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Healthcare Dilemma: Private Hospitals Preferred -Unravelling the reason behind Patient Choices in the PMJAY scheme

Vijayalakshmi V[1], Dr. Ganesh L[2]
[1]PhD Scholar,CHRIST (Deemed to be University, Bangalore,Karnataka,
Email id: Vijayalakshmi.v@res.christuniversity.in
[2]Professor,School of Business and Management,CHRIST (Deemed to be University),
Bangalore,Karnataka. Email id: ganesh.l@christuniversity.in

Abstract

Purpose *-This study aims to identify the reasons behind the high claim ratio in private hospitals under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) health insurance system. Additionally, by analysing the current system, examining the variables influencing the uptake of health insurance in public hospitals, and looking at the diseases not covered by the policy, it seeks to determine the advantages and disadvantages of the high standard of care offered in these facilities.*

Methodology*- The method of qualitative research was used. The core data gathered from field (hospital) visits and interactions with Ayushman Bharat patients serves as the foundation for their preferences and the high standard of care they receive. A thematic analysis is conducted based on the gathered data.*

Findings*- In terms of facilities, quality standards, and the capacity to deliver a certain range of services, private hospitals usually provide advanced medical treatments and specialized medical services. Were as in public hospitals lack in providing information about the PMJAY scheme, leading to coverage limits and denied services. Investigations are needed due to a lack of medical professionals and outdated equipment.*

Suggestion*- The study proposes to increase awareness through various sources and accessibility of prompt hospitalization for palliative care, while implementing measures to reduce medication costs and Ayushman Health coverage renewals.*

Keywords*: PM-JAY, Public hospital, Health coverage, Private hospital.*

Introduction

As per the economic survey for the year 2023-24, the Indian government by 2025 health spending will increase from the current 1.2% to 2.5% of GDP. Over the years, there have been numerous attempts by the government sector to improve the Quality standard and accessibility of healthcare services, as the growing number of patients in government hospitals makes it difficult for them to provide quality care. Public hospitals are still lagging in terms of palliative care development (Richard B.L. Lim & Choi Ling Yeat, 2023)and finding specialty doctors

(Girma A, Ayalew E, 2021). Hospitalization is expensive, and people are likely to sell their assets to cover hospital bills, according to statistics from the National Sample Survey Organization (NSSO), which has a significant influence on the out-of-pocket costs (L, 2015). To achieve Universal Health Coverage, the government launched the Pradhan Mantri Jan Arogya Yojana (PMJAY) on September 23, 2018, giving economically disadvantaged and economically vulnerable families nationwide access to healthcare with the benefit of health insurance coverage up to 5 lakh rupees per family annually. This was started to increase the enrollment towards government health insurance in seeking the utilization of government hospitals, thereby reducing the out-of-pocket expenses (Gina Lagomarsino & Alice Garabrant, 2012). Later, to improve the accessibility of patients, the government is encouraging private hospitals to extend

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their services in tier two and tier three cities. (Grewal et al., 2023a)as a part of public public-private mix. In this context, it is alarming to note that uncertainty and delays in the beneficiary's claim issues discourage hospitals from providing treatment to the government health insurance cardholders. As a step towards eliminating the perception of payment delays, fewer services, lack of awareness programs like PMJAY and RSBY rolled out to maintain the credibility of the program (Boyanagari & Boyanagari, 2019). Public health care (PHC) faces several significant obstacles, including the need to identify misalignments, delays in the claim process, insufficient funding, a shortage of basic services like laboratory and surgical instrumentation at the PHC, a lack of knowledge about the benefits of the specific scheme, and, lastly, a lack of proximity in the government medical facilities (Awoonor- Williams JK, Tindana P, Dalinjong PA, Nartey H, 2016). Showcase the noteworthy achievement of the government, as the Economic Survey 2022–2023 reports that overall health expenditures increased from 28.6% in FY14 to 40% in FY19. The government has taken steps to provide quality healthcare to all, according to the report, as evidenced by the decline in out- of-pocket spending as the percentage of health expenditure from 64.2% in FY 14 to 48.2% in FY 19. These initiatives include increased government spending, health sector grants to local

bodies, and the national telemedicine health program to limit the issues ("Share of Government Health Expenditure in Total Health Expenditure," 2022). As per Table 2 (Ministry of External Affairs, Government of India, 2024), a few top countries provide public health Insurance schemes to the general public. The aim of nations that offer universal health insurance to their populace is to guarantee their citizens' access to reasonably priced and superior medical treatment. A tool that helps people reduce the financial risks related to medical bills is health insurance. Despite this, India faced a lack of hospital beds, medical equipment, medical labs, and healthcare personnel, which was brought to light by the COVID-19 Pandemic, and is also very essential to improve the public health system in terms of Health coverage expenditure (Parmar et al., 2023). To address these issues, the government has launched several initiatives. Therefore, this knowledge will assist the government in creating the process's design and oversight. By examining the operational guidelines for the PMJAY process in both public and affiliated private hospitals, this study defines the gap.

Table 1: List of Top Literature Reviews

Authors	Methodology	Findings/suggestions
(Parmar et al., 2023)	A cross-sectional household survey analyzed RSBY enrollment rates across eight Indian states, adjusting for socioeconomic and demographic factors, to compare enrollment rates between men and women.	India's gender bias is evident in higher enrolment rates among female-headed households, indicating successful policy design that doesn't favor men over women.
(Mohanty SK, Upadhyay AK, Maiti S, Mishra RS, Kämpfen F, Maurer J, 2023)	The study examines the coverage variance in National Family Health Survey data from 2015-2016 and 2019- 2021, focusing on poorer households in Uttar Pradesh and districts with PM-JAY implementation.	PM-JAY introduced a drop in coverage inequity and increased public health insurance coverage, but its benefits are not sufficient to achieve universal coverage for the impoverished.
(Parmar et al., 2023)	The study used a cross- sectional household survey in six states from 2019 to 2020, analyzing hospitalizations and OOPE among claims and random samples.	Through PM-JAY, private providers of secondary and tertiary medical services are better able to reach economically and socially disadvantaged people.

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(Prasad et al., 2023)	A community-based cross- sectional study surveyed 802 families near Naubatpur's rural health training center, assessing their awareness of AB-PMJAY using a pre- tested questionnaire and Pearson's chi-square test.	The AB-PMJAY scheme, known to 3.2% of eligible participants and rural residents, requires regular training for grassroots healthcare workers to effectively utilize it.
(Grewal et al., 2023a)	A comprehensive analysis of India's universal healthcare program	The study's goal is to raise potential beneficiaries' knowledge of the program's advantages, which is essential to its success and could serve as a model for fair healthcare around the world.
(Saxena et al., 2022)	The study examined hospital- based transaction processes, involving 53 respondents across 14 Gujarat and Madhya Pradesh hospitals, focusing on treatment package selection, preauthorization, discharge, and claims payments.	Capacity-building initiatives, back- end procedures, and policymakers must expand training, simplify back- end processes, and lower out-of- pocket costs by reviewing and simplifying current criteria.
(Jaison Joseph & Hari Sankar D, 2021)	The study is conducted on secondary data, which is available in the PM-JAY portal for 30 Indian states and 6 UTs. The analysis is carried out by services offered through the PMJAY scheme and all over the states and UTs	Empanelment may help achieve the goals of regulating and including the private sector, but the public sector's involvement is still crucial, especially in underprivileged areas of India.
(Saumil D., 2020)	Review paper on ethical analysis of (PMJAY scheme)	The paper advocates for a solidarity- based strategy for the PM-JAY program, prioritizing out-of-pocket costs for the disadvantaged, with the business sector playing a leadership role.

Table 2: List of Public Health Insurance Schemes Worldwide

Scheme	Country	Objectives
Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)	INDIA	Offers financial protection to vulnerable families for secondary and tertiary care hospitalization.
Health Insurance Act	Netherlands	Guarantee essential healthcare for everyone, and ensure equal access regardless of factors like age or health by maintaining a stable and efficient system, and offering limited choice within a mandatory framework.
Medicare	Australia	Australia's publicly funded universal healthcare scheme. It provides all Australian citizens, permanent residents, and some visitors with access to a wide range of free or subsidized health services, including doctors' visits and hospital treatment.

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National Health Service	United Kingdom	The NHS uses taxes to pay for the healthcare services that it offers to UK citizens. It includes a broad range of medical services, such as prescription drugs, hospital stays, and general practitioner (GP) care.
MediShield Life	Singapore	Regardless of age or pre-existing diseases, MediShield Life is a basic health insurance plan managed by the Central Provident Fund (CPF) that is intended to serve as a lifelong safety net for all Singaporeans and Permanent Residents (PRs) against high hospital expenses.

Objectives

The PMJAY scheme motivates to reduce the financial burden on healthcare expenses and improving the overall health and well-being of the people, as per Statista 2023, among the empanelled hospitals public hospitals accounted for 44 percentage, where 60 percentage of claiming contribution is from the empanelment private hospital (Jaison Joseph & Hari Sankar D, 2021)

- The study aims to examine the factors affecting the penetration of health Insurance in public hospitals and examine the uncovered diseases in the Health Insurance package.

Hence, the study attempts to explore various reasons for the preference of private hospitals to claim the government health Insurance scheme Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY), one of the world's largest government-funded health schemes.

Theoretical Framework

To contextualize the service utilization patterns under the PMJAY scheme, this study is grounded in the Health Access Model proposed by Penchansky and Thomas (1981). This model conceptualizes healthcare access as a multifaceted concept defined by five interrelated dimensions: availability, accessibility, accommodation, affordability, and acceptability(Penchansky & Thomas, 1981). Each of these dimensions highlights specific barriers or facilitators to healthcare utilization from the patient's perspective. The model serves as a useful analytical framework for examining why beneficiaries often prefer private hospitals over public ones, despite both being empanelled under PM-JAY. Availability is challenged by the shortage of specialized doctors and modern equipment in public hospitals. Accessibility issues arise due to geographic constraints and the long distances beneficiaries must travel to reach public facilities. Accommodation refers to procedural inefficiencies and bureaucratic delays that create frustration for patients. Affordability becomes a concern even within a government-funded scheme when patients are required to bear out-of-pocket expenses for treatments not fully covered or approved in time, and finally, acceptability reflects beneficiaries' perceptions that many view private hospitals as more hygienic, respectful, and responsive compared to their public counterparts(Swain, 2019). Hence, this theoretical grounding enhances the depth of analysis and offers actionable insights for the policy refinement of PMJAY. This will enhance the patients in seeking public health facilities in reducing the out-of-pocket expenditure (Ganesh, 2023).

Methodology

A cross-sectional study was conducted in MS Ramaiah Hospital, which is known for multi- speciality intensive care, and the hospital is recognised in the list of empanelled hospitals (LIST OF PRIVATE EMPANELED HOSPITAL, n.d.) in Karnataka, Bangalore. A study was conducted in March 2023, followed by interviewing the patients and their family members who are Ayushman cardholders. Focus

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group discussions with family members and direct interviews were carried out to collect the responses from the PMJAY beneficiaries. Modified survey questions were used to interview the beneficiaries. The study includes 25 randomly selected beneficiaries in the hospitals. Ethical consideration is obtained from the Institutions to conduct research prior. Following the collection of data, Table 3 shows in detail of open coding and axial coding are two fundamental processes in the application of grounded theory analysis.

Table 3: Themes that explain the Open coding into Axial coding.

Participant Quote	Open Coding (Sub- Themes)	Axial Coding (Themes)
"My husband got a leg fracture...we didn't know about the scheme earlier...Unfortunately, we don't have a BPL card...why this partiality among people?"	Lack of awareness, exclusion despite economic vulnerability	Low Literacy and Ignorance
"They gave the booklet during enrollment...my neighbour explained everything...I couldn't read the booklet."	Illiteracy, reliance on verbal information, gaps in understanding	Low Literacy and Ignorance
"There was a spelling mistake in the ration card...request got rejected."	Documentation errors, claim rejection	Rejections from Hospitals
"Doctors are not available...they told us to go to the private hospital."	Lack of specialized doctors in the public sector	Rejections from Hospitals
"Approval for surgery was delayed...chemotherapy also had a waiting period."	Delay in care under the scheme	Financial Constraints
"High-risk diseases not covered...specific drugs unavailable."	Coverage limitations, treatment exclusions	Financial Constraints
"We travelled 11 hours...called us again for documentation stay facility."	Long travel, documentation burden, and lack of local infrastructure	Functional Requirements
"Specialized care doctors are not available in the	Referral due to unavailable services in public hospitals	Doctor Availability
district hospital...referred to a private hospital."		
Use the "Insert Citation" button to add citations to this document. "The hospital asked for many documents...not explained properly...very difficult for us."	Procedural complexity, poor communication	Procedural Glitches
"Private hospital staff helped us claim Rs. 60,000...process was smooth."	Efficient processing, supportive staff	Accountability and Competency

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"No ICU care in public hospital...moved to private for better treatment."	Lack of critical care in the public hospital	Existence of Facilities
"We are comfortable with private hospital procedures...don't want to risk public hospitals."	Familiarity, trust, and comfort with the private sector	Positive Perception

Results

1. Factors that inhibit challenges to service utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) from the beneficiaries' perspective are as follows.

1.1 ***Low Literacy and Ignorance***

Many households and tribal communities were not aware of the scheme, and there is no proper communication channel; they only know when they visit the hospital for treatment. The information spreading through the ASHA workers did not reach the people residing in far-flung places. During the survey, many household beneficiaries stated that they were informed about the scheme through their relatives and friends, as they were unable to get proper guidance from the ASHA worker, hence, there is a lack of communication gap between the facilitator and the respondent. Some users are aware of the scheme, but they are unable to get the card, as they did not notice any advertisement or campaign about the services (Saxena et al., 2022)

"My husband got a leg fracture, and was doctor advised to do surgery we didn't know about the scheme earlier, and my neighbor informed me about the scheme and its benefit as it is only applicable to the BPL card holder unfortunately, we don't have BPL card but our status is economically weak, why this partiality among people"? (Respondent 9, chikaballapur)

In many empanelled hospitals they give the booklet during enrollment, and orally they don't give proper information, they will tell everything is mentioned in detail in the booklet were as in the rural areas the literacy ratio is very low comparatively to urban areas, they only know it has health coverage of Rs 500000, for the beneficiary and their family members but what is the process and procedure which can only use for the secondary and tertiary healthcare hospitalization. Most of them are illiterate, they were unable to read the contents in the booklet.

"Everyone were asked to enroll for the scheme as we all are belong to the same community, I went with them, they gave the booklet during the enrolment procedure, they said everything is mentioned in the booklet, because my neighbour explained everything, I couldn't try to read the booklet, which some details she missed to convey to me". (Respondent 2)

1.2 ***Rejections from hospitals***

Due to the pre-determined conditions, whereas in any government-funded schemes, there are many challenging issues faced by the beneficiaries on capacity constraints every hospital will have limited resources like beds, laboratory, equipment, qualified staff if the hospitals are getting the admission beyond the capacity, they may have chances to reject the patients under the scheme. And some beneficiaries are facing a lot of issues with the documentation process, the scheme requires eligibility and required documentation; if any of its requirements, then the hospital may reject their claim.

"My father has enrolled under the scheme, but still we didn't get this facility because there was a spelling mistake in the ration card; they verified with the Aadhar card, so our request got rejected in the particular X hospital". (Respondent 14) During the admission process under PMJAY scheme the empanalled hospital will ask the beneficiary to submit the Doctor Recommendation letter in written form given by the local or district hospital where they are residents, to proceed further for the specific treatment,

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but some people find difficult and they are unable to submit the form, the procedure should be reliable so this shows the government lacking in their functions and treatment.

During our visit to X public hospital to avail the medical service for cancer treatment (ovaries) surgery, but in our hospital are not available for the particular treatment. They told us to go to the private hospital, where major surgery equipment and qualified doctors are available". (Respondent 5)

1.3 ***Quality care***

Major issues are faced with hygienic factors and treatment in public hospitals. The scheme aims to provide health insurance to the economically vulnerable section of people to overcome their financial burden during the health emergency. The treatment will not be good as they go with private care, negligence with the treatment facilities provided, like room allotment, common washrooms are not maintained, doctor visiting time, and staff rudeness are not professional. The quality of health care also varies across different states and regions. So, people avoid going to the public hospital because of treatment care.

"In the X public hospitals, the service is not as good as compared to the X private hospitals, in terms of their service and responses with due negligence, so we have moved" (Respondent 5)

1.4 ***Financial constraints***

Some of the challenges faced by the beneficiaries are budget limitation, capping of treatment costs, and delay in approval, whereas some diseases are not covered under the scheme. There are some limitations in terms of treatments and procedures covered under the scheme.

"My mother-in-law has ovary cancer she didn't get approval for surgery on time so we took her to a private hospital for surgery and for chemotherapy also there is a waiting period if we go through the scheme doctors suggested that chemo should be given on time, we could not afford at the private hospital so we don't have any other option". (respondent 1)

"We are BPL cardholders and are eligible for the scheme. My wife has blood cancer, and we went to the hospital for treatment, but Ayushman Mitra people said that for high-risk diseases, the insurance is not covered because particular drugs are not available to us".(Respondent 12)

2. Factors that anticipate the issues faced in the process of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Public Hospitals

2.1 ***Functional requirements***

Beneficiaries reported that the public hospital has no proper physical infrastructure facilities, such as outdated laboratories, beds, and overcrowding. These issues affect the accommodation and quality of care for the Ayushman Bharat service. Public hospitals have lots of challenges with equipment and technology usage, and a shortage of healthcare professionals can result in longer waiting periods can affect the provision of timely services to beneficiaries. On-time treatment is essential for patients to overcome their health problems. Service accessibility is equally important to determinate in meeting the basic need of beneficiaries, especially in rural areas like providing ambulance services to serious patients to the empanelled hospital is very minimal, the health system in rural areas has become more inconsistent and undependable for the access of PMJAY during Emergencies(K.V. Ramani & Dileep Mavalankar, 2006).

Accessibility to good care hospitals is limited, especially in rural and remote regions. Any emergency they have to travel long distances to reach the hospital can also impact on utilization of the scheme to access timely healthcare services.

"We traveled11 hours from a long distance to reach particular hospital X, and after reaching here they called us again tomorrow for documentation we are having difficulties staying here they didn't provide room for us, and we cannot travel frequently from where we stayed, we don't have facilities in our district hospital for treatment". (Respondent 2)

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2.2 *Doctors' availability*

The doctor's patient ratio is 1:1000, were is a good sign as stated by the WHO report (Raman Kumar & Ranabir Pal, 2018). But as in the current situation under AB-PMJAY, the specialized doctors and health staff are very low, which leads to inadequate healthcare services, especially for people covered under the benefit scheme (Bagcchi, 2015). This shortage is attributed to high patient loads, insufficient doctors, and low incentives for doctors who work in rural areas or no requirements in public hospitals. Ensuring the Human Resource of health (HRH) supply is essential in all categories are adequate and appropriate for long-term sustainability of the national health care system (Hirman Ismail, 2023)

"My 3-year-old son has drunk acid, assuming it was water. I was battling for six months, and we were admitted to X hospital for the Intensive Care Unit for critical medical care. We spent more than 6 lakhs for his treatment later we got to know about the Ayushman scheme when we visited public district hospital, where specialized care doctors are not available in the X Hospital, later we admitted in private hospital for the intensive care which has been recommended by the district hospital doctor and he gave us the recommendation letter for joining the particular hospital for further treatment to avail the scheme benefit". (Respondent7)

2.3 *Procedural Glitches*

Guidelines are framed for procedural Convenience and easy accessibility, whereas the implementation of guidelines has to be justified, and also very important to consider scarce resources when it is made actionable, a positive impact on the appropriate use of guidelines is essential for health care outcomes and sustainability (Pereira et al., 2022). Respondent felt that proper guidance is required to access the Ayushman Bharat scheme, as it is a government scheme, which has the most elaborate process, which would be difficult for the rural people to get access to and understand the procedure.

"We are BPL cardholders from a farming background and not well educated. The hospital people are asking for many documents for the admission process, where they are not conveying properly, finding it very difficult, we need someone to help us navigate the process and requirements of the scheme". (Respondent 6)

3. Factors that derive beneficiaries away from public hospitals

3.1 *Accountability and competency in a private hospital*

Public Hospitals should be more focused on improving the managerial competencies in hospitals and improving the operationalization of the hospital board to better accountability (Bakalikwira L, Bananuka J, Kaawaase Kigongo T, Musimenta D, 2017). and accessibility of the Ayushman Bharat scheme in private hospitals enables beneficiaries to select the hospital that meets their medical needs, convenience, and preferences. By accessing services in a private hospital, beneficiaries can avail the healthcare benefit in a timely and efficient manner with provided with advanced technology and an efficient system in place.

"My father had a minor surgery, where he was admitted to a private hospital. During the billing process, the hospital staff advised us to claim through the Ayushman scheme if a BPL card is available. We went through the process, finally, we got Rs 60000 reimbursed in this scheme". (Respondent 18)

3.2 *Existence of facilities*

One of the most significant challenges between private hospitals and public hospitals is availing the service on time with effectiveness, depending on various underlying factors like Availability of resources, infrastructure, trained doctors and staff, lack of maintenance, and the place where the hospital is located where the above challenges make people move from public to private hospitals(Ayushman Bharat: Comprehensive Primary Health Care through Health and Wellness Centers Operational Guidelines, 2018)" Attainment of universal access to equitable, affordable and quality health care is accountable and essential for

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the needs of people"

"My son was admitted for a serious stomach infection in X public hospital, he needs ICU care. Where in the particular hospital we didn't get, specialised doctor for his treatment, so the people around us recommended us to shift to the private hospital for palliative care for speedy recovery, which was not available in the X public hospital". (Respondent 13)

3.3 Positive perception

Based on experience, private hospitals are more satisfied and loyal than their equivalents that patronize the government hospital, maintaining service excellence due to prevailing competition (Aditi Naidu, 2009). Most of the beneficiaries believed that big hospitals have good facilities, advanced equipment, and the treatment will be successful compared with the public hospital; this perception spread through word of mouth and certain assumptions. (Carvalho et al., 2021) The trend is to have a safer culture of professionalism.

"Since my parents have been to this hospital for a long time, and because of that, we are very familiar with the doctors and the procedures followed in the X private hospital. So we don't need to take the risk of consulting with a public hospital. As we are financially stable to meet the medical needs" (respondent 13)

Discussion

The finding of the study highlights the need for improvement in various features of the Ayushman Bharat scheme (AB-PMJAY) and to understand beneficiaries' experience of availing health care services at the public hospital in PM-JAY. Based on the results, the discussion focused on three categories.

i. **Problems faced in seeking a hospital with an Ayushman health card**

ii. **Issues faced in the procedure and process of using the Ayushman card**

iii. **Beneficiaries not utilizing Ayushman cards in public hospitals**

Problems faced in seeking a hospital with an Ayushman health card,

As discussed in the findings, low literacy can make beneficiaries difficult to function proficiently in the health care system, inadequate literacy results in less health-related knowledge, and no proper control over their illness, which leads them to visit the hospital frequently. The level of awareness can be attributed to the differences in socio-demographic categories and cultural categories between different geographic locations within India. The primary source of information about the scheme is spread through friends, followed by the help of front-line workers like ASHA/HCW is 30% (Prasad et al., 2023). Information through digital or electronic platforms is very less, which identifies the gap required to build on the existing scenarios. The booklet provided during the enrolment of beneficiaries has a detailed list of empanel hospitals and the detail of contact person in case needed, where it acts as a source of Information in case of any disagreement the beneficiaries can fall back on the booklet ("Rashtriya Swasthya Bima Yojana (RSBY) Operational Manual", Ministry of Labour and Employment., 2014). It's very important to formulate the blueprint of the scheme to absorb them as a driving force to accomplish universal health coverage. However, the study of the result also highlights on impact of admission of patients in case of high-risk diseases, and suggests that the booklet should contain clear instructions and the list of specialized doctors available in the particular hospital which can be simplifying the process without a negative impact on the beneficiary's expectations(Grewal et al., 2023b). The study also indicates the delay in the start of medical treatment is due to pre-authorization request approval and hospital-based procedures which will cause a delay in the treatment process there should be opportunities to evaluate the procedure in the hospital-based process to ensure that the beneficiaries avail the treatment without delay (Saxena et al., 2022). PM-JAY needs an upward revision in the rate of packages; the present package rate is Rs 5,00,000 for the family is not appropriate for those who incurred high-risk diseases. Some health service providers ask families to buy expensive drugs

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and diagnostics from elsewhere (Devadasan et al., 2013). Some people are prevented from services because of the coverage limit; hence, there is a scope for a detailed study on Insurance coverage based on the health factors and diseases that occur.

Issues faced in the procedure and process of using the Ayushman card.

Several studies have been conducted to estimate the readiness of healthcare facilities in terms of accessibility of healthcare facilities on various components like Infrastructure, guidelines, administration, workforce, protocols, etc., at different levels in primary, secondary, tertiary sectors (World Health Organization, n.d.). Insufficient healthcare facilities and framework structure, and a shortage of trained healthcare staff, will result in an exceptional burden on the healthcare system (Islam, 2014). Hence, strengthening administration requirements and undertaking the course of action in simple proceedings, which is accessible to all kinds of people, is very essential to enable the services to the beneficiaries. The findings of the study also convey handiness of doctors in public hospitals is less; the country has a chronic shortage of doctors and supporting staff, health workers, and other healthcare providers, and most of them tend to work in urban areas. There is a shortfall of 4.3% of allopathic doctors at PHC, out of the total requirement at the India level. As compared to the requirement for existing infrastructure, there is a shortfall of 83.2% of Surgeons, 74.2% of Obstetricians & Gynaecologist's, 82.2% of Physicians, and 80.6% of Paediatricians, a significant percentage of posts are vacant out of the sanctioned post at all the level revealed in the Rural Health Statistics 2020-2021, there is a scope of study for policy maker to take it forward and identifying the Gap which factors affects to fill the vacancy post. Factors that determine the turnover intention of doctors in public sector hospitals are affected by Job satisfaction, opportunities, work style, distributive justice, and perceived alternatives; hence, all these factors have a significant impact on turnover intention (Riaz & Ahmad, 2011). Organizational support, participatory workplace, and equitable rewards are also indicators of a positive perceived organizational climate (Abbas Shahnavazi et al., 2021)

Beneficiaries are not utilizing Ayushman cards in public hospitals.

The composition of hospital board governance is positively correlated with accountability (Sudirman, 2020), quality improvement may require addressing incentives to perform at large standards, and Infrastructure inequality trap reports more consistently with absorptive capacity (Sanjay Basu & Jason Andrews, 2012) whereas technical and functional aspects are the set of standards for service quality, technical quality emphasizes treating illness at a reasonable price with the best possible outcome whereas, functional quality concentrate on the process of delivery of care by using human and physical resources (Elizebeth A Anderson & Leonard A zwelling, 1996). Patients' perception of quality is mainly influenced by the infrastructure, environment, and physical evidence rather than the essential service (C Boshoff & B Gray, 2004), and also emphasizes more on the usage of modern equipment, cleanliness, and visual conditions of the facilities (Sadiq Sohail, 2003). Hence, there is a need to identify and analyse the patient's perception of specific dimensions and compare it with service quality.

Suggestions and Reflections on Study Limitations

This study sheds light on why so many patients choose private hospitals over public ones, even under a government-funded scheme like PM-JAY. What we found goes beyond infrastructure; it's about people trying to navigate a system that often feels out of reach. Many beneficiaries, especially in rural or tribal areas, simply don't know how to access the scheme. They may receive a booklet filled with details, but without support to read or understand it, that information never reaches them. It must reach people where they are. Trusted local voices like ASHA workers, community leaders, or even simple WhatsApp messages in regional languages can make a difference, and Distance is another barrier. Some families in this

study travelled for hours just to access care, and sometimes people are unable to reach out. To serve those in need, we need more equipped public hospitals closer to where people live, especially in underserved towns and villages. It's important to note that this study focuses on just one hospital in Bangalore. India's healthcare challenges vary widely across states and regions. Future research should capture these differences, especially in rural areas, so we can build a system that works for all.

Conclusion

This research provides major reasons for why the beneficiaries select private hospitals for healthcare access and what are the uncertainties that have influenced them in public hospitals, and what are the expenditures faced from their out-of-pocket expenses. During the survey, I have noticed that most of the beneficiaries are not aware of the benefits of the scheme. The cost of medicines has been changing based on their applicability, and diseases were renewing the price of Ayushman Health coverage based on the medical challenges is which is been a concern. There is a need for the concerned committee to formulate strategies to make a scale-up for the requirements, increasing awareness and accessibility of timely hospitalization for palliative care.

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