HEALTH INSURANCE IN MAHARASHTRA, INDIA: A QUALITATIVE STUDY

Dissertation Submitted to

The IIHMR University, Jaipur

For the partial fulfilment for the award of degree of

Master of Business Administration (MBA)

In

Hospital and Health Management (2021-2023)

By

DR. SIMRAN KHOBRAGADE

Roll No.1409

MBA Hospital and Health Management- 26 HM Batch

IIHMR University, Jaipur, India

Under the Supervision and Guidance of

DR. NUTAN P. JAIN

(Professor, Institute of Health Management Research, Jaipur, India)

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **"Health Insurance in Maharashtra, India: A Qualitative Study" 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Name of Student: Simran Khobragade

Roll No: IIHMR-U/01/2021-23/1409

CERTIFICATE

This is to certify that dissertation titled "**Health Insurance in Maharashtra, India: A Qualitative Study"** is a record of the research work undertaken by **Simran Khobragade** 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.

Faculty Guide	School Dean
IIHMR University, Jaipur	IIHMR University, Jaipur
Date	Date

ABSTRACT

Background: In recent years, health insurance in Maharashtra has grown significantly in importance as an essential element of ensuring that its people have access to and can afford healthcare. Due to the sheer quantity of its population, Maharashtra, one of the most populated states in India, confronts significant healthcare issues. The state government, working with insurance providers, has put in place a number of health insurance programmes in response to the need to address these issues and offer financial security against rising healthcare costs**.**

Methodology: A qualitative approach was used, and the data was collected through various sources like in-depth interview guide of health care workers associated with the schemes and focused group discussion of community members in the district Wardha.

Results: The qualitative analysis done with the help of in-depth interview guide and focused group discussion of health care providers and community members respectively. Several themes and subthemes were formed which showed various views of health care providers regarding MJPJAY and PMJAY. Total 6 themes were determined –

- Theme 1: Understanding Health Insurance Schemes in Maharashtra, India.
- Theme 2: Process Flow of Government Health Insurance Schemes
- Theme 3: Facilitating Factors Affecting Utilization of Health Insurance Scheme
- Theme 4: Hindering Factors Affecting Utilization of Health Insurance Schemes
- Theme 5: Effect of Health Insurance Schemes on Healthcare Access and Outcomes
- Theme 6: Healthcare Workers' Perspectives on Challenges in Implementing Health Insurance Schemes

Conclusion: Understanding of the health insurance landscape in Maharashtra,Wardha context, in terms of schemes, prerequisite for each one, eligibility, benefits offered by different health insurance options available to individuals and organizations. Understanding process flow of PMJAY and MJPJAY. Facilitating factors included awareness (heard of), accessibility – government, and empaneled private hospitals, affordability, cashless procedure, and satisfaction in general. Hindering factors included lack of procedural awareness and information gaps.

Keywords: "Health insurance", "Maharashtra", "Qualitative study", "Facilitating factors", "Hindering factors", "Government schemes", "Healthcare providers", "Community members".

ACKNOWLEGEMENT

It is my pleasure and privilege to work and take up this study under my institute, Indian Institute of Health Management Research, Jaipur by providing me an opportunity in the form of summer training, which helped me gain an in-depth knowledge of research work.

I would like to extend my sincere gratitude to my respected research guide Dr. Nutan P. Jain (Professor, Institute of Health Management Research, Jaipur, India) for their important advice and support during this study journey. Their extensive knowledge, skill, and insightful recommendations have greatly influenced this work and helped it reach new heights.

Their consistent dedication to excellence, consideration for my questions, and ongoing support have been extremely remarkable. I owe them a huge debt of gratitude for having faith in me and giving me the chance to develop under their guidance. Their advice has improved the quality of this research while also giving me a more thorough comprehension of the issue.

I extend my sincere thanks to Placement committee heads and members for timely providing guidelines and department heads and staffs, without their active co-operation the study would not have been completed.

Sincere thanks to the Library team for their active help and cooperation in my Research work.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF ABBREVIATIONS

AB PMJAY	Ayushman Bharat Pradhan Mantri Jan Arogya Yojana
CGHS	Central Government Health Scheme
CMO	Chief Medical Officer
DGIPR	Directorate General of Intellectual Property Rights
ESIS	Employees' State Insurance Scheme
IRDAI	Insurance Regulatory and Development Authority of India
MJPJAY	Mahatma Jyotirao Phule Jan Arogya Yojana
SDGs	Sustainable Development Goals
SECC	Socioeconomic Caste Census
UHC	Universal Health Coverage
WC	Wellness Centre

1.INTRODUCTION

Maharashtra has a variety of public and private hospitals, clinics, and healthcare facilities accessible throughout the state. However, the expense of medical care can be a huge financial hardship for many people and families, particularly in situations involving unexpected illnesses, accidents, or major surgery. This is where health insurance comes into play to offer financial security and mental comfort.

The wide range of choices residents have is one of the major benefits of health insurance in Maharashtra. Both public and private insurance providers provide a range of plans designed to satisfy the various requirements of people, families, and organisations. The “Insurance Regulatory and Development Authority of India (IRDAI)” keeps an eye on how insurance providers are run and how the law is applied, promoting honesty and fairness in the sector.

Additionally, the Maharashtra government has taken steps to boost accessibility and improve awareness regarding health insurance. Public health schemes like Pradhan Mantri Jan Arogya Yojana (PMJAY) and Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) have been put in place to offer health insurance coverage to economically deprived groups in society. All citizens of Maharashtra are intended to be able to access and afford high-quality healthcare services through these programmes.

In Maharashtra, the concept of health insurance gained prominence with the introduction of the “Rashtriya Swasthya Bima Yojana (RSBY)” in 2008. With the purpose of protecting low-income families financially from high medical costs, RSBY sought to offer health insurance coverage to those households. This programme established the foundation for subsequent health insurance programmes in the state, emphasising the value of equal access to high-quality treatment and universal healthcare coverage.

In 2012, the “Maharashtra government introduced the Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY)”, building on the success of RSBY. Farmers, construction workers, women, and senior citizens were among the economically vulnerable groups of society which this state-specific health insurance programme aimed to fully cover. By providing cashless

healthcare and insurance against catastrophic medical costs, MJPJAY sought to increase access to and affordability of high-quality medical care for Maharashtra's underprivileged populations. In addition to the state-specific programmes, Maharashtra also takes part in the Pradhan Mantri Jan Arogya Yojana (PMJAY), the main flagship health insurance programme of the central government, which was introduced in 2018.

Maharashtra also works in collaboration with private insurance companies. Individuals and families have a wide range of health insurance plans offered by several private health insurance firms. These private schemes frequently go above and beyond what is offered by government-sponsored programmes in terms of benefits and coverage alternatives, making them more appealing to people who can afford higher rates and prefer more freedom in their healthcare selections.

Maharashtra, being a populous state with diverse healthcare needs and socio-economic disparities, requires a comprehensive evaluation of health insurance programs, both government-sponsored schemes like MJPJAY and PMJAY, as well as private insurance offerings.

The healthcare efforts have been put in place to give millions of Indians access to high-quality healthcare while also protecting their finances. Recognising the following elements is necessary to comprehending the requirement for learning PMJAY/MJPJAY which include- access to healthcare, universal Health Coverage, financial impact, quality of care, program evaluation and feedback.

Understanding the implications, difficulties, and opportunities brought about by these healthcare programmes requires a thorough understanding of PMJAY/MJPJAY. It promotes accessible and equitable healthcare for all by facilitating programme improvements, enabling evidence-based decision-making, and guaranteeing that healthcare services are provided to those who need them.

Study objectives:

- "To review health insurance schemes - Pradhan Mantri Jan Arogya Yojana (PMJAY), Central Government Health Scheme (CGHS) as Central government, Employees State Insurance (ESI) and Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) as state government health, and other private schemes in Maharashtra, India".
- To study the process flow of the government health insurance schemes.
- To identify the facilitating and hindering factors affecting utilization of the government Health Insurance schemes.

2.REVIEW OF LITERATURE

Sr. No	Author Name (Year)	Study Location	Sample Size	Sampling Technique	Salient Features
1	"S S V Prasad,Chandramani Singh, Bijaya N Naik, Sanjay Pandey and Rajath Rao", March 2023	Rural area of Patna in Bihar	802	Multistage sampling	The study determined the level of awareness of the AB-PMJAY, a community-based cross-sectional survey was carried out in which 802 families of the rural health training centre, Naubatpur, were chosen using a multistage sampling technique. As a result, regular training sessions for healthcare workers at the community level, such as accredited social health activists (ASHA) and Anganwadi workers (AWW), are necessary to strengthen ties within the neighbourhood and ensure that the PMJAY programme is used effectively.
2	"Shankar Prinja, Maninder Pal Singh, Vipul Aggarwal, Kavitha Rajsekar, Praveen Gedam, Aarti Goyal, Pankaj Bahuguna", February 2023	India	Data	Multistage stratified sampling method for selection of state, stratified sampling for district hospitals, Random sampling for one district hospital of 3 tertiles	The study was conducted in four phase covering public and private hospitals The CHSI phase I and III covered 11 and 14 public tertiary hospitals of India respectively. Phase II covered 27 district hospitals from nine states of India Overall the public health insurance programmes in India have generally been assessed in terms of their effects on out-of-pocket expenses, equity, and in some cases, the general efficiency or health of the population. Several studies have determined the impact on households' net financial gains.

3	Umashankar Gangadharaiah Kadaluru, Rukmini Jinnagara Naryanappa, 2021	India	Case studies	Purposive sampling	The study focused on schemes which suggested 12% of the population has access to the social health insurance programme in India, which includes ESI and CGHS. Benefits to women were substantially less. The use of these programmes is inadequate despite the fact that they offer a range of services significantly better than other forms of social insurance both inside and outside the country in terms of dental benefits. Additionally, neither of the programmes offered preventive dental services, and the distribution of dental personnel is uneven. Study suggested making changes to these insurance plans to encourage the best possible use of dental care services, keeping separate oral health data banks for each plan, and setting up a committee to review and formulate plans based only on information about oral health at regular intervals.
4	"Naveen R Gowda Abdul Hakim Gurpreet Singh Anant Gupta D.K. Sharma", October 13, 2022	AIIMS, New Delhi.	120	Convenience Sampling	The study was done to see how AB-PMJAY plan was implemented and how satisfied patients were with it. Patients who used the services at AIIMS, New Delhi. The participants' average age was 36.37 years; 45.83% of them were illiterate; and 69.17% of them lived in rural areas. 88% of patients were able to use the programme without any issues, whereas 18% of patients were told to buy their prescriptions elsewhere. Patients expressed great satisfaction with the benefits and simplicity of using the programme. The study suggested that government should investigate why some pharmaceuticals are being bought from other sources, and the hospital may be granted a contingency fund to discourage individuals from doing so.
5	Sujeet Kumar Sinha, Pritanjali Singh, Arkaprava Sinha MAY 1, 2023	Rural Places of India	Data	A Narrative review-Secondary data	It is a narrative review which focused on PMJAY. This scheme is economically beneficial to poor households in rural and urban areas. Its ability to free people from the stress of out-of-pocket expenses is one of its significant benefits. But even with all its advantages, PMJAY is not without issues. Major downsides

					include things like the insufficient supply of healthcare services, difficulties with implementation, and the lack to account for related indirect expenses. However, there are optimistic future possibilities, such as the possibility to provide equitable and cheap cancer care in India, making use of digitization, and eliminating the gaps between healthcare services provided in rural and urban areas.
6	Dr. Rana Rohit Singh, Abhishek Singh	India	Articles, journals, books	Secondary data	The study indicated that there is large proportion of population still not covered from the health insurance products. But from last few years, this sector has witnessed a rapid expansion.
7	Ajay Dnyanoba Subhedar, Joti Pandit Bagul, Dhiraj B. Nikumbh, Shakuntala Limbaji Shelke, Dipak Kishor Shejwal, Dattatrya Achyutrao Kirde, 31-08-2021	North Maharashtra, Government Medical college, Dhule, Maharashtra	62	Convenient sampling technique	The Study focused on mucormycosis cases which suddenly increased due to COVID 19 pandemic. The reasons of this were multifaceted and included overuse of steroids, hospital acquired mucormycosis, and decompensation of underlying comorbidities. Diabetes and rhino-orbital cerebral mucormycosis require rigorous management. The cost of lyophilized Amphotericin B and the total cost of treating mucormycosis were out of the grasp of the average person. There were cases where these patients killed themselves as a result of this uncompensated financial strain.
8	K. Sonymol MSc, DHM , Ravi Shankar PhD, May 2022	India	150	Convenient sampling	The study assessed several healthcare-related direct and indirect expenditures. It assisted patients in choosing the best policies for their needs and various stakeholders in developing adequate health policies. In this study healthcare costs were shown to be less of a problem for patients insured by government health insurance policies than they were for those covered by private health insurance policies.
9	Shyamkumar Sriram & M. Mahmud Khan, 07 September 2020	India	64,270	Secondary data from National survey	This study suggested that while poor persons who participate in health insurance programmes have increased hospitalisation rates, the length of hospital stays was unaffected by health insurance participation. Due to improved modifications in the utilisation

					patterns of insurance company and the healthcare providers, health insurance coverage often results in higher health care utilisation.
10.	Prof. Sushama Sathe, Ms. Neha Shetye, Ms. Rutuja Kulkarni, Prof. Dr. Sanjaykumar Gaikwad	Rajgurunagar, Pune, India.	191	Convenient sampling technique	This study is a work in the field of health insurance in rural population. Its objective was to examine the demographic information of respondents in rural areas. Informed consent was obtained in the primary healthcare facility before conducting face-to-face interviews. To gather data, a structured questionnaire was created. Data analysis was displayed using frequency tables and graphs. According to research, there were gaps in the execution of health insurance programmes and in public knowledge, which prevent many people from acquiring health insurance.

3. METHODOLOGY

Research Questions:

- What are the health insurance schemes available in Maharashtra, India?
- What are the facilitating and hindering factors affecting utilization of the Health Insurance schemes?

Type of Study: A qualitative study, which involved conducting in-depth interviews of health care workers associated with the health insurance schemes and community group discussion of the people of district Wardha in Maharashtra.

Setting- The study was held in the selected area of city Wardha, Maharashtra. The rationale for selecting this setting was easy transport, familiarity with the setting, cooperation, and availability of the subject.

Study Population: The officials engaged in promoting the schemes at various levels: district, block and village, empanelled hospital and the community members who were eligible to take the benefits of the schemes.

For this purpose, 85 health care workers and officials were approached but only 40 in-depth interviews with healthcare workers from the hospitals of Wardha city were conducted.

Data Collection Methods and Tools:

We conducted in-depth interviews of the health care workers associated with the health insurance schemes and included set of key questions and prompts that helped to explore the main themes of the study. It involved their roles and responsibilities related to health insurance, their perceptions about utilization of health insurance schemes, facilitating and hindering factors, suggestion for better utilization etc. Focus group discussions with community members enabled to delve into the deeper understanding of community members' view and captured the wide range of perspective, experiences and social dynamics within the community related to the health insurance schemes.

Duration of Study: The study was conducted during the month of Feb – May 2023

Data Analysis: Data were classified into themes and sub-themes. The audio recording were heard several times to write verbatim. Verbatim was translated into English. Transcripts were read several times to achieve adequate understanding. The researcher has written field notes after each interview to prevent bias during analysis.

Their opinions on various types of experiences in the health schemes were listened to and recorded. These recordings were heard, reheard, and reheard many times and out of these 85 recordings, only 40 recordings were finally selected as Saturation Points.

Hand coding was done during the initial analysis of content by adding notations in the transcript margins.

Table 1- Approach to Qualitative Analysis

Stage	Description
Data Preparation	• Transcribe interviews and focus group discussions
	• Organize and manage transcripts for easy referencing and analysis
Familiarization	• Read and familiarize yourself with the transcripts
	• Take notes, and highlight key points, quotes, and recurring themes
Coding	• Develop a coding system based on identified themes and research questions
	• Assign codes to segments of the transcripts that correspond to themes and sub-themes
	• Create a coding framework outlining the main themes and their respective codes
Initial Coding	• Systematically assign relevant codes to segments of the transcripts
	• Identify patterns, commonalities, and differences within the data
Organization and Categorization	• Coded data was reviewed and identify categories and sub-categories
	• Similar codes were grouped together to form meaningful categories
	• Ensure categories capture the essence of the data and align with research questions and objectives
Data Analysis	• Analyse categorized data within each theme for key findings, trends, and patterns
	• Identify supporting quotes and examples from the data
	• Compare and contrast perspectives of different participants and groups

Interpretation and Synthesis	• Interpret findings in the context of research questions and objectives
	• Identify connections, relationships, and implications between themes
	• Explore contradictions or divergent viewpoints
	• Synthesize findings to develop a comprehensive understanding of the research topic
Reporting	• Summarize key findings for each theme with relevant quotes
	• Organize findings logically and coherently
	• Provide a clear interpretation of findings and highlight the significance and implications
	• Consider using data visualization techniques for enhanced presentation

Ethical Considerations: It is ensured that the use of data is in an ethical and responsible manner. This includes protecting the confidentiality of data, using data only for the purposes for which it was collected, and avoiding any unethical or illegal use of data. Prior consent and permission are taken from the authority. Audio recordings were done with prior consent and permission.

4.RESULTS AND DISCUSSION

About Various Health Insurance Schemes in Maharashtra

- Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) as state government
- Pradhan Mantri Jan Arogya Yojana (PMJAY) as Central government schemes
- Central Government Health Scheme (CGHS) as Central government
- Employees State Insurance (ESI)
- Other private schemes in Maharashtra

Mahatma Jyotirao Phule Jan Arogya Yojna (MJPJAY)

"Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) is a flagship health insurance scheme of Government of Maharashtra. Through a network of service providers from the public and private sectors, the plan offers comprehensive cashless care for identified diseases that have been diagnosed. Earlier referred to as the Rajiv Gandhi Jeevandayee Arogya Yojana, the programme began on July 2, 2012, in eight districts of Maharashtra. On November 21, 2013, it was expanded to 28 districts".

Table 2: MJPJAY Beneficiaries

Beneficiaries:

"Categories"	"**Description of Beneficiaries"**
"Category A"	"Families holding yellow ration card, Antyodaya Anna Yojana ration card (AAY), Annapurna ration card, orange ration card (annual income up to INR 1 lakh) issued by Civil Supplies Department, Government of Maharashtra for 36 districts of Maharashtra".
"Category B"	"White ration card holder farmer families from 14 agriculturally distressed districts of Maharashtra (Aurangabad, Jalna, Beed, Parbhani, Hingoli, Latur, Nanded, Osmanabad, Amravati, Akola, Buldhana, Washim, Yavatmal, and Wardha)".
"Category C"	"1. Children of Government Orphanages, Students of Government Ashram Shala, female inmates of Government Mahila Ashram & senior citizens of Government old age homes. 2. Journalists & their dependent family members approved by DGIPR 3. Construction workers and their families having live registration with Maharashtra Building & other Construction worker Welfare Board".

Eligibility and Identification:

Table 3: MJPJAY Eligibility and Identification

"Categories"	**"Description of Beneficiaries"**
"Category A"	"All eligible families shall be identified with valid Yellow, Orange, Antyodaya, and Annapurna ration card (irrespective of date of issue of Ration Card or the inclusion of the beneficiary's name therein) coupled with any Photo ID proof (as finalized by the Society)".
"Category B"	"Eligibility for farmers from 14 agriculturally distressed districts of Maharashtra will be decided based on white ration card with 7/12 extract bearing the name of the beneficiary / head of the family or certificate from the nearest Revenue Officer stating that the beneficiary is a farmer or a family member of farmer with valid photo ID proof of the beneficiary".
"Category C"	"Eligibility of beneficiaries shall be decided on the basis of any identity card / health card or any other identification mechanism as decided by the State Health Assurance Society (SHAS)".

"Documents Required for MJPJAY and PMJAY"

- "Aadhaar Card / Aadhaar Registration Slip with photo of the beneficiary".
- "Pan Card"
- "Voter Id"
- "Driving License"
- "School/College Id"
- "Passport"
- "Freedom Fighter ID card"
- "Health Card MJPJAY"
- "Handicap Certificate"
- "Nationalized Bank Passbook with Photo"
- "Senior citizen card issued by Central Government or State Government"
- "Defence ex-servicemen card issued by Sainik Board"
- "Marine Fishery Identity card (Issued by Ministry of Agriculture / Fisheries Department Government of Maharashtra)".
- "Any photo ID proof issued by Government of Maharashtra/ Government of India".

Sum Insured on Floater basis:

"The scheme provides coverage Up to Rs.1,50,000 /- per family every year which include all hospitalization-related costs for the beneficiary. This limit has been increased for renal transplants to 2,50,000 per family each policy year".

Pradhan Mantri Jan Arogya Yojana (PM-JAY)

"On September 23, 2018, the Hon. Prime Minister of India, Shri Narendra Modi, launched this programme in Ranchi, Jharkhand. The largest health assurance programme in the world, Ayushman Bharat PM-JAY, aims to cover secondary and tertiary care hospitalisation for over 10.74 crores vulnerable and poor families (about 50 crore beneficiaries), who represent the bottom 40% of the Indian population, with a health benefit of Rs. 5 lakhs per family per year. The households included are based on the socioeconomic caste census 2011's (SECC 2011) occupational and deprivation categories for rural and urban areas, respectively".

PM-JAY offers the beneficiary cashless access to healthcare services. Nearly 6 crore Indians fall into poverty each year, and PM-JAY wants to help reduce the catastrophic medical costs that cause this. Up to 3 days of pre-hospitalization and 15 days of post-hospitalization costs, including medical tests and medications, are covered.

Public hospitals get reimbursed for healthcare services on par with private hospitals. Services include approximately 1,393 procedures and cover all costs associated with treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT and ICU charges, etc.

The SECC includes the families according to their socioeconomic condition. It makes decisions on the households that are automatically included and excluded based on exclusion and inclusion criteria. The status of the seven deprivation categories (D1 to D7) are then used to rank the rural households that are included (not excluded). Based on different occupational groups, urban families are classed.

Table 4: PMJAY Beneficiaries

"Area"	**"Description of Beneficiaries"**

"Urban"	"For Urban area, 11 occupational criteria are identified as Rag pickers, Beggars, Domestic workers, Street vendors, Cobbler, hawkers, Construction workers, Plumbers, Masons, Painters, Welders, Sweepesrs Sanitation workesr, Mali, Home-based workers, Artisans, Handicrafts workers, Tailors, Transport workers, Drivers, Conductors, Helpers, Rickshaw pullers, Shop workers, Assistants, Peons, Attendants, Waiters, Electricians, Mechanics, Assemblers, Repair workers, Washer-men, Chowkidar".
"Rural"	"Rural Criteria for rural area are from D1 to D7 which include families with only one room with kachha wall and kachha roof, No adult member between age 16 to 59, Female headed household s with no adult members between age 16 to 59, Disabled member and no able bodied adult member, SC/ST households, Landless households deriving major part of income from manual casual labour. Automatically Included category includes Households without shelter, Destitute-living on alms, Manual Scavenger Families, Primitive Tribal Groups and Legally released Bonded Labour".

The PMJAY insurance plan in Maharashtra combines an assurance model/trust model and an insurance model, and it has significantly reduced the financial strain on families during medical emergencies. It has aided in extending the reach of healthcare services and enhancing health outcomes for population in Maharashtra, especially for individuals who were previously uninsured formally.

"Integrated Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) and Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)"

MJPJAY, formerly known as Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY), was a state-level health insurance programme implemented in Maharashtra. It offered selected families living below the poverty line cash protection for medical procedures. On the other hand, the PMJAY national health insurance programme covers all eligible households in India.

On April 1st, 2020, the state formally launched integrating Mahatma Jyotirao Phule and Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). Beneficiaries are

provided with health insurance coverage by State Health Assurance Society and United India Insurance Company Limited (public sector undertaking companies), respectively, under the insurance and assurance modes. On behalf of eligible beneficiary families, State Health Assurance Society makes quarterly premium payments to the insurance company in the amount of 797 per family every year.

The Maharashtra state government has provided total funding for the MJPJAY. In a 60:40 ratio, the governments of India and Maharashtra jointly fund the Pradhan Mantri Jan Arogya Yojana.

Firstly, it streamlines Maharashtra beneficiaries' access to healthcare by developing a single, integrated platform. Both healthcare professionals and beneficiaries will no longer experience confusion or administrative challenges as a result.

Second, the variety of healthcare services made available to beneficiaries is broadened by the integration. Beneficiaries will have access to a larger range of medical procedures and treatments. The coverage offered by both programmes when combined offers a complete safety net against high medical costs.

Additionally, the integration encourages resource efficiency and minimises duplication. The government can better track and control the use of healthcare services and insurance claims by combining databases and streamlining procedures. This aids in eliminating fraud and making sure that resources are allocated as efficiently as possible.

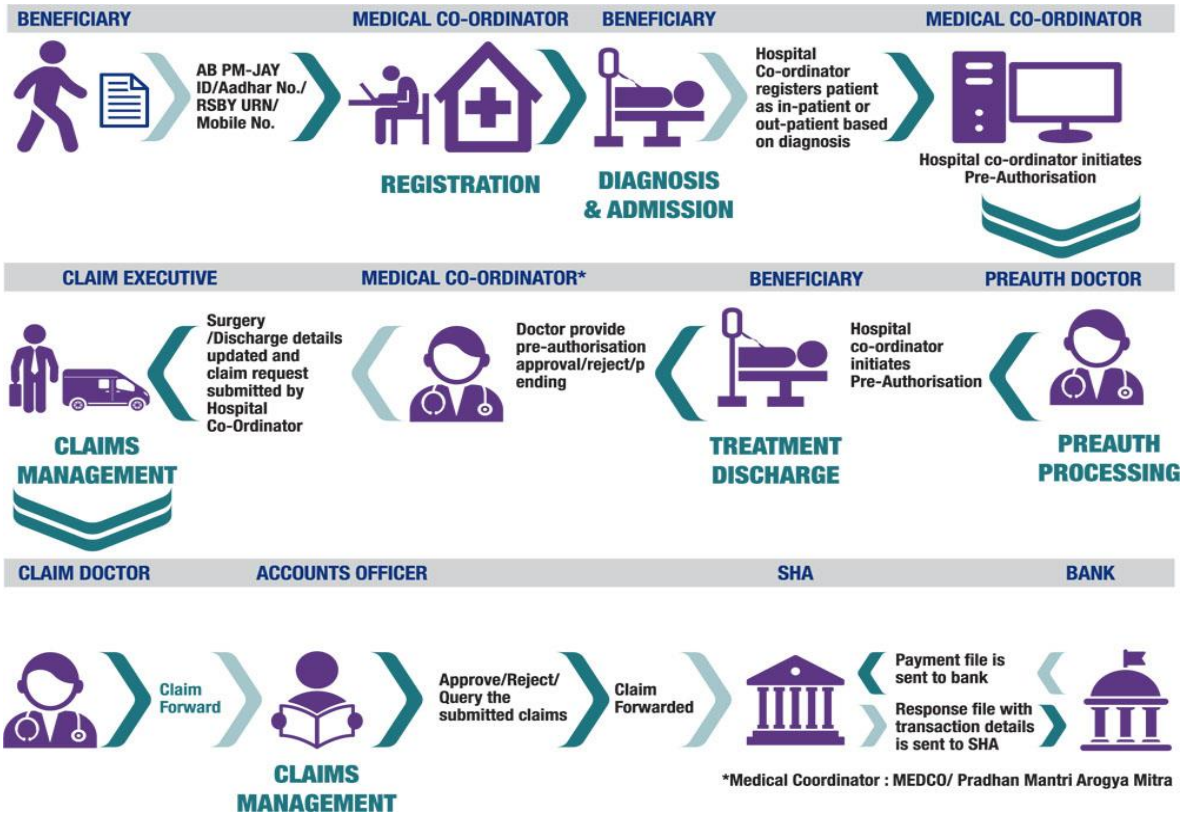
Technology is also used by the integrated MJPJAY and PMJAY to improve service delivery. Beneficiaries, healthcare providers, and insurance companies can easily coordinate with one another due to the usage of electronic health records, beneficiary identification systems, and online portals. Real-time monitoring, efficient claims processing, and more transparency are all made possible by this digital infrastructure.

Overall, Maharashtra's integration of MJPJAY and PMJAY is a good step towards offering the general public complete and accessible healthcare. It improves the reach and efficiency of healthcare coverage and matches the state-level system with the the national one. The integration intends to reduce financial problems during medical emergencies, enhance equity in access to healthcare, and help people of Maharashtra achieve better health results.

Benefit Coverage:

This is a comprehensive medical insurance programme that will pay for hospitalisation for the following 34 specified specialties' medical and surgical procedures through cashless care. Beneficiaries of the MJPJAY receive benefits for 996 medical and surgical treatments with 121 follow-up procedures, whereas beneficiaries of the PMJAY receive benefits for 1209 medical and surgical procedures (plus an additional 213 medical and surgical procedures) with 183 follow-up procedures. Out of the 996 MJPJAY processes, there are 131 government reserved procedures. There are an additional 37 government reserved procedures for the 1209 PMJAY procedures.

PROCESS FLOW Of Integrated MJPJAY- PMJAY



Source - https://www.pmjay.gov.in/about/pmjay

CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

The Indian government launched the Central Government Health Scheme (CGHS), a comprehensive healthcare scheme, to offer medical treatment to central government employees, pensioners, and their dependents. The CGHS programme was launched with the intention of making sure that government employees and their families could access high-quality healthcare at reasonable costs.

On July 1st, 1954, Shri Rajkumari Amrit Kaur, who was the then-minister of health, officially launched the CGHS scheme. It started as a pilot initiative in Delhi and was subsequently expanded to other cities throughout the nation. A big step was taken with the CGHS's opening in providing comprehensive medical care to government workers, who are essential to the country's functioning.

The opening of CGHS wellness centres in several cities was a further important accomplishment of the CGHS programme. These wellness centres act as primary healthcare facilities and are staffed by qualified medical professionals, paramedics, and other support workers. Beneficiaries have easy access to healthcare since they offer fundamental medical services, consultations, and necessary medications.

Documents Required:

- Application Form: A duly filled and signed CGHS application form is usually required for enrolment or renewal.
- Proof of Identity: Documents such as Aadhaar card, PAN card, voter ID card, or passport can be submitted as proof of identity.
- Proof of Residence: Documents like Aadhaar card, driving license, utility bills, or bank statement can serve as proof of residence.
- Passport-sized Photographs: Recent passport-sized photographs of the employee, pensioner, or dependents may be required.
- Service Certificate (For Employees): Employees may need to provide their service certificate or identity card issued by the concerned department or organization.
- Pension Payment Order (For Pensioners): Pensioners should submit their Pension Payment Order (PPO) as proof of their pensioner status.
- Relationship Proof: Documents such as marriage certificate, birth certificate, or dependency certificate may be required to establish the relationship between the beneficiary and the primary CGHS member.

- Bank Account Details: Bank account details - account number and IFSC code, are typically required for reimbursement purposes.
- CGHS Card (Renewal): For CGHS card renewal, the existing CGHS card may need to be submitted along with the renewal application form.

Facilities offered by CGHS:

OPD/WC treatment includes medication dispensing, specialist consultation in government facilities, polyclinics, and CGHS-empowered facilities upon CGHS recommendation, OPD/Indoor care in government-run and accredited hospitals, investigations at authorized government and diagnostic facilities, and pensioners and other beneficiaries who have been identified may receive treatment in accredited hospitals and diagnostic facilities without having to pay cash.

5.1.4 EMPLOYMENT STATE INSURANCE SCHEME

Employees' State Insurance Act includes social insurance known as the Employees' State Insurance Scheme (ESI Scheme). It provides medical care to covered individuals and their families as well as protecting "employees," as the term is defined in that law, from the effects of occurrences of sickness, maternity, disability, and death due to workplace injuries.

“On February 24, 1952, also known as ESIC Day, Pandit Jawahar Lal Nehru, the prime minister at the time, addressed a crowd of 70,000 people in Hindi at Kanpur's Brijender Swarup Park, in the company of Pt. Gobind Ballabh Pant, the chief minister of Uttar Pradesh, Babu Jagjivan Ram, Raj Kumari Amrit Kaur, the union minister for health, Sh. Chandrabhan Gupt, the union food minister. The ESI Scheme was initially only implemented in the two industrial centres of Kanpur and Delhi in 1952, but since then, there has been no turning back in terms of its demographic and geographic distribution. The Scheme is currently being implemented in roughly 830 centres across 31 States and Union Territories, providing coverage for more than 7.23 lakh factories and businesses nationwide”.

Documents Required:

- Employee's Identity Proof: This includes documents such as Aadhaar card, PAN card, passport, or voter ID card.

- Employee's Address Proof: Documents like Aadhaar card, driving license, utility bills, or bank statement can serve as proof of address.
- Employee's ESIC Insurance Card: The employee should possess their ESIC insurance card, which acts as proof of enrolment in the ESIC scheme.
- Employee's Bank Account Details: Bank account details, including account number and IFSC code, are typically required for claim processing and reimbursement purposes.
- Employee's Photograph: Recent passport-sized photographs of the employee are often needed for identification purposes.
- Employment-related Documents: These may include employment contracts, appointment letters, or any other documents that establish the employee's relationship with the employer and eligibility for ESIC coverage.

5.1.5 Other Private Health Insurances-

- **Star Health and Allied Insurance**

A multinational health insurance provider with its headquarters. The organisation offers direct services as well as through a variety of channels such agents, brokers, and the internet for health, personal accident, and international travel insurance. Star Health is a leader in bancassurance and has a history of working with numerous banks.

- **Mediassist Health Insurance**

It is the leading HealthTech and InsurTech firm in India, with an emphasis on managing health benefits for retail customers, employers, and public health programmes. The company seeks to encourage innovation and take part in initiatives to bring down healthcare prices. The Health Benefits Administration model provides the tools required for a health plan to flourish, whether it's a modular claims administration system, technology that makes data accessible for important choices, or service solutions created with the voice of the customer in mind.

- **Paramount Health Insurance**

With its concentration on providing top-notch customer service and knowledge of claims administration with a focus on preventing fraud and abuse, PHS has established standards in the sector. With a wide range of services, it impacts numerous lives daily throughout more than 130 locations in India.

PHS's primary services consist of: Integrated Claims Management centre for incoming calls, portfolio management for health, pre-policy and pre-employment examination, assistance with indoor hospitalisation, wellness programmes for second opinions in healthcare to its credit, PHS also manages government health projects in Odisha, West Bengal, and Maharashtra, including BKKY, Swasthya Sathi, and MJPJAY.

The results from In-depth Interviews and FGDs with various categories of the respondents are shown in the following section.

Table 6: Distribution of IDI respondents (Health Care Provider) by their demographic profile

Demographic characteristics (Health Care Provider)

	Number of Respondents	**Percentage**
Age in Years		
18-24	11	27.5
25-34	10	25
35-44	12	30
45 and above	07	17.5
Gender		
Male	22	55
Female	18	45
Educational Background		
High school diploma or equivalent	04	10
Associate degree	08	20
Bachelor's degree	18	45
Master's degree or higher	10	25
Designation/Job Title		
Nurse	08	20
Physician	06	15
Medical Assistant	12	30
Allied health professional (e.g., physical therapist, pharmacist)	6	15
Administrator/Manager	7	17.5
Support staff (e.g., receptionist, janitorial staff)	1	2.5

Table 7: Distribution of FGD respondents (community members) by their demographic profile **Demographic characteristics (Community Members)**

Demographic Variable	Number of Participant	Percentage
Age in Years		
18-24	15	37.5
25-34	16	40
35-44	05	12.5
45 and Above	04	10
Gender		
Male	22	55
Female	18	45
Socioeconomical Status		
Low Income	19	47.5
Middle Income	12	30
High Income	01	2.5
Unemployed	08	20
Residential Area		
Urban	18	45
Rural	22	55

Table 8: Broad themes identified with their related sub-theme

Theme	Sub-themes
Theme 1: Understanding Health Insurance Schemes in Maharashtra, India	Sub-theme 1: Pradhan Mantri Jan Arogya Yojana (PMJAY)
	Sub-theme 2: Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY)
Theme 2: Process Flow of Government Health Insurance Schemes	Sub-theme 1: Enrolment Procedures and eligibility criteria
	Sub-theme 2: Claim submission and reimbursement processes
	Sub-theme 3: Empanelled hospitals and healthcare provider networks

Theme 3: Facilitating Factors Affecting Utilization of Health Insurance Schemes	Sub-theme 1: Awareness about the schemes
	Sub-theme 2: Broader range of medical procedures and treatments.
	Sub-theme 3: Affordability
	Sub-theme 4: Cashless procedure
	Sub-theme 5: Private and Government Hospitals engaged in scheme
Theme 4: Hindering Factors Affecting Utilization of Health Insurance Schemes	Sub-theme 1: Lack of procedural awareness and information gaps
	Sub-theme 2: Inadequate Infrastructure and healthcare workforce
Theme 5: Effect of Health Insurance Schemes on Healthcare Access and Outcomes	Sub-theme 1: Improved access to healthcare services
	Sub-theme 2: Financial protection and reduced out-of-pocket expenses
	Sub-theme 3: Patient Satisfaction and healthcare quality indicators
Theme 6: Healthcare Workers' Perspectives on Challenges in Implementing Health Insurance Schemes	Sub-theme 1: Administrative and logistical challenges
	Sub-theme 2: Information and communication gaps
	Sub-theme 3: Capacity and resource constraints
	Sub-theme 4: Coordination and collaboration among stakeholders

Theme 1: Understanding Health Insurance Schemes in Maharashtra, India

Sub- themes- MJPJAY, PMJAY

From the viewpoint of a healthcare professional, the Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) or PMJAY (Pradhan Mantri Jan Arogya Yojana) is extremely crucial because it significantly improves healthcare access. The treatment of people from economically deprived communities is made affordable and cashless because of this government-sponsored initiative. It makes it possible for patients to receive the necessary medical care without being concerned about the expense by lessening their financial burden. This consequently has a favourable effect on their health results, improving their general well-being. Additionally, the programme offers broader coverage, providing cost-effective insurance for hospitalisation as

well as follow-up care and post-hospitalization care. By paying for transportation, MJPJAY/PMJAY guarantees that patients may reach medical facilities easily, increasing access to and equity within the healthcare system.

Theme 2: Process Flow of Government Health Insurance Schemes-

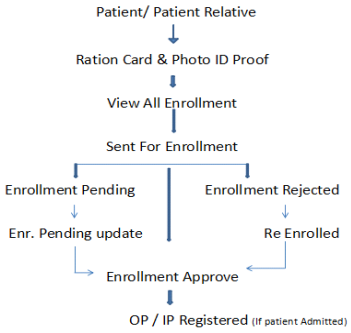
Sub-theme 1: Enrolment Procedures and eligibility criteria

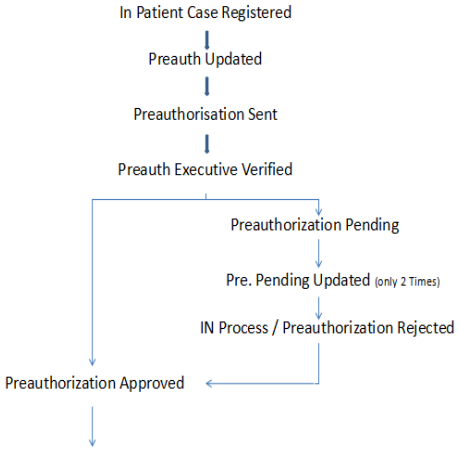
The system is made to be easy and simple to use, ensuring that people from economically deprived communities can get the benefits they are entitled to. Associates help candidates at various stages of the process by offering support and assistance. The eligibility requirements are made clear making it simple for patients to determine if they are eligible or not. To aid people in making informed choices about joining the schemes, accessible information is additionally provided. Patients who are struggling financially benefit the most from this support since it makes sure they get the help and security they need to get high-quality medical care.

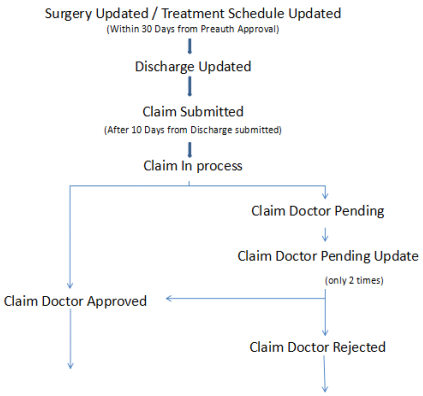
However, it was noticed that patients are half aware about the detailed enrolment process.

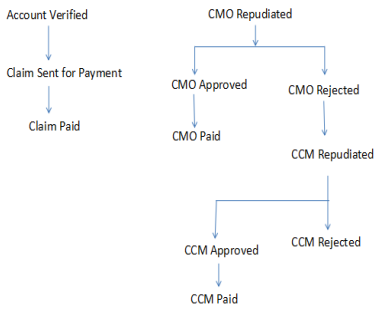
The following process of enrolment is followed for integrated MJPJAY- PMJAY-

PROCESS FLOW Of Integrated MJPJAY- PMJAY









Sub-theme 2: Claim submission and reimbursement processes

The procedures for submitting claims and receiving reimbursement under government health insurance schemes have significantly improved. These procedures have been streamlined, which makes them effective and simple to follow. The simplified processes require a minimum of work from healthcare professionals, lowering the administrative burden and enabling them to concentrate more on patient care. To guarantee accurate and prompt submission, human assistance is necessary throughout the claim filing process. Smooth financial transactions are made possible by the quick and easy processes that allow healthcare professionals to get paid for the services rendered. By streamlining their workflow and lowering administrative burdens, these advances in the claim submission and reimbursement processes have, overall, had a favorable effect on healthcare personnel.

Sub-theme 3: Empanelled hospitals and healthcare provider networks

It is one area in which a healthcare professional must pay close attention and focus. To guarantee that all beneficiaries have access to comprehensive coverage and high-quality healthcare, it is essential to continually seek to increase the number of hospitals that have been granted empaneled status. It can increase the options accessible to patients, enabling them to select the healthcare institution that best matches their needs, by enlisting more hospitals and providers. Additionally, a wider network of hospitals can aid in a more equitable patient load distribution, lowering overcrowding and enhancing healthcare delivery effectiveness.

Theme 3: Facilitating Factors Affecting Utilization of Government Health Insurance Schemes

Sub-theme 1: Awareness about the schemes

Making the target demographic aware of these programmes is an important component. Providing knowledge regarding the documentation requirements, claim process, and enrolment process can be considerably aided by conducting awareness campaigns and planning seminars, workshops, and conferences. These programmes aid in educating people about the advantages and protections offered by the programmes. Making informational, educative, and communicative (IEC) materials like brochures, posters, and audio-visual resources can also

help to increase understanding and consciousness. Another crucial element is working together with insurance companies to ensure efficient implementation and coordination, which results in a seamless flow of data and services. Healthcare professionals can enable people to make educated decisions and use government health insurance programmes to get high-quality healthcare services by addressing these enabling elements. Few healthcare providers stated – *lokanna schemes baddal mahiti ahe* which means people are aware about the schemes.

Sub-theme 2: Broader range of medical procedures and treatments.

The availability of different medical procedures and treatments is one of the major assisting factors that significantly influences the use of government health insurance systems. Patients' treatment options are improved by the inclusion of a wide range of treatments in the coverage, which ensures that they may get the necessary medical care they require.Patients gain from this, and it also enhances their general wellbeing. The fact that these procedures are reasonably priced through the insurance programme further eliminates financial obstacles and guarantees that patients can obtain treatments without experiencing undue financial hardship. Additionally, patients' access to these treatments through insurance coverage is made simple, enabling prompt and effective therapy.

Sub-theme 3: Affordability

A crucial aspect that greatly influences the use of government health insurance programmes is cost, which guarantees access to high-quality medical care. These programmes offer financial assistance to people, lowering their out-of-pocket costs and avoiding delays in important treatments. These programmes encourage patients to seek out preventive treatment, which is essential for the early detection and management of diseases by making healthcare more accessible. Patients have better health outcomes as a result of the increased demand for care made available by these programmes' affordability. Additionally, because they may get the healthcare, they require without worrying about the cost, the patient's satisfaction is greatly increased. Overall, the cost-effectiveness of government health insurance programmes encourages greater access to high-quality medical care.

Sub-theme 4: Cashless procedure

Few providers stated that *loka prassana ahe procedure cashless ashlya mule* which means people are satisfied due to cashless procedure. The adoption of cashless operations is one of the facilitating elements that substantially influences the use of government health insurance

systems. Without the need for patients to pay out-of-pocket costs in advance, transactions may be completed quickly and easily due to this simplified approach. The transparency of cashless procedures guarantees that patients are informed of the insurance plan's coverage, removing any doubt or misunderstanding. Additionally, the decrease in administrative responsibilities associated with payment and reimbursement procedures frees up healthcare professionals to concentrate more on giving patients high-quality care. Because people may easily receive essential medical treatment without facing financial obstacles.

Theme 4: Hindering Factors Affecting Utilization of Government Health Insurance Schemes:

Sub theme 1: Lack of procedural awareness and information gaps

Lack of procedural understanding and information gaps among people are one of the barriers that greatly restrict the use of government health insurance programmes. Patients and healthcare professionals are unable to communicate effectively, which results in missed treatment chances. This communication gap is caused by inadequate information and a lack of education about the schemes. Due to inadequate documentation and lack of knowledge with the procedures, many people may use services only occasionally. The lack of knowledge regarding the advantages and coverage offered by the programmes further prevents their use. The population's general lack of awareness is also influenced by the lack of appropriate awareness campaigns and efforts. To overcome these obstacles, efforts must be made to close the information gap, advance education and communication, and increase awareness among the population.

Sub-theme 2: Inadequate Infrastructure and healthcare workforce

Inadequate infrastructure and an inadequate number of healthcare workers are two obstacles that seriously hinder the use of government health insurance programmes. For those covered by these programmes, the availability and accessibility of healthcare services may be restricted by resource limitations, such as inadequate facilities and equipment. In addition, a lack of qualified healthcare professionals, such as doctors, nurses, and technicians, may result in increased wait times and a decline in the standard of care. The timely delivery of healthcare services is hampered by a lack of personnel capacity and infrastructure, delaying treatment and perhaps affecting patient outcomes. It is essential to make investments in the construction of healthcare infrastructure and boost the availability of qualified healthcare personnel in order to address these obstacles.

Theme 5: Effect of Health Insurance Schemes on Healthcare Access and Outcomes

Sub-theme 1: Improved access to healthcare services

Health insurance programmes programmes have been extremely important in enhancing people's access to healthcare services, especially for those coming from economically vulnerable families. Health insurance programmes have lowered the financial burden on patients by covering medical bills, enabling them to receive timely and effective healthcare without worrying about the cost. As a result, people may obtain screenings and preventative treatment, which helps with early disease identification and prevention. Better patient health outcomes are a result of increased access to healthcare services and early identification. In addition, having access to health insurance coverage makes patients happier since they can get the essential medical care without worrying about their financial situation.

Sub-theme 2: Financial protection and reduced out-of-pocket expenses.

Since people are less likely to delay seeking medical attention out of concern for excessive costs, these programmes have increased healthcare utilisation. Health insurance programmes have improved treatment adherence by lowering out-of-pocket costs and guaranteeing that patients can afford and complete their recommended therapies. For the underprivileged and disadvantaged populations who might otherwise find it difficult to acquire necessary healthcare services, this financial protection is very helpful. Furthermore, health insurance plans offer realistic financial resources to people with health problems, reducing the emotional stress related to medical bills. Overall, these programmes have improved patient happiness and promoted better healthcare access by removing financial obstacles and lightening the burden of healthcare bills, making a positive difference in people's lives.

Sub- theme 3: Patient Satisfaction and healthcare quality indicators

When patients have access to health insurance coverage, they have higher trust in the healthcare system, which is a crucial factor. Patients benefit from health insurance schemes because they feel secure and confident knowing that their medical needs will be met. Health insurance programmes give people a platform to express their thoughts and experiences, which is important for guiding and enhancing healthcare services. Patients can receive timely and appropriate care with better access to healthcare services through health insurance, which improves health outcomes. Additionally, health insurance programmes support patient-centred care, in which the needs, choices, and values of the individual are prioritised. This patient-centred strategy improves patient happiness and helps to provide better healthcare. Health insurance programmes also support efforts to improve quality and facilitate continuity of care, ensuring that patients receive standardised and well-coordinated healthcare services. Patient happiness, healthcare quality measures, and the general patient experience inside the healthcare system are all positively impacted by health insurance programmes.

Theme 6: Healthcare Workers' Perspectives on Challenges in Implementing Health Insurance Schemes

Sub-theme 1: Administrative and logistical challenges

The process of managing these schemes' implementation is a substantial difficulty. This includes time-consuming tasks that may be used for patient care, such as determining a patient's eligibility, processing claims, and liaising with insurance companies. Healthcare professionals also have the difficult and demanding tasks of managing data gathering methods and completing reporting requirements to the appropriate authorities. Healthcare professionals must stay current with evolving regulations and policies due to the regulatory and compliance burden connected with health insurance plans, which further increases the administrative difficulties.

Additionally, healthcare professionals would need training to become acquainted to new technologies and processes put in place as part of health insurance plans. This technical advancement may have a learning curve and take more time and money to execute properly. To ensure the efficient introduction and operation of health insurance programmes and free up healthcare professionals to concentrate on providing high-quality treatment to patients, it is essential to overcome these administrative and logistical hurdles.

Sub-theme 2: Information and communication gaps

Information and communication gaps are significant barriers to providing patients with high-quality care, in the opinion of healthcare professionals. Misunderstandings, delays in information exchange, and a lack of cooperation amongst healthcare practitioners can result from poor communication within healthcare systems. Patient safety may be jeopardised as a result of this fragmented care. The provision of the best care might also be hampered by healthcare professionals' ignorance of the most recent developments in medical procedures and recommendations. To deliver care that is based on evidence, healthcare professionals must keep up with the latest research and best practises.

Sub-theme 3: Capacity and resource constraints

The provision of healthcare services is significantly hampered by capacity and resource limitations as a healthcare professional. Longer wait times and less access to timely care might result from a lack of healthcare facilities, which can strain service delivery. Lack of equipment makes things worse since medical staff might not have what they need to provide the best diagnoses and treatments. Furthermore, a lack of physical space can restrict the number of patients that can be accommodated, leading to crowding and diminished patient comfort.

Sub-theme 4: Coordination and collaboration among stakeholders

From the standpoint of a healthcare professional, coordination and collaboration among stakeholders are essential to the efficient operation of health insurance programmes. It is

crucial for insurance companies and hospitals to communicate effectively in order to speed up the processes for processing claims, confirming coverage, and receiving payments. The reimbursement process can be streamlined, and administrative responsibilities reduced, allowing healthcare practitioners to concentrate more on patient care. The information and abilities required to successfully negotiate the complexity of insurance-related processes are provided to healthcare professionals through adequate training.

Additionally, it encourages effective communication and comprehension amongst stakeholders, which boosts productivity and reduces errors. The implementation of health insurance programmes can be improved, ensuring that patients have greater access to high-quality treatment, by encouraging coordination and collaboration among everyone involved, including insurance companies, hospitals, and healthcare professionals.

CONCLUSION

- Understanding of the health insurance landscape in Maharashtra/ Wardha context, in terms of schemes, prerequisite for each one, eligibility, benefits offered by different health insurance options available to individuals and organizations.
- Process flow of PMJAY and MJPJAY
- Facilitating factors included awareness (heard of), accessibility – government, and empaneled private hospitals, affordability, cashless procedure, and satisfaction in general. Facilitating factors are essential for encouraging the use of and effectiveness of health insurance schemes. One of the most important things is awareness since people need to be informed about the presence and advantages of these schemes. The population's level of awareness can be raised by initiatives like awareness campaigns and information dissemination. The availability of government and privately affiliated hospitals ensures that people have a large selection of healthcare professionals to choose from, making accessibility a key consideration.
- Hindering factors included lack of procedural awareness and information gaps. Information gaps and a lack of procedural awareness are two significant barriers that might prevent people from using health insurance schemes effectively. People may have difficulties getting the necessary healthcare services if they are unaware of the requirements and processes involved in obtaining health insurance benefits. Lack of knowledge regarding insurance coverage, required paperwork, and claim procedures can cause uncertainty and delays in accessing medical care.
- *Research is lacking in government health systemin general, therefore, the findings can guide district/ block healthcare providers, and other stakeholders to optimize MJPJAY and PMJAY schemes*

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ANNEXURE

Annexure- I

In-depth Interview Guide

1. Can you describe your experience working with patients who have benefited from PMJAY and MJPJAY? What impact have you observed these schemes have on their healthcare access and outcomes?
2. From your perspective, what are the key challenges healthcare workers face in implementing PMJAY and MJPJAY? How do these challenges affect the delivery of healthcare services?
3. In your opinion, what are the strengths and weaknesses of PMJAY and MJPJAY in terms of improving healthcare access and affordability? How do they compare to other health insurance schemes?
4. Have you noticed any differences in the quality of care provided to patients covered by PMJAY and MJPJAY compared to those with other types of health insurance or without insurance? If yes, please elaborate on those differences.
5. Are there any specific medical treatments or services that you think should be prioritized or included in the coverage under PMJAY and MJPJAY? How do you think the inclusion of these services would benefit the patients?
6. In your experience, how well-informed are patients about the benefits and coverage provided by PMJAY and MJPJAY? Are there any misconceptions or gaps in understanding that you have observed?
7. Can you discuss any notable instances where patients faced difficulties or barriers while trying to avail the benefits of PMJAY and MJPJAY? What were the reasons behind those challenges, and how were they resolved?
8. How would you assess the overall effectiveness of PMJAY and MJPJAY in reducing the financial burden on patients and improving healthcare access? Are there any areas where you believe they could be further strengthened?
9. What measures, if any, do you think could be implemented to enhance the collaboration between healthcare providers and insurance agencies under PMJAY and MJPJAY? How can coordination and communication be improved for better patient care?
10. Based on your experience, how has the implementation of PMJAY and MJPJAY influenced the healthcare landscape in your community? Have you observed any positive or negative consequences?

11. In your opinion, what steps can be taken to raise awareness among healthcare workers about the benefits and coverage provided by PMJAY and MJPJAY? How can healthcare providers be better equipped to assist patients in navigating these schemes?
12. Are there any specific changes or improvements you would recommend for PMJAY, MJPJAY, or health insurance schemes in general based on your experience as a healthcare worker? Please share your insights and suggestions.
13. Are you providing Information, Education, and Communication (IEC) materials to individuals who are not currently aware?
14. What factors and processes are involved in determining the duration of approval days for these schemes?
15. Do these schemes offer OPD (Out-Patient Department) and IPD Cover to patients (In-Patient Department)?

Here we reported the sum of responses that have been given by the healthcare providers on the health scheme.

1. **Can you describe your experience working with patients who have benefited from PMJAY and MJPJAY? What impact have you observed these schemes have on their healthcare access and outcomes?** *"Response 1: "Working with patients who have benefited from PMJAY and MJPJAY has been a rewarding experience. These schemes have significantly improved their healthcare access and outcomes. I have observed that patients who were previously unable to afford necessary medical treatments are now able to receive timely and quality care without financial burden. The schemes have expanded the range of services available to them, including hospitalizations, surgeries, and specialized treatments. This has resulted in improved health outcomes, reduced morbidity, and increased patient satisfaction. The availability of insurance coverage has empowered patients to seek appropriate medical care, leading to better management of their health conditions." "Response 2: "Based on my experience, PMJAY, and MJPJAY have had a positive impact on patients' healthcare access and outcomes. These schemes have provided a safety net for individuals who were previously unable to afford healthcare services. Patients now have access to a wider network of empanelled healthcare providers and facilities, ensuring timely and appropriate care. The financial burden on patients has*

significantly reduced, as the schemes cover a range of medical expenses. This has led to increased utilization of healthcare services, improved adherence to treatment plans, and better health outcomes. Patients feel more confident in seeking healthcare services, knowing that their financial concerns are addressed through the insurance coverage provided by PMJAY and MJPJAY."

2. **From your perspective, what are the key challenges healthcare workers face in implementing PMJAY and MJPJAY? How do these challenges affect the delivery of healthcare services?** *"Response 1: "Implementing PMJAY and MJPJAY comes with its own set of challenges for healthcare workers. One key challenge is the need for effective coordination and collaboration among multiple stakeholders, including insurance agencies, hospitals, and healthcare providers. Ensuring seamless communication and data sharing between these entities can be complex and time-consuming. Additionally, the documentation and administrative processes involved in enrolling patients and processing claims can be overwhelming, often requiring dedicated resources and training. These challenges can affect the delivery of healthcare services as they divert healthcare workers' time and energy away from direct patient care, leading to potential delays or inefficiencies in service delivery." Response 2: "Healthcare workers face several challenges in implementing PMJAY and MJPJAY. One major challenge is the lack of awareness and understanding among both healthcare workers and potential beneficiaries about the intricacies of the schemes. This can result in misconceptions or gaps in understanding, making it difficult for healthcare workers to effectively communicate the benefits and coverage to patients. Another challenge is the inadequate infrastructure and healthcare workforce in certain regions, particularly in rural areas. Limited availability of healthcare facilities and professionals can strain the delivery of services and impact timely access to care. Moreover, the complex and time-consuming process of claim reimbursement can lead to delays in receiving payments, affecting the financial sustainability of healthcare providers. These challenges need to be addressed to ensure smooth implementation and efficient delivery of healthcare services under PMJAY and MJPJAY."*
3. **In your opinion, what are the strengths and weaknesses of PMJAY and MJPJAY in terms of improving healthcare access and affordability? How do they compare to other health insurance schemes?** *"Response 1: "In terms of improving healthcare access and affordability, PMJAY and MJPJAY have several strengths. One of the key*

strengths is the extensive coverage provided by these schemes, which includes a wide range of medical treatments and services. This ensures that beneficiaries have access to essential healthcare without financial barriers. Moreover, the network of empaneled healthcare providers under these schemes is vast, enhancing the availability of healthcare services in both urban and rural areas. The schemes also prioritize the needs of vulnerable and marginalized populations, ensuring equitable access to healthcare. Additionally, the cashless transaction system and streamlined claim process contribute to the ease of utilization. However, some weaknesses include the need for better awareness and understanding among potential beneficiaries, as well as the challenges related to the implementation process, such as coordination among stakeholders and the sustainability of the schemes. " Response 2: "PMJAY and MJPJAY have made significant contributions to improving healthcare access and affordability. One of their strengths is the comprehensive coverage they offer, encompassing a wide range of medical procedures, surgeries, diagnostics, and treatments. This ensures that beneficiaries have access to necessary healthcare services without incurring substantial out-of-pocket expenses. The schemes have also contributed to the expansion of the network of healthcare providers, facilitating increased availability of services in both urban and rural areas. Furthermore, the simplified enrollment and cashless transaction process has enhanced the ease of utilization, making it more convenient for beneficiaries to access healthcare."

4. **Have you noticed any differences in the quality of care provided to patients covered by PMJAY and MJPJAY compared to those with other types of health insurance or without insurance? If yes, please elaborate on those differences.** *"Response 1: "Yes, I have observed differences in the quality of care provided to patients covered by PMJAY and MJPJAY compared to those with other types of health insurance or without insurance. One key difference is the increased access to specialized treatments and procedures for patients under PMJAY and MJPJAY. These schemes cover a wide range of medical services, including expensive surgeries and advanced treatments, which might be unaffordable for patients without insurance. As a result, patients under these schemes often receive timely and comprehensive care that significantly improves their health outcomes." Response 2: "In my experience, there are noticeable differences in the quality of care received by patients covered by PMJAY and MJPJAY compared to those without insurance. Patients under these schemes have the advantage of choosing from a network of empaneled hospitals and*

healthcare providers, which ensures a certain standard of care. These empaneled facilities are regularly monitored and evaluated for quality assurance. Additionally, patients covered by PMJAY and MJPJAY receive a higher level of financial protection, resulting in reduced out-of-pocket expenses. This financial security enables them to access necessary healthcare services without delay or compromise, ultimately leading to better treatment outcomes."

5. **Are there any specific medical treatments or services that you think should be prioritized or included in the coverage under PMJAY and MJPJAY? How do you think the inclusion of these services would benefit the patients?** *"Response 1: "In my opinion, it would be beneficial to prioritize certain medical treatments and services under PMJAY and MJPJAY. One area that needs attention is chronic disease management. Many patients require long-term medications and regular follow-up visits, which can be costly. Including comprehensive coverage for chronic disease management, including medications, diagnostic tests, and specialist consultations, would greatly benefit patients by ensuring they have access to essential care without financial strain." Response 2: "Based on my experience, I believe that preventive services should be given priority in the coverage under PMJAY and MJPJAY. By including preventive screenings, vaccinations, and health check-ups, we can detect and address health issues at an early stage, leading to better health outcomes and reduced healthcare costs in the long run. It would encourage people to proactively manage their health and prevent the progression of diseases, ultimately improving overall population health."*
6. **In your experience, how well-informed are patients about the benefits and coverage provided by PMJAY and MJPJAY? Are there any misconceptions or gaps in understanding that you have observed?** *"Response 1: In my experience, the level of awareness and understanding among patients about the benefits and coverage provided by PMJAY and MJPJAY varies. While some patients are well-informed and have a clear understanding of the schemes, others have misconceptions or gaps in their understanding. One common misconception I have observed is that some patients believe that all medical treatments and procedures are covered without any limitations. It is important to address these misconceptions and provide accurate information to ensure that patients have realistic expectations and make informed decisions about their healthcare. Response 2: Patients' awareness and understanding of the benefits and coverage provided by PMJAY and MJPJAY vary widely. While*

some patients have a good understanding of the schemes and their entitlements, others have limited knowledge and are not fully aware of the coverage details. There are also cases where patients are not aware that pre-authorization is required for certain procedures, leading to delays in accessing necessary treatments. Bridging these gaps in understanding requires continuous education and communication efforts, including the provision of clear and easily understandable information about the schemes and their processes."

7. **Can you discuss any notable instances where patients faced difficulties or barriers while trying to avail the benefits of PMJAY and MJPJAY? What were the reasons behind those challenges, and how were they resolved?** *"Response 1: "Yes, there have been instances where patients faced difficulties in availing the benefits of PMJAY and MJPJAY. One notable challenge was the lack of awareness among patients about the procedures and documentation required for enrollment and claim submission. Many patients were unaware of the necessary forms and documents, which led to delays in processing their applications. Additionally, some patients faced difficulties in understanding the eligibility criteria and had incorrect expectations regarding the coverage provided. To address these challenges, we initiated awareness campaigns and conducted informational sessions to educate patients about the schemes, their benefits, and the necessary steps for enrollment and claims. We also assisted in filling out the required forms and ensured that patients had access to accurate information." Response 2: "In our experience, patients have encountered barriers in availing the benefits of PMJAY and MJPJAY due to administrative and procedural complexities. The claim submission process, in particular, can be challenging for patients and healthcare providers alike. Patients often struggle with gathering the required documents and medical records, which leads to delays or rejections of their claims. Additionally, there have been instances of technical issues with the online claim submission portal, causing frustration and inconvenience for both patients and healthcare providers. To address these challenges, we have advocated for simplifying the claim submission process, providing clearer guidelines, and improving the user-friendliness of the online portal. We have also established dedicated support teams to assist patients in navigating the process and resolving any issues they encounter."*
8. **How would you assess the overall effectiveness of PMJAY and MJPJAY in reducing the financial burden on patients and improving healthcare access? Are**

there any areas where you believe they could be further strengthened? *"Response 1: As a healthcare provider, I believe PMJAY and MJPJAY have been effective in reducing the financial burden on patients. Many patients who were previously unable to afford essential healthcare services can now access them without worrying about the cost. This has resulted in improved healthcare access and increased utilization of healthcare facilities. However, there are areas where these schemes could be further strengthened. One aspect is the need for better reimbursement rates for healthcare providers to ensure sustainable delivery of quality care. Additionally, there should be increased awareness and simplified processes for claim submissions to expedite reimbursement, which would further enhance the effectiveness of the schemes. Response 2: From my experience, PMJAY and MJPJAY have had a significant positive impact in reducing the financial burden on patients and improving healthcare access. Many patients who were previously unable to afford necessary treatments and procedures can now receive them under the schemes. This has led to improved health outcomes and a sense of financial security for the patients. However, to enhance their effectiveness, there should be a focus on expanding the network of empaneled healthcare providers, especially in rural areas, to ensure greater accessibility. Strengthening the coordination between insurance agencies and healthcare providers is crucial to streamline the claim process and minimize delays. Additionally, continuous monitoring and evaluation of the schemes' implementation can identify areas for improvement and ensure their long-term effectiveness in reducing the financial burden on patients."*

9. **What measures, if any, do you think could be implemented to enhance the collaboration between healthcare providers and insurance agencies under PMJAY and MJPJAY? How can coordination and communication be improved for better patient care?** *"Response 1: In my opinion, to enhance collaboration between healthcare providers and insurance agencies under PMJAY and MJPJAY, there should be regular meetings and forums where representatives from both sides can come together to discuss challenges, share feedback, and identify areas for improvement. This would foster better understanding and communication between the two parties. Additionally, establishing clear channels of communication, such as dedicated helplines or online platforms, can help streamline the process of resolving issues and addressing concerns. Training programs and workshops can also be organized to educate healthcare providers about insurance schemes, their*

requirements, and the claims process. This would empower providers to better assist patients in navigating the schemes and ensure smooth coordination for efficient patient care. Response 2: To enhance collaboration between healthcare providers and insurance agencies under PMJAY and MJPJAY, it is crucial to establish strong networks and partnerships. Regular interaction and engagement between insurance agency representatives and healthcare providers can help build trust and understanding. This can be achieved through joint workshops, seminars, and training sessions where providers can learn about the insurance schemes and insurers can gain insights into the challenges faced by healthcare providers. In terms of coordination and communication, there should be dedicated points of contact or liaison officers who can facilitate information exchange and address any issues or queries promptly. Streamlining the documentation and claims process, as well as adopting digital platforms for seamless data sharing, would further improve coordination and enhance patient care."

10. **Based on your experience, how has the implementation of PMJAY and MJPJAY influenced the healthcare landscape in your community? Have you observed any positive or negative consequences?** *"Response 1: Based on my experience, the implementation of PMJAY and MJPJAY has had a significant impact on the healthcare landscape in our community. One positive consequence is the increased accessibility to healthcare services for economically disadvantaged individuals. Many patients who previously couldn't afford necessary treatments are now able to receive timely medical care through these schemes. This has led to improved health outcomes and reduced financial burden on the patients. However, there have also been some challenges in the implementation process. The increased patient load and demand for services have put a strain on healthcare facilities, leading to longer waiting times and overcrowding. To address these issues, it is essential to invest in healthcare infrastructure and capacity-building initiatives to meet the growing demand. Overall, the implementation of PMJAY and MJPJAY has been a step in the right direction, but continuous efforts are needed to overcome the challenges and ensure efficient healthcare delivery. Response 2: From my perspective, the implementation of PMJAY and MJPJAY has brought about significant changes in the healthcare landscape of our community. One positive consequence is the increased awareness and understanding of health insurance schemes among the population. More individuals are now aware of the benefits and coverage provided by these schemes, leading to*

improved healthcare access and affordability. Healthcare providers have also witnessed a shift in patient behavior, with increased utilization of preventive and primary care services. This has resulted in the early detection and management of health conditions, contributing to better health outcomes. However, there have been some negative consequences as well. The increased paperwork and administrative tasks associated with insurance schemes have added to the workload of healthcare providers. This, in turn, has the potential to affect the quality and efficiency of patient care. To address these challenges, it is crucial to streamline administrative processes, provide adequate training and support to healthcare providers, and ensure timely reimbursement for services rendered. Overall, the implementation of PMJAY and MJPJAY has positively influenced the healthcare landscape, but continuous monitoring and improvements are necessary to maximize their potential benefits."

11. **In your opinion, what steps can be taken to raise awareness among healthcare workers about the benefits and coverage provided by PMJAY and MJPJAY? How can healthcare providers be better equipped to assist patients in navigating these schemes?** *"Response 1: To raise awareness among healthcare workers about the benefits and coverage provided by PMJAY and MJPJAY, targeted educational campaigns and training programs can be implemented. Workshops, seminars, and conferences can be organized to provide in-depth knowledge about the schemes, their eligibility criteria, and the process for enrolling patients. These sessions should also cover the claims process, documentation requirements, and any updates or changes to the schemes. Additionally, incorporating information about PMJAY and MJPJAY into the curriculum of medical and nursing schools can ensure that future healthcare professionals are well-informed about these schemes. Healthcare providers can also be encouraged to participate in webinars and online platforms where they can access resources, engage in discussions, and seek clarification regarding the schemes. Moreover, creating informative materials, such as brochures, posters, and digital content, specifically targeting healthcare workers can help disseminate key information and address any misconceptions or gaps in understanding. Response 2: Raising awareness among healthcare workers about the benefits and coverage provided by PMJAY and MJPJAY requires a multifaceted approach. First and foremost, regular training sessions should be conducted to educate healthcare providers about the schemes, their objectives, and the services covered. These sessions should focus on the eligibility criteria, enrollment process, documentation*

requirements, and claims process. Providing healthcare workers with access to a dedicated helpdesk or helpline can facilitate their queries and provide timely assistance. Additionally, healthcare facilities can appoint designated personnel who serve as focal points for the schemes, ensuring that providers have a reliable source of information and support. Collaboration with insurance agencies to organize interactive workshops and knowledge-sharing sessions can also enhance healthcare providers' understanding of the schemes. It is important to emphasize the benefits of the schemes not only for patients but also for healthcare providers themselves, such as streamlined payment processes and increased patient volumes. By equipping healthcare providers with comprehensive knowledge and resources, they can better assist patients in navigating the schemes, including helping them with the enrollment process, explaining coverage details, and addressing any concerns or issues that may arise."

12. **Are there any specific changes or improvements you would recommend for PMJAY, MJPJAY, or health insurance schemes in general based on your experience as a healthcare worker? Please share your insights and suggestions**. *"Response 1: Based on my experience as a healthcare worker, I would recommend the following changes and improvements for PMJAY, MJPJAY, and health insurance schemes in general. Firstly, there should be a simplified and streamlined claims process to reduce administrative burdens on healthcare providers. Complex documentation requirements and lengthy approval processes often result in delays and inefficiencies in providing timely care to patients. By simplifying the claims process and ensuring clear guidelines, healthcare providers can focus more on patient care. Secondly, there should be increased transparency and communication between insurance agencies and healthcare providers. Regular updates on policy changes, reimbursement rates, and any modifications to the schemes should be communicated promptly. This would enable healthcare providers to plan and deliver services effectively. Thirdly, there should be a robust mechanism for addressing grievances and resolving disputes. Prompt resolution of issues related to claim denials, reimbursement delays, or disagreements on coverage can significantly improve the trust and collaboration between healthcare providers and insurance agencies. Lastly, there should be a continuous evaluation and feedback system to monitor the impact and effectiveness of the schemes. This can help identify areas for improvement, assess the quality of care delivered, and make evidence-based policy decisions. Regular*

feedback from healthcare providers can provide valuable insights into the challenges and areas that need attention, leading to a more responsive and efficient health insurance system. Response 2: Based on my experience as a healthcare worker, I would suggest the following changes and improvements for PMJAY, MJPJAY, and health insurance schemes in general. Firstly, there should be increased coverage for preventive care services. Emphasizing preventive measures can help reduce the burden of expensive treatments and hospitalizations in the long run. This can be achieved by including regular check-ups, vaccinations, and health screenings under the schemes. Secondly, there should be a focus on expanding the network of empaneled healthcare providers, particularly in underserved areas. This would ensure that patients have access to a wide range of quality healthcare services, regardless of their geographical location. Thirdly, there should be greater emphasis on patient education and awareness. Healthcare providers should be equipped with educational materials and resources to effectively communicate the benefits, coverage, and limitations of the schemes to patients. Additionally, there should be dedicated initiatives to educate the public about the importance of health insurance and how to navigate the schemes. Lastly, there should be periodic reviews and updates of the schemes to address emerging healthcare needs and incorporate advancements in medical technologies and treatments. This would ensure that the schemes remain relevant and responsive to the evolving healthcare landscape. Overall, these changes and improvements would enhance the effectiveness, accessibility, and quality of healthcare services provided through PMJAY, MPMJAY, and other health insurance schemes."

13. **Are you providing Information, Education, and Communication (IEC) materials to individuals who are not currently aware?** *"Response 1: Yes, as healthcare providers, we understand the importance of raising awareness about health insurance schemes such as PMJAY and MJPJAY. We actively provide Information, Education, and Communication (IEC) materials to individuals who are not currently aware. These materials include brochures, pamphlets, posters, and other informative resources that explain the benefits, coverage, and enrollment process of the schemes. We distribute these materials in healthcare facilities, community centers, and other relevant locations where individuals can easily access them. Additionally, we conduct awareness campaigns and outreach programs to reach out to communities and educate them about the availability and advantages of these health insurance*

schemes. We believe that providing IEC materials is crucial in empowering individuals with the knowledge they need to make informed decisions about their healthcare and take advantage of the benefits offered by these schemes. Response 2: Absolutely, raising awareness about health insurance schemes like PMJAY and MJPJAY is a key aspect of our efforts as healthcare workers. We actively provide Information, Education, and Communication (IEC) materials to individuals who are not currently aware of these schemes. These materials serve as valuable resources to educate individuals about the benefits, coverage, and eligibility criteria of the schemes. We distribute brochures, leaflets, and other informative materials at healthcare facilities, community centers, and public events. Additionally, we collaborate with local organizations and community leaders to conduct awareness campaigns and information sessions. These initiatives aim to reach individuals who may not have access to healthcare facilities or are unaware of the benefits they are entitled to under these schemes. By providing IEC materials, we strive to ensure that individuals have the necessary information to make informed decisions about their healthcare and take advantage of the support available to them through these health insurance schemes."

14. **What factors and processes are involved in determining the duration of approval days for these schemes?** "Response 1: The duration of approval days for health insurance schemes like PMJAY and MJPJAY can depend on several factors and processes. The primary factors involved in determining the duration of approval days include the complexity of the case, the completeness of the documentation submitted, and the workload of the approving authority. When a healthcare provider submits a claim for approval, it undergoes a review process by the insurance agency or the designated authority. During this process, the submitted documents and medical records are carefully evaluated to ensure compliance with the scheme's guidelines and requirements. The duration of approval days can vary based on the efficiency of this review process, the availability of resources, and the volume of claims being processed. In some cases, additional information or clarifications may be requested, which can extend the approval timeline. It is important to note that efforts are continuously made to streamline and expedite the approval process to ensure timely access to healthcare services for beneficiaries. Response 2: The duration of approval days for health insurance schemes such as PMJAY and MJPJAY involves several factors and processes. Firstly, once a claim is submitted by a healthcare provider, it

undergoes a thorough evaluation to ensure that it meets the scheme's criteria and guidelines. The reviewing authority assesses the medical records, treatment details, and supporting documentation provided by the healthcare provider. The duration of approval days can be influenced by factors such as the complexity of the case, the accuracy and completeness of the submitted documents, and the workload of the reviewing authority. If the claim requires additional information or clarification, it may result in a longer approval process. Additionally, the efficiency of the reviewing and decision-making process within the insurance agency or the designated authority can also impact the duration of approval days. Efforts are made to streamline and expedite the approval process through the implementation of standardized protocols, digital platforms for document submission, and continuous monitoring of the process to ensure timely access to healthcare services for beneficiaries."

15. **Do these schemes offer OPD (Out-Patient Department) and IPD Cover to patients (In-Patient Department)? "***Response 1: The schemes like PMJAY and MJPJAY primarily focus on providing coverage for in-patient hospitalization expenses. They typically offer IPD (In-Patient Department) coverage, which means that patients are eligible for coverage for medical treatments and services received during hospitalization. This includes expenses related to room charges, surgical procedures, medical tests, medications, and other necessary healthcare services during the hospital stay. However, the coverage for outpatient services, such as consultations, diagnostic tests, and medications outside of hospitalization, may vary depending on the specific guidelines and provisions of the schemes. Beneficiaries need to refer to the scheme's documentation or contact the relevant authorities to obtain accurate information regarding the extent of OPD (Out-Patient Department) coverage provided. Response 2: The schemes like PMJAY and MJPJAY primarily focus on providing coverage for in-patient hospitalization expenses. They typically offer IPD (In-Patient Department) coverage, which means that patients are eligible for coverage for medical treatments and services received during hospitalization. This includes expenses related to room charges, surgical procedures, medical tests, medications, and other necessary healthcare services during the hospital stay. However, the coverage for outpatient services, such as consultations, diagnostic tests, and medications outside of hospitalization, may not be included in the schemes or may have limitations. The availability of OPD (Out-Patient Department) coverage varies based on the specific guidelines and provisions of the schemes. Patients need to review*

the scheme's documentation or consult with the relevant authorities to understand the extent of coverage provided for outpatient services. In certain cases, separate health insurance or healthcare programs may be available specifically designed to cover outpatient expenses."

Annexure II

Focused Group Discussion Guide

1. What knowledge or understanding do you have about health insurances schemes?
2. Can you share your understanding of the various health insurance schemes available in Maharashtra?
3. How familiar are you with the PMJAY and MJPJAY health insurance schemes? Can you briefly explain what you know about them?
4. Have you or anyone you know utilized the benefits of PMJAY or MJPJAY? If yes, could you share your experience with the schemes?
5. What information or understanding do you have about the eligibility criteria for MJPJAY, PMJAY health insurance schemes? What documents are required to submit when applying for a health insurance scheme (MJPJAY, PMJAY)?
6. What was your experience during the enrolment process for these health insurance scheme, and what steps or procedures did you have to follow to complete your enrolment?
7. Are you currently aware of the coverage details and limitations of these health insurance scheme?
8. Are you currently aware of the coverage details and limitations of these health insurance scheme?
9. What information or understanding do you currently have about the medical procedures and surgeries covered under these health insurance scheme, and how has this knowledge affected your approach to seeking necessary medical treatments?
10. 10. How would you describe your overall satisfaction with the Pradhan Mantri Jan Arogya Yojana (PMJAY) or Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY), and what specific factors have contributed to your level of satisfaction?
11. 11. What challenges, if any, did you encounter during the process of opting for the Pradhan Mantri Jan Arogya Yojana (PMJAY) or Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) health insurance scheme, and how did you navigate or overcome them?
12. 12. What advantages or benefits have you experienced in Pradhan Mantri Jan Arogya Yojana (PMJAY) or Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY),and how have they positively impacted your healthcare journey?

13. 13. What are your thoughts or observations regarding the potential misuse or fraudulent activities associated with the Pradhan Mantri Jan Arogya Yojana (PMJAY) or Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) health insurance schemes and what measures do you believe should be taken to address such issues?
14. 14. What improvements or suggestions would you offer to enhance the Pradhan Mantri Jan Arogya Yojana (PMJAY) or Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY), with the goal of making them more effective and beneficial for the beneficiaries?
15. 15. Do you believe that PMJAY and MJPJAY have contributed to reducing the financial burden of medical expenses for beneficiaries? Please explain your viewpoint.

Questionnaire related to Focused Group Discussion

The purpose of this focus group discussion is to gather insights from community members regarding their knowledge and understanding of health insurance schemes. The discussion aims to explore the participants' awareness, perceptions, and experiences related to health insurance schemes. The facilitator encourages open and honest participation from all members to gather diverse perspectives. The discussion proceeds as follows:

1. What knowledge or understanding do you have about health insurance schemes?

Facilitator: Welcome, everyone! Today, we are here to discuss health insurance schemes. To start the discussion, I would like to hear from each of you about your knowledge or understanding of health insurance schemes. What comes to your mind when you hear the term "health insurance schemes"?

Participant 1: Well, I know that health insurance schemes are designed to provide financial coverage for medical expenses. It's like a form of protection or assurance that helps people afford healthcare services when they need them.

Participant 2: Yes, that's right. Health insurance schemes are meant to assist individuals in paying for their medical treatments and hospitalization expenses. They often involve paying a premium or contribution to the insurance provider.

Participant 3: I have heard about health insurance schemes, but I don't have much knowledge about how they work. I know they exist, but I'm not sure about the specifics or how to access them.

Facilitator: Thank you for sharing your initial thoughts. It's interesting to see a range of understanding among the group. Now, let's dive a bit deeper. Have any of you or your family members ever enrolled in a health insurance scheme or had any experience with one?

Participant 4: Yes, my brother had health insurance through his employer. It helped cover some of his hospital bills when he had major surgery. It made a significant difference in managing the expenses.

Participant 5: I tried to enrol in a health insurance scheme once, but the process was quite complicated. There were many forms to fill out, and the requirements were confusing. I eventually gave up because it seemed too overwhelming.

Participant 6: I have never had personal experience with health insurance schemes, but I know a few people who have benefited from them. They were able to receive treatments and surgeries that they couldn't have afforded otherwise.

Facilitator: Thank you all for sharing your experiences and perspectives. It seems that some of you have direct experience with health insurance schemes, while others have limited knowledge or face challenges in accessing them. Let's continue exploring this topic further.

2. Can you share your understanding of the various health insurance schemes available in Maharashtra?

Facilitator: Moving on to the next question, I would like to hear your understanding of the various health insurance schemes available in Maharashtra. What do you know about the different health insurance schemes offered in this state?

Participant 1: I believe one of the prominent health insurance schemes in Maharashtra is the Pradhan Mantri Jan Arogya Yojana (PMJAY), also known as Ayushman Bharat. It provides health coverage to economically vulnerable individuals and families.

Participant 2: Yes, PMJAY is indeed a well-known scheme. Additionally, I have heard about the Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY), which specifically caters to the economically weaker sections of society and aims to provide cashless treatment for various medical conditions.

Participant 3: Apart from those, I think there are other health insurance schemes offered by the state government, like the Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY). It provides financial coverage for specific diseases and treatments for eligible beneficiaries.

Participant 4: In addition to the government schemes, there are also private health insurance schemes available in Maharashtra. These schemes are offered by various insurance companies and cater to individuals and families who can afford private coverage.

Facilitator: Thank you all for sharing your understanding of the health insurance schemes in Maharashtra. It's great to hear that some of you are aware of schemes like PMJAY, MJPJAY, and RGJAY, which aim to provide healthcare coverage to different sections of the population. The existence of private health insurance schemes is also worth noting. Now, let's move on to our next question.

3. **How familiar are you with the PMJAY and MJPJAY health insurance schemes? Can you briefly explain what you know about them?**

Facilitator: Our next question is about your familiarity with the PMJAY and MJPJAY health insurance schemes. Can you briefly explain what you know about these schemes?

Participant 1: I am quite familiar with PMJAY. It is a national health insurance scheme that aims to provide coverage to economically vulnerable individuals and families across the country. It offers financial protection for hospitalization expenses, including surgeries, treatments, and follow-up care.

Participant 2: As for MJPJAY, I believe it is a state-specific scheme in Maharashtra. It focuses on providing health insurance coverage to the economically weaker sections of society. It covers a wide range of medical treatments and procedures, including specialized treatments and surgeries.

Participant 3: I have heard that both PMJAY and MJPJAY provide cashless treatment facilities, meaning beneficiaries can receive medical care without having to pay upfront. These schemes also have empanelled hospitals and healthcare providers where beneficiaries can access the required services.

Participant 4: From what I understand, PMJAY and MJPJAY aim to ensure that people have access to quality healthcare services without worrying about financial constraints. These

schemes have specific eligibility criteria, and beneficiaries receive an e-card that they can use to avail of the benefits at empanelled hospitals.

Facilitator: Thank you all for sharing your understanding of the PMJAY and MJPJAY health insurance schemes. It's great to hear that you are familiar with these schemes and have some knowledge of their coverage and benefits. Let's move on to our next question.

4. **Have you or anyone you know utilized the benefits of PMJAY or MJPJAY? If yes, could you share your experience with the schemes?**

Facilitator: Our next question is about personal experiences with the PMJAY and MJPJAY schemes. Have any of you or someone you know utilized the benefits of these schemes? If yes, could you please share your experience?

Participant 1: Yes, I utilized the benefits of PMJAY when I had to undergo major surgery last year. The scheme covered most of the hospitalization expenses, including the surgeon's fees, room charges, and medications. It significantly reduced the financial burden on my family during a difficult time.

Participant 2: I have a neighbor who availed the benefits of MJPJAY for her father's cardiac treatment. The scheme covered the cost of the surgery and post-operative care. It was a relief for their family as they didn't have to worry about arranging funds for such an expensive procedure.

Participant 3: I haven't personally used the benefits, but I know a few people from my community who have benefited from both PMJAY and MJPJAY. They have shared positive experiences, mentioning that the schemes provided them access to quality healthcare that they otherwise couldn't have afforded.

Participant 4: I haven't directly used these schemes, but my friend's mother had a prolonged hospital stay, and they utilized the benefits of PMJAY. It helped them with the expenses related to hospitalization and medicines. They were quite satisfied with the coverage provided by the scheme.

Facilitator: Thank you all for sharing your experiences and insights regarding the utilization of PMJAY and MJPJAY. It's valuable to hear first-hand experiences and how these schemes have made a positive impact on individuals and their families. Let's move on to our next question.

5. **What information or understanding do you have about the eligibility criteria for MJPJAY, and PMJAY health insurance schemes?**

Facilitator: Our next question is about the eligibility criteria for the MJPJAY and PMJAY health insurance schemes. What information or understanding do you have about the eligibility criteria for these schemes?

Participant 1: As far as I know, the eligibility criteria for both schemes include being a resident of Maharashtra and belonging to specific income categories. For PMJAY, it covers families identified as Socio-Economically Backward Classes (SEBC), Scheduled Castes (SC), Scheduled Tribes (ST), and certain other categories. MJPJAY, on the other hand, provides coverage to families identified as below the poverty line (BPL).

Participant 2: I believe the eligibility criteria also include having a valid Aadhaar card, which serves as an identification document for availing of the benefits. Additionally, the schemes prioritize providing coverage to vulnerable populations, such as pregnant women, children, and the elderly.

Participant 3: Yes, that's correct. The schemes also consider family size and household income while determining eligibility. I remember reading that for PMJAY, families with a maximum of five members are eligible, and the income criteria vary based on the category they belong to.

Participant 4: In the case of MJPJAY, I think the eligibility extends to families with more than five members as well, but the income criteria remain important factors. It aims to provide coverage to economically disadvantaged families who are unable to afford quality healthcare.

Facilitator: Thank you all for sharing your knowledge and understanding of the eligibility criteria for MJPJAY and PMJAY. It seems that you have a good grasp of the basic requirements for these schemes. This information is essential for individuals to determine their eligibility and access the benefits. Let's move on to our next question.

6. **What documents are required to submit when applying for a health insurance scheme (MJPJAY, PMJAY)?**

Facilitator: Our next question is about the documents required when applying for the MJPJAY and PMJAY health insurance schemes. What documents do you think are necessary to submit when applying for these schemes?

Participant 1: I think one of the essential documents required is a valid Aadhaar card. It serves as an identification document and is often used for verification purposes.

Participant 2: Yes, the Aadhaar card is an important document. I believe they also require proof of residence, such as a ration card, voter ID card, or utility bills, to verify that the applicant is a resident of Maharashtra.

Participant 3: In addition to that, I think they may also ask for income-related documents to assess financial eligibility. This can include income certificates, salary slips, or any other proof of income.

Participant 4: That's correct. They may also require details of the family members, such as their Aadhaar cards and birth certificates, to establish the family composition and ensure that all eligible members are covered.

Facilitator: Thank you all for sharing your insights on the required documents for MJPJAY and PMJAY. It seems that the necessary documents include an Aadhaar card, proof of residence, income-related documents, and details of family members. These documents help in verifying eligibility and ensuring that the benefits reach the eligible individuals. Let's move on to our next question.

7. **What was your experience during the enrolment process for this health insurance scheme, and what steps or procedures did you have to follow to complete your enrolment?**

Facilitator: Now, let's talk about your experiences during the enrolment process for health insurance schemes. Could you share your personal experiences and the steps or procedures you had to follow to complete your enrolment?

Participant 1: I recently enrolled in the PMJAY scheme, and the process was quite straightforward. I visited the nearest enrolment centre, where they provided me with an application form to fill out. I had to provide my personal information, including my Aadhaar card details and proof of residence. They also asked for income-related documents to determine my eligibility.

Participant 2: My experience with the MJPJAY enrolment was similar. I had to visit the designated enrolment centre, where they guided me through the application process. They

checked my Aadhaar card and asked for proof of residence. They also verified my income documents and other required information.

Participant 3: In my case, I had to submit the enrolment form online. The process was entirely digital, and I had to provide scanned copies of the required documents. I filled out the online form, uploaded the documents, and submitted it electronically. After that, I received an acknowledgment and further instructions through email.

Facilitator: Thank you for sharing your experiences. It seems that the enrolment process involves visiting enrolment centres or submitting the application online. The necessary documents, such as an Aadhaar card, proof of residence, and income-related documents, need to be provided for verification. The process may vary slightly depending on the scheme and the mode of enrolment. Let's move on to our next question.

8. Are you currently aware of the coverage details and limitations of this health insurance scheme?

Facilitator: Moving forward, let's discuss your current awareness of the coverage details and limitations of the health insurance schemes. Are you familiar with the coverage provided by MJPJAY and PMJAY? Do you know about any limitations or restrictions associated with these schemes?

Participant 1: Yes, I have some understanding of the coverage provided by these schemes. As far as I know, both MJPJAY and PMJAY offer coverage for hospitalization expenses, including surgeries, treatments, and medications. They also cover pre-existing conditions, which is beneficial for many individuals. However, I am not sure about the specific limitations or exclusions, such as certain types of treatments or procedures that may not be covered.

Participant 2: I have heard that both schemes provide coverage for a range of medical services, including diagnostics, surgeries, and follow-up treatments. However, I believe there might be certain limitations in terms of the maximum amount of coverage provided or restrictions on the choice of healthcare providers or hospitals.

Participant 3: I have limited knowledge about the coverage details, but I understand that both schemes aim to provide financial protection for individuals and families, particularly those from economically weaker sections. However, I am not aware of any specific limitations or exclusions.

Facilitator: Thank you for sharing your insights. It appears that while you have some understanding of the coverage provided by MJPJAY and PMJAY, there may be some uncertainty regarding the specific limitations or exclusions. It's important to have a clear understanding of the coverage details to make informed decisions. Let's continue our discussion with the next question.

9. **What information or understanding do you currently have about the medical procedures and surgeries covered under this health insurance scheme, and how has this knowledge affected your approach to seeking necessary medical treatments?**

Facilitator: Let's talk about the medical procedures and surgeries covered under these health insurance schemes. What information or understanding do you currently have about the types of treatments and surgeries that are covered? And how has this knowledge affected your approach to seeking necessary medical treatments?

Participant 1: From what I know, both MJPJAY and PMJAY cover a wide range of medical procedures and surgeries. They include major surgeries like heart surgeries, joint replacements, and organ transplants, as well as treatments for chronic conditions like cancer and kidney diseases. Knowing that these treatments are covered has given me a sense of relief because I know that if I ever need such procedures, I can rely on the insurance scheme to help cover the costs.

Participant 2: I have a basic understanding that the schemes cover essential medical procedures and surgeries. However, I'm not aware of the specific list of covered treatments. This lack of information has made it challenging for me to make informed decisions when it comes to seeking medical treatments. I often have to rely on recommendations from doctors or seek additional information from insurance providers.

Participant 3: I have some knowledge that both schemes cover a broad range of medical procedures, including surgeries for various conditions. However, I'm not sure about the detailed coverage or any specific exclusions. This lack of clarity has made me cautious when considering medical treatments. I try to consult with healthcare professionals and insurance representatives to gather more information before making any decisions.

Facilitator: Thank you for sharing your experiences. It seems that while some of you have a general understanding of the coverage for medical procedures and surgeries, there is still a need for more specific information. This lack of clarity may impact your decision-making

process when it comes to seeking necessary medical treatments. It highlights the importance of having clear and accessible information about the covered treatments to ensure informed decision-making. Let's move on to our next question.

10. **How would you describe your overall satisfaction with the Pradhan Mantri Jan Arogya Yojana (PMJAY) or Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY), and what specific factors have contributed to your level of satisfaction?**

Facilitator: Now, let's talk about your overall satisfaction with the PMJAY or MJPJAY. How would you describe your level of satisfaction with the scheme, and what specific factors have contributed to your satisfaction?

Participant 1: I am quite satisfied with the PMJAY scheme. One of the major factors contributing to my satisfaction is the financial relief it provides for medical treatments. The fact that I can receive quality healthcare without worrying about the financial burden is a huge relief. Additionally, the ease of access to empanelled hospitals and the smooth claim settlement process has also contributed to my satisfaction.

Participant 2: I have mixed feelings about the MJPJAY scheme. While I appreciate the efforts made to provide health insurance coverage, there have been instances where the process was a bit cumbersome. The limited network of empanelled hospitals and delays in claim settlements have been areas of concern for me. However, I must acknowledge that the scheme has helped many people in our community who otherwise would have struggled to afford necessary medical treatments.

Participant 3: I am highly satisfied with the MJPJAY scheme. The coverage it offers has been a great support for my family and me. The scheme has enabled us to access medical treatments that we couldn't have afforded otherwise. Moreover, the professionalism and support received from the scheme representatives and the empanelled hospitals have also contributed to my overall satisfaction.

Facilitator: Thank you for sharing your perspectives on your overall satisfaction with the PMJAY or MJPJAY. It is important to acknowledge both the positive experiences and areas where improvements could be made. Your feedback highlights the significance of factors such as financial relief, ease of access to empanelled hospitals, and smooth claim settlements in determining the level of satisfaction with the scheme. Let's move on to our next question.

11. What challenges, if any, did you encounter during the process of opting for the Pradhan Mantri Jan Arogya Yojana (PMJAY) or Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) health insurance scheme, and how did you navigate or overcome them?

Facilitator: We would like to know if any of you encountered any challenges while opting for the PMJAY or MJPJAY health insurance scheme. Could you share your experiences and how you navigated or overcame those challenges?

Participant 1: One of the challenges I faced was the lack of awareness and understanding about the scheme. I initially had limited knowledge about the eligibility criteria and the required documents. However, I approached the local health centre, where they provided me with the necessary information and assisted me in completing the enrolment process. Their guidance and support were crucial in helping me navigate through the initial challenges.

Participant 2: For me, the main challenge was the lengthy documentation process. Gathering all the required documents and submitting them within the specified time frame was quite daunting. However, I sought help from the local community centre, where they guided the documentation process and even helped me arrange some of the necessary documents. It was a relief to have their support during this challenging phase.

Participant 3: I faced difficulties in understanding the coverage details and limitations of the scheme. It was not clear to me which medical procedures and treatments were covered. I reached out to the scheme's helpline and also visited the nearest empanelled hospital to get more information. The hospital staff guided me through the coverage details and helped me understand the benefits of the scheme. Their assistance was invaluable in clarifying my doubts and making informed decisions about seeking medical treatments.

Facilitator: Thank you for sharing your experiences and the challenges you encountered during the process of opting for the PMJAY or MJPJAY health insurance scheme. Challenges such as lack of awareness, lengthy documentation process, and understanding of the coverage details can be common obstacles. However, your proactive approach to seeking help from local health centres, community centres, scheme helplines, and empanelled hospitals has been instrumental in navigating and overcoming these challenges. Your experiences highlight the

importance of accessible information and support systems in ensuring a smooth enrolment process. Let's move on to our next question.

12. What advantages or benefits have you experienced in Pradhan Mantri Jan Arogya Yojana (PMJAY) or Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY), and how have they positively impacted your healthcare journey?

Facilitator: We would like to know about the advantages or benefits you have experienced in the PMJAY or MJPJAY health insurance schemes. How have these benefits positively impacted your healthcare journey?

Participant 1: One significant advantage I have experienced is the financial protection it provides. Previously, I had to bear the entire cost of medical treatments, which often put a strain on my family's finances. With PMJAY/MJPJAY, a considerable portion of the medical expenses is covered, relieving the burden, and making healthcare more affordable. It has positively impacted my healthcare journey by ensuring that I can access necessary treatments without worrying excessively about the financial implications.

Participant 2: I would say the biggest benefit for me is access to quality healthcare services. Through the empanelled hospitals and healthcare providers under PMJAY/MJPJAY, I have been able to receive treatment from experienced doctors and avail myself of modern facilities and technologies. This has significantly improved the quality of care I receive, leading to better health outcomes.

Participant 3: Another advantage I have experienced is the streamlined and simplified process of availing healthcare services. Previously, I had to navigate through various bureaucratic procedures and paperwork, which sometimes delayed my access to necessary treatments. However, with PMJAY/MJPJAY, the process has been much more straightforward. I can visit an empanelled hospital, present my PMJAY/MJPJAY card, and receive the required treatments without unnecessary delays. It has made my healthcare journey more convenient and efficient.

Facilitator: Thank you for sharing the advantages and benefits you have experienced in the PMJAY or MJPJAY health insurance schemes. The financial protection, access to quality healthcare services, and simplified process of availing healthcare have positively impacted your healthcare journeys. These advantages not only alleviate the financial burden but also ensure timely access to appropriate treatments and enhance the overall quality of care. Let's move on to our next question.

13. What are your thoughts or observations regarding the potential misuse or fraudulent activities associated with the Pradhan Mantri Jan Arogya Yojana (PMJAY) or Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) health insurance schemes and what measures do you believe should be taken to address such issues?

Facilitator: We would like to hear your thoughts or observations regarding the potential misuse or fraudulent activities associated with the PMJAY or MJPJAY health insurance schemes. Have you come across any instances or concerns related to this issue?

Participant 1: I haven't encountered any instances of misuse or fraudulent activities in the schemes, but I am aware that such risks exist. With any large-scale program, there is always a possibility of individuals or institutions trying to exploit the system for personal gains. It is essential to have robust mechanisms in place to prevent and detect fraud.

Participant 2: I have heard of a few cases where healthcare providers have overcharged or billed for services that were not provided. This kind of fraudulent activity can inflate costs and burden insurance schemes. It is crucial to have strict monitoring and auditing systems to identify such practices and take appropriate action against those involved.

Participant 3: I believe that awareness and education play a significant role in addressing potential misuse. It is essential to educate the beneficiaries about their rights and entitlements under the schemes. Additionally, healthcare providers should be well-informed about the guidelines and code of conduct to prevent fraudulent practices. Regular training programs and workshops can help enhance awareness and knowledge among both beneficiaries and providers.

Facilitator: Thank you for sharing your thoughts and observations regarding the potential misuse or fraudulent activities associated with the PMJAY or MJPJAY health insurance schemes. It is crucial to acknowledge these risks and take necessary measures to address them. Robust monitoring systems, audits, and strict enforcement of guidelines are essential to prevent and detect fraudulent activities. Additionally, raising awareness among beneficiaries and healthcare providers can help create a culture of transparency and accountability within the schemes. Let's move on to our next question.

14. What improvements or suggestions would you offer to enhance the Pradhan Mantri Jan Arogya Yojana (PMJAY) or Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY), to make them more effective and beneficial for the beneficiaries?

Facilitator: We would like to hear your suggestions and improvements to enhance the PMJAY or MJPJAY health insurance schemes. How do you think these schemes can be made more effective and beneficial for the beneficiaries?

Participant 1: One area that needs improvement is the awareness and dissemination of information about the schemes. Many people in our community are still unaware of the benefits they can avail. There should be more extensive awareness campaigns through various mediums like television, radio, and community outreach programs to reach the marginalized sections of society.

Participant 2: I believe that the coverage under the schemes should be expanded to include more medical treatments and procedures. Certain specialized treatments are currently not covered, and it poses a financial burden on the beneficiaries. It would be beneficial if the schemes can include a broader range of medical services.

Participant 3: Simplifying the enrollment and documentation process would be a significant improvement. Currently, the process can be confusing and time-consuming. If the authorities can streamline the application and documentation requirements, it would make it easier for people to enroll and access the benefits without unnecessary delays.

Participant 4: In addition to the coverage, there should be an emphasis on preventive healthcare and health education. Promoting regular health check-ups, screenings, and awareness about healthy lifestyles can help prevent the occurrence of diseases and reduce the burden on the healthcare system.

Facilitator: Thank you for sharing your valuable suggestions and improvements to enhance the PMJAY or MJPJAY health insurance schemes. Improving awareness through extensive campaigns, expanding the coverage to include more medical treatments, simplifying the enrolment process, and focusing on preventive healthcare are all important aspects to consider. Your suggestions can contribute to making these schemes more effective and beneficial for the beneficiaries. Let's move on to our next question.

15. Do you believe that PMJAY and MPMJAY have contributed to reducing the financial burden of medical expenses for beneficiaries? Please explain your viewpoint.

Facilitator: We would like to hear your opinions on whether you believe the PMJAY and MJPJAY health insurance schemes have contributed to reducing the financial burden of medical expenses for beneficiaries. Please share your viewpoint.

Participant 1: Yes, I believe these schemes have been instrumental in reducing the financial burden for many beneficiaries. Medical expenses can be overwhelming, especially for those who come from economically disadvantaged backgrounds. With insurance coverage, beneficiaries have access to cashless treatments and hospitalization, which greatly relieves financial stress.

Participant 2: I agree. These schemes have provided a safety net for many people who would otherwise struggle to afford medical treatments. It has helped in ensuring that people can access necessary healthcare services without worrying about the associated costs. The coverage provided by the schemes has made a significant difference in reducing the financial burden for beneficiaries.

Participant 3: While the schemes have certainly helped in reducing the financial burden, there are still some out-of-pocket expenses that beneficiaries may need to bear. This is particularly true for certain specialized treatments or medications that may not be fully covered. So, while the schemes have made a positive impact, there is still room for improvement in terms of expanding the coverage and reducing additional expenses.

Facilitator: Thank you for sharing your viewpoints. The PMJAY and MJPJAY health insurance schemes have played a crucial role in reducing the financial burden of medical expenses for beneficiaries. While the coverage provided by the schemes has been beneficial, there is a need to address any remaining out-of-pocket expenses to further alleviate the financial burden.