OPERATIONAL BARRIERS AND CLAIM-PROCESSING INEFFICIENCIES IN THE ACCEPTANCE OF AYUSHMAN BHARAT PM-JAY PATIENTS IN PRIVATE HOSPITALS OF BIDAR DISTRICT, KARNATAKA

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Introduction:
Healthcare is one of the most essential services for improving the quality of life, especially in rural and economically weaker regions. The Government of India launched Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY), a flagship health insurance scheme providing cashless treatment to vulnerable families in empanelled hospitals, including private healthcare institutions. Despite its wide coverage, implementation at the ground level faces significant challenges. In districts like Bidar, private hospitals show reluctance in accepting PM-JAY patients due to operational barriers such as delayed claim settlements, complex documentation procedures, and administrative inefficiencies. Patients in rural areas further face issues such as long waiting times, lack of awareness, denial of treatment, and inadequate infrastructure. This study investigates these gaps to provide practical insights that can improve service delivery, enhance trust in healthcare systems, and ensure better utilization of PM-JAY benefits in rural areas

Objectives:

1. To evaluate the quality of healthcare services in rural PHCs/CHCs of Bidar district based on parameters such as infrastructure, reliability, staff behaviour, responsiveness, and overall system efficiency.
2. To measure patient satisfaction levels across different taluks and identify major problems faced by PM-JAY beneficiaries, including delays, lack of awareness, and financial concerns.
3. To analyze the relationship between healthcare service quality dimensions and patient satisfaction, and to identify operational barriers in private hospitals in accepting PM-JAY patients.

4. To suggest practical and feasible improvements for enhancing service quality, streamlining claim-processing mechanisms, and ensuring effective utilization of PM-JAY benefits in rural Bidar.

Methodology:

The project adopts a descriptive and analytical research design to examine the operational challenges and service quality issues in healthcare delivery across rural taluks of Bidar district. A random sampling method is used to select 100 patients who have either availed or are aware of PM-JAY services, ensuring equal representation. Primary data is collected through a structured questionnaire capturing information on patient demographics, awareness of PM-JAY, service quality, satisfaction levels, and problems encountered during treatment. Secondary data is drawn from government reports, journals, and official publications related to PM-JAY implementation. A pilot study is conducted prior to final data collection to test questionnaire reliability and clarity. The collected data is entered into SPSS and analyzed using frequency analysis, percentage analysis, correlation, and regression to interpret relationships between service quality and patient satisfaction.

Result and Conclusion:

In conclusion, the study is expected to reveal significant gaps in the implementation of PM-JAY in private hospitals of Bidar district, particularly related to delays in claim processing, lack of coordination between hospitals and health authorities, and administrative inefficiencies that discourage private hospitals from actively participating in the scheme. Patient satisfaction is found to be influenced by multiple factors including waiting time, staff behaviour, availability of medicines, and infrastructure quality. Awareness about PM-JAY among rural patients remains limited, further reducing the utilization of available benefits. The study concludes that improving claim-processing systems, reducing administrative delays, enhancing infrastructure, and conducting targeted awareness campaigns are essential steps for better healthcare delivery. A coordinated effort between government authorities and healthcare providers is crucial to ensure PM-JAY objectives are fully achieved and patients receive timely, affordable, and quality care.

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Future Scope:

The future scope of this project includes:

1. Expanding the study to multiple districts across Karnataka or other states to develop a state-level or national-level framework for identifying and resolving PM-JAY operational barriers in private hospitals.
2. Integrating digital health monitoring tools and AI-based claim-processing systems to reduce administrative delays and improve transparency between hospitals, insurers, and government health authorities.
3. Developing a standardized Service Quality Index (SQI) specific to PM-JAY-empanelled rural hospitals, which can serve as a benchmarking tool for periodic audits and policy review by health authorities.