e-ISSN: 2582-5208
International Research Journal of Modernization in Engineering Technology and Science
Volume:03/Issue:05/May-2021 Impact Factor- 5.354 www.irjmets.com

PERFORMANCE OF AAROGYASRI HEALTH CARE SCHEME IN TELANGANA STATE - A STUDY IN KHAMMAM DISTRICT

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ABSTRACT

The Rajiv Aarogyasri Community Health Insurance (RACHI) playing a vital role in state of Telangana. Aarogyasri is one of the major health insurance scheme involving both private as well as government hospitals providing health care services at free of cost. Aarogyasri scheme is encouraging a private public partnership model to satisfy the public needs. A brief analysis of the Aarogyasri scheme based on data available on the official government websites and the media reports has been undertaken from a public health perspective. The study is undertaken to understand the nature of the scheme, major problem incurred, quality of treatment and satisfaction of people towards the services provided under the scheme.

Keywords: Aarogyasri Scheme, Quality Of Treatment, Health Care Services.

I. INTRODUCTION

Health protection can give money related security to family units in case of health shock and can lessen catastrophic out-of-pocket consumption on health care (Joglekar, 2009). With the goal that it protect families from impoverishment and enable the patient to look for human services as a right (Gilson, 1998). Financing human services of people living under poverty line, particularly for the treatment of genuine alignments, for example heart ailments, kidney disappointment, tumor, is one of the key determinants that influence the under poverty levels in Andhra Pradesh. Obligation due to hospital expenses is one of the fundamental purposes behind individuals falling into poverty in the state. Accessible system of government doctor's facilities doesn't have the imperative equipment's or the resources or the authority pool of specialists to meet the state wide necessity for the treatment of such diseases. Huge extents of individuals, particularly underneath poverty line acquire cash or sell assets to pay for hospitalization.

At present many individuals experiencing such diseases are moving toward the Government to provide financial assistance to meet hospitalization costs for surgeries. Subsequently, there is a felt require in the state to give therapeutic help to families living under poverty line for the treatment of serious alignment, for, case neurosurgical maladies, disease, heart, kidney disappointment and so forth., requires hospitalization and medical procedure/treatment. Amid the period from 14.05.2004 to 26.06.2007, money related help to a tune of Rs. 168.52 crores has been given from Chief Minister's Relief Fund in 55361 cases to meet hospitalization costs for such people. From the experience picked up, it is felt that the help could be regulated so it is a advantage to poor people over the State effortlessly and in an trouble situation free way. In this way, Government of Andhra Pradesh has launched Rajiv Aarogyasri Health Insurance Scheme on 01.04.2007 to enhance access of poor to quality restorative administers to giving monetary assurance against high medicinal costs. With a specific end goal to work the plan professionally in a financially easy way, public private organization is advanced between the insurance agency, the private division hospitals and the state offices. Aarogyasri Health Care Trust as of late set up by the State Government for the implementation of the plan helping the insurance agency/Beneficiaries and co-ordinate with Medical and Health Department, District Collectors, Civil Supplies Department and so on.

Background: The Rajiv Aarogyasri Scheme, a unique community health insurance scheme being implemented in Andhra Pradesh from April 1, 2007, today covers over 65 million below poverty line (BPL) people in the state. Initially implemented in 13 districts, the scheme has been extended to all 23 districts, including Hyderabad, since July 2008. The Rajiv Aarogyasri is the flagship of all health initiatives of the State Government with a mission to provide quality healthcare to the poor and needy rural families. In order to facilitate the effective implementation of the scheme, the State Government has set up the Aarogyasri Health Care Trust

under the chairmanship of the Chief Minister. There is a felt need in the State to provide medical support to the families living below poverty Line for the major ailments. Government hospitals lack the requisite facility and the specialist pool of doctors to meet the statewide requirement for the treatment of the health problems. Large proportions of people, especially below poverty line borrow money or sell assets to pay for the treatment in private hospitals. Rajiv Aarogyasri scheme is a boon for the below poverty line (BPL) families particularly SCs and STs living in rural areas by removing the financial barriers and improving access of poor to quality medical care of providing financial protection against high medical expenses; and negotiating with the providers for better quality health care. A total of 887 diseases are being covered under this scheme, with all beneficiaries given a white card that entitles them to undergo any surgery and treatment costing up to Rs 200,000 in any empanelled super specialty hospital. Treatment is cashless. 98% families are utilizing the scheme for Cardiac, cancer, and neurological interventions of all treatments administered by the scheme. 90% people who are living in rural packets are getting benefit from the scheme. 85% of people opinion that they getting treatment on par with corporate hospitals in the metro towns.

Benefit Coverage

The scheme covers 932 therapies in 29 specialties such as cancer, cardiology, poly trauma etc. There are 380 network hospitals serving the patients. The benefit coverage under the scheme increased from 166 procedures to 884 procedures. As indicated by the World Health Organization, greater than 80 per cent of total expenditure on health in India is private (figure for 1999-2001 [World Health Organization 2004] and a large portion of these streams straightforwardly from family units to the private-profit health care sector. Most investigations of human services spending have discovered that out-of-pocket spending in India is really dynamic, or value unbiased; as an extent of non-nourishment use, more extravagant Indians spend barely more than poorer Indians on medicinal services. However, due to the lack of resources to pay for health care, they are not going for proper care, or to become indebted or impoverished trying to pay for it. .

KEY SUCCESS FACTORS:

Some key innovations and success factors in Aarogyasri were:

- **Not collecting a premium** - the cost of the premium would have prevented many of the Poorest from enrolling even if the amount were nominal.
- **A collaborative private sector** – The private sector in Andhra Pradesh agreed to low reimbursement rates for services provided and agreed to conduct compulsory health camps where thousands of rural people would be screened every day
- "**White Cards**" – White Cards, or ration cards, were an existing targeting mechanism utilized by the state to identify the poorest.
- **The use of technology** – The technology utilized by Aarogyasri facilitates end-to-end cashless claims processing, from pre-authorization to provider payment; the technology also facilitates a robust monitoring mechanism
- **Health camps –** All empaneled hospitals are required to conduct free health camps in rural areas to screen patients, identify undetected illness, and referpatients to in-network hospitals as needed
- **Community representation –** Aarogya Mithras are patient advocates employed by Aarogyasri to oversee each in-network hospital and serve as representatives of the insured to help them navigate the system of care, receive quality care, prevent fraud, and conduct reviews and evaluations of service provision.

II. REVIEW OF LITERATURE

Gupta (2007): - The study revealed that, India being a well-developed administrative system, has a poor health outcome, good technical skills in many fields and an extensive network of public health institutions for research and training. This suggested that the health system was misdirecting its efforts, or was poorly designed. To explore this, the author used instruments developed to assess the performance of public health systems. The author concluded that with better management practices, health outcomes can be substantially improved.

Nirupam Bajpai, Ravindra H. Dholakia and Jeffrey D. Sachs (January 2008) -The study has detailed Rajiv Aarogyasri scheme which was incorporated in the year April 2007, by the govt of Andhra Pradesh, to attain the health access and care towards below poverty line families. The study mainly focused on treatments on only

serious ailments such as cancer, kidney and heart and medical expenses and continuous regular checkups. The policy is provided with reimbursement expenses for treatment of ailments from chief minister's relief fund.

Mohd. Akbar Ali Khan (2008): - This piece of research has presented a statistical scenario of the medical and health institutions and hospitals in Gujarat state, as per the ownership category, type, number of institutions and bed capacity. He stressed upon 'Activity Based Costing' technique to enhance performance evaluation, cost recovery and savings, development of funds in proper direction etc.

Govinda Rao M, Mita Choudhary (January-2008): - The paper mainly described In terms of commitment to improve the health services too, India's performance is not very impressive. Public expenditure on healthcare including spending on water supply and sanitation at 1.3 percent of GDP in 2002, was one of the lowest, although it was higher than the expenditure in other south Asian countries except Srilanka.

Ravi Mallipeddi and Sofi Bergkvist (2009): -The paper examines that the State Government from last couple of years has taken several new approaches to improve the access to quality health care organizations like the World Bank, European Commission which possess the history of supporting health sector reform initiatives in Andhra Pradesh.

Gosh, Meenakshi Datta (2010): - The study has observed that health insurance has emerged as the natural and most cost effective vehicle for delivery of health services across the world. Our short term objective is to press for inclusion of health conditions/diseases and ii. Population segments not include so far in non-group Medi-claim health insurance. Given the huge number of uninsured, one route to expediting appropriate out comes is to persuade government to set up a common reinsurance pool. After all, government has made a similar commitment for terrorism cover.

Shreedevi, D., (2014) The author has analysed the health scheme provided to people particularly those who are under the poverty line. The study has evidenced that more than 87% has been covered under the scheme with male utilization is 40 % higher when compared to females. It is observed that the scheme has significantly contributed as resulted in the author's study. The underprivileged consumer community was very happy due to the highest cost-benefit ratio which was 91%. It could be stated that more awareness about the health scheme benefits has to be communicated to the mass especially those who are illiterates, engage in rural areas, migrants, people works in unorganised sector without health benefits etc.

Reddy, Sunita and Immaculate Mary. (2013) The contributors have observed that the various models are being tried out under Public–Private Partnerships in health care. Community health insurance is one of the models for providing health security for the people Below Poverty Line (BPL).

IMPORTANCE OF THE STUDY:

Health risks probably pose the greatest threat to lives and livelihoods of poor households. The low income and high medical expenses can lead to debt, sale of assets, and removal of children from school in the poorest families. Thus, a short- term health shock can contribute to long-term poverty. The study assumes importance on the above backdrop to evaluate whether the scheme is performing well so that it can be implemented in other states of the nation to benefit the poor and help them to avail the healthcare services.

OBJECTIVES OF THE STUDY:

1. To evaluate the performance and successful implementation of Rajiv Aarogyasri Scheme based on certain indicators.
2. To study the performance of Aarogyasri scheme in kmammam district of Telangana state To find out the patients opinion about the scheme.
3. To analyze the overall impact of the health scheme on BPL families.
4. To suggest ways and means for further development.

III. METHODOLOGY

The scope of the study includes the beneficiaries who are enrolled in Aarogyasri Scheme

Sources of Data:

Patients opinion was collected through primary data i.e., through questionnaire, direct interaction and observation. Secondary data is collected from journals, websites, hospital records, and AHCT annual reports.

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Tools of Analysis:

Simple tools such as frequency counts, percentages, ratios, averages, medians and so on are used for analysis.

Analysis and Interpretation of the Data:

This study deals with the performance of Aarogyasri scheme in Khammam district in the Telangana state for the period of 2013-14 to 2018-19. In the study Khammam district of Telangana state has been considered. This study deals with two sections.

They are as follows for this study two parameters were considered relating to the Aarogyasri scheme. The parameters are

- Cards Utilized
- Therapies Done

Cards Utilization in Khammam district of Telangana State

Table – 01 Khammam District – Card Utilization

Year	Total BPL cards (Lakhs)	Cards Utilized(000)	% Percentage	Persons(000)	% Percentage
2013-14	5.99	8779		8954	
2014-15	5.99	9254	5.410	9294	3.797
2015-16	5.99	9441	2.020	9551	2.765
2017-18	5.99	9489	0.508	9562	0.115
2018-19	5.99	9448	-0.432	9551	-0.115

Source: Compiled through Annual Reports of Aarogyasri Dept.

The above table shows that the cards utilization of Khammam district of Telangana state for the period of 5 years (2013-14 to 2018-19). The BPL cards which are there in Khammam district is 5.99 lakhs. In the year 2012-13 the utilization of cards was 5.410% but in the year 2015-16 the utilization of cards was decreased to (-0.432). The persons who utilized the cards of Aarogyasri scheme was observed to be negative (-0.115) in the year 2015-16.

Therapies done in Khammam district of Telangana State

Table – 02 Khammam District – Therapies

Year	Therapies done count (000)	% (percentage)	Therapies Done Amount (000)	% (percentage)
2013-14	11895		318942684	
2014-15	12853	8.0538	362962742	13.8018
2015-16	14924	16.1129	419527637	15.5842
2017-18	15776	5.7089	440201722	4.9279
2018-19	16102	2.0664	457721010	3.9798
Average		**7.9855**		**9.5734**

Source: Compiled through Annual Reports of Aarogyasri Dept.

The above table indicates the therapies expenditure in the district of Khammam district in Telangana state for the 5 years. In the year 2015-16 therapies done count had increased higher (16.1129%) comparing with other years. The therapies done count is in decreasing trend from the year of 2017-18 (5.7089%) and 2018-19 (2.0664%). The expenditure incurred for the therapies done observed to be higher in the year of 2015-16 (15.5842%). The lowest expenditure has been incurred for the year of 2018-19 with 3.9798%. In the Khammam district the average therapies done count for the five year i.e., 2013-19 is found to be 7.9855% and the expenditure incurred for the therapies done is observed to be 9.5734%.

RECOMMENDATIONS:

- Since most of the people with lower income group are getting benefited by this scheme, hence it can be positively implemented in other states also.
- We can create awareness about the scheme among people through camps, by distributing Pamphlets, puppet shows and by educating about the benefits of the scheme.
- Regular auditing by the higher authority can be conducted to check whether hospitals are complying with the protocol guidelines.
- Training the hospital staff regarding the scheme for its effective functioning.

IV. CONCLUSIONS

The Rajiv Aarogyasri Community Health Insurance has been very popular social insurance scheme with a private public partnership model to deal with the problems of catastrophic medical expenditures at tertiary level care for the poor households. The Aarogyasri Health Insurance Scheme is giving more protection to the poor people. And the can access Government hospital or Private hospital which they required for treatment. Most of the people were giving priority to the private/ corporate hospitals in urban and rural areas.

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