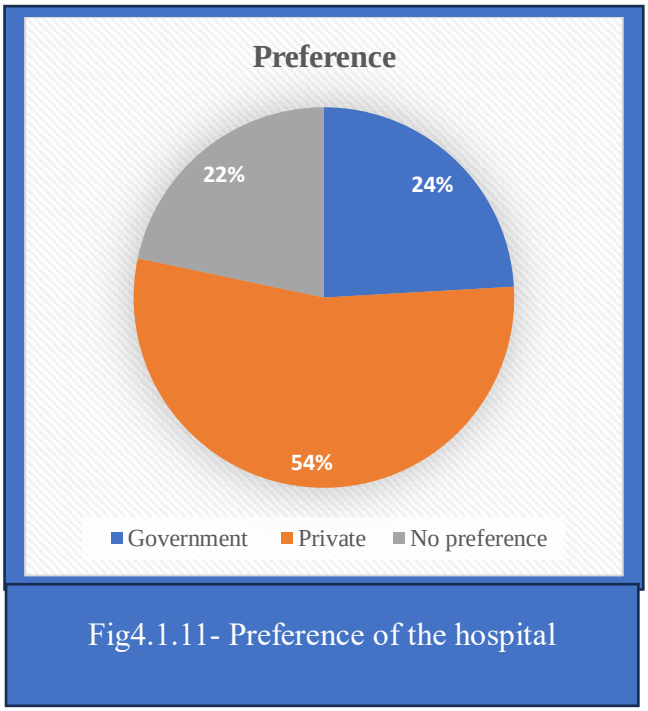

Fig4.1.11- Preference of the hospital

D. **Access to Healthcare services-** Respondents varied in their reported financial difficulty accessing healthcare services, with 35% indicating they never faced financial challenges, while 28% reported sometimes experiencing difficulties. A smaller proportion mentioned rarely (26%), often (10%), or always (1%) encountering financial obstacles. Regarding the impact of cashless systems on healthcare access, a significant majority (96.2%) found these systems beneficial for seeking medical attention, highlighting their role in easing financial transactions and enhancing convenience Respondents overwhelmingly emphasized the importance of a wider network of hospital coverage, with 80% considering it very important and 20% somewhat important. None of the respondents deemed hospital network coverage unimportant.

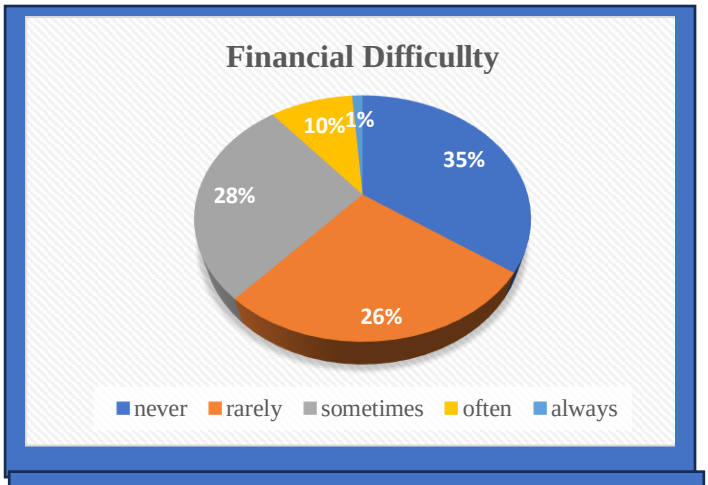

Fig4.1.12- Financial difficulty in accessing healthcare

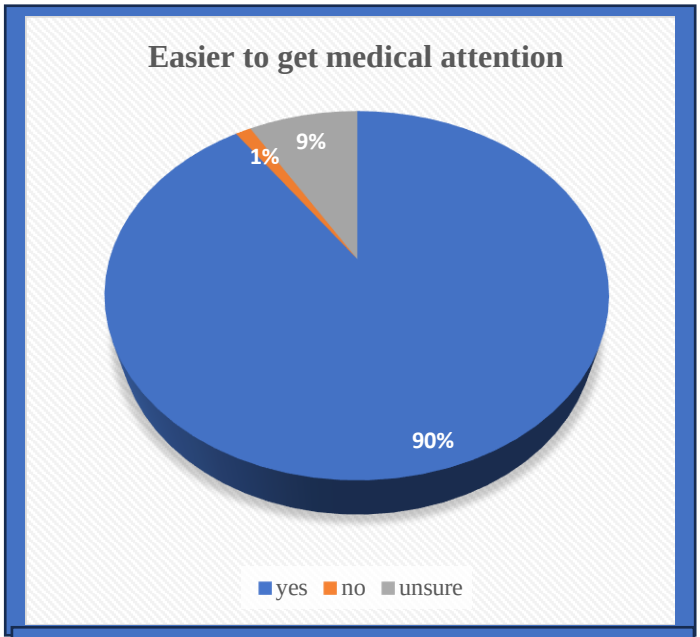

Fig4.1.13- Easiness to get medical attention

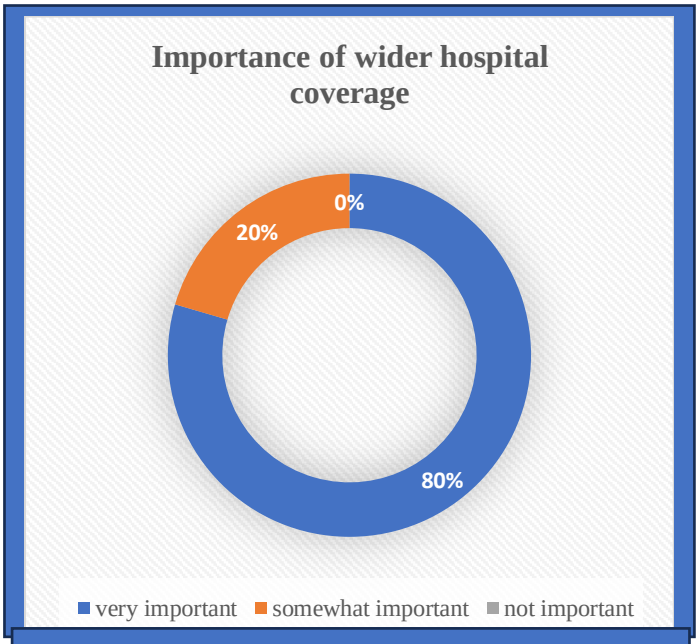

Fig4.1.14- Importance of wider coverage of hospital

E. **Treatment Adherence** - A notable proportion of respondents (20.5%) reported having stopped cashless treatment due to cost concerns, indicating persistent financial challenges despite the scheme's availability. Conversely, the majority (79.5%) stated

they have not discontinued cashless treatment for financial reasons. Regarding the scheme's impact on treatment adherence, a significant majority (82%) affirmed that the scheme helps them adhere to treatment plans. Only a small minority (2%) reported that the scheme does not assist in treatment adherence, while 16% were unsure of its impact.

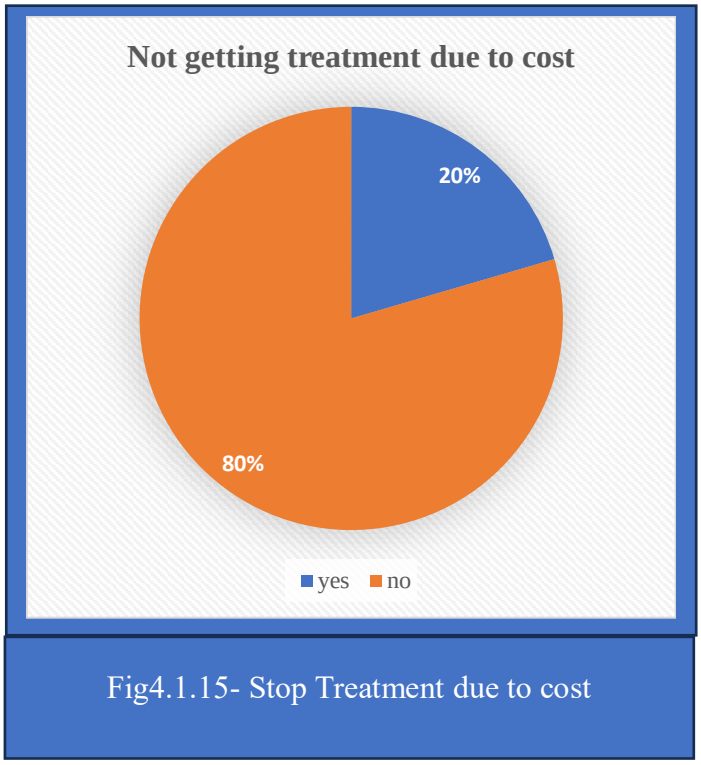

Fig4.1.15- Stop Treatment due to cost

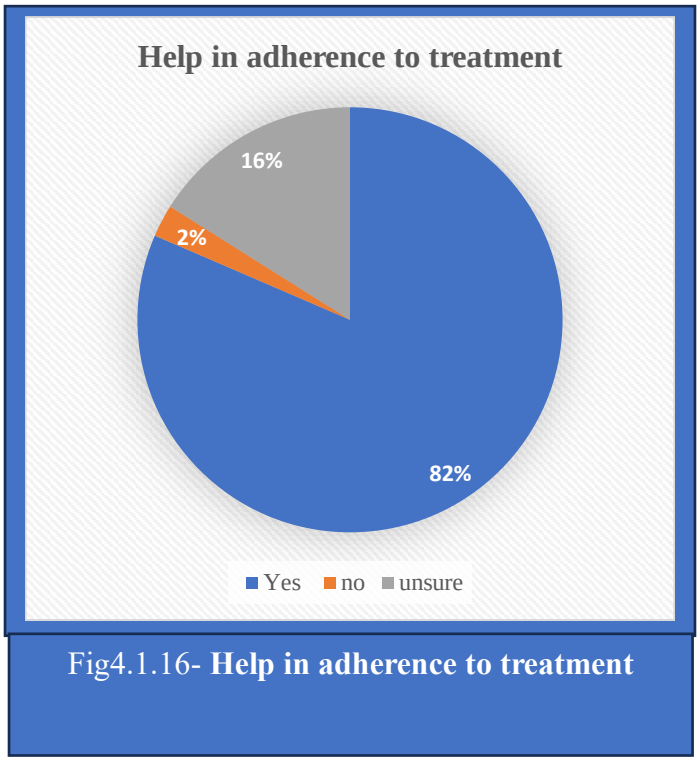

Fig4.1.16- **Help in adherence to treatment**

F. **Out of Pocket Expenditure-** Respondents reported diverse average expenditures on healthcare, with 40% spending around Rs. 10,000, 55% spending between Rs. 10,000 and Rs. 1 lakh, and 5% exceeding Rs. 1 lakh. A significant majority (99%) anticipated that the scheme would reduce their out-of-pocket expenses, underscoring expectations for financial relief. Concerns regarding co-payments were notable, with 76% expressing apprehension about these additional costs. In contrast, 8% had no such concerns, while 16% remained unsure. These findings highlight the scheme's potential to alleviate financial burdens while indicating a need for clearer communication and reassurance regarding co-payment policies. `Overall, the survey underscores the importance of addressing cost-related anxieties and enhancing transparency to maximize the scheme's effectiveness in improving healthcare affordability and accessibility for the surveyed population.

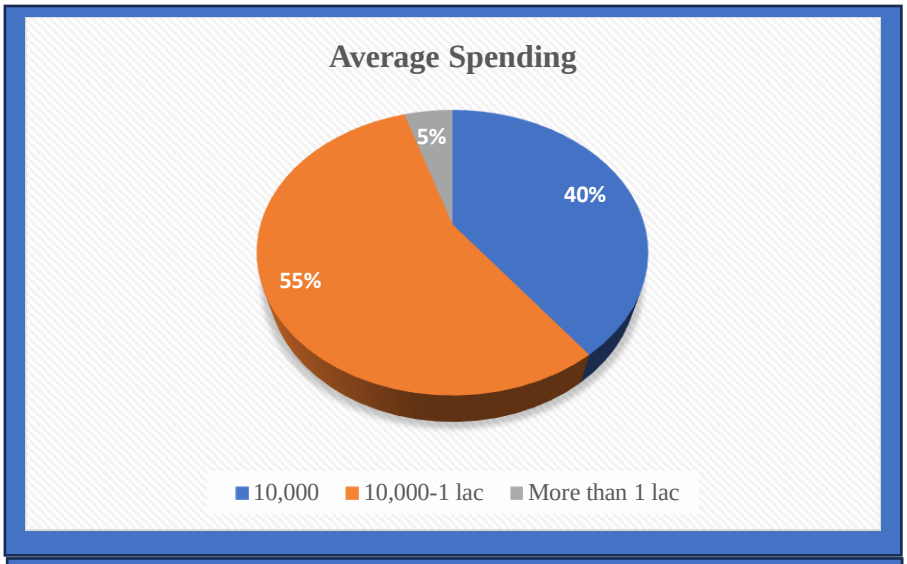

Fig4.1.17- Average Spending on Healthcare

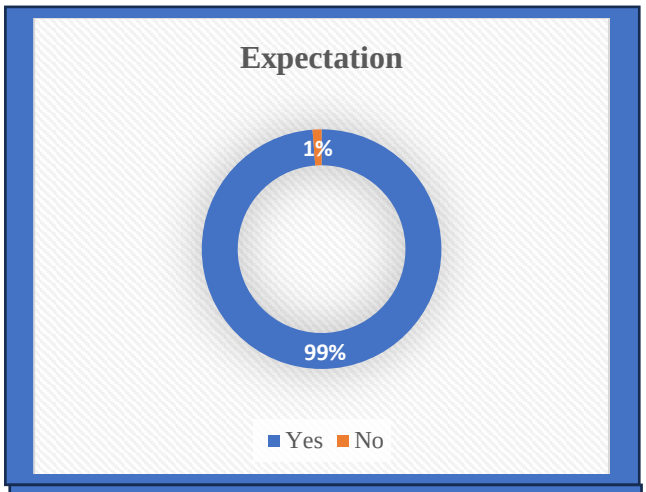

Fig4.1.18- Expectation from Scheme

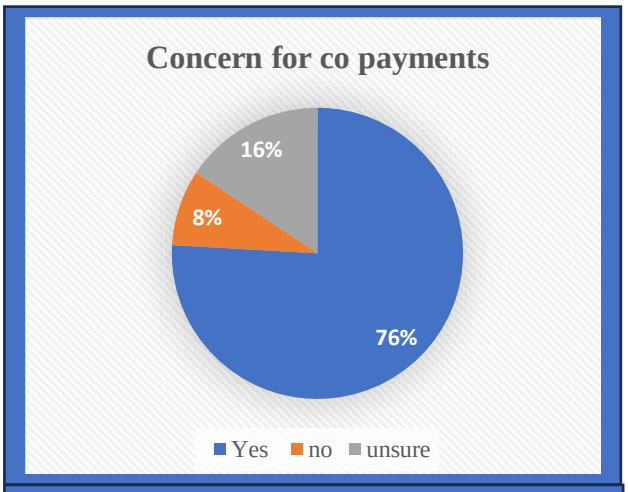

Fig4.1.19- Concern About Co payments

2-From Healthcare Provider Perspective- A total 19 Hospitals from 10 states of India participated in survey and major section asked were –

- **Demographics**
- **Current participation in cashless scheme**
- **Concern about Reimbursement rate**
- **Concern about claim processing**
- **Incentive based participation**

A. Demographics- From the survey, it was ascertained that 10 state and 19 private hospitals participated in the scheme implying that there was a good take-up from both sectors in the quest to improve healthcare and the provision of the same out of which one hospital response was excluded as it was only single speciality hospital.

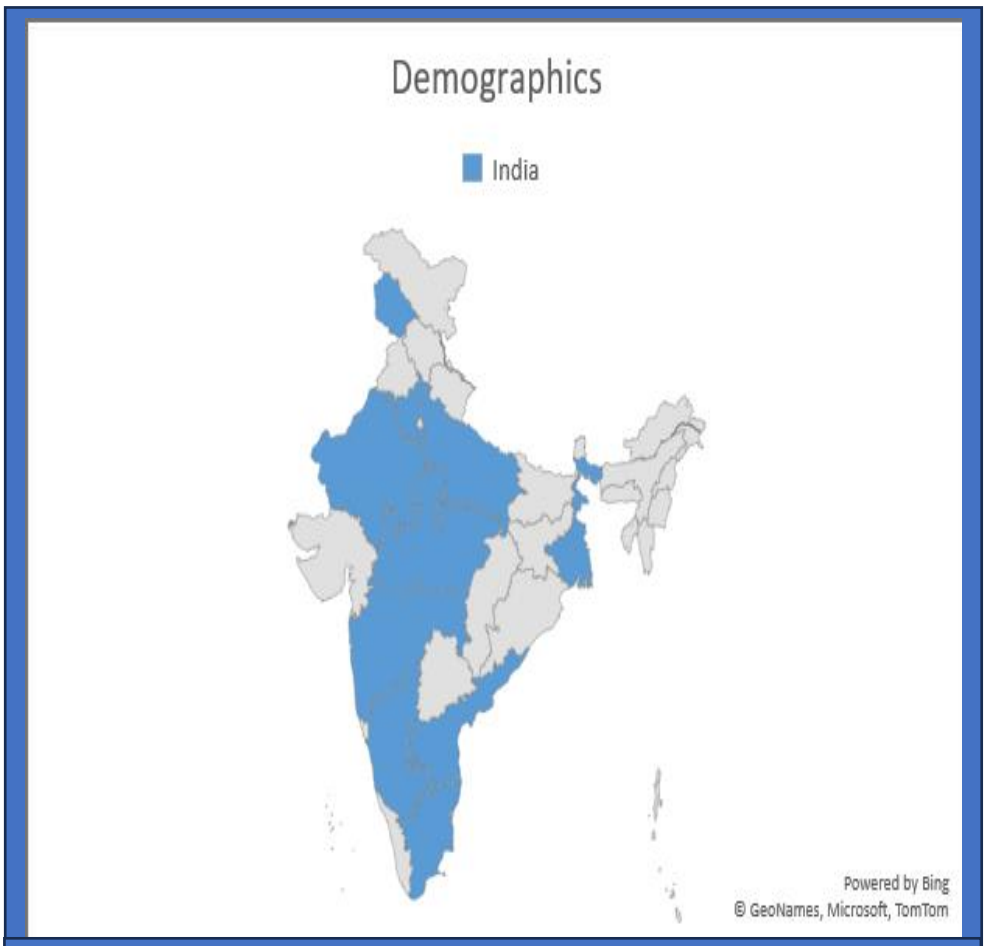

Fig4.2.1- Demographics of the participants

B. **Current Participation in Healthcare Scheme-** The study established that out of the 18 respondents, all of them or indeed 100% have admitted to using any form of cashless health care scheme. Specifically, 55. 6% of these participants stated that they were part of CGHS/ECHS schemes the two most favourable government health insurance systems famous for their rich benefits such as full body check up, among others. This high participation rate shows how healthcare stakeholders reckon with the efficiencies of cashless healthcare plans in making it easy for patients to access care services without much costs. Thus, the outcomes indicate a high degree of congruity with the scheme's goals to in improve the affordability and availability of health care aiming at official programs such as CGHS/ECHS.

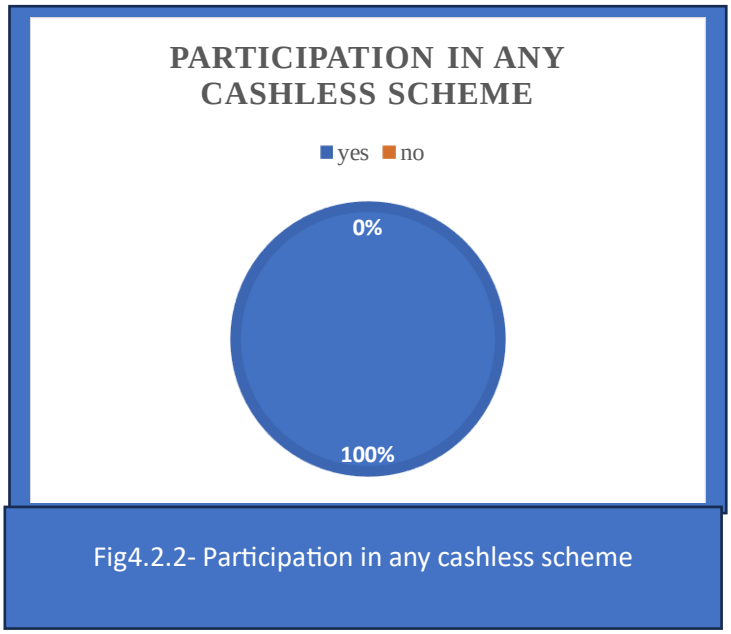

Fig4.2.2- Participation in any cashless scheme

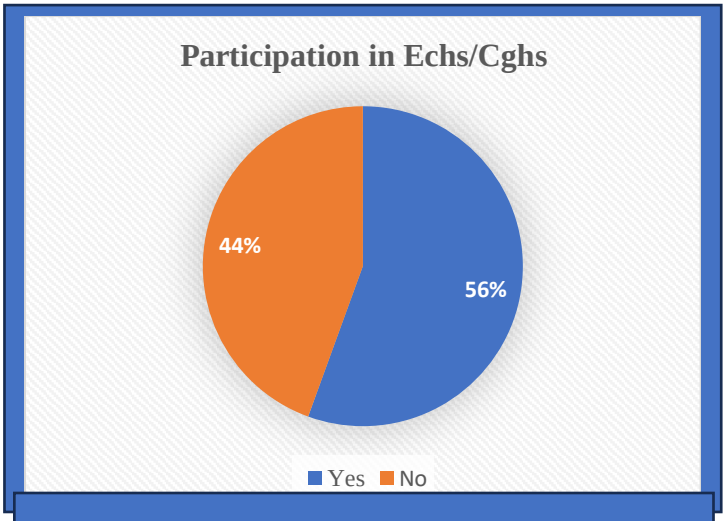

Fig4.2.3-Participation In ECHS and CGHS

C. **Concern About Reimbursement Rate**- In a survey conducted among 18 participants with regards to their activity in the health cashless schemes, all participants responded affirmatively. Reimbursement issue; 61.1% said they are concerned of low reimbursement rates compared to charges to independent patients. The problem of transparency in reimbursement rates' calculations was an issue for 55.6%, while an equal number reported problems in arranging reasonable rates with the government. Additionally, 50%of the respondents was uncertain concerning the time when they

might be reimbursed, and 33.3% of the respondents referred to an increase of administrative pressure as a problem. There were sentiments that, due to credit crunch, the business would not be paid on time by the government, and this was agreed by 88. 9% expressing worry. These findings signal major discrepancies in the reimbursement process and form a base for the need for addressing the issues of, and establishing, reimbursement transparency and the fairness of negotiations for reimbursements so as to make the healthcare cashless schemes more efficient and trustworthy to the providers and beneficiaries.

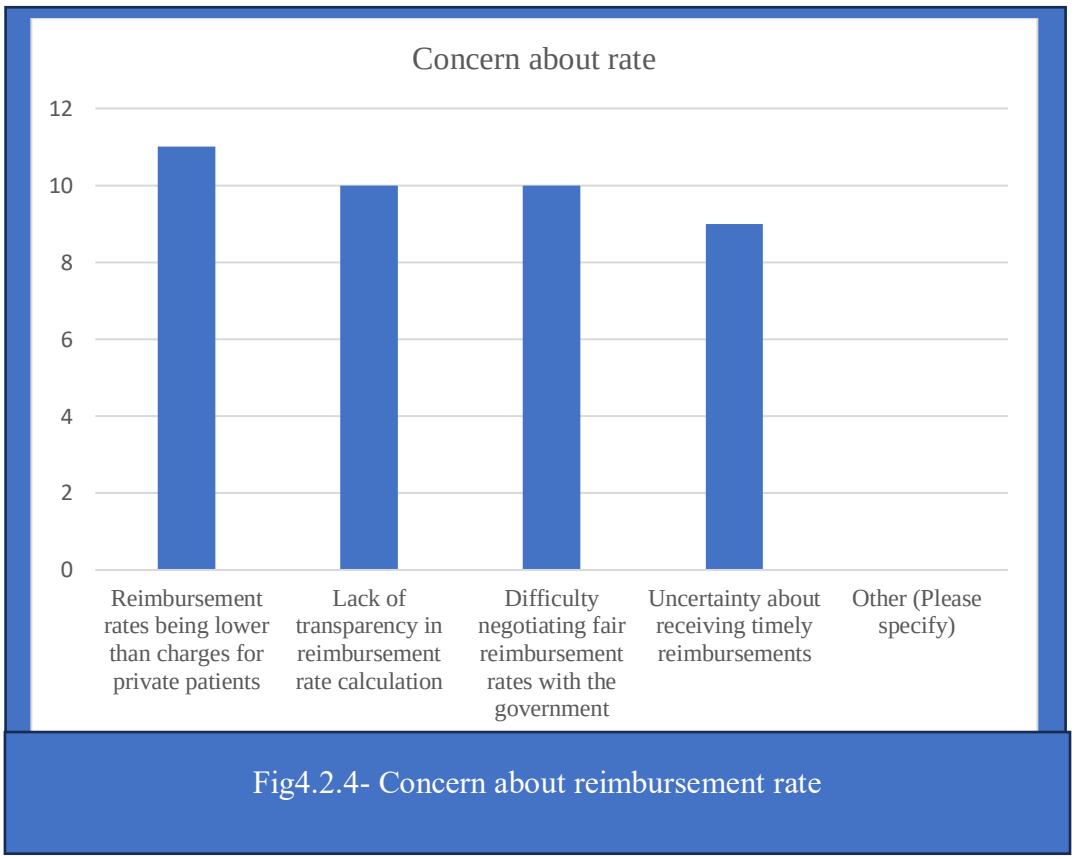

Fig4.2.4- Concern about reimbursement rate

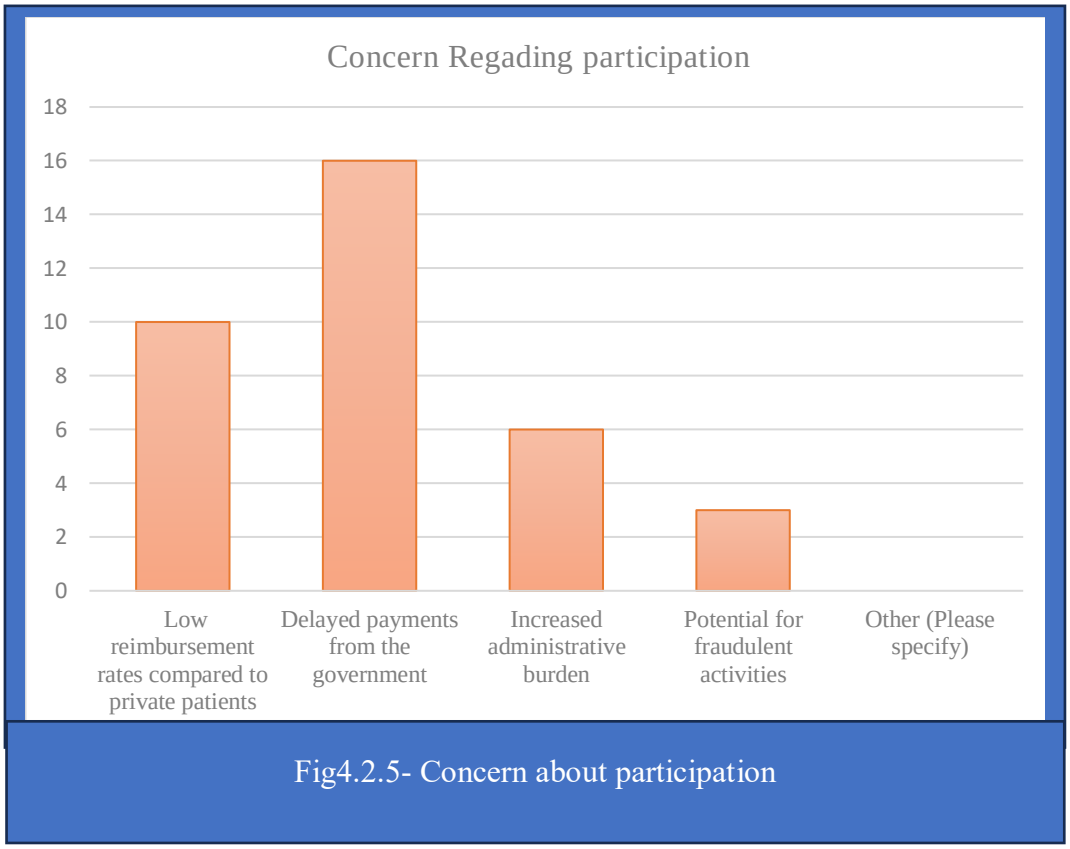

Fig4.2.5- Concern about participation

D. **Concern About Claim Processing** - significant response was obtained in this research through eighteen respondents that were asked questions about their concerns in relation to claim processing and the following are some of the findings made. Out of the total respondents:11 of the participants indicated that they received delayed in the processing of their claims and 6 of the participants indicated that they received no delays in processing of their claims. One respondent selected the response of 'Other'. In their answers, the respondents noted that some possible causes of these delays are such as Although many of the respondents did not offer specific explanations regarding the causes of the delays, 13 of them mentioned complicated and time-consuming claim submission processes. After this, 9 respondents identified poor communication from the government on the processing of the claims as a major factor. Finally, 3 respondents noted that, in their views, there are problems with IT structure which lead to delays. On

the issue of areas of reimbursement uncertainty, 6 respondents were still in doubt regarding the mechanisms for handling disputes for the contested claims. These findings highlight that there are notable difficulties in managing the claims and these issues revolve around procedural issues, communication deficits, and IT issues. Solving these problems may in turn simplify the procedure in general and increase claims satisfaction among the claimants.

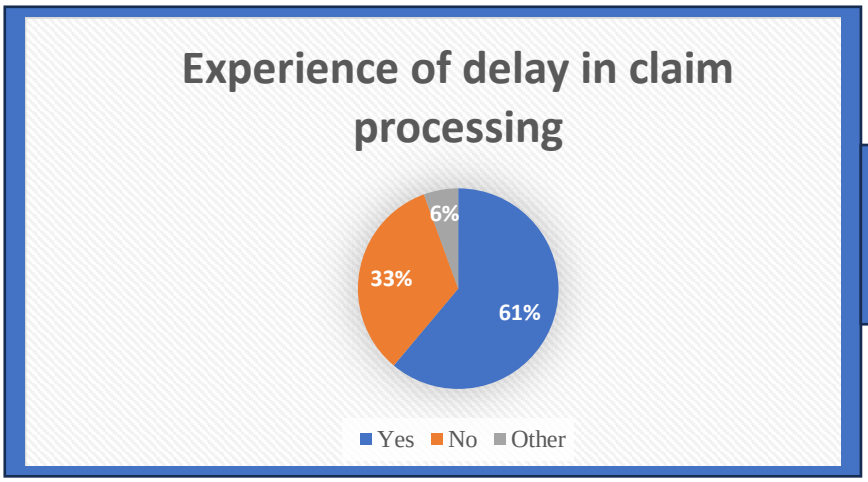

Fig4.2.6- Dealy in claim processing

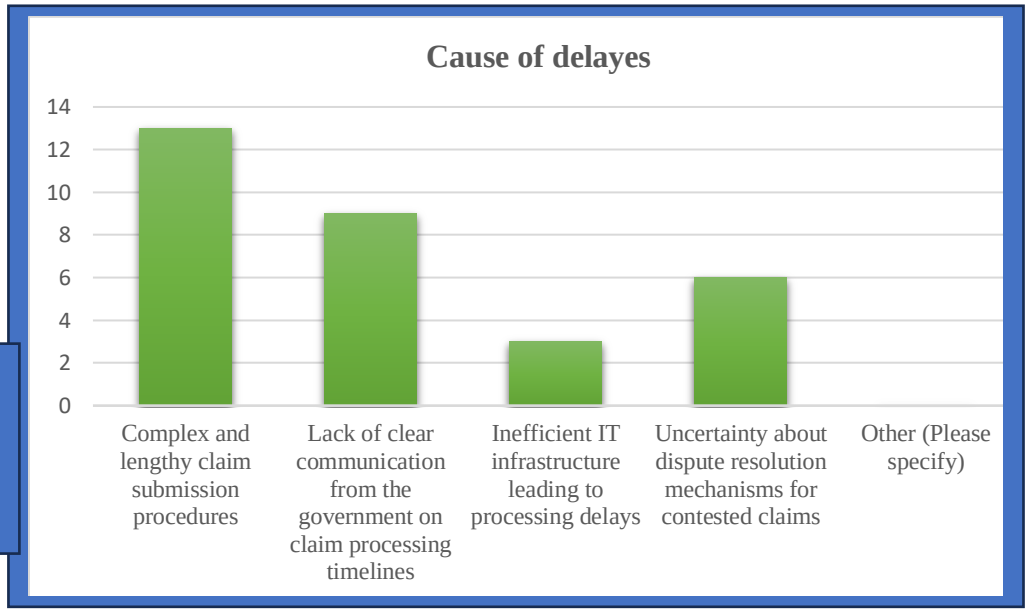

Fig4.2.7- Causes of delay in claim processing

E. **Incentive Based Participation**- In a survey of 18 respondents regarding incentives or improvements that would encourage their participation in a scheme, the following key findings were observed: The incentive that was considered most favourable was assured

and shorter payment turnaround time as 12 of the respondents stated that it would make them participate. Equitable or standard charges were also highly appreciated by 10 respondents as an area in need for improvement. Similarly, 5 respondents identified cost savings as a factor which may be achieved through the application of modern technologies in the medical field, in particular if speaking about pre-authorization systems or something like that. The interest on training and support for cashless transactions was noted at 7 respondents. Just 2 of the respondents specified their willingness to work under a cashless scheme condition that includes a guaranteed minimum number of patients. These results indicate that the duration taken to process the reimbursement and fairness of reimbursement terms remain the key drivers for respondents' uptake of the scheme. Furthermore, decreasing bureaucratic effects by technological solutions, as well as boosting cashless payments were regarded as important secondary financial considerations.

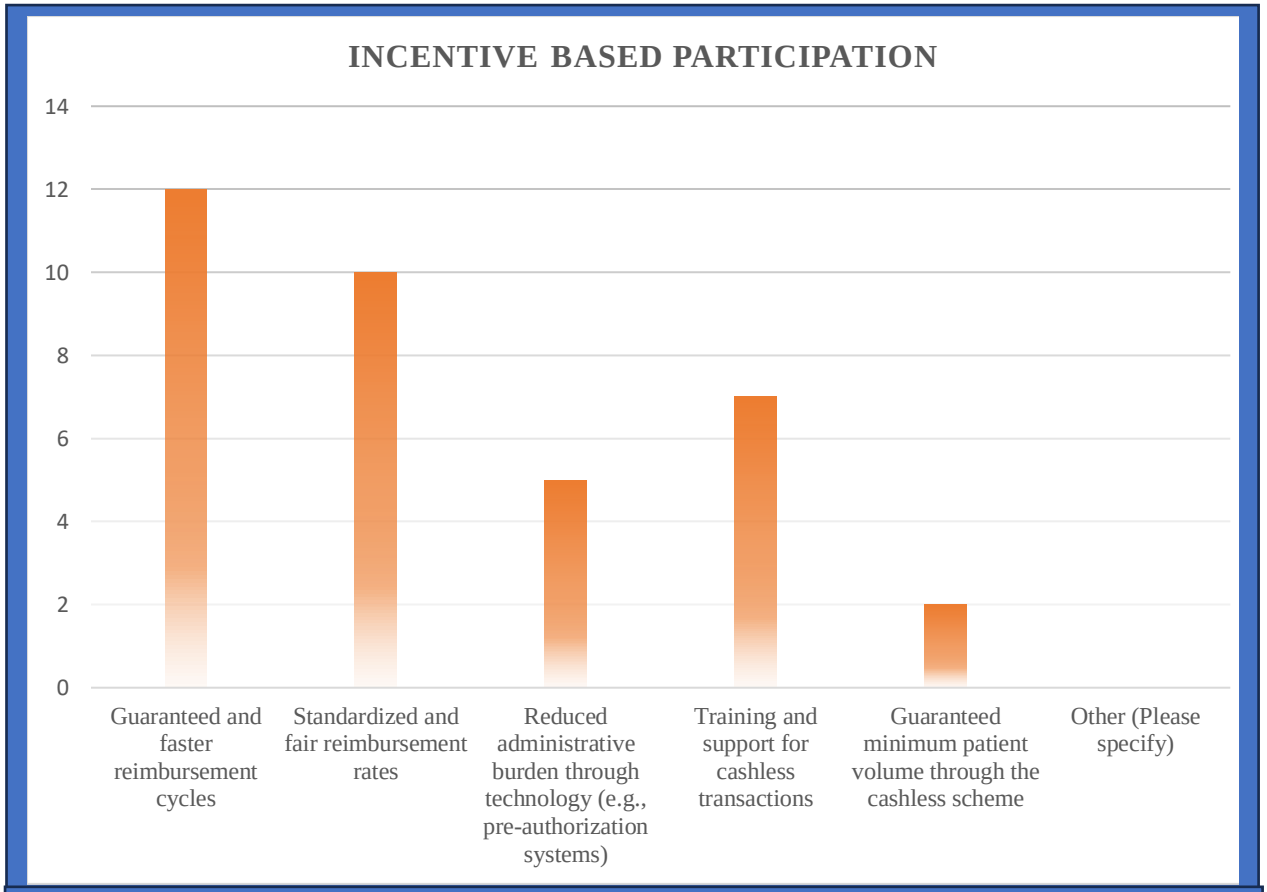

Fig4.2.8- Incentive Based Participation

Discussion- The targets of UHC as one of the sustainable development goals still remains valid and strives to provide all people with the necessary medical care without further deepening the financial deficit. These schemes define the key components of the health system in India and have important roles in achieving UHC goals, involving subsidized health services for certain population subgroups, including the CGHS and the ECHS for ex-servicemen. This discussion aims at identifying how CGHS and ECHS aid UHC in India as well as this discussion also critically evaluates the sustainability and effectiveness of these schemes within the background of changing healthcare system of India. It builds the survey's commonalities, discusses the issues, assesses the policies, and offers recommendations to improve scheme performance.

The nature of Health care in India today

The healthcare provision in this country is twofold consisting of; the public and private sectors. CGHS is a health scheme meant for the people working in the public sector with their facilities offered at a subsidized rate, the same is the case with ECHS mainly catering to the ex servicemen. The third one is the private sector where the population is fulfilled through the forces of demand and supply and it has been found that it serves a large number of the population a but has the disadvantage of high charges and divergence in quality of service.

Viability and Feasibility of the scheme

CGHS and ECHS are two relatively new and ambitious schemes, still in the process of scheme development the aim as well as the need to define the feasibility and operational viability of these schemes is in the independent expertise of MMM Consultants and Analysts.

1. **Demographic Reach and Utilization**-Both CGHS and ECHS schemes target specific demographic groups: government employees and the second was the ex-servicemen. The schemes have high take up rates which indicates that they have a reasonable level of uptake by the eligible clientele. But, changes in populous demography s; such as ageing populace and increased rate of urbanisation present some challenges in addressing the resulting complex healthcare needs.
2. **Financial Sustainability**-Hence, it can be said that financial sustainability of CGHS and ECHS largely depends on the appropriate fund provisioning and efficient utilization management. These schemes exist under government grants that require finer

management of funds to sustain the services and their growth. Major issues include; increased cost of healthcare provision, increased expectations among the beneficiaries, and a growing pool of health needy population putting pressure on the limited funds available.

3. **Accessibility and Equity**-Existing studies also reveal that it is still possible to face issues with accessibility even after the implementation of the scheme. Although for most of the services people have to pay minimal charge which is often referred as cost sharing through CGHS and ECHS for the employees, still there are imbalance scenario in providing service, quality and coverage area. As a result of the scarcity of health care facilities, the healthcare status for rural and underserved locations presents a challenge to health equity. Gap four: The current situation entails que several of the schemes' gaps can only be bridged by expanding the network of empanelled hospitals and improving the integration of the service.
4. **Quality of Care and Patient Outcomes**-The mechanisms of checking and maintaining the quality of the services that are provided to patients under CGHS and ECHS include a check on the standards of care and protection of patient safety. However, inconsistencies in the quality of the services delivered and improvement in patients' health status between the various health facilities are an issue. Enhancing the overall standards of the care plans and structures, developing effective mechanisms of consistent monitoring and checking the processes and outcomes, as well as encouraging the constant professional development of the people working in the healthcare domain are the key prerequisites for the improved quality of the healthcare services under these setups.

Challenges and Constraints

- Administrative Complexity-Some factors affecting the efficiency of the scheme are administrative such as complex claim processing, bureaucratic and IT structure restraints. These challenges can be avoided by having efficient practices in administration, handling of claims through the use of technology, and promotion of integration between departments.
- Cost containment means to keep the costs as low as possible while still being profitable, as well as efficient and effective with financial management. Thus, the issue of keeping down the health care costs for the CGHS and the ECHS is important for operational sustenance of the schemes. The issues of increasing healthcare costs, low compensation

rates and co-payment systems are some of the reasons for calling for appropriate financial management strategies. Maximising the efficiency of the interventions being offered, fair pricing of services provided by the providers, and identifying the right funding mechanisms are some of the key strategies in ensuring a sustainable fiscal status.

- Stakeholder engagement and public awareness were some of the activities that were identified as having the highest level of importance across the various initiatives. Education of all the scheme's beneficiaries as well as partnership with providers of different services is critical for the scheme's success. Increasing knowledge is crucial to assert beneficiaries' rights as well as to control the existing rights and choices of healthcare services. Developing a good relationship with health care providers, social and community organizations and civil society helps in improving the delivery of services and also in improving the confidence of CGHS and ECHS.

Policy Implications and Recommendations

1. **Strengthening Governance and Accountability**-Improving the governance systems, accountabilities, and transparency in decision-making are useful in improving the credibility in schemes. Holding cultural assessments, setting overall performance indicators, utilizing stakeholder engagement in policy formulation and periodic audits help to maximize resource allocation and service delivery optimization..
2. **Leveraging Technological Innovations**-Thus, it is important for under CGHS and ECHS system to invest in digital health technologies including EHR, telemedicine, mHealth and others. Such breaks obviously improve how well patient care is coordinated, advance the capabilities of remote consultations, and optimize administrative procedures; hence enhancing availably and delivery of healthcare services.
3. **Addressing Healthcare Disparities**-There is need to thus apply strategies that will help in bridging the disparities in the establishment of health facilities and services in the different regions. Increasing participant hospitals' network, promoting providers to increase their participation for the needy areas, and focusing on health care expenditures for needy population and rural population groups are the keys to equality in health care access and thus, the reduction of health disparities.
4. **Enhancing Collaborative Partnerships**-Stakeholders in the provision of health care services in any country are government ministries and departments, the private sector

healthcare providers, academic institutions and civil society organizations. Partnerships with different sectors, knowledge building and sharing, and innovations on PPPs make changes possible in health care systems and enhanced beneficiaries' health status.

Limitations of the Study

- Limited Data Availability.
- Limited time for the study.
- There is no such data from the Government side to understand their perspective

Future scope of study

- There can be study on factor influencing low network development of scheme.
- Govt. Hospital can also be included for further exploration of study.

CHAPTER 5

Conclusion - The evaluation of the Central Government Health Scheme (CGHS) and the Ex-Servicemen Contributory Health Scheme (ECHS) enlightens the views about their sustainability, possibility, and effectiveness in the Indian health care system. This conclusion proposes a summary of the beneficiaries' views, the views of health care providers and insurance issues highlighting the schemes' main advantages, major problems and strategic suggestions for the improvement of the sails.
Beneficiary Perspectives: Awareness, utilization and expenditure were selected from the theoretical models developed by Davis (1989) and Rogers (1995) for the technological application developed by this research.

Beneficiaries perspective-

Consequently, concerning the beneficiary's perspective, the findings presented considerably high awareness and usage of CGHS and ECHS schemes. The majority of the respondents, especially those within the age bracket of 46-60 years, acknowledged the schemes and understood that the same could help in lowering the costs of accessing health facilities and also enhance compliance to treatments. However, issues on the restrictions of the hospital network, possibility of high bills and the difficulty in processing claims still remains. Such findings pointed to the urgency of improving the schemes' clarity, reducing bureaucratic encumbrances, and widening hospital participation in order to boost the schemes' impact.

Analysis of the data on the health care utilization show that the overall preference of the beneficiaries is the private hospitals; thus, the necessity of proper empanelment of the hospitals by the CGHS and ECHS. Thus, despite the fact that the mentioned challenges being reported by a number of respondents noticeably decrease the availability of the schemes, the latter are viewed overwhelmingly positively in terms of making the financial transactions and improving access to the healthcare services through the cashless systems.

Provider Perspectives: Tackles and Motivations-From the healthcare provider's end the utilization of cashless healthcare schemes, including CGHS and ECHS, is massive, implying the perceived usefulness of the schemes by the public in enhancing access to the health services without compromising their ability to afford the services fully. Nonetheless, providers have issues with the rate of reimbursements, the manner in which such rates are calculated and long time taken to process claims. These challenges point to the need to work on reimbursement

concerns by entailing payment disparities that are healthy in terms of time, conversation, and execution.

Promises of guaranteed and faster reimbursement, rates that are streamlined and standardized, all validated by technology are pinpointed to as some of the aspects that may spur the providers' enthusiasm and actualize the scheme's objectives much to the schemes benefit. Thus, these insights point to the need for developing the public-private partnership, enhancing the reimbursement procedures, and using technology to enhance healthcare service delivery under CGHS and ECHS.

Considerations on Insurance: Improving the Sustainability and Accessibility

The strategy of incorporating insurance concepts in the design of CGHS and ECHS models is unveiled as a way of improving the financial viability of health insurance and increasing access to affordable and quality healthcare. By using insurance arrangements, there will be ways of reducing risks at a financial level on behalf of patients and providers, and bargaining with medical facilities, as well as ensuring access to healthcare services at all times. Issues that need to be resolved include co-payment, reimbursement, and rationality of these schemes play an important role in the process of forming trust and financing healthcare in framework of these schemes.

Strategic Implications of the Findings for Improving Schemes' Outcomes

To enhance the feasibility and viability of CGHS and ECHS in India's evolving healthcare landscape, several strategic recommendations are proposed:

- Enhance Transparency and Communication: Increase the clarity of reimbursement payment, in regard to the time taken to process claims, and action on provider grievances through proactive engagement.
- Expand Hospital Network: Expand on the empanelment of hospitals in the different geographical regions to ensure that the target beneficiaries have a good access to health facilities.
- Streamline Administrative Processes: Minimising how claims submitted can be achieved by; Streamlining processes through which claims are submittable, applying technology in tracking and management of relevant data, and enhancing its IT resources.

- Promote Health Literacy: Increase awareness of scheme amongst beneficiaries to promote the use of the scheme through enhancing staff knowledge on how to educate the beneficiary of their rights and responsibilities on the scheme.
- Integrate Insurance Mechanisms: Assess how concepts of insurance could be applied to address more and negotiate better prices and optimum health financing in the future. .

As a result, CGHS and ECHS are central to the enhancement of UHC by delivering appropriate, affordable, and quality health services to intended communities in India. Although the existing set of recommendations reveals the potential positive effects in decreasing OOP payments and improving the access to care, the issues connected to the adequacy of hospitals networks, reimbursement arrangements, and system complexity demand regular system changes.

Through these measures, India has an opportunity to improve the current situation in CGHS and ECHS through increased stakeholders' cooperation, the use of technological solutions, and policy modifications. Implementing the reforms, using insurance solutions, promoting the patient-oriented approach are the measures that would let continue on a path of enhancement of the healthcare coverage in the given countries and to prevent deterioration of the population's health.

Realizing UHC through CGHS & ECHS requires a consistent focus on equity, efficiency & quality in healthcare delivery to keep the Indian citizens' health and wellbeing protected in the evolving context of the Indian health system.

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