The Public Healthcare system of India has undergone various reforms throughout its history, with its most recent iteration of reform coming through the National Health Policy in 2017. This reform sought to offer an avenue to make private healthcare affordable, through the implementation of Ayushman Bharat - a government-supported health insurance scheme offering a cover of 5 Lakhs per year, per family for treatment at empanelled hospitals.

So far, research has been centered on examining Ayushman Bharat from a theoretical, national level, and its implementation can be achieved successfully. Here we examine Ayushman Bharat and the Healthcare system of Gurgaon, Haryana through an interpretative phenomenological study, examining the experiences and knowledge of the healthcare system and Ayushman Bharat of blue collar workers.

The results indicate a disparity in the enrolment and knowledge in Ayushman Bharat based on their state of origin, as well as education, and an inconsistent experience with Ayushman Bharat. The results highlight a need to particularly address the migrant community, and to streamline the application process, especially online.

### RESULTS AND DISCUSSION

The results indicate a parity in the quality and cleanliness of the healthcare facilities, although the distance travelled varied significantly, with public healthcare facilities often being the most far away. Further, education and awareness of medical insurance and by extension Ayushman Bharat had a significant correlation, with those with lesser education showing lesser awareness. The origin of state of also had a significant impact, with those from Haryana having a higher likelihood of being enrolled in Ayushman Bharat (33.3%) vs. migrants (15%). Awareness about Ayushman Bharat also often did not translate to enrolment (approx. 40% of respondents indicated awareness of Ayushman Bharat).

The second phase of research (qualitative schedule) indicated a mixed response with regards to their experience with Ayushman Bharat. Those who obtained a card through a government camp or enrolment drive had a largely seamless process of enrolment, while those who attempted to enrol independently were restricted by empanelled hospitals. A few were also denied treatment at private empanelled hospitals. A participant also indicated difficulties with the website, with the "Am I Eligible" section of the website - used to determine if a family or individual is eligible for Ayushman Bharat - with searching for their name being difficult, or their name not being visible at all.

The results indicate a general lack of awareness of Ayushman Bharat, with a majority having no knowledge of the scheme. As the flagship healthcare scheme of India, further collaboration between the State Governments and the Central Government will be crucial in increasing the outreach of the scheme to migrants, who are disproportionately neglected under the scheme currently, especially as the website interface relies on documentation from their native state. Given the old reference database for determining eligibility (SECC 2011), a requirement to conduct a new documentation from their native state. Given the old reference database for determining eligibility (SECC 2011), a requirement to conduct a new

The National Health Authority, India. Retrieved November 19, 2021, from https://pmjay.gov.in/about/pmjay