

COMPARATIVE STUDY ON RASHTRIYA SWASTHYA BHIMA YOJANA AND AYUSHMAN BHARATH PRADHAN MANTRI JAN AROGYA YOJANA IN INDIA

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Abstract

As healthy populations are more productive, save more, and live longer, good health is essential to human pleasure and well-being, which makes a considerable contribution to prosperity, wealth, and even economic growth. Health insurance is not a luxury, it is a need. In the event of a medical emergency, having health insurance is useful. India's economy is increasing in the area of health insurance. The health care system in India combines governmental and private providers. India spends less on public health than comparable middle-income nations do. The availability of public health services varies significantly amongst federation states. National health insurance programmes are essentially health initiatives started by the government to provide access to healthcare for the underprivileged. The goal of the current study is to contrast RSBY and AB-PMJAY in India

Key Words: RSBY; AB-PMJAY; Health Insurance; Empanelled; Insurance Premium

Introduction

“Health is the state of compare harmony of the body, mind and spirit. When one is free from physical disabilities and mental distractions, the gates of the soul open”. “Keeping our body healthy is an expression of gratitude to the whole cosmos, the tree, the clouds, everything”. By keeping the above quotes it is necessary to keep our health good. To keep our health good it need not only good atmosphere but also has some extra coverage such as earnings. For a rich person money is not a problem to overcome the diseases. But a middle or poor family it is burden for him. To overcome this situation the Government has introduced some health insurance schemes. This will reduce the health care expenses of poor people.

Review of Literature.

SamirGarg et.al.(2020) state that there was either an insignificant or at best a minor reduction in Out Of Pocket with AB-PMJAY enrollment ,but not Comprehensive Health enrollment .It just increased the annual sum assured and additional treatment packages has not given the desired result in improving the access or financial protection .Major changes may be necessary in how provisioning is organized for achieving progress towards goals of Universal Health Coverage.

Blake J Angell et.al (2020) conclude that AB-PMJAY offers a unique opportunity to improve the health of hundreds of millions of Indians and eliminate a major source of poverty afflicting the nation. There are however substantial challenges that need to be overcome to enable these benefits to be realized by the Indians population and ensure that the scheme makes a sustainable contribution to the progress of India towards universal health coverage”.

Rajesh Kumar Sinha (2018) in his opinion RSBY appear to be an unviable policy for providing financial security to the enrolled households and increasing care- seeking. The policy perhaps would not help in achieving the goal of universal health coverage. Hence it is important for the government to strongly consider strengthening public health delivery system, which provides equitable health care services- preventive, promotion, and curative to all at a lesser cost with better health outcomes. The study findings also show that care seeking at the government facilities was less expensive when compared to private facilities”.

Anup Karan and Ajay Mahal (2019) estimates that the effect of RSBY a government sponsored health insurance scheme for poor India, on women’s labour force participation rates, employment and non- labour market activities. RSBY increased labour force participation and employment among poor rural women by 5-9 percentage points; in contrast effect on male labour force participation was insignificant”.

Statement of Problem

The present study deals the comparative study of central government’s two major health insurance schemes such as RSBY and AB-PMJAY. In the present scenario it is important that every person must have a health insurance scheme .But the poor people cannot afford the burden of insurance premium. So to help the poor Central Government started these schemes. From this

study we can analyse which scheme is more efficient, reliable and acceptable to the poor people in India.

Objectives of the study

The main objective of the study is

- ❖ To know how RSBY and AB-PMJAY reduce health expenses of poor.
- ❖ To know and compare the performance of RSBY and AB-PMJAY.

Hypothesis

There is no significant Relationship between enrolled beneficiaries of health Insurance based on gender

Research Methodology

The data used for this study is primary and secondary in nature. Primary data are collected directly from 100 respondents on interview schedule. The secondary data has been collected from journals, annual reports, website of RSBY and AB-PMJAY through various search engines. The respondents are selected through a non- probability sampling method. A Chi-square test used as a statistical tool for analyse the data.

RASHTRIYA SWASTHYA BHIMA YOJANA AND AYUSHMAN BHARATH PRADHAN MANTRI JAN AROGYA YOJANA IN INDIA

Rashtriya Swasthya Bhima Yojana

Rashtriya Swasthya Bhima Yojana is scheme directed towards people working in the unorganized sector. Often, they are not covered under any insurance policy. And in such scenario, if they fall ill-which happens frequently their savings get exhausted. Thus, they are never able to ensure they have savings in the bank. This is where health insurance can prove helpful to them. Individual workers in the unorganized sector and below poverty line are covered under this scheme. The cover also extends to their family (maximum of five members.)

Features of the scheme

- ❖ Coverage and Benefits: RSBY provide hospitalization coverage for up to ₹ 30,000 for a family of five on relaxation basis. Transportation charges are also covered up to a maximum of ₹1,000 with a limit of ₹100 per hospitalization. Pre and post hospitalization expenses up to first day prior to hospitalization and up to 5 days from the date of

discharge from the hospitals are also provided. All pre-existing diseases are covered from first day. No age limit on the enrollment of beneficiaries.

- ❖ Target Population: RSBY aims to cover All the Below Poverty Line families, estimated approximately 300 million.
- ❖ Geographical Coverage: All the states and Union Territories are covered.
- ❖ Service Delivery System: A network of health care providers is created across India through defined criteria. Providers are empanelled by the state selected insurance company based on the prescribed criteria. A health care providers empanelled by any of the insurer in RSBY gets automatically empanelled by all other insurer. For empanelment, hospitals have to agree to install necessary hardware and software to be able to process beneficiaries Smart Card Transactions. They have also set up a dedicated RSBY desk with trained staff. Once a hospital is empanelled, a nationally unique hospital ID number is generated so that transactions can be tracked at each hospital. Each empanelled hospital is connected with the district server of the insurance company. These transfer facilities of data related to hospitalization on a daily basis.

Ayushman Bharath Pradhan Mantri Jan Arogya Yojana

Ayushman Bharath Pradhan Mantri Jan Arogya Yojana is a scheme come into existence because of recommendations made by the National Health Policy. Ayushman Bharath Yojana is designed keeping in mind Universal health Coverage(UHC).Health Services in India are largely segmented and Ayushman Bharath aims to make them comprehensive.it is about looking at the health sector as a whole and ensure continuous care for the people.

Features of the scheme

- ❖ PM-JAY is the world's largest health insurance/ assurance scheme fully financed by the government.
- ❖ It provides a cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization across public and private empanelled hospitals in India.
- ❖ Over 12 crore poor and vulnerable entitled families (approximately 55 crore beneficiaries) are eligible for these benefits.
- ❖ PM-JAY provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital.

- ❖ PM-JAY envisions to help mitigate catastrophic expenditure on medical treatment which pushes nearly 6 crore Indians into poverty each year.
- ❖ It covers up to 3 days of pre-hospitalization and 15 days post-hospitalization expenses such as diagnostics and medicines.
- ❖ There is no restriction on the family size, age or gender.
- ❖ All pre-existing conditions are covered from day one.
- ❖ Benefits of the scheme are portable across the country i.e. a beneficiary can visit any empanelled public or private hospital in India to avail cashless treatment.
- ❖ Services include approximately 1,929 procedures covering all the costs related to treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT and ICU charges etc.
- ❖ Public hospitals are reimbursed for the healthcare services at par with the private hospitals.

Comparison of RSBY and AB-PMJAY

Basis	RSBY	AB-PMJAY
Launched	8 October 2007	23 September 2018
No. of Empanelled Hospitals	7,197	18,236
Health insurance coverage	₹30,000	₹5,00,000
Hospitalization	1 day pre hospitalization and 5 day post hospitalization	3 day pre hospitalization and 15 day post hospitalization
Premium amount	30	30
Cost Sharing (Central & State)	75:25	60:40

Source: Secondary Data

Analysis on RSBY and AB-PMJAY

Relationship between enrolled beneficiaries of health Insurance based on gender

Table No:1
Analysis on Relationship between enrolled beneficiaries of health Insurance based on gender

Gender	Enrolled Beneficiaries
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	RSBY	AB-PMJAY	Total
Male	19	20	39
Female	24	37	61
Total	43	57	100

Source: Primary Data

Table No : 2
Application of Chi-square test

O	E	O-E	(O-E)²	$\frac{(O - E)^2}{E}$
19	16.77	2.23	4.97	0.29
24	22.23	1.77	3.13	0.14
20	26.33	-6.23	38.81	1.48
37	34.77	2.23	4.97	0.14
			Total	$x^2 = 2.05$

Source: Computed Data

Calculated value = 2.05

Table Value = 3.84

Since the calculated value is less than the table value, the hypothesis is accepted. So there is no significant relationship between Enrolled beneficiaries on health insurance and Gender.

Findings

- ❖ In RSBY there is 7192 hospitals were enrolled from 2008 to 2019 and in AB-PMJAY there is 18236 hospitals are enrolled from 2018 to 2019.
- ❖ The insurance coverage for RSBY is only ₹ 30,000 and in AB-PMJAY it is ₹ 5,00,000.
- ❖ Pre and post hospitalization days are different for each scheme.
- ❖ Premium amount for both the schemes are same.
- ❖ Cost sharing amount of Central and State Governments in RSBY is 75:25 and in AB-PMJAY is 60:40

Conclusion and Suggestions

RSBY and AB-PMJAY are the national wide health insurance scheme to protect the poor. From this study it was clear that most of the people select AB-PMJAY for their health insurance. It was clear that AB-PMJAY is more acceptable health insurance scheme in India. More studies are required to get clear conclusion and the scheme which provide more benefit to poor are more acceptable. It is suggest that there should provide more awareness to the people about the scheme and to improve the treatment facilities and improve pre and post hospitalization facilities will be more helpful to poor peoples in India.

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