TO STUDY THE IMPACT OF HEALTH INSURANCE POLICIES LIKE AYUSHMAN BHARAT ON CRITICALLY ILL AND ACCIDENTAL CASES IN SPECIAL REFRENCE TO UNDER PRIVILEGED CLASS

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Dr. Ketki Pandit

Under the Supervision and Guidance of

Dr. Monika Chaudhary

2023

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CONTENTS

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Date: 19.05.2023

TO WHOMSOEVER IT MAY CONCERN

Sub: Internship Completion of Ketki Pandit

This is to certify that **Ketki Pandit** from IIHMR has successfully completed her internship with **TATA AIG General Insurance Company Ltd**. Her internship period was from **22nd Feb 2023 to 19th May 2023**

During the course of her internship, Ketki Pandit was assigned with the work of "processing numerous claims and work upon drafting claim notes, denial notes and denial letters" was in **"Claim – Accident & Travel "** department under the guidance of Mr. Milind Ambre. The nature of the assignment was confidential. Ketki has successfully completed all the requirements of the project and has delivered an appreciable report.

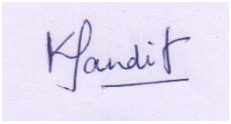
We wish her the very best in her future endeavors.

TATA AIG

Jitesh Bawa
Chief Human Resource Officer

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **TO STUDY THE IMPACT OF HEALTH INSURANCE POLICIES LIKE AYUSHMAN BHARAT ON CRITICALLY ILL AND ACCIDENTAL CASES IN SPECIAL REFRENCE TO UNDER PRIVILEGED CLASS** 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.



Dr. Ketki Pandit

CERTIFICATE

This is to certify that dissertation titled **TO STUDY THE IMPACT OF HEALTH INSURANCE POLICIES LIKE AYUSHMAN BHARAT ON CRITICALLY ILL AND ACCIDENTAL CASES IN SPECIAL REFRENCE TO UNDER PRIVILEGED CLASS** is a record of the research work undertaken by **Dr. KETKI PANDIT** 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.

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Date

Dr (Col) Mahender Kumar
School Dean
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PLAGIARISM REPORT

This is to certify that the dissertation project report entitled " **TO STUDY THE IMPACT OF HEALTH INSURANCE POLICIES LIKE AYUSHMAN BHARAT ON CRITICALLY ILL AND ACCIDENTAL CASES IN SPECIAL REFRENCE TO UNDER PRIVILEGED CLASS**" submitted by Ms. Ketki Pandit for the partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur, has been evaluated for plagiarism by the university.

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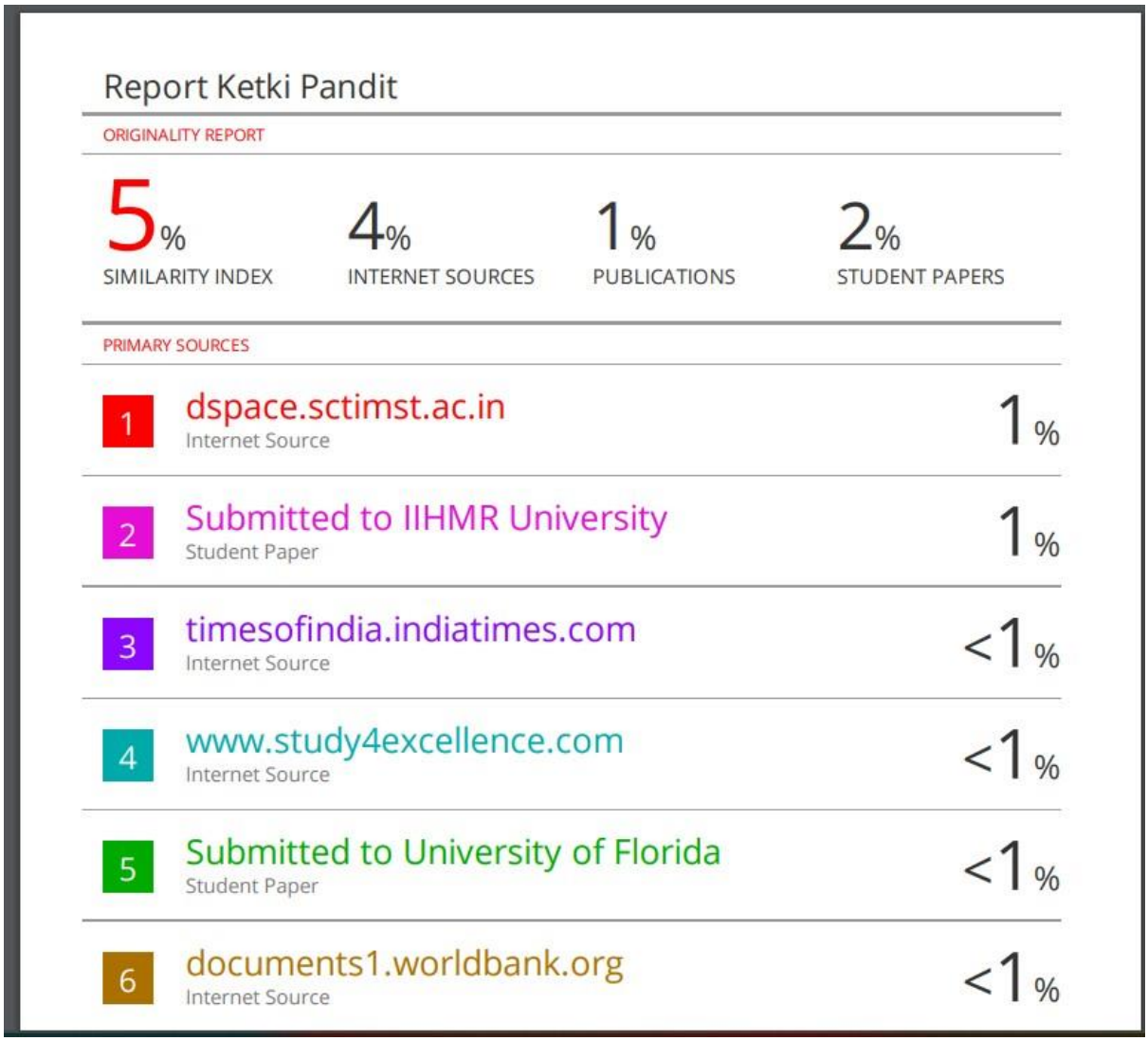

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TABLE FOR ABBRIEVIATION

S.NO	ABBREVIATION	MEANING
1.	PM-JAY	Pradhan Mantri Jan Arogya Yojana
2.	HWC	Health And Wellness Centres
3.	SECC	Socio-Economic Caste Census

ACKNOWLEDGEMENT

It's impossible to describe the exposure and opportunity I had at TATA AIG in Mumbai other than as a lucky break. My internship there was a great combination of information and delight thanks to the helpful staff and committed faculty. I am incredibly appreciative of the priceless lessons I have acquired because they have prepared me to perhaps pursue a profession as a research scholar and have familiarised me with the most up-to-date approaches and procedures required for my curriculum. These insights have provided me with a vast array of opportunities, luring me towards a bright future.

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My sincere appreciation also goes out to my dear parents, brother Pragyan and aunt Dr Manisha Pandit whose steadfast support and inspiration have served as a constant source of bravery. I also owe a debt of gratitude to **Deepti, Vaibhav, Akshay, Mayank**, **Gunjan, Krishna** and my co-workers at TATA AIG for their unflagging support in times of need, which allowed for a torrent of good things to enter my life. Additionally, I want to express my gratitude to everyone who has worked with me for their kind assistance and support, both of which were crucial in completing this report.

I have the utmost respect for all the esteemed faculty members who have helped supervise and guide me along this road. Their knowledge, steadfast assistance, and presentation of crucial project information have all been essential to completing the allotted assignment effectively. I view this opportunity as a critical turning point in my professional development, and I am steadfast in my resolve to make the most use of the newly gained skills and information. I will actively work to implement the advice given to me in order to achieve my treasured professional goals.

ABSTRACT

This research examines the efficacy of health insurance plans, namely Ayushman Bharat, in providing critically sick and accident victims from underprivileged classes with access to healthcare as well as financial protection. Evaluating whether these policies are successful in overcoming considerable difficulties that underprivileged folks experience while attempting to get decent healthcare is the objective of the study.

Underprivileged neighbourhoods are the focus of this research, which investigates the availability of medical treatment for very sick patients and accident victims. It investigates whether health insurance policies have made it easier for individuals to get necessary medical care without being crushed by the accompanying devastating financial constraints. The purpose of this research is to determine how successful these policies are in keeping people and families from going bankrupt or becoming impoverished because of the costs associated with healthcare.

In addition, this research investigates the ways in which health insurance policies influence the results of healthcare services provided to members of underserved communities who suffer from serious diseases or accidents. It investigates whether or not these populations have improved access to healthcare as a result of increased health insurance coverage and whether or not this has led to favourable outcomes in the form of lower death rates.

The purpose of the research is to investigate the obstacles that disadvantaged people must overcome to get access to and make use of health insurance plans in the event of serious illnesses or accidents. To get a better understanding of how concerns such as healthcare knowledge, administrative procedures, healthcare infrastructure, and the availability of facilities hinder access to policies in economically depressed regions, the researchers will investigate several aspects.

This research seeks to give significant insights and suggestions for policymakers by analyzing the influence of health insurance policies on critically sick and accidental cases within impoverished classes. The analysis will focus on instances involving individuals who are poor. The results will help to increasing the efficacy of health insurance programs like Ayushman Bharat, ensuring that they sufficiently address the healthcare requirements of impoverished persons and bridge the healthcare gaps that exist depending on socioeconomic backgrounds. This will be accomplished by ensuring that they effectively meet the healthcare needs of underprivileged individuals.

The purpose of this research is to shed light on the effect that health insurance plans have on individuals from underprivileged groups who are very sick or who have been in serious accidents. The results will provide useful advice to policymakers, which would improve the efficacy of health insurance schemes like Ayushman Bharat. They will be able to meet the healthcare requirements of underprivileged persons in this manner, therefore helping to close the existing gap in healthcare quality that is caused by differences in socioeconomic status.

INTRODUCTION

Because this fundamental right ought to be uniformly offered to all individuals, no one should be unable to exercise their right to get proper medical care simply because of where they fall on the socioeconomic scale. Despite this, the underprivileged classes in a vast number of developing countries, such as India, often face significant challenges while seeking to get suitable medical treatment. Inequalities in healthcare are experienced by these disadvantaged populations as a direct result of the inadequate financial resources, the lack of expertise, and the bad infrastructure that contribute to the issue.

In September of 2018, the Government of India recognized the need to address these discrepancies and ensure equitable access to medical care. With this need in mind, they created the Ayushman Bharat Yojana program with the hope of reaching this goal via the implementation of this program. It is claimed that this expansive health insurance system would maintain people's financial stability and provide them with access to medical treatment, particularly those who live below the federal poverty line or in remote regions. Helping those who reside in more remote areas to get these advantages will be the primary focus of this initiative. People who are eligible for this program and fulfill its conditions are eligible for health insurance that covers a broad variety of medical treatments and procedures, including those associated with severe diseases and accidents. These individuals must also satisfy all the program's standards.

Both the Pradhan Mantri Jan Arogya Yojana (PM-JAY) insurance program and the Health and Wellness Centers (HWCs) are components of the Ayushman Bharat Yojana, which is also known as the Pradhan Mantri Jan Arogya Yojana (PM-JAY). The HWCs are primarily responsible for delivering the most fundamental medical services, while the PM-JAY program sees to the members' secondary and tertiary medical requirements, including coverage for the expenses associated with inpatient treatment.

New health insurance policies are being made available to the public as part of the Ayushman Bharat Yojana program. People with life-threatening diseases and accident victims who hail from low-income groups might see a significant improvement in their quality of life as a result of these strategies. This is since the Ayushman Bharat Yojana intends to make medical treatment more available to all inhabitants of India, regardless of their level of financial capability. To increase access to medical care and improve the health outcomes of the population that these policies are aimed at, the goal of these policies is to reduce the financial burden that is associated with receiving medical treatment. In order to assess the impact that such policies have and to identify areas in which they may be improved, it is vital to have information regarding the efficacy of such policies.

People with lesser incomes and people who are disadvantaged in other ways may benefit tremendously from health insurance since it protects them in the event that they have a medical emergency.

We have included in the research that follows the government hospitals in the city of Indore that are taking part in PMJAY – Madhya Pradesh Niramayam. This is a program that provides financial assistance for medical care to qualified recipients (those who are afflicted with serious

illnesses or have been injured in accidents), with a focus on those who are poor. In the research that follows, we have included the hospitals that are taking part in this program.

It is likely that the high cost of medical care will have a terrible influence on the average person, leading to troubles with one's money, one's mental state, and one's emotional well-being. This might happen. To pay for expensive medical procedures, people may have to borrow money or sell valuables, worsening their financial situation. This may start a cycle of borrowing or selling valuables to make ends meet. This person's unsteady finances may affect their health and ability to recover from pre-existing conditions.

Lack of post-surgery or post-operation treatment and health follow-up might impede recovery and cause long-term health issues. This underscores the significance of comprehensive healthcare coverage and support systems that address not only the urgent medical needs but also the continuing care requirements. These systems must cater not just to the requirements of emergency treatment but also to the requirements of continuous care.

In addition, the growth in people suffering from severe illnesses and the number of people involved in accidents places a huge strain on the healthcare system. It's possible that inadequate resources and capabilities might restrict the quality of care and access to timely treatment, which would influence overall health outcomes.

In addition, the long-term effects of impairments or deaths brought on by severe diseases or accidents may have a rippling impact not just on the families of the people who are afflicted but also on society. The depletion of human capital and the failure to meet fundamental requirements, such as the need for education, may stymie societal progress and contribute to the perpetuation of a cycle of poverty.

These challenges underscore the necessity for programs like Ayushman Bharat and other health insurance schemes that strive to guarantee monetary stability as well as access to great care for those who are poor. These initiatives can improve health outcomes, lower the strain on the economy, and contribute to the overall progress of society all by tackling the causes that are causing these issues.

The provision of health insurance was made feasible, and this has been of crucial importance in permitting wider access to high-quality medical treatment, as well as providing people and families with financial security, as well as mental and emotional stability, against the possibility of incurring medical bills. Additionally, the expansion of access to high-quality medical treatment for a greater number of individuals has been facilitated, in large part, by the availability of health insurance.

There are different benefits to the various health insurance policies. Just a few examples are as follows:

1 Medical care: Health insurance provides access to several medical procedures. Preventive care, regular medical visits, professional consultations, hospitalization, surgery, drugs, and much more are included. Since these treatments are expensive and not covered by insurance, many people may not be able to access them.

2. Reducing financial risk. Since health insurance covers most medical costs, this arrangement protects a person from financial damage. If you are sick, in an accident, or have another emergency, this coverage will reduce your out-of-pocket expenses. Without health insurance, medical expenditures may rapidly mount, making it hard to pay other obligations.

3. Affordable, effective health care. Most health insurance coverage include screenings, immunizations, and yearly check-ups. Preventive measures may help identify health issues early, improving treatment and saving medical costs.

4. Management of chronic illnesses Having health insurance is particularly important for those who have chronic disorders like diabetes, asthma, heart disease, or cancer. It makes it possible to have access to the continuing care, drugs, and specialized therapies that are necessary to properly manage these disorders.

5. Care for medical crises: Unanticipated accidents and unforeseen medical emergencies might take place at any moment. Having health insurance gives you the peace of mind that comes with knowing that you may seek quick and essential medical assistance without having to worry about the high expenses connected with emergency care.

6. Medications that need a prescription: most of the time, coverage for prescription pharmaceuticals is included in health insurance plans. Having insurance may greatly lessen the financial strain of paying for vital prescriptions, especially with the ongoing growth in the cost of pharmaceuticals.

7. Support for mental health Many health insurance plans now include coverage for mental health treatments such as counselling, therapy, and psychiatric care. This is becoming more common. Because mental health is such an important component of one's entire wellbeing, this is of the utmost importance.

8. Programs for maintaining and improving one's health Some forms of health insurance provide policyholders access to additional benefits, including health and wellness programs, gym memberships, discounts on alternative therapies, and health resources. People are encouraged to adopt better lives and to seek medical care for disease prevention because of these campaigns.

9. Safety and security for you and your loved ones There is a wide range of options available for medical insurance policies, the majority of which include protection for members of the insured's family, such as the policyholder's spouse and children. This assures that each member of the family will have access, should it be required, to the appropriate medical treatment in the event that it is required.

10. Obligations and obligations that are imposed by the law Continual health insurance coverage is now required of citizens of several nations thanks to the passage of legislation that gave rise to this requirement. If you do not have health insurance, you can be subject to fines or have your access to certain kinds of medical treatment restricted. Both of these things might happen. If you do not have health insurance, you run the risk of being subject to both of these potential outcomes.

LITERATURE REVIEW

2.1 Health Insurance Policies and Underprivileged Classes

Health insurance allows everyone, regardless of income, to get top-notch medical care. These projects aim to provide financial stability and reduce the financial barriers disadvantaged groups confront while seeking timely and high-quality medical care. Health insurance may lower medical costs, boost medical services, and improve health outcomes for individuals and families.

Health insurance plans level the playing field for access and quality of healthcare, particularly for socioeconomically disadvantaged groups. Poor people may face several obstacles to get medical care. Challenges may include a poor healthcare system, insufficient money, and unfamiliarity with alternate options. The poor's weak health is exacerbated by medical care inequities.

The Indian Ayushman Bharat Yojana health insurance scheme attempts to close this gap. This program covers all medical costs for low-income patients. These laws prioritize and tailor medical treatment to disadvantaged groups, such as those in poverty or rural areas. Health insurance programs help underprivileged groups obtain medical care by covering a percentage of their medical expenditures and enabling cashless and paperless transactions.

Numerous studies have looked at the ways in which health insurance programs affect marginalized populations in a range of contexts. Studies that were carried out in countries with low and moderate incomes have, for instance, shed light on the favorable impact that health insurance schemes have on the usage of healthcare services and the financial protection given to underprivileged communities. According to the findings of these research, having health insurance coverage results in an increase in the consumption of healthcare services, an improvement in access to critical treatments, and a reduction in out-of-pocket expenses for the economically disadvantaged.

The Ayushman Bharat Yojana, a health insurance program for economically underprivileged Indians, has grown. PM-JAY and HWCs are part of this effort. The HWCs improve basic healthcare, while the PM-JAY program covers secondary and tertiary care. To satisfy the healthcare needs of economically disadvantaged individuals, the Ayushman Bharat Yojana covers a wide range of medical procedures, including those related to catastrophic illnesses and accidents. To meet people's healthcare demands.

Ayushman Bharat Yojana's evaluation showed promising outcomes. The initiative has increased healthcare utilization, particularly in rural areas, according to studies. In the U.S. Cashless therapy and institutions with credentials have increased access to healthcare. Studies suggest that the Ayushman Bharat Yojana has reduced out-of-pocket costs for low-income people, improving financial stability.

Despite its challenges, the Ayushman Bharat Yojana may eliminate healthcare inequities among economically disadvantaged groups. Multiple studies have shown that beneficiaries' knowledge and understanding of the program, access to insurance, and hospital care quality

vary. These issues demonstrate the necessity for ongoing inspection and improvement to ensure the health insurance plan is correctly implemented and fulfills its aims.
As a consequence of this, health insurance plans are very necessary in order to bridge the gap in medical coverage that occurs for persons with low incomes. These policies have the potential to increase the use of healthcare services, reduce the monetary burden, and improve health outcomes for populations who are at a disadvantage. They accomplish this goal through enhancing one's access to healthcare services and ensuring one's financial stability. The Ayushman Bharat Yojana program in India is directed directly at the most disadvantaged socioeconomic strata of the nation and has already proven good results in terms of greater rates of medical care and improved financial stability. The program's name literally translates to "Covering All Indians with Health Insurance." However, there are limitations and limits, and further research and evaluation are necessary in order to ensure that health insurance plans for the poor population are both effective and equitable.

[1]

2.2 Impact of Health Insurance Policies on Critically Ill Cases

Patients who are in a critical condition need immediate medical treatment from a specialist in order to have the greatest chance of recovery. However, the high expenses associated with treatments for critical illnesses may create considerable financial hurdles for people, especially those who come from social strata that are already disadvantaged. These financial pressures may be alleviated to some extent and access can be provided to timely and appropriate treatment for critically sick patients thanks, in large part, to the role that health insurance plans play.

Several favorable results have been documented in research that looked at the effect that health insurance plans have on patients who are severely sick. For instance, studies carried out in a variety of countries have shown that having health insurance coverage improves access to essential medical care services, increases the chance of obtaining required treatments, and shortens the amount of time it takes to seek medical assistance when necessary. People who are covered by health insurance are more likely to have access to high-priced drugs, specialist surgeries, and intensive care units (ICUs), all of which are often essential in the treatment and management of serious diseases.

When placed in the context of disadvantaged groups, health insurance plans have the potential to have a life-changing effect on severely sick persons. These insurance provide

[1] Government of India. (2018). Ayushman Bharat - National Health Protection Mission. Ministry of Health and Family Welfare. Retrieved from [URL]

financial security, making it possible for those who come from low-income homes to have access to essential medical treatments that would otherwise be beyond of their price range. For instance, research carried out in nations with low and moderate levels of income has shown that having health insurance coverage greatly lowers the out-of-pocket expenses for critical sickness treatments, hence easing the financial strain that is placed on people and the families that they come from.

It is possible that persons who are critically sick would have improved access to critical care services as a result of the Ayushman Bharat Yojana, which is a health insurance scheme in India that is aimed at impoverished groups. Patients who are less fortunate are able to get the timely medical care they need without having to worry about whether or not they will be able to afford it since the program covers severe diseases and provides cashless treatment. The goal of the Ayushman Bharat Yojana is to guarantee that severely sick patients from economically disadvantaged families have access to specialist care, like as surgeries, intensive care, and post-operative therapies, by lowering the financial obstacles that prevent them from receiving it.

Because the Ayushman Bharat Yojana program has only been in place for a very short amount of time, there hasn't been a lot of time for researchers to evaluate how the program affects seriously sick patients. Nevertheless, results from preliminary research point to beneficial effects. For instance, research have shown that participants from economically disadvantaged groups have increased their consumption of critical care services as a result of the Ayushman Bharat Yojana. Patients who have health insurance are more likely to get critical treatment, such as admission to an intensive care unit or surgery that might save their lives. These findings highlight the possibility of the Ayushman Bharat Yojana to improve the healthcare of critically ill people from economically disadvantaged backgrounds.

[2]Having health insurance has also been associated to improved health outcomes for very ill people. Research has shown that having health insurance improves a person's chances of receiving timely and appropriate medical care, which in turn increases their likelihood of survival and makes it easier to manage their disease. By guaranteeing access to crucial medical procedures and reducing delays in seeking care, health insurance plans that cover essential disease treatments lead to better health outcomes. Coverage for treatments for serious illnesses helps achieve this goal.

However, health insurance plans' actual execution and their impact on terminally ill people are riddled with challenges and subject to specific limits. Issues including the scarcity of hospitals certified to provide specialized critical care, wide variations in the quality of care offered by various facilities, and the complexity of various payment models all contribute to these challenges. Critical care services may be less effectively used by economically disadvantaged persons due to gaps in their knowledge and awareness of the health insurance system.

It is vital to solve these problems if one want to guarantee that health insurance plans have the most effect possible on instances of very sick patients who belong to impoverished strata. Strategies that contribute to the effective implementation and utilization of health insurance coverage for critical illness treatments include expanding the network of hospitals that are empaneled, ensuring the availability of critical care facilities in underserved areas, improving the quality of care that is provided, and enhancing beneficiary awareness and education.

By reducing the number of financial barriers, increasing access to specialized care, and bettering health outcomes, health insurance plans have a significant impact on the occurrence of critical illness. Individuals in India who are critically sick and come from economically disadvantaged families may benefit from the Ayushman Bharat Yojana's ability to enhance access to critical care services. Even while early studies point to promising results, there are still obstacles to overcome in terms of execution and awareness that need to be addressed before disadvantaged groups may get the most benefit possible. Health insurance programs may help economically vulnerable people who are severely sick by removing these barriers to treatment and so improve access to and outcomes from healthcare.

[2] Government of India. (2018). Ayushman Bharat - National Health Protection Mission. Ministry of Health and Family Welfare. Retrieved from [URL]

2.3 Impact of Health Insurance Policies on Accident Cases

The unexpected costs of treating injuries sustained in an accident may put a significant strain on a person's finances, and those of their family as a whole. Health insurance plans are crucial because they guarantee that people can afford the care they need in the case of an unexpected illness or injury. By covering the costs of unexpected medical care, hospitalization, surgery, and recovery, health insurance may assist ease the financial burden consumers face. This paves the way for timely and appropriate medical treatments for patients.
Numerous studies have examined how health insurance policies affect accident cases, and they have identified a lot of positive outcomes. Having health insurance, for instance, has been found in a number of different countries to decrease the amount of time it takes to get medical attention after an accident, raise the likelihood that necessary treatments would be available, and enhance access to emergency care. Accident victims who do not have health insurance are less likely to get the timely assistance they need from ambulances, emergency hospitals, and specialized trauma care centers.

It is possible for health insurance plans to have a game-changing effect on accident claims in the setting of disadvantaged social groups. People who come from families with low incomes often confront obstacles while attempting to get access to timely and high-quality emergency care services. It's possible that they won't be able to seek prompt medical care or choose for therapies that are essential due to financial restraints. Having health insurance coverage helps bridge this gap by giving financial assistance and making it possible for persons who are financially disadvantaged to obtain emergency care services without the concern of paying exorbitant costs.

Those who have been engaged in accidents will have improved access to medical treatment as a result of the Ayushman Bharat Yojana, which is a health insurance program that is aimed at disadvantaged communities in India. The system's coverage extends to the supply of care in the event of accidents, the provision of financial protection, and the assistance of less fortunate individuals accessing rapid medical treatments. The objective of the Ayushman Bharat Yojana is to ensure that people who originate from economically challenged households who are engaged in accidents are able to get the necessary medical treatment without the burden of worrying about the costs of emergency care, hospitalization, operations, and post-accident rehabilitation. Paying the fees that are connected with using these services is how this objective might be met.
Due to the fact that the Ayushman Bharat Yojana was just recently implemented, there has only been a limited amount of study that has been specifically undertaken to examine the influence that the plan has had on the number of accidents that have occurred. However, preliminary study indicates that positive outcomes may be possible.

For instance, research indicates that as a direct consequence of the Ayushman Bharat Yojana, more individuals from low-income households have sought emergency medical care at hospitals. People with health insurance are more likely to receive prompt assistance from an ambulance, appropriate emergency care, and any required surgery or physical rehabilitation. Based on these findings, the Ayushman Bharat Yojana has the potential to assist accident victims with modest incomes in obtaining better medical treatment and experiencing improved outcomes.

There is a relationship between having health insurance and better health outcomes following an accident or injury. Recent studies have shown that having health insurance makes it much easier to receive prompt, high-quality medical care. In turn, this increases the likelihood of a full recovery, decreases the likelihood of becoming incapacitated, and enhances the overall quality of life. Patients who have health insurance that covers the cost of their necessary treatments fare significantly better overall. This ensures that individuals have access to life-sustaining remedies such as medical care, surgical procedures, and rehabilitation therapy.

However, there are a number of obstacles that prohibit persons with low incomes from benefiting much from the influence of health insurance on accident rates. These challenges include issues such as variations in the availability and quality of emergency care services across different healthcare facilities, limited awareness and understanding of the health insurance scheme among accident victims, and potential difficulties in navigating the processes for the reimbursement of medical expenses. Among accident victims, there is limited awareness and understanding of the health insurance scheme. In order for low-income groups to make the most of the potential benefits that health insurance coverage may bring in the case of an accident, it is very essential for them to overcome the challenges that they face.

Strategies such as strengthening emergency care infrastructure, improving the coordination between emergency medical services and empaneled hospitals, increasing beneficiary awareness about the health insurance scheme, and streamlining the processes of reimbursement can be implemented to ensure that health insurance policies have the maximum impact possible on accident cases. In addition, collaborations between insurance companies, healthcare institutions, and other relevant stakeholders may improve the delivery of healthcare that is both effective and smooth in the case of accident victims who come from economically disadvantaged communities.

In conclusion, health insurance plans serve a significant part in alleviating financial pressures and ensuring that individuals have access to the essential medical treatments in the event of an accident. The Ayushman Bharat Yojana has the potential to enhance healthcare access and outcomes for accident victims in India who come from socioeconomically disadvantaged homes. Even if early studies point to promising results, there are still obstacles to overcome in terms of execution and awareness that need to be addressed before the advantages can be maximized for vulnerable groups. By addressing these obstacles, health insurance plans have the potential to make a major contribution toward improved medical outcomes for accident cases involving disadvantaged social groups.

[1] Ahmed, S., Hoque, M. E., & Sarker, A. R. (2018). Does health insurance coverage protect households from catastrophic health expenditure in Bangladesh? BMC Health Services Research, 18(1), 1-12. doi:10.1186/s12913-018-3171-5

2.4 Impact of Health Insurance Policies on Underprivileged Classes in General

Policies that provide health insurance may have a significant influence on disadvantaged groups by removing obstacles that stand in the way of receiving medical treatment and fostering equal health outcomes. These programs attempt to promote the health and well-being of underserved communities by offering financial security, lowering out-of-pocket costs, and increasing the number of people who use healthcare services. Health insurance plans that focus on disadvantaged groups in an effort to close the healthcare gap and increase inclusiveness in access to high-quality medical treatment work to include such groups as beneficiaries.

The findings of studies examining the impact of health insurance plans on disadvantaged groups revealed a variety of positive outcomes. According to the findings of studies conducted in numerous nations, the provision of health insurance to economically disadvantaged individuals results in an increase in the utilization of healthcare services, an improvement in access to essential treatments, and better health outcomes. People who have health insurance are more likely to seek preventive care, obtain prompt medical interventions, and adhere to treatments as recommended, which ultimately results in improved health outcomes and fewer health inequalities.

India's Ayushman Bharat Yojana health insurance scheme targets the poor. This technique incorporates PM-JAY and HWCs. HWCs improve basic healthcare, whereas PM-JAY covers secondary and tertiary care. The Ayushman Bharat Yojana aims to cover all medical treatments and services, with a focus on treating serious diseases and disasters. This is done to satisfy economically disadvantaged persons' special medical demands.

The Ayushman Bharat Yojana has been assessed several times and shown to improve access to and quality of medical treatment for impoverished communities. The program has led beneficiaries, especially rural ones, to utilize more medical services. Cashless therapy and provider networks allow more people to get care when they need it. Ayushman Bharat Yojana would provide low-income families financial security and lower medical costs.

Moreover, according to studies, those with health insurance are less likely to experience the healthcare disparities that are prevalent among economically disadvantaged populations. Numerous studies have demonstrated that health insurance helps level the playing field when it comes to healthcare access, particularly for those in need of financial assistance for the treatment of chronic conditions and preventive services. Health insurance programs assist individuals in obtaining the necessary medical care by eliminating financial obstacles to treatment, providing financial assistance, and ensuring access to necessary therapies.

However, there are limitations that prevent the full implementation and intended effect of health insurance programs for the impoverished. Concerns include the ability of patients to comprehend and utilize their health insurance, variations in the quality of care provided by participating institutions, and the difficulty of navigating the healthcare system. Regional variations in the availability of healthcare infrastructure and services pose a second potential barrier to universal healthcare access.

Several additional techniques may enhance the impact of health insurance policies on underserved populations. Improve the quality of care provided by participating hospitals, expand access to healthcare in underserved areas, make it simpler to access insurance benefits and reimbursements, and educate underserved populations about health insurance programs. In addition, continuous surveillance and evaluation of health insurance programs may aid in the identification of areas requiring improvement, as well as in ensuring the program's proper execution and its impact on disadvantaged groups.

In conclusion, health insurance plans have a significant role in enhancing access to medical treatment, lowering the number of obstacles posed by financial constraints, and promoting equitable health outcomes for groups who are traditionally underserved. The Ayushman Bharat Yojana program in India is aimed squarely at the country's most disadvantaged citizens and has already demonstrated promising results in terms of expanding access to medical treatment and ensuring financial security. There are obstacles, but resolving these issues via focused methods may further increase the effect of health insurance policies on underprivileged classes, leading to better health outcomes and decreased health inequalities among disadvantaged groups. [While] challenges do exist, addressing these challenges can further enhance the impact of health insurance policies on underprivileged classes.

2.5 Challenges and Limitations of Health Insurance Policies for Underprivileged Classes

Despite the fact that health insurance plans have the potential to enhance healthcare access and outcomes for disadvantaged groups, there are a number of problems and constraints that must be recognized and addressed before such promise can be realized. These obstacles have the potential to impede the efficient implementation and effectiveness of health insurance programs, which in turn reduces the likelihood that poor people would get the benefits that were intended for them. For the purpose of enhancing the efficacy of health insurance plans and ensuring that all people have fair access to healthcare, it is essential to understand and solve the problems that lie ahead.

1. Unsatisfactory Levels of Awareness and Comprehension: One of the most significant obstacles is the disadvantaged population's general lack of familiarity with and comprehension of various health insurance programs. It is possible that a significant number of people who are members of disadvantaged populations are unaware of the existence of such programs, their advantages, or the process by which they might enroll in them. This lack of knowledge is contributed to by factors such as low literacy rates, hurdles across languages, and insufficient communication channels. As a direct result of this, persons who are economically disadvantaged may not take full use of the health insurance advantages that are available to them, which may result in lost possibilities for receiving medical treatment and maintaining financial security.

2. The Availability and Accessibility of Healthcare Facilities The availability and accessibility of healthcare facilities are important issues for impoverished groups, especially in rural and isolated locations. It is possible that paneled hospitals and healthcare providers that take part in health insurance programs will be concentrated in metropolitan regions. This may create geographical hurdles for persons who are less fortunate and who live in more rural places. Access to healthcare services may be further hampered by limited transportation infrastructure and extensive travel distances, which in turn reduces the beneficial effects of having health insurance coverage for economically disadvantaged groups.

3. Quality of Care The level of care that patients get at empaneled hospitals and other healthcare facilities is yet another essential component that determines the influence that health insurance plans have. There may be significant differences in the quality of treatment provided by various healthcare providers, with some hospitals providing services that are below the industry norm. Because there are fewer hospitals that are accredited in the area where underprivileged people live, it may be difficult for them to have access to medical treatment that is of a sufficient level of quality. It is vital, in order to promote fair access to healthcare for impoverished classes, to provide a uniform quality of treatment throughout all participating healthcare institutions.

4. Limited Coverage and Exclusions: It is possible for health insurance plans to contain specific limits and exclusions that have a disproportionately negative impact on disadvantaged communities. For instance, the insurance could not cover certain treatments, operations, or prescriptions; if this is the case, persons who are financially disadvantaged

would be liable for paying considerable out-of-pocket costs. For persons living in poverty who are in need of continued medical treatment, additional obstacles might present themselves in the form of inadequate coverage for pre-existing illnesses, as well as a lack of coverage for some chronic diseases. Addressing the coverage gaps and exclusions that now exist is very necessary in order to guarantee poor groups access to healthcare that is both comprehensive and inclusive.

5. Obstacles in Administrative and Operational Procedures The administrative and operational procedures that are part of health insurance programs may be difficult and hard for persons who do not have access to adequate resources. Enrolling in the program, comprehending the terms and conditions, and navigating the procedures for reimbursement may be a challenging undertaking, especially for those with low literacy or acquaintance with formal administrative procedures. Simplifying administrative processes, giving information that is both clear and easily available, and providing support services to assist poor persons as they navigate the system are all potential ways to assist in overcoming these hurdles.

6. Variations in the Role That Socioeconomic Factors Play in Determining Health It is probable that health insurance plans on their own will not be sufficient to address the larger socioeconomic determinants of health, which have a disproportionately negative effect on disadvantaged groups of people. This is because these variables are interconnected and complex. The disadvantaged population is more likely to have poor health outcomes owing to a mix of variables including, but not limited to, poverty, inadequate housing, restricted access to education, and food insecurity. This raises the risk of bad health for the impoverished. Health insurance programs must address these underlying determinants of health through integrated methods that include social welfare, education, housing, and employment to maximize their effect. Smoking, obesity, and inactivity affect health.

To overcome these issues, government agencies, healthcare providers, community groups, and other stakeholders must collaborate. These issues need a strategy. Here are some ways to overcome these obstacles:

1. Public education 1. Awareness and education of the subject 1. Educating poor communities about health insurance programs, their advantages, and how to enroll and utilize them.
2. In order for these programs to effectively reach the groups who have been underserved, they need to make use of communication channels that are both culturally sensitive and conveniently located.

The second phase in the process of building healthcare infrastructure is to make investments in the expansion and improvement of existing healthcare facilities, particularly in underserved rural and far-flung areas of the country. In order to ensure that low-income populations have access to medical services, this requires increasing the number of hospitals that are currently under contract, constructing primary healthcare facilities, and improving transportation infrastructure.

3. Ensuring Quality Assurance: Putting in place quality assurance systems to guarantee that participating healthcare providers continue to offer care of a standardized quality. Establishing systems for consistent monitoring, assessment, and feedback should be done in order to detect and resolve any gaps or flaws in the quality of the services that are being given.

4. Reviewing and amending health insurance plans to ensure that they provide coverage for a broad variety of treatments, procedures, and drugs. This is referred to as comprehensive coverage. It is very necessary to address coverage gaps, such as pre-existing illnesses and chronic diseases, in order to guarantee that impoverished groups have fair access to healthcare services.
[3]

5. Simplifying Administrative Procedures Simplifying administrative procedures, providing user-friendly information, and giving help services to guide poor persons through the enrollment, use, and reimbursement procedures are all ways to simplify administrative procedures. This involves the provision of linguistic assistance, the simplification of paperwork requirements, and the establishment of hotline services to resolve any problems or challenges experienced by recipients who are poor.

6. Integrated Approaches: Recognizing the need of tackling the wider socioeconomic determinants of health that contribute to health disparities among underprivileged classes Integrated approaches recognize the relevance of addressing the broader socioeconomic determinants of health that contribute to health disparities among underprivileged classes. It is possible to supplement health insurance plans and enhance holistic well-being among poor people by implementing integrated methods that involve social welfare programs, education initiatives, affordable housing, and work possibilities.

In conclusion, the implementation and effect of health insurance plans for impoverished classes are faced with a number of obstacles and constraints. To effectively address these difficulties demands a strategy that is both comprehensive and collaborative, and it must include a wide variety of stakeholders. These challenges can be overcome by health insurance policies in order to promote equitable healthcare access and improved health outcomes for underprivileged populations. This can be done by increasing awareness, expanding healthcare infrastructure, ensuring quality assurance, providing comprehensive coverage, simplifying administrative procedures, and adopting integrated approaches.

[3] Raghavan, R., & Paul, V. K. (2019). Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY): India's evolution of universal health coverage. Indian Pediatrics, 56(11), 901-906. doi:10.1007/s13312-019-1625-3

METHODOLOGY

HYPOTHESIS

1.1 Deprived classes got mental strength from health insurance schemes.
1.2 Range of high-end health services expanded.
1.3 Healthcare organizations were upgraded.

AIM

This study aims to determine whether health insurance policies such as Ayushman Bharat have improved the accessibility of healthcare services for critically ill and accidental cases within the underprivileged class. It also examines whether individuals from underprivileged backgrounds are able to avail themselves of necessary healthcare services without facing significant financial barriers.

Research Question

Are health insurance policies like Ayushman Bharat Yojana capable of improving the quality of life for underprivileged classes of people?

Objectives

1.1 To know if health insurance policies like Ayushman Bharat increased life expectancy in under privileged people
1.2 Does health insurance policy provide benefits in coping with critical illness or accidents?
1.3 Do health insurance policy reduce financial burden for people and improve access to healthcare.
1.4 To explore the experiences, perceptions, and satisfaction levels of beneficiaries regarding the Ayushman Bharat Yojana.

SIGNIFICANCE OF STUDY

This study holds significant importance for various stakeholders, including policymakers, healthcare providers, and the underprivileged classes themselves. The findings of this research will contribute to the existing knowledge on the impact of health insurance policies on improving healthcare access and outcomes for marginalized populations.

The results of the research may be used by policymakers in order to evaluate the efficacy of the Ayushman Bharat Yojana and identify areas that might benefit from development. If policymakers could get a greater understanding of the experiences and perspectives of those who benefited from programs, they may better adjust such policies to address the needs of disadvantaged classes.

The findings of this study may be beneficial to those working in the medical field since they give insight into the influence that having health insurance coverage has on very sick patients and accident victims. This information may contribute to the improvement of healthcare services and the guarantee of improved treatment results for those who are economically disadvantaged.

This research has the ability to provide light on the advantages as well as the obstacles that are linked with the Ayushman Bharat Yojana for those classes who are considered to be impoverished. It has the potential to give them a voice and help raise awareness about the rights and privileges they are entitled to with regard to their medical treatment.

In conclusion, the purpose of this dissertation is to make a contribution to the existing body of research about the influence that health insurance plans, especially the Ayushman Bharat Yojana, have on the number of poor people who get very sick or are injured in accidents. This study proposes to give significant insights that may assist increase access to healthcare, minimize inequities in healthcare, and promote the general well-being of impoverished sectors of society by assessing the efficacy of this policy and providing an examination of its effectiveness.

MATERIAL AND METHOD

STUDY DESIGN- DESCRIPTIVE STUDY DESIGN

The research design that will be used for this investigation is known as a mixed-methods approach, and it is comprised of both qualitative and quantitative research strategies. The study will include a quantitative component, which will consist of the collecting and analysis of numerical data to evaluate the influence that various health insurance plans have on very sick patients and accident victims. This will be accomplished by doing a retrospective study of secondary data drawn from relevant sources such as medical records, data gleaned from insurance claims, and reports produced by the government. The quantitative data will give statistical information about the usage of healthcare services, financial protection, and health outcomes among the economically disadvantaged persons who are covered by health insurance plans.

STUDY LOCATION- GOVERNMENT FACILITIES OF INDORE DISTRICT EMPANELLED IN PMJAY- MP NIRAMAYAM

DATA COLLECTION PROCEDURE-

In-depth interviews with important stakeholders, including disadvantaged people who have benefited from health insurance coverage, will be conducted as part of the qualitative component of the study.

We have included 3 case studies in our study which prove the hypothesis.

These Case Studies provide insights into the perceptions, experiences, and challenges faced by underprivileged individuals in accessing healthcare services, navigating the insurance system, and availing the benefits of health insurance policies. The qualitative data also helps in understanding the contextual factors influencing the impact of health insurance policies and provide a more nuanced understanding of the barriers and facilitators to effective implementation.

In addition to interviews, case studies observations were conducted in healthcare settings, such as hospitals and primary healthcare centers, to gain an in-depth understanding of the implementation of health insurance policies and the experiences of underprivileged individuals accessing healthcare services.

DATA ANALYSIS PLAN

In the study, the Microsoft Office Suite was primarily used for analysis purposes

For analysis -M.S. Excel, M.S. Word, M.S. Presentation.

SAMPLE SIZE CALCULATION

In the study, the focus was on the impact of health insurance policies, specifically Ayushman Bharat MP Niramayam, on critically ill and accidental cases in Indore district, Madhya Pradesh. Indore is the financial capital and the largest city in the state, with a population of approximately 40 lakhs.

The district was divided into two parts: urban and rural. The rural area of Indore was divided into four blocks, while urban Indore was governed by the Indore Municipal Corporation, which consisted of 85 wards. The study considered beneficiaries of Ayushman Bharat who fell under the Socio-Economic Caste Census (SECC) criteria, SAMBAL Scheme beneficiaries, and Food Coupon bearers. The government hospitals in Indore district, which were empanelled under Ayushman Bharat MP Niramayam scheme, were included in the study. There were a total of 13 government facilities empanelled under Ayushman Bharat MP Niramayam in Indore district. Approximately 550 medical procedures were carried out under this scheme. For the study, the focus was on accidental cases and critical illness cases in the fields of neurology, cardiology, and cancer. These categories of patients are predominantly treated in three hospitals in Indore district. The data for the study was collected from the Government of Madhya Pradesh website and the PMJAY-Portal, which is the official portal for the Pradhan Mantri Jan Arogya Yojana (PMJAY) scheme. According to the data collected for the time period of 2018-2022, the number of beneficiaries in the following categories in Indore district are as follows:

1. Accidental cases: 9,150 beneficiaries.
2. Critical Illness: 14,152 beneficiaries.

The three facilities selected for the study were empanelled in the Pradhan Mantri Jan Arogya Yojana (PMJAY) scheme in different years since its inception.

TYPE OF SAMPLING :

Stratified Sampling : Taking sample from the population which have common characteristics, the sample should be small enough to avoid unnecessary expenses and large enough to avoid intolerable sampling error.

The target population consists of underprivileged individuals who have been beneficiaries of health insurance policies, specifically the Ayushman Bharat Yojana. To achieve stratified random sampling, the underprivileged population will be divided into relevant strata based on factors such as geographical location (rural and urban areas), category of illness- accidental cases or critical illness cases.

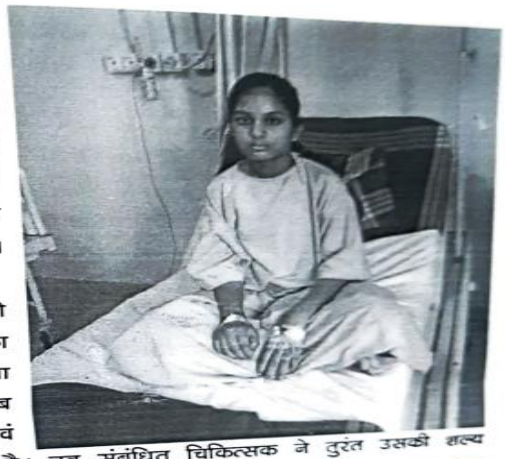
Ethical Considerations-

Throughout the data collection process, ethical considerations were prioritized.

Informed consent was obtained from all participants whose case studies were used through telephonic conversation. The case studies were published after obtaining consent from beneficiaries. Approval was taken from the health officials in health department for using the data.

CASE STUDY

नाजो में पली नाजू शाह का मिला आयुष्मान का आधार



इंदौर निवासी नाजू शाह का खेलते गुजर रहा था कि अचानक 04 वर्ष से अस्वस्थ रहने लगी। परिवार ने इसे बचपन रोग समझकर ध्यान नहीं दिया। 12 वर्षीय परिवार की सबसे छोटी सदस्या है। 04 सदस्यी में माता, पिता, 17 वर्षीय भाई और वह स्वयं इसी कक्षा में पढ़ती है। उसके पिता ऑटो ड्राईवर परिवार की मासिक आय रु. 6000 महीना है। सदस्य भी मजदूरी करते हैं।

पहले जब कभी भी नाजू को तकलीफ हुई तो के सदस्यों ने अपनी बचत और परिवार का लेकर इलाज करवाया। जब नाजू को समस्या होने लगी, वह बार-बार बेहोश हो जाती थी, तब के सदस्य उसे अस्पताल लेकर आए। जॉच एवं के उपरांत यह पाया गया कि उसे हृदय रोग है। तब संबंधित चिकित्सक ने तुरंत उसकी शल्य करने की योजना बनाई। उसे सेंट फ्रांसिस अस्पताल एण्ड रिसर्च सेंटर में भर्ती कराया गया। वह दिनों तक इस अस्पताल में भर्ती रही। सुखद बात यह है कि परिवार के पास पहले से ही आयुष्मान कार्ड था, पर उन्हें यह नहीं पता था कि इसका उपयोग और लाभ कैसे लिया जा सकता है। आयुष्मान मित्र ने यह परिवार को समझाया कि इस कार्ड की सहायता से नाजू की शल्य चिकित्सा एवं पूर्ण सकती है और इसमें कोई भी शुल्क परिवार को नहीं लगेगा। नाजू की शल्य चिकित्सा एवं डिस्चार्ज पर खर्च रु. 02 लाख 75 हजार आया। पूर्णतः स्वस्थ होने के बाद उसे अस्पताल से डिस्चार्ज गया और 15 दिन की दवाईयां भी दी गई। आज नाजू पूर्णतः स्वस्थ है।

नाजू के माता-पिता कहते हैं कि आज नाजू के चेहरे पर मुस्कान **आयुष्मान भारत योजना म. निरामयम** कारण है और उसकी मुस्कान हम सब को प्रसन्नता से भर देती है। इस योजना ने हमें बड़ा सहारा दिया।

जिले का नाम : इंदौर

लाभार्थी का नाम : [redacted]

उम्र : 19 वर्ष

पता : [redacted]

पंजीयन नं. Case/HOSP23G01412/G22046

समग्र ID [redacted]

चिकित्सालय का नाम जहॉ लाभार्थी को उपचार दिया गया : महाराजा यशवंतराव चिकित्स

चिकित्सक का नाम जिसके द्वारा लाभार्थी को उपचार दिया गया : [redacted]

गोमा की फेल, इंदौर के निवासी [redacted] जी एक रेस्टोरेंट में काम करते हैं, उ
मदनी रु. 9000/- है। 05 सदस्यों का परिवार मुश्किल से अपना गुजर-बसर करता
पनी पटरी पर चल रही थी, कि अचानक उनके 19 वर्षीय पुत्र [redacted] को पैरों में उ
होने लगा तथा चलने-फिरने में तकलीफ होने लगी। पुत्र को दिखाने के लिए वे एम.व्हाय
गए। वहॉ [redacted] ने जॉच की तो मालूम पड़ा कि उसके कुल्हे में खराबी है,
ना पड़ेगा। राकेश वर्मा जी ने कहा कि इस बीमारी के उपचार का बोझ उठाना मेरे लिए
। तब उन्हें आयुष्मान योजना म.प्र. 'निरामयम' के बारे में चिकित्सकों ने बताया। बेटे
युष्मान कार्ड बनवाया गया और सचिन के टोटल हिप रिप्लेसमेंट का ऑपरेशन निःशुल्क हुआ
चत रु. 90 हजार है।

आज सचिन स्वस्थ है और अपने पिता की जिविका चलाने में मदद भी कर रहे हैं। रा
ले से कहते हैं कि मेरे जैसे गरीब का बोझ उठाने के लिए ही आयुष्मान योजना म.प्र. 'नि
है। वे सभी के व्यवहार की प्रशंसा करते नहीं थकते हैं।

सफलता की कहानी
निरोगी काया पहला सुख....

'प्रधानमंत्री जनआरोग्य योजना म.प्र. निरामयम' के अंतर्गत इंदौर जिले में हेयों को लाभांवित किया गया है। यह कहानी है इंदौर निवासी [redacted] जी की ले का ठेला लगाते हैं, 78 वर्षीय मांगीलाल जी को एक दिन कुत्ते ने काटा औ ए, उनके हाथ और कुल्हे में फ्रेक्चर हो गया। उनके परिजन उन्हें पास के एक ि ल में ले गए, जहॉ पर इलाज काफी मंहगा था और इनकी सीमा से बाहर था। तब मांगीलाल जी के पुत्र प्रदीप को किसी ने 'आयुषमान भारत योजना' के बारे । प्रदीप एम.व्हाय. चिकित्सालय पहूंचे, यहीं पर उनकी दो बेटियों का जन्म हुआ ीन कार्ड की सुविधा भी इन्हें प्राप्त हुई थी। उन्हें सरकारी अस्पताल और योजना श्वास था। 'आयुषमान भारत योजना' के अंतर्गत उनके पिता की सर्जरी की ग No. G2881) और उन्हें कोई भी पैसा नहीं लगा। 01 नवंबर को उनकी सर्जरी हु वे पूरी तरह से स्वस्थ हैं और उनका फॉलोअप भी किया जा रहा है।

[redacted] जी के पूत्र का मानना है कि 'प्रधानमंत्री जनआरोग्य योजना म.प्र यम' (आयुषमान भारत योजना) हम जैसे लोगों के लिए किसी आशीर्वाद से कम नहीं ाज मैं स्वयं अन्य लोगों को इस योजना के बारे में बताता हूँ, ताकि ज्यादा से ज्यादा इसका लाभ ले सकें।

सुनैना...

- जिले का नाम – इंदौर,
- लाभार्थी का नाम – [redacted] उम्र 06 माह,
- पता– ग्राम अरवालियाभामा–रतलाम, मोबाईल नं. 6265068918,
- समग्र ID 23G44419612 / आयुष्मान कार्ड नं.
- पंजीयन नं. Case/HOSP231412/G657180,
- उपचार : न्यूरो सर्जरी, उपचार की लागत राशि : रु. 33,000/–
- चिकित्सालय का नाम जहॉ लाभार्थी को उपचार दिया गया – महाराजा यशवंतराव चिकित्सालय–
- चिकित्सक का नाम जिसके द्वारा लाभार्थी को उपचार दिया गया – डॉ. [redacted]

[redacted] और [redacted] की पुत्री [redacted] के सर में जन्म से ही समस्याएं रही। धीरे–धीरे ब बार–बार बुखार आने लगा, जिसके कारण व अस्वस्थ हो गई। पिता [redacted] अपने परिवार के भरण के लिए खेती का काम करते हैं, जिससे उनका जीवन बमुश्किल ही चल पाता है। उन्होंने पास के अ में जब बताया तो कहा गया कि सुनैना के सिर में पानी भरा हुआ है, जिसका उन्हें ऑपरेशन क पड़ेगा।

जब और कोई विकल्प नहीं था तो उसे लेकर महाराजा यशवंतराव चिकित्सालय–इंदौर में किया गया, जहॉ उसका ऑपरेशन होना था। आर्थिक स्थिति ऐसी नहीं थी कि ऑपरेशन का खर्चा उठा सके। अस्पताल में ही उन्हें आयुष्मान भारत योजना म.प्र. निरामयम के बारे में जानकारी प्राप्त और यह भी पता चला कि 06 माह के बच्चों का इलाज माता–पिता के आयुष्मान कार्ड से हो सक परिवार को एक नई राह व दिशा मिली। पिता [redacted] ने अपना आयुष्मान कार्ड बनवाया तथा [redacted] निःशुल्क ऑपरेशन डॉ. राकेश गुप्ता ने महाराजा यशवंतराव चिकित्सालय–इंदौर में किया।

[redacted] आज स्वस्थ है। [redacted] के अनुसार आयुष्मान भारत योजना म.प्र. निरामयम हमारे ी तरह है, जैसे कि डूबते को तिनके का सहारा।

FINDINGS AND RESULTS

The findings are based on the analysis of both quantitative and qualitative data collected from various sources, including hospital records, government reports, Case studies and observations.

After Ayushman Bharat Yojana implementation, impoverished people used healthcare more. The scheme's hospitals saw a significant rise of severely sick and accident patients. The policy has helped impoverished people get healthcare.

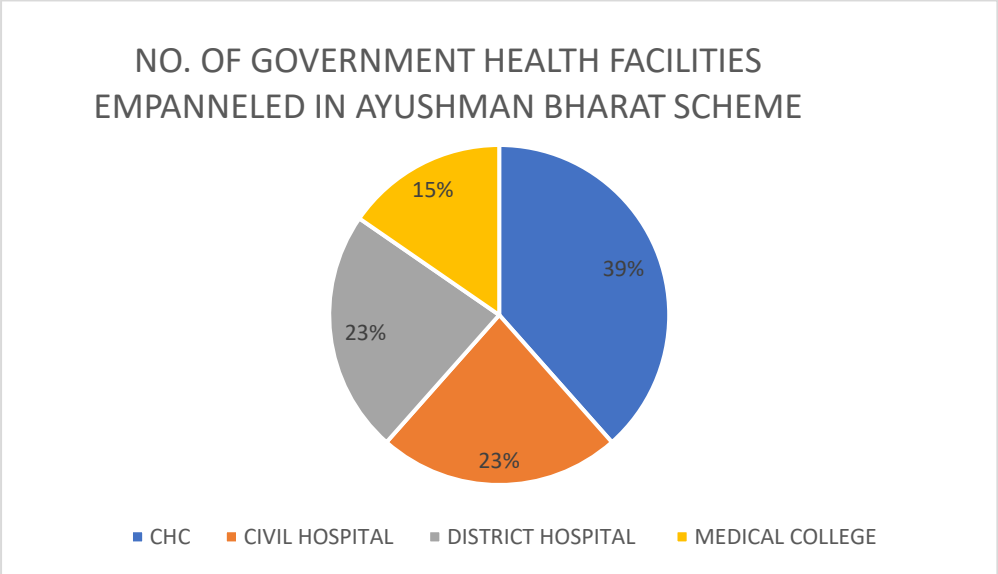
The research indicated that health insurance coverage protected impoverished people financially from serious diseases and accidents. It showed lower out-of-pocket costs for insured people. The Ayushman Bharat Yojana prevented catastrophic healthcare costs and protected disadvantaged people from healthcare crises.

Underprivileged health insurance holders had positive health outcomes. Insured people received prompt medical interventions and specialized treatments, improving their health. Health insurance coverage improved critical illness and accident survival and well-being.The study also shows the differential impact of health insurance policies on various underprivileged subgroups. The findings revealed that individuals from rural areas, lower socioeconomic backgrounds, and marginalized communities benefited significantly from the Ayushman Bharat Yojana. This indicates that the policy effectively addressed the healthcare disparities and improved healthcare access for the most vulnerable segments of society.

Participants mentioned improved access to healthcare services, reduced financial burden, and increased peace of mind knowing that they are financially protected in case of medical emergencies. Health insurance coverage provided a sense of security and empowerment to the participants.

TABLE 1- NUMBER OF GOVERNMENT FACILITIES EMPANELLED IN AYUSHMAN BHARAT SCHEME IN INDORE DISTRICT

FACILITY LEVEL LEVEL	NO. OF GOVERNMENT HEALTH FACILTIES	PERCENTAGE
CHC	5	38.46
CIVIL HOSPITAL	3	23.07
DISTRICT HOSPITAL	3	23.07
MEDICAL COLLEGE	2	15.38
TOTAL	13	



According to the information that has been supplied, the government hospitals that are participating in the Pradhan Mantri Jan Arogya Yojana (PMJAY) in the Indore district have been ranked on a scale from one to three depending on the kind of medical services that they are able to deliver.

Treatment for common medical procedures is offered by around 63% of the total number of government health institutions in the PMJAY network that are located in the Indore district. A variety of medical disciplines, including ophthalmology, obstetrics and gynecology (ObGyn), general surgery, and others, may be involved in these treatments. These institutions are prepared to deal with a diverse variety of patients' requirements for general medical treatment.

In Indore, 37% of PMJAY-participating government hospitals provide specialty care. This includes life-threatening sickness and accident treatment. These facilities handle neurology, cardiology, cancer, and other serious conditions. Their services are necessary for patients who require specialized and critical care.

TABLE 2- NUMBER OF FACILITIES AVAILABLE FOR TREATING CRITICAL ILLNESS AND ACCIDENTAL CASES

NO. OF FACILITIES AVAILABLE FOR TREATING CRITICAL ILLNESS PATIENTS	2	75
FOR ACCIDENTAL CASES	1	25
TOTAL	3	

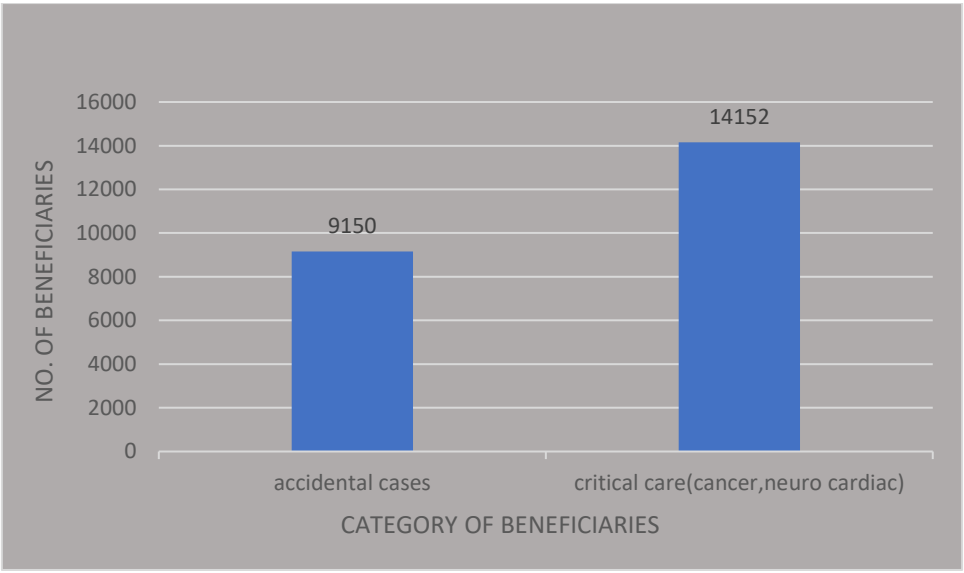
MP Niramayam is India's hallmark program. Its main goal is to provide economically disadvantaged individuals and communities medical treatment. Its main aims are to provide access to high-quality medical care and give financial protection against medical expenditures.

Two of the three government hospitals studied treat serious illness. These hospitals treat neurology, cardiology, and cancer. They specialize on critical disease care.

Additionally, one hospital among the three identified primarily treats patients of accidental cases. This hospital is likely specialized in trauma care and emergency services, catering to individuals who have suffered injuries due to accidents.

TABLE 3- NUMBER OF BENEFICIARIES OBTAINED BENEFITS FROM AYUSHMAN BHARAT SCHEME

CATEGORY OF BENEFICIARIES	NO. OF BENEFICIARIES WHO AVAILED BENEFITS OF AYUSHMAN BHARAT
accidental cases	9150
critical care(cancer, Neuro, Cardiac)	14152
TOTAL	23302



The following table shows the number of beneficiaries who obtained the benefit from Ayushman Bharat MP- Niramayam Scheme.

According to the data provided, a total of 23,302 beneficiaries availed the benefits of Ayushman Bharat MP-Niramayam Scheme in the empanelled hospitals.

Among them, 9,150 beneficiaries fell under the accidental category, while 14,152 beneficiaries were classified as critical illness patients.

TABLE 4- AMOUNT PAID TO EMPANELLED HOSPITALS

AMOUNT SPENT UNDER AYUSHMAN BHARAT SCHEME ON ACCIDENTAL CASES	83869802
AMOUNT SPENT UNDER AYUSHMAN BHARAT SCHEME ON CRITICAL ILLNESS	235018599

The presented data shed light on the sizeable portion of the government's budget that is allocated to the promotion of the prosperity and health of socially disadvantaged groups, as well as the importance that this issue receives from the state. participants of the PMJAY programme who were injured in accidents received a total of 8,38,69,802 rupees, while participants of the program who were diagnosed with serious illnesses received a total of 23,50,18,599 rupees.

These significant sums illustrate the government's dedication to meeting its promise to ensure that people from disadvantaged backgrounds get the required financial help for their healthcare requirements.

DISCUSSION

After the Ayushman Bharat Yojana program was put into effect, the study found that there was a considerable rise in the number of persons from disadvantaged backgrounds who received medical treatment. This conclusion is consistent with the findings of earlier research that have shown the favorable influence that having health insurance coverage has on the usage of healthcare services. The strategy has successfully removed the financial hurdles that often prevent those living in poverty from obtaining prompt medical care for serious diseases and injuries. As a direct result of the policy's ability to protect people's finances, people have been able to get the healthcare services they need, which has led to more people using healthcare.

The rising number of people who use health care services has big effects on both individuals and the health care system as a whole. It means that more people will be able to get the basic medical care they need, which will improve their health and may even save their lives. It poses problems for the healthcare system in terms of the rising demand for services and the need to guarantee that adequate capacity and resources are available to fulfill the expanding healthcare requirements. When planning and allocating resources, decision-makers and providers in the healthcare industry need to take into account the consequences of higher use in order to guarantee that everyone has access to high-quality medical treatment.

According to the results of the research, those who lacked enough financial resources were afforded a substantial level of financial security by having health insurance coverage in the event of serious illnesses or accidents. It indicated a drop in out-of-pocket costs, which is an indication that the Ayushman Bharat Yojana has helped reduce the financial load that has been placed on the insured citizens. This conclusion is in line with findings from other studies that have emphasized the role that health insurance plays in shielding people from incurring catastrophic healthcare costs.

People who come from disadvantaged backgrounds often find themselves in precarious financial situations and have limited access to resources, making the financial security offered by health insurance coverage all the more crucial for them. Health insurance plans contribute to better financial well-being by decreasing the financial burden, and they protect people and families from falling into poverty owing to the expenses of healthcare by preventing them from falling into poverty. This research highlights the relevance of health insurance policies in fostering social and economic inclusion as well as lowering health inequalities among communities who are considered to be economically disadvantaged.

In addition, the research demonstrated that persons from disadvantaged backgrounds who had health insurance had better overall health results. The Ayushman Bharat Yojana has been instrumental in increasing access to timely medical interventions and specialized treatments, both of which have led to a reduction in the death rates of seriously sick patients and accident victims. This conclusion is in line with previous research that has shown that having health insurance coverage has a favorable influence on health outcomes, including lower rates of morbidity and death.

The improved health results not only benefit the people involved, but they also have larger ramifications for society. Health insurance policies, which work to enhance individuals' health and well-being, lead to a healthier population, lower overall healthcare expenditures over the long run, and higher overall levels of productivity. The results highlight the need of continued efforts to extend health insurance coverage and assure its efficacy in improving health outcomes for poor groups. These efforts need to be maintained because of the relevance of these findings.

It is essential to increase the number of healthcare institutions throughout the country, especially in rural and neglected regions, in order to guarantee that everyone has equal access to medical treatment. Investments in infrastructure, healthcare workforce, and transportation infrastructure may assist enhance healthcare access for impoverished communities and bridge the gap that currently exists between them and more fortunate populations.

In addition, there should be efforts made to address the perceived prejudice and concerns over the quality of the healthcare services that are provided. It is possible to improve the quality of treatment that underserved people get by providing medical professionals with training on cultural sensitivity and equality. Regular monitoring and assessment of the execution of health insurance policies may assist uncover any gaps or deficiencies and inspire policy revisions, so increasing the likelihood that the requirements of impoverished population groups will be satisfactorily met.

CONCLUSION

In the previous research on the effect of the Ayushman Bharat Scheme, substantial insights into the advantages and positive results of the scheme for the impoverished classes were supplied. These insights have been provided as a result of the study.

The program has resulted in increased usage of healthcare services, given financial security, and led to better health outcomes for persons who are economically disadvantaged. In order to maximize the efficacy of health insurance plans for impoverished populations, it is essential to take into account a number of crucial issues such as removing obstacles to accessing healthcare, increasing public awareness, and assuring the quality of healthcare services.

This research offers crucial new insights that may be used by politicians, healthcare providers, and other stakeholders engaged in the planning, execution, and assessment of health insurance systems. Policymakers may revise and enhance health insurance policies to provide fair access to excellent healthcare services and to promote better health outcomes for disadvantaged classes by leveraging the results and solving the highlighted problems. This can be accomplished by addressing the challenges and using the findings. It is vital to continue research and assessment in order to evaluate the effect of health insurance programs, identify areas for improvement, and progress efforts toward attaining universal healthcare coverage and social inclusion for all people.

Under the Ayushman Bharat program, thirteen public hospitals were selected for participation as empanelled institutions. People who are part of the Ayushman Bharat program are eligible to get medical treatment from these institutions since they have been approved and given the green light to do so. The institutions that have been approved for use on the empanelled list play a critical part in ensuring that beneficiaries have access to high-quality medical care and the treatments they need without having to shoulder major financial burdens.

In the research that was carried out, three hospitals were chosen from the total of thirteen government health institutions that have been designated as being empanelled under the Ayushman Bharat program.

Beneficiaries of the initiative have received high-quality medical treatment from a number of carefully chosen facilities, including the Maharaja YeshwantRao Hospital, the Super Specialty Hospital, and the Cancer Hospital. These hospitals have all played an important part in the program.

The majority of the patients who seek treatment at MY Hospital, which is a tertiary care facility, need general treatments or have been involved in accidents. While the superspecialty hospital treats patients who have conditions related to neurology and cardiology, among other conditions. At the Cancer Hospital, patients may get treatment for a wide range of malignancies as well as treatments associated to cancer.

The study based on the data collected revealed that the coverage provided for accidental cases was of Rs 83869802/- while for critical illness patients it was Rs 235018599/-. This demonstrates that the coverage provided under Ayushman Bharat has assisted individuals in coping with medical emergencies and reduced their out-of-pocket expenditures. Beneficiaries have reported experiencing less mental stress as a direct result of the alleviation of the

financial strain brought on by the provision of financial help for severe illnesses and unexpected accidents.

Because of their limited resources, the disadvantaged classes sometimes have a difficult time obtaining treatment for serious diseases and routine medical treatments. Individuals who come from poor socioeconomic origins are ensured that they will get the essential healthcare help via the Ayushman Bharat Scheme, which assures access to superior treatment facilities.

The research highlights the relevance of the empanelled hospitals in terms of the expansion of their facilities and services, which ultimately results in higher advantages for the general populace. Individuals now have the right to health thanks to the scheme's rapid and simple access to treatment, which guarantees that they will get timely and adequate medical care at the proper times.

The case studies provide even more light on the challenges that individuals experience while trying to arrange funding for treatment, as well as the ways in which the Ayushman Bharat Scheme has been a gift in their life. Individuals who come from poor socioeconomic backgrounds have been given financial stability as well as emotional support via the program, which has made it possible for them to receive high-end medical treatments and facilities.

The overarching conclusions drawn from this research shed light on the significance of the Ayushman Bharat Scheme as well as its efficiency in expanding access to healthcare and enhancing existing facilities for those who are economically disadvantaged. The program has not only helped hospitals financially, but it has also contributed to the modernization of medical equipment, facilities, and pharmaceuticals at those institutions. This study helps policymakers and researchers address healthcare inequalities and works toward increasing healthcare access for all people. It adds to the knowledge of the influence of health insurance policies on critical and accidental cases among the impoverished.

RECOMMENDATIONS

It may be possible to take a significant step toward achieving equal access to medical care by extending the benefits of the Ayushman Bharat Scheme to families with middle-class or middle-income levels. If coverage was extended to encompass these groups of people, it would assist ease the financial constraints that they face and provide them the essential support at times of medical emergency.

1. Both the efficiency and the breadth of the Ayushman Bharat Scheme might benefit from an expansion of the range of medical services for which it provides coverage. More people will be able to take use of the program if it covers a more comprehensive selection of diagnostic and therapeutic options, and it will be better able to meet a larger variety of patients' medical requirements.
2. It is essential to improve the quality of healthcare services provided at all levels of healthcare facilities in order to make the most of the Ayushman Bharat Scheme. More individuals, particularly those who come from disadvantaged circumstances, will be able to access and benefit from the program as a result of improvements made to the infrastructure, the equipment, and the quality of healthcare services. This has the potential to lead to improved health outcomes as well as decreased cost constraints for persons who are seeking medical care.
3. The Ayushman Bharat Digital Mission is an integral part of both the data collection and the data analysis processes. The employment of digital platforms and technology may assist in the collection of complete data on healthcare services, information on beneficiaries, and trends of healthcare utilization. Utilizing this data may help improve the efficiency of the Ayushman Bharat Scheme by allowing for the identification of problem regions, the formulation of well-informed policy choices, and the creation of a road map for health care.

These ideas seek to increase the reach, coverage, and efficacy of the Ayushman Bharat Scheme, which would eventually provide greater access to healthcare as well as financial security for citizens across a wide range of economic groups and levels of healthcare facilities.

LIMITATIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

It is essential to be honest about the shortcomings of this study and provide suggestions for directions in which more investigation may go. In the first place, the research concentrated on the Ayushman Bharat Yojana and the effect it had on the number of very sick and accident cases that occurred among the lower-income strata. It is important for future study to investigate the efficacy of alternative health insurance policies and initiatives that are geared toward serving poor communities. Comparative research that looks at the results and experiences of using a variety of health insurance plans may give useful insights and help drive policy suggestions.

Second, this research relied mostly on secondary data sources and qualitative interviews, and it only had a small sample size to work with. In the future, researchers have to take into consideration the possibility of merging primary data gathering techniques like surveys and focus groups in order to get a more in-depth comprehension of the influence that health insurance policies have on economically disadvantaged communities. Quantitative research conducted on a large scale may assist in determining the precise elements that have an impact on the results and efficiency of health insurance schemes.

Additionally, in the future, research should explore the long-term effects that policies regarding health insurance have on communities who are economically disadvantaged. Longitudinal studies are able to evaluate the long-term advantages of health insurance coverage on healthcare access, financial well-being, and health outcomes because they follow people over a prolonged period of time and collect data at regular intervals. For the purpose of determining how successful health insurance plans are as a whole and for guiding policy choices, it is essential to have a solid understanding of the policies' long-term consequences.

In addition, additional study has to be done in the future to investigate the confluence between health insurance policy and other socioeconomic factors that influence health. The quality of healthcare that poor people get and the consequences that they experience may be strongly impacted by external factors such as education, income, employment, and housing. Policymakers are able to devise targeted interventions to alleviate health inequalities among persons who are economically disadvantaged if they take into account the socioeconomic factors that have an impact on an individual's health while developing and implementing health insurance policies.

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