

AYUSHMAN BHARAT- AN INITIATIVE TOWARDS CREATION OF HEALTHY INDIA: AN EMPIRICAL ANALYSIS

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ABSTRACT--- *Ayushman Bharat is a central government sponsored health scheme in India, launched on 23th Sept.2018, under the patronage of Ministry of Health and Family Welfare. The main motive of the scheme is to provide primary, secondary and tertiary health coverage to economically backward people i.e. for BPL card holders. The present paper is based on empirical study conducted in Tumkur district of Karnataka state consisting of 89 beneficiaries out of 100samples selected for the study. Data collected from beneficiaries about their satisfaction level regarding coverage of illness, availability of facilities, procedure of availing benefits, cashless settlement at the time of hospitalization and experience of any problem during hospitalization such as unexpected billing, transparency problem and related to quality of medicine. The results found that majority of beneficiaries depend upon public health sector as their financial condition does not permit them to afford medical facilities from private hospitals. As a result majority of them demand changes in the scheme through the provision of better health facilities in government hospitals itself.*

Keywords--- *Ayushman Bharat, Health Scheme, Ministry of Health & Family Welfare, BPL card holders.*

I. INTRODUCTION

Healthy population is an asset for country's overall development as it is said that healthy population equals healthy economy. It is the duty of the state to protect and promote the wellbeing of its citizens. To achieve this objective the Government of India launches various health schemes in the country. Ayushman Bharat is one of such scheme introduced on 23th September 2018, under the patronage of Ministry of Health and Family Welfare in India. Ayushman Bharat Yojana is also known as PradhanMantri Jan ArogyaYojana, National Health Protection Scheme and Modi Care, because it is launched by Honorable Prime Minister of India Shri.NarendraModi based on the line of Obama Care which is launched in the United States of America. PM Modi announced the scheme in his speech at the eve of Independence Day at the same time launched in 445 districts. It is a lead plan which was introduced as suggested by the National Health Policy 2017, to accomplish the vision of Universal Health Coverage. The scheme designed based on optimistic motto that is 'leave no one behind'. The scheme is intended for poor and economically denied people. Ayushman Bharat considered as the world's biggest government- subsidized healthcare programme covering more than 10 crore families or around 50 crore beneficiaries. The scheme recognizes an occupational category of urban laborers' families, 8.03 crore in rural and 2.33 crore in urban zones. The Ayushman Bharat Scheme

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has 2 inter-related components namely: Health and Wellness Centers (HWCs) and PradhanMantri Jan ArogyaYojana (PMJAY)(htt1).

Ayushman Bharat has been providing cashless and paperless access to services for the beneficiary at the point of service. Eligible people can gain the advantages in government and listed private hospitals. Ayushman Bharat Scheme does not impose any restrictions regarding the size of the family and age to avail the benefit. Aadhaar card is not obligatory. One would just need to build up one's identity to get benefits under the Yojana which shall likewise be possible through election voter identity card or ration card. For the purpose of medical treatment and hospitalization, beneficiaries of this scheme don't need to pay anything, if one goes to a government or enlist private hospitals. AyushmanMitras will help the beneficiaries in hospitals. National Health Authority (NHA) is the apex body set up to execute the Ayushman Bharat Scheme at the nationwide. 14555 is the helpline number for Ayushman Bharat.

26 states and union territories acknowledge the scheme, but Odisha, Telangana, Kerala, Delhi and Punjab have refused to implement it. In Odisha, the reason for refusal to implement the scheme there is BijuSwasthyaKalyanYojana in the state under which Insurance cover of Rs. 7 lakh is providing to women. As per Telangana state is concerned, the state has Aarogya Shree Yojana which is covering health benefits around 70% of its population which is more with comparison to Ayushman Bharat scheme as it is helpful in providing health benefit to only 80 lakh people of the state. Kerala refused it because the state is providing Insurance coverage of Rs. 5 lakh to its population. Punjab and Delhi does not accept Ayushman Bharat due of lack of accountability in coverage of beneficiaries as this scheme is benefiting only 3% population of respective states(www). But later Kerala agreed to join and become the member of the Ayushman Bharat Scheme and signed MoU on 2, November 2018(htt2).

Status of Health in India	
❖	India accounts for 21% of world deaths among children below 5 years and 29% of new-born deaths.
❖	In India more than a third children are stunted.
❖	The number of children who suffer squandering, a sign of intense starvation, has ascended in recent years to about 21%.
❖	There is one government doctor for every 10,189 people, one hospital bed for every, 2,046 people, and one government run hospital for every 90,343 people.
❖	In 2017, 55 million people pushed into below poverty line and the reason behind this was lack of healthcare spending. 38 million people out 55 million are disadvantaged and these people are unable to spend on essential medicines they needed. The actual poverty line that considered for this analysis was ₹1000 per month for urban household and ₹ 816 per month for rural household.
Source: www.oxfamindia.org , Public Health Foundation of India Report June, 2018	

II. HIGHLIGHTS OF AYUSHMAN BHARAT SCHEME

Highlights of Ayushman Bharat Scheme	
<i>Launch</i>	Largest health scheme launch on 23 rd September 2018, under Ministry of Health and Family Welfare
<i>Components</i>	Health and Wellness Centres
	National Health Protection Mission
<i>Agenda</i>	Achieving universal health care
	Primary, secondary and tertiary health accessibility to beneficiaries
	Holistic health insurance scheme
<i>Characteristics</i>	Largest insurance scheme in world
	Over 10.74 crore BPL families are entitled to avail the benefits of the scheme
	Restriction free on household' size and age
	Provision of pre and post medical expenses (including transport allowance)
	Cashless payment
<i>Funding</i>	Central Government sponsored scheme
	Costs incurred in premium payment will be shared between central and state governments
	The total costs will relied on actual market determined premium paid in States and UTs where PMJAY will be implemented through insurance companies
<i>Implementation</i>	Ayushman Bharat National Health Protection Mission Agency (AB-NHPMA) works for implementing at national level
	State Health Agency (SHA) performs at states and UTs
	Trust/ Society/ State Nodal Agency or any new entity set up to execute the scheme

III. AROGYA KARNATAKA YOJANA UNDER AYUSHMAN BHARAT YOJANA

In the state of Karnataka, the Ayushman Bharat is converged with the Arogya Karnataka scheme. Under the course of action, in the state all the health schemes namely; Vajpayee Arogyashree, Yeshaswiniyोजना, Rajiv ArogyaBhagya Scheme, RashtriyaBalaSwasthayaKaryakram, Coachlear Implant yojana, RashtriyaSwasthayaBimayोजना, MukhamantriSantwana Harish yojana and Indira Surakshayोजना are all combined with the Arogya Karnataka yojana. The yojana is made accessible over all public and listed private hospitals.

SuvarnaArogyaSuraksha Trust is executing the scheme in the state. In order to avail the benefit of the scheme one has to get Arogya Karnataka health card. The Arogya Karnataka card is distributed based on ones Aadhar Card number. The card is created by utilizing biometric impression of e-patient through a biometric device and validated with CIDR Aadhar server. The E-KYC details will be auto-created. The option of 'OTP' is available in case of failure in pursuing the bio-metric impression, which is helpful in capturing information from the QR code and getting data from the database of the Food Department are given. Arogya Karnataka cards are distributed in Karnataka one centres to the beneficiaries at the cost of Rs.30/- and during emergency cases, the cards are manually generated at the public hospitals. A total number of 1,650 medical treatments are accessible in the scheme at both public and enlist private hospitals. As per the scheme only BPL families are given treatment at free of cost and APL card holders have to pay 70% of the hospital bills(htt4). At present in Karnataka, 449 hospitals are providing hospitalization under `Ayushman Bharat scheme(Aro).

IV. LITERATURE REVIEW

AshutoshSarwa, (2019), "Local Elected Leaders ("Panchayat") can play key role for enrollment under National Health Protection Mission (NHPM) under 'Ayushman Bharat': lessons learnt from RashtriyaSwasthBimaYojna (RSBY) implementation", the study conducted in order to assess individual, household and community level factors associated with enrolment under RSBY through using a combined retrospective- prospective cohort study in three purposively selected villages of Haryana. The study found that there is strong relationship between socio-economic statuses measured as mean per-capita consumption expenditure quartile and awareness level about RSBY of head of family with RSBY enrolment(Sarwa, 2019).

MitaChoudhury&PritamDatta, (2019), in their paper on "Private Hospitals in Health Insurance Network in India: A Reflection for Implementation of Ayushman Bharat" discuss about the accessibility and extent of private hospitals in India to give proficiencies into the approaching access to secured health care in Ayushman Bharat scheme(Datta, 2019).

ChandrakantLahariya, (2018), "Ayushman Bharat Program and Universal Health Coverage in India", illustrates about critical reflections, suggestions and steps toward effective execution of Ayushman Bharat scheme and proposes an impactful method that is need for getting both design and implementation of the scheme right from the very beginning with view of achieving universal health coverage(Lahariya, 2018).

Blake. J. Angell et.al, (2019), "The Ayushman Bharat PradhanMantri Jan ArogyaYojana and the path to universal health coverage in India: overcoming the challenges of stewardship and governance", discuss about need for wide reforms across public and private health care system in achieving the objective of universal health coverage and discuss the importance of Ayushman Bharat scheme in solving the problems of shortcomings in governance, quality control etc. and to accelerate India towards the stated goal of universal health coverage provision(et.al, 2019).

The Economic Times, (2020), "Budget 2020: ₹ 69,000 Crore allocated for health sector, expansion of Ayushman Bharat Scheme", finance minister NirmalaSitharaman allocated ₹ 69,000 crore for the health sector and announced expanding government's flagship scheme 'Ayushman Bharat Scheme' billed as the world's largest government funded health insurance scheme and the expansion of the scheme will see sitting up more hospitals in Tier-II, Tier-III cities under the PPP model(Times, 2020).

Financial Express, (2020), “Ayushman Bharat: Revised Oncology packages to revamp cancer care in many states soon”, the scheme revised Health Benefit Packages (HBP 2.0) will be soon executed in several states in nation. National Health Authority is the agency for implementation of the scheme, said that a pilot of HBP 2.0 has been completed in Nagaland. This revised HBP 2.0 will be soon implemented in several other states that are interested in adopting the same (“Ayushman Bharat: Revised Oncology packages to revamp cancer care in many states soon”, 2010).

PMJAY HBP 1.0 vs. PMJAY 2.0

HBP 1.0	HBP 2.0
1,393 procedures	
Limited IT customization	3 layered IT customization structure
Duplication of many packages was present across specialties	Cross specialty packages are introduced to remove duplicates
Incentivization was awarded on package price which includes both procedure price and implant price	Incentivization is awarded only on procedure price and not on the implant price
Implant utilized during the procedure were not captured	Implant utilized during the procedure are being captured
Limited support for PMAM in package selection	Customized pre-authorization from for PMAM to help in package selection
Source: NHA	

Research works on Ayushman Bharat scheme reveals about the importance of effective implementation of the scheme, in order to zoom accessibility level among beneficiaries thereby achieving the objective of universal health coverage. The current steps taken by Government of India that has to implement through allocating ₹ 69,000 Crore for further execution of the scheme in 2020 budget and planning to introduce revised oncology package to revamp cancer will be helpful the beneficiaries in future.

V. OBJECTIVES OF THE STUDY

- To study the concept of Ayushman Bharat scheme and its investment in India.
- To study the opinion of people towards Ayushman Bharat Scheme.
- To examine the challenges facing by the beneficiaries while availing the benefits of Ayushman Bharat scheme.

VI. HYPOTHESES OF THE STUDY

Based on the objectives of the study, the following hypotheses have been developed.

HA: There is significant variation in number of beneficiaries and amount investment in Ayushman Bharat Scheme between the state.

HB : People's do have positive opinion towards Ayushman Bharat Scheme.

HC : there is a significance variation in the challenges facing by the people while claiming the benefit under Ayushman Bharat Scheme.

VII. MATERIALS AND METHODOLOGY

This empirical study made an attempt to examine the Ayushman Bharat Scheme, opportunities and challenges of this scheme to the people of the country. For this purpose the researcher used both primary and secondary data. The primary data has been collected through interview schedule by taking 100 samples randomly. Out of which only 89% of the people were aware about Ayushman Bharat Scheme. Further only 89 respondents were considered for examining challenges faced by the beneficiaries. To know the total number of beneficiaries and total amount invested in India. Secondary sources were used and the required secondary data was collected through reports of Ayushman Bharat scheme, Articles, Websites, etc.

For the purpose of analysis of the data, the statistical tools like, Averages, percentage and graphs were used and to test the hypotheses, the parametric test like ANOVA and X2test have been employed which are calculated by using the following formula:

VIII. ANALYSIS AND INTERPRETATION

In this section the researcher analyze the state wise number of beneficiaries of Ayushman Bharat scheme and amount spent in the scheme and the people's awareness level and opinion towards this scheme in the selected area of Tumkur District, Karnataka.

PART- A

State-Wise details for claim number and claim amount under Ayushman Bharat Scheme (as on 18 June 2019)

As per data provided by Press Information Bureau, Govt. of India, Ministry of Health & Family Welfare, related to beneficiaries of Ayushman Bharat Scheme. Gujarat has elevated the highest amount of claims under the scheme at nearly ₹ 862 Crore and emerged as the model state(htt5).

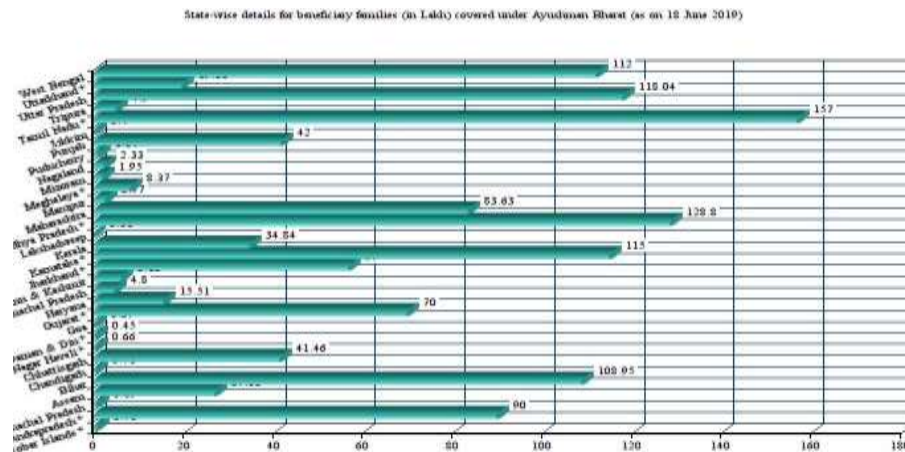
Sl.no	State	Claim Number		Claim Amount	
		N	%	₹	%
1)	Chhattisgarh	5,07,707	21.823	3,79,24,31,567	12.323
2)	Gujarat	3,94,995	16.978	6,41,57,73,230	20.847
3)	Kerala	2,74,298	11.790	1,50,00,79,006	4.874
4)	Tamil Nadu	2,11,075	9.073	3,99,19,88,871	12.971
5)	Jharkhand	1,68,490	7.242	1,66,04,91,355	5.396
6)	Karnataka	1,41,238	6.071	3,63,89,05,339	11.824
7)	Maharashtra	1,13,830	4.893	2,82,59,27,073	9.182
8)	Uttar Pradesh	1,05,255	4.524	1,17,48,97,586	3.818
9)	Andrapradesh	92,982	3.997	2,51,64,00,245	8.177

10)	Madhya Pradesh	70,898	3.047	79,32,28,923	2.577
11)	Bihar	39,943	1.717	34,58,68,103	1.124
12)	Uttarkhand	38,515	1.655	38,18,39,891	1.241
13)	Assam	36,577	1.572	47,77,70,292	1.552
14)	Haryana	23,588	1.014	33,02,30,981	1.073
15)	Tripura	16,607	0.714	8,67,64,966	0.282
16)	Jammu & Kashmir	16,337	0.702	14,14,52,393	0.460
17)	West Bengal	14,777	0.635	14,14,52,393	0.460
18)	Himachal Pradesh	12,619	0.542	12,49,46,595	0.406
19)	Meghalaya	11,861	0.510	8,67,35,930	0.282
20)	Mizoram	11,630	0.500	8,90,12,855	0.289
21)	Dadra & Nagar Haveli	11,140	0.479	4,27,46,501	0.139
22)	Daman & Diu	3,234	0.139	1,11,94,100	0.036
23)	NHCP	3,082	0.132	13,08,99,614	0.425
24)	Manipur	2,361	0.101	4,13,75,658	0.134
25)	Chandigarh	1,450	0.062	1,60,90,105	0.052
26)	Goa	1,249	0.054	4,07,02,384	0.132
27)	Nagaland	628	0.027	81,51,821	0.026
28)	Sikkim	83	0.004	10,39,930	0.003
29)	Arunachal Pradesh	53	0.002	9,09,600	0.003

30)	Andaman & Nicobar Islands	14	0.001	58,200	0.000
31)	PSU	4	0.000	1,00,980	0.000
Total		23,26,520	100.000	30,77,51,38,624	100.000

(Source:<https://pib.gov.in/pressreleaseshare.aspx?PRID=1575549>)

State-wise details for beneficiary families covered under Ayushman Bharat (as on 18 June 2019)



*Includes state extensions of Ayushman Bharat scheme

Includes 10.74 core identified families entitled for Ayushman Bharat as per Socio-Economic Caste Census (SECC) database As per Socio-Economic Caste Census (SECC database), total 1,257 Lakh families covered under Ayushman Bharat scheme as on 18th June 2019. In which Tamil Nadu ranked highest that accounts for 157 Lakh families covered under the scheme, followed by Madhya Pradesh (128.8) Uttar Pradesh (118.04), West Bengal (112), Karnataka(115), Bihar (108.95), Maharashtra (83.63), Andrapradesh (90), Assam(27.02), Chhattisgarh(41.46), Gujarat (70), Haryana (15.51), Himachal Pradesh (4.8), Jammu & Kashmir (6.13), Jharkhand (57), Kerala (34.84), Manipur (2.77), Meghalaya (8.37), Mizoram (1.95), Nagaland (2.33), Puducherry (1.04), Punjab (42), Tripura (4.9), Uttarkhand (19.68), Andaman & Nicobar Islands (0.78), Arunachal Pradesh (0.71), Chandigarh (0.71), Dadra & Nagar Haveli (0.66), Daman & Diu (0.45), Goa (0.37), Lakshadweep (0.01), Sikkim (0.4)(htt6).

PART-B

Table 1: Demographic Background of the Respondents

Demographic Background of the Respondents			
Variables		Frequency	Percentage
Gender	Male	50	50
	Female	50	50
Religion	Hindu	70	70
	Muslim	27	27
	Christian	0	0
	Others	3	3
Family Pattern	Nuclear	68	68
	Joint	32	32
Household Size	Less than 5 members	68	68
	More than 5 members	32	32
Age	20- 30 years	18	18
	30-40 years	36	36
	40-50 years	21	21
	50 +	25	25
Education	Professional degree	4	4
	Graduate	11	11
	Intermediate/diploma	5	5
	High School	19	19
	Middle School	14	14
	Primary School	23	23
	Illiterate	24	24
Occupation	Profession	4	4
	Semi-Profession	0	0
	Clerical, Shop-owner, Farmer	15	15
	Skilled worker	20	20
	Semi-skilled worker	5	5
	Unskilled worker	14	14
	Unemployed	42	42
Marital Status	Unmarried	11	11
	Married	84	84
	Divorce	0	0
	Widow/ Widower	5	5
Grand Total		100	100

(Source: Field Survey)

According to data collected from primary sources, the study found that there is equal proportionate of male and female respondents participated in the present study. The majority of respondents belong to Hindu religion that accounts for 70% of the total population, followed by Muslims (27%), no Christians are recorded and 3% of respondents belong to others. The information concerned with family pattern, the study found that majority 68% of respondents is living in nuclear families and 32% are belongs to joint family. Because the present study is conducted in Tumkur city which is mostly follow nuclear family norms due to influence of urbanization and other factors. The data related to size of household the majority 68% of families having less than 5 members. The reason behind this is the percentages of the respondents are living in nuclear families that they are usually followed 2 or 3 children family norms.

The majority 36% of the respondents are belong to age group between 30 years to 40 years; this group mainly consists of pregnant women and other labour class people. 25% of the respondents are belong to age group above 50 years, followed by 21% belong to age group between 40-50 years and finally 18% are belong to age group between 20-30 years. The data related to education level of respondents, the majority 24% are illiterate who are mainly come under age group above 50 years and these people unable to get basic education due to their various socio-economic reasons. 23% of respondents are having education qualification of Primary level, followed by 19% (high school), 14% (Middle school), 11% (Graduate), and a least 4% of the respondents are having professional degree. Majority 42% of the respondents are unemployed, the reason for this is mainly age factor that 25% of the respondents are belong to age group above 50 years and 18% of respondents belong to age group between 20 to 30 years. The persons belong to age group of 20 years are mainly students. One more reason for this is due to 50% of the respondents is female who are usually not working outside the household. 20% of respondents are skilled workers, followed by 15% are farmers and others and 14% are unskilled workers. The information related to marital status the majorities 84% of the respondents are married, 11% are unmarried and 5% are widow and widower.

Table 2: Respondents' Awareness about Ayushman Bharat Scheme

Variables	Frequency	Percentage
Aware	89	89
Not Aware	11	11
Total	100	100

Source: primary data

It has been found that, the majorities 81% of the respondents are aware of the Ayushman Bharat Scheme and 11% are not aware of such kind of scheme. The study had found that, the majority 59 (66.2%) respondents got aware about scheme through Ayushman Campaign, 12 (13.4%) came to know through relatives, 13 (14.6%) respondents are informed about the scheme through friends and colleagues and 5 (5.6%) respondents came to know about scheme through others. This shows that the Ayushman campaign playing a vital role in creating awareness among citizens about the scheme.

Table 3: Respondents' opinion about availing benefits

Variables	Frequency	Percentage
Satisfied	70	78.6
Not Satisfied	19	21.34
Total	89	100

Source: primary data

It is evident from the figure-2, the majority 70 (78.6%) of the respondents are not satisfied with respect to availing benefits. As per the study, the beneficiaries are not getting all the facilities that are mentioned in the scheme. Whereas 19 (21.34%) of the beneficiaries are having positive opinion about the scheme.

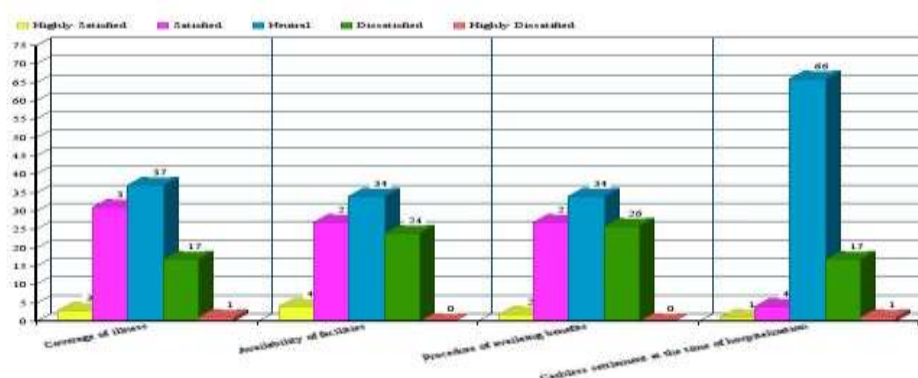


Figure 3: Respondents' Satisfaction with the facilities of the scheme

Information is collected from beneficiaries about health facilities of the scheme. With regards to coverage of illness, majority 37(41.5%) of the respondents are neutral, followed by 31(34.8%) are satisfied, 17(19.1%) are dissatisfied, 3(3.3%) are highly satisfied and 1(1.1%) are highly dissatisfied. As scheme consists of all levels of health benefits that are primary, secondary and tertiary that is why 34.8% of the respondents are satisfied. Majority 34 (38.2%) of the respondents neutral about facilities that are provided under the scheme. 27(30.3%) are satisfied, 24(9%) are dissatisfied, 4(4.4%) are highly satisfied with health facilities. 38.2% beneficiaries are neutral because they have both satisfactory and dissatisfactory experience about the facilities. Whereas 9% are dissatisfied, because they are not getting all the facilities within public hospitals. 30.2% are satisfied with facilities available because provision available to use health card in private hospitals also. With respect to procedure of available benefits, the majority 34 (38.2%) of the respondents are neutral, 27(30.3%) are satisfied, 26(29.2%) are dissatisfied. Majority 66 (74.1%) of the respondents are neutral about cashless settlement at the time hospitalization, because they are unaware about this procedure as majority 24% of the beneficiaries are illiterate.

Table 4: Respondents' Preference about type of hospitals

Variables	Frequency	Percentage
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Public Hospital	61	68.54
Private Hospital	28	31.46
Total	89	100

(Source: Field Survey)

The study found that majority 61(68.54%) of the respondents mostly prefer the public hospital whereas 28(31.46%) of the respondents prefer private hospitals. Majority 68.54% beneficiaries prefer public hospital mainly because their economic condition does not permit them to afford medical treatment in private hospitals and some of the respondents reveal that public hospital is near to their homes. Whereas 31.46% prefer private hospital due to lack of high-tech health facilities available in public hospitals.

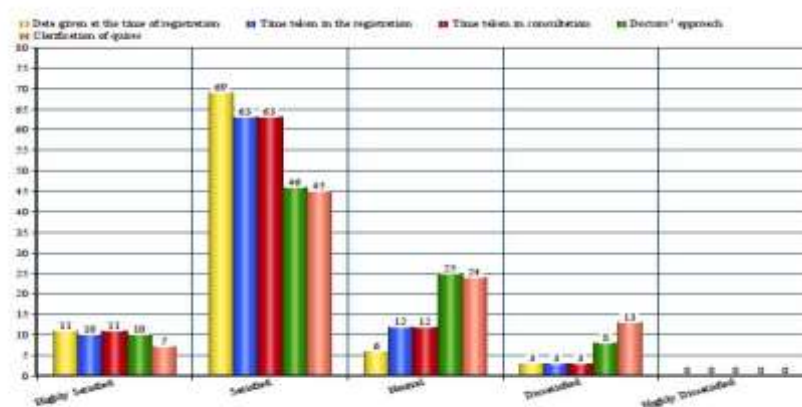


Figure 4: Procedure inculcate during availing the benefits

With respect to procedure inculcate during availing the benefits, the majority 69(77.5%) of the respondents are satisfied with data given at the time of registration and time taken in the registration, whereas 3(3.3%) of the respondents are dissatisfied. Majority 63(70.7%) are also satisfied with time taken in consultation. 46(51.6%) are satisfied with doctors approach during availing benefits under the scheme, while 8(8.9%) of the respondents are dissatisfied with doctors approach. 45(50.5%) are satisfied with regards to clarification of quires during hospitalization.

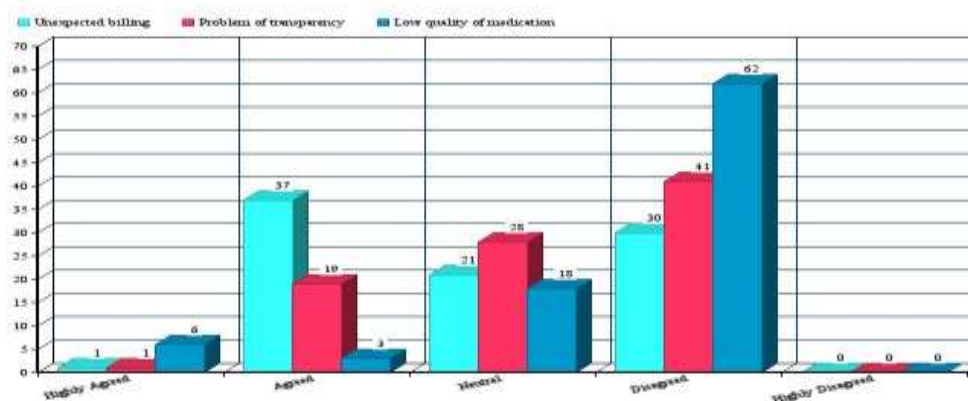


Figure 5: Respondents' experience during hospitalization under the scheme

The study has also found information about experience of any problem during hospitalization under the scheme, the majority 37(41.5%) experiencing problem of unexpected billing while availing benefit whereas 19(21.3%) experiencing problem of transparency and 3(3.3%) respondents facing problem with low quality of medication. But majority 62(69.6%) of the respondents disagreed with the question that low quality of medication while availing the benefits.

Table 5: Prefer changes in the existing Scheme

Variables	Frequency	Percentage
Need of change	46	51.68
No need of any change	43	48.31
Total	89	100

(Source: Field Survey)

Majority 46(51.68%) of the respondents prefer change in the existing scheme that is equal importance should be given to cure diseases irrespective of differentiation made based on primary, secondary and tertiary health. Because in its initial stage more importance is given to secondary and tertiary health. Majority of the respondents suggested creating awareness among more and more people to get benefits. Beneficiaries are demand to advance facilities in public hospitals that are available in private hospitals. While 43(48.31%) demand no changes in the existing scheme.

IX. HYPOTHESIS TESTING

Based on the objectives of the study, the researcher has developed the following three hypothesis and tested using ANOVA and X2 test

H_A : There is significant variation in number of beneficiaries and amount investment in Ayushman Bharat Scheme between the state.

Table 6: result of ANOVA test

Source of Variation	SS	df	MS	F	P-value	F crit*
Between Groups	1.53077E	1	1.53077E	12.063	0.001	4.001
Within Groups	7.61415E	60	1.26903E			
Total	9.14493E	61				

Source: Compiled from table-1 *at 5% level of significance

From the above table 6, it is proved that, the Calculated F value is greater than the Critical value (F, 12.063>4.001) at 5% level of significance. Therefore it can be concluded that, there is a significant variation in number of beneficiaries and amount investment in Ayushman Bharat Scheme between the states.

H_B : People's do have positive opinion towards Ayushman Bharat Scheme.

Table 7: Chi-square result

Attributes	df	X ²	Sig*.	Remarks
Awareness of people	1	137.42	3.841	H ₀ Rejected
Respondents' opinion about availing benefits	1	43.512	3.841	H ₀ Rejected
Respondent preference towards Hospital	1	14.18	3.841	H ₀ Rejected

*Source: Compiled from Table-2,3,4 *5% level of significance*

From the above table it is clear that, in all three cases H₀ is rejected. Hence it can be concluded that, majority of the peoples have awareness towards this scheme and positive opinion.

HC : there is a significance variation in the challenges facing by the people while claiming the benefit under Ayushman Bharat Scheme.

For this purpose X² is calculated the calculated X²=6.55 greater than the critical value=5.99 at 5% level of significance. Therefore it can be concluded that, there is a significance variation in the challenges facing by the people while claiming the benefit under Ayushman Bharat Scheme.

X. DISCUSSION AND CONCLUSION

The Ayushman Bharat scheme has introduced with the strong objective of providing universal health coverage for BPL card holders with the motto 'leave no one behind'. The study conducted, concentrating on two objectives, firstly to know the beneficiaries' opinion about Ayushman Bharat Scheme and secondly examining the problems and prospects while implementing the scheme. It marked that there is equal proportion of responses collected from both men and women in which majority of beneficiaries are married living in a nuclear families in urban setup. Majority of the beneficiaries from whom data is collected are belong to Hindu religion followed by Islam and majority of them belong to age group between 30 years to 40 years. As data collected majority 78.6% of the beneficiaries are not satisfied with benefits available in the scheme. As they are facing problem of unexpected billing and problem of transparency. The present study found that most of the beneficiaries depend upon government hospitals as they are unable to spend on health in private hospitals. It is suggested from the present study that it is important for the government to take initiative for the proper implementation of the scheme, through creating provision of all health facilities that are available in sophisticated private hospitals. Though, Ayushman Campaign playing a vital role in creating awareness among people but it is essential to create further awareness about the scheme as about 11% of the respondents are unaware of the scheme as recorded in the present study.

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