

# Assessing The Role of Healthcare Providers in Promoting Enrollment in Government Health Insurance Schemes in Coimbatore

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## Abstract:

The study focuses on the awareness and utilization of PMJAY and CMCHIS in the Coimbatore district and concludes that even though there is high awareness, there is still low utilization of the schemes due to administration-related issues, lack of hospital access, and the continued presence of OPC costs. The information from this particular study can prove to be useful to policymakers to better understand and bridge the gap in the content of the schemes, which can help in the availability of better healthcare for the population.

**Keywords-** Awareness, Utilization, Government Health Insurance Plans, Ayushman Bharat PM-JAY, CMCHIS, Private Health Insurance Plans, Healthcare Access, Out-of-Pocket Expenditures, Socio-Economic Factors, Enrollment

## INTRODUCTION

Health insurance plays a crucial role in ensuring Universal Health Coverage in India by reducing health care expenditures for the people. Government initiatives such as Ayushman Bharat-PMJAY and CMCHIS of Tamil Nadu offer financial protection to vulnerable populations by providing resources for cashless hospitalization and various treatments. Ayushman Bharat-PMJAY, launched in 2018, mainly provides financial protection for secondary and tertiary health care services for poor households. In contrast, CMCHIS, initiated by the state of Tamil Nadu in 2009, offers financial protection for critical health care assistance such as transplants. However, a lack of awareness persists in health insurance. In a broader sense, health insurance plays a vital role in shaping health care decisions.

## STATEMENT OF THE PROBLEM

Despite the availability of Ayushman Bharat-PMJAY and CMCHIS, awareness, enrolment, and utilization are not uniform among all households of Coimbatore district. Inadequate knowledge of benefits, eligibility, and processes has led to low use, with some households relying on out-of-pocket spending or private insurance. However, in the private insurance sector, availability is wide, thus unaffordable to lower income groups. Hence, preference varies with income level, education, and awareness. This study explores these gaps to evaluate financial protection and equity in healthcare access to assist in ensuring effectiveness of schemes.

## OBJECTIVES

- To measure the adoption level of the respondents towards government in this scheme.
- To identify the hindrance to the widespread adoption of government health insurance schemes.

## SCOPE OF THE STUDY

This study is confined to measuring the awareness level and facility of healthcare facilities of PMJAY Scheme, CMCHIS, and various private insurance schemes among the rural and

urban populations of the Coimbatore district. It studies awareness of its benefits, eligibility, enrolment, sources of information, utilization, costs, difficulties, satisfaction levels, and reasons for preferring government schemes over private schemes across different socio-economic groups.

## LIMITATIONS OF THE STUDY

A total of 120 respondents is the only sample size available for this study because of time limitations.

## HYPOTHESIS

**H<sub>01</sub>** There is no significant adoption of government schemes among the respondents.

**H<sub>02</sub>** There is no significant hindrances affecting the adoption of government health insurance schemes among the respondents.

## RESEARCH DESIGN

The study will use a descriptive cross-sectional research design to evaluate the existing awareness levels, perceptions, as well as personal preferences towards government and private insurance programs through a set of questionnaires administered at a particular moment.

## SAMPLING TECHNIQUE

The researcher has applied multistage sampling techniques for the collection of data. The researcher selected participants from urban and rural regions of Coimbatore through simple random and convenient sampling of the beneficiaries of Ayushman Bharat, CMCHIS, and private health insurance.

## TOOLS

- Correlation
- Garrett Ranking

## REVIEW OF LITERATURE

**Kamath R (2025)<sup>1</sup>**, in their study titled “*Awareness of and Challenges in Utilizing the Ayushman Bharat Digital Mission for Healthcare Delivery*” The purpose of this study, which had a qualitative approach, was to investigate the awareness of the Ayushman Bharat Digital Mission (ABDM) among health science students. The study found that the

university students were aware of the purpose of the digital health ecosystem through the creation of an ABHA account; however, the extent of this knowledge was relatively low, particularly regarding the challenges of low awareness, digital illiteracy, and security of data.

**Omkarnath Sivarchaka, Himadri Mangain (2024)<sup>2</sup>**, in their study titled “*Transforming Lives Through Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (ABPMJAY)*” Pradhan Mantri Jan Arogya Yojana (PMJAY), aligned with Universal Health Coverage goals, is the world’s largest publicly funded health insurance scheme. It provides up to ₹5 lakh annual coverage per family to over 50 crore beneficiaries across India. By reducing out-of-pocket expenses, PMJAY strengthens healthcare access and has transformative potential through integration and service expansion.

**RESEARCH GAP**

There is little scope of district-level studies in the Coimbatore region that assesses the awareness and utilization of Ayushman Bharat and CMCHIS together, compared to other private health insurance options. Most of the studies have concentrated on enrollment rather than utilization, satisfaction, and preference, which is the focus of the current investigation.

**DATA ANALYSIS**

**CORRELATION**  
**Descriptive Statistics**

	Mean	Std. Deviation	N
<b>Confident</b>	10.9800	2.98685	120
<b>Satisfied</b>	10.2233	2.78570	120

Source:Primary Data

**Interpretation:** The relationship between the satisfaction level and the confidence of the respondents in availing the health insurance schemes was studied. As depicted in Table 4.15, it is noticeable that the respondents were highly confident (M = 10.98, SD = 2.99) and satisfied (M = 10.22, SD = 2.79). This again indicates that with an increase in the level of satisfaction, the level of confidence in the respondents also increases, establishing a relationship between the two constructs, supporting the alternative hypothesis (H<sub>1</sub>).

**Relationship Between Confident and Satisfied**

		Confident	Satisfied
<b>Confident</b>	<b>Pearson Correlation</b>	1	.743**
	<b>Sig. (2-tailed)</b>		<.001
	<b>N</b>	120	120
<b>Satisfied</b>	<b>Pearson Correlation</b>	.743**	1
	<b>Sig. (2-tailed)</b>	<.001	
	<b>N</b>	120	120

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Source:Primary Data

**Interpretation:** To inspect the relationship in between the satisfaction levels and confidence levels of the respondents in availing health insurance schemes, the analysis of “Pearson’s correlation” was conducted. From the above table, it can be

concluded that there is a strong positive correlation in between the levels of satisfaction and confidence with correlation coefficient  $r = 0.743$ , and the relationship is very significant at 0.01 levels of significance because the value of p, i.e., 0.000, is very low and close to zero. Thus, the null hypothesis (H<sub>0</sub>) can be rejected and the alternative hypothesis (H<sub>1</sub>) accepted since there is indeed a relationship between satisfaction and confidence levels as derived by the results of correlation analysis in the context of our sample of responders.

**GARRETT’S RANK**

The order of merit as given by the sample respondents were changed into percent position by using the following formula

$$\text{Percent position} = \frac{100 (R_{ij}-0.5)}{N_j}$$

Where R<sub>ij</sub> is the rank given for the i<sup>th</sup> factor by the j<sup>th</sup> respondent, N<sub>j</sub> number of factors ranked by the j<sup>th</sup> respondent.

**Ranking of factors**

Formula	Percent	Score
100(1-0.5)/7	7.142857143	79
100(2-0.5)/7	21.42857143	66
100(3-0.5)/7	35.71428571	58
100(4-0.5)/7	50	50
100(5-0.5)/7	64.28571429	43
100(6-0.5)/7	78.57142857	35
100(7-0.5)/7	92.85714286	22

Source:Primary Data

**Interpretation:** The relative score formula,  $100(R-0.5)/7$ , converts raw ranks into standardized percentages ranging from 7.14% to 92.86%. Higher scores indicate greater importance, enabling clear prioritization of items. The downward trend confirms significant differences among health insurance features, rejecting the null hypothesis and guiding selection of key attributes like higher coverage and essential benefits.

First score – 79, Moderately scored – 50, Least score - 22

The order of merit as given by the sample respondents were changed into percent position by using the following formula

$$\text{Percent position} = \frac{100 (R_{ij}-0.5)}{N_j}$$

Where R<sub>ij</sub> is the rank given for the i<sup>th</sup> factor by the j<sup>th</sup> respondent, N<sub>j</sub> number of factors ranked by the j<sup>th</sup> respondent.

**Ranking of Respondent Experience**

Formula	Percent	Score
100(1-0.5)/5	10	75
100(2-0.5)/5	30	60
100(3-0.5)/5	50	50
100(4-0.5)/5	70	40
100(5-0.5)/5	90	24

Source:Primary Data

**Interpretation:** The table displays relative scores computed using the equation  $100(R-0.5)/5$  to normalize the data. The percent score varies between 10% and 90%. Furthermore, the percent score is indicative, with a lower value indicating a lower degree of importance and a higher value indicating a degree of importance, while lower values are indicative of less

importance. This leads us away from rejecting the null hypothesis, indicating that respondents do value different aspects of health insurance differently. Some aspects, such as score 75, were more valued by respondents relative to score 24. First score – 75, Moderately scored - 50, Least score - 24

#### **FINDINGS**

##### **FINDINGS FROM CORRELATION**

From the correlation analysis, the average level of confidence stands out significantly (mean: 10.98, SD: 2.99) in comparison with satisfaction (mean: 10.22, SD: 2.79), while the correlation coefficient shows a strong positive correlation with the satisfaction level ( $r: 0.743$ ). This relationship is statistically significant at a 1% level ( $p = 0.000$ ). Thus, the null hypothesis is rejected, which confirms confidence as a factor in satisfaction with health insurance schemes.

##### **FINDINGS FROM GARRETT'S RANK**

Garrett's ranking technique has been used to determine the relative importance of features related to health insurance and experiences related to the respondents. Variations in the responses have been found to be significant; scores range between 79 and 22 for features and 75 and 24 for experiences. These changes have denied the null hypothesis, proving the need for insurance services to consider the highly ranked features to increase satisfaction and confidence levels. A moderate level of importance was found to correspond to a score of 50

##### **SUGGESTION**

From the results of the study, it can be observed that increasing the degree of confidence levels among the beneficiaries plays a significant role in enhancing levels of satisfaction regarding health insurance schemes, as there exists a strong positive relationship between these two factors. Thus, health insurance service providers can place greater emphasis on these confidence-building initiatives. For example, it can be observed that, as revealed by Garrett's Method of Ranking, the responses have given due priority to some of the attributes over others, which suggest a scope for strengthening the levels of the attributes that have been given greater priority, such as the levels of coverage offered, cashless facilities, service efficiency, etc. Improving the beneficiary experience by better hospital coordination, reducing documentation processes, etc.,

would also be beneficial. Awareness programs can also be recommended.

#### **CONCLUSION**

From the above results obtained using Garrett's Ranking Technique, the conclusion is drawn that the confidence level has a significant and positive impact on the satisfaction of the health insurance schemes, as proved by the strong Pearson correlation coefficient, which leads to the rejection of the null hypothesis. This again proves the significant role played by confidence levels as a factor that contributes to higher satisfaction levels according to the outcome of the experiment. Furthermore, significant differences in the ranking for the various insurance scheme features/experiential qualities suggest that the benefits of the insurance scheme may not be equally important to the beneficiaries. Furthermore, the rejection of the null hypothesis proves the benefits and the importance placed on the insurance scheme features that the scheme providers must consider.

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