

Scanned by CamScanner

HEALTH INSURANCE- CHALLENGES AND PROSPECTS IN INDIA

Edited by: Chief Editor : Prof. H.S Nagendrakumar

Editors : Smt. SurekhaSubhasPatil
Smt.Shwethashree C.A
Sri.Shridhar. S

Published by : Mysore Book House,
471, D. Subbaiah Road,
Mysuru – 570 024

No part of this publication may be reproduced, stored in a retrieval system, or transmitted any form or by any means, electronic, mechanical, photocopying, recording and / or otherwise without the prior written permission of the editors.

Information contained in this work has been received from respective research scholars/paper author/s. For information published herein, dept. of Commerce or JSS College, Nanjangud or editors are not responsible. Authors are solely responsible for any damages arising out of this published information work.

ISBN: 978-93-85629-54-9

Pages: IV + 248

First Impression: 2018

Published for: Dept. of Commerce, JSS College, Nanjangud

CONTENTS

Sl. No	Title Of The Articles	Name Of The Author	Page Nos.
1	Comparison of Benefits In R.S.B.Y And Yashasvini Health Insurance Schemes: A Study in Selected Villages of GundlupetTq, ChamarajanagarDist	Dr.Ashoka M.L Mahadevaswamy.S	1
2	An Overview on Various Health Insurance Products Available in India.	Anandkumar G. Sanjay B.V	12
3	An Overview of Government Sponsored Health Insurance Schemes in India	Tanuja S John David S	20
4	Growth of Health Insurance in India - An Overview	Mrs.Kavitha. P	30
5	Health Care and Consciousness in India – A Study of Awareness among Mandya Residents	Bhanupriya SeemaBanu	38
6	Health Care and its Consciousness in India	Sahana G N	46
7	Health Care Consciousness : Opportunities and Challenges in India	Mrs. Karpagam, Ba Dr. Yathish ChandraMs	50
8	Emerging Health Insurance in India – An Overview	Dr.Veena M. D'almeida	54
9	Health Insurance in India: Issues and Challenges	N. Vani Tejashwini. M	70
10	Health Insurance in India-An Overview	Anusha H A PreethiPrasanna	75
11	Health Insurance Status in India – An Overview	Sreelalitha K.G Dr.SShankarappa Mamtha M	88
12	Health Insurance Status in India- A Special Reference to Star Health and Allied Insurance	Dr.Prabhu .M Girish V	102
13	A Study on Performance of Health Insurance Schemes in India	Dr. Shiva PrasadP. M. ArunDevapura W	107
14	Health Insurance- A Study on Consumer Behavior of Nanjangud Town	Surekha Subhas Patil Dr.Rechanna	117
15	Fund Utilization of Yeshasvini Health Scheme in Karnataka- A Study	Dr.Mahesha N.P. WalikarP. S Dr.Sailatha.K	124

COMPARISON OF BENEFITS IN R.S.B.Y AND YASHASVINI HEALTH INSURANCE SCHEMES: A STUDY IN SELECTED VILLAGES OF GUNDLUPET TQ, CHAMARAJANAGAR DIST

Dr. ASHOKA M.L

MAHADEVASWAMY.S

DOS in Commerce, UOM, Mysuru Sree Nataraja Residential First Grade College for Women

Abstract

Insurance as a pre-paid risk managing instrument was never considered as an option for the poor. The poor were considered too poor to be able to afford insurance premium. Often they are considered uninsurable, given the wide variety of risks they face. However, recent developments in India, as elsewhere have shown that not only can the poor make small periodic contributions but also that the risks they face (such as those of illness, accident and injury, life, loss of property etc.) are mostly independent or idiosyncratic. Coping with risks such as health problems, crop failure, loss of livestock, death of a family member, loss of asset, and income and employment is much harder on the part of poor and low income groups than others. Many poor households involve in activities of smaller scale but carrying higher degree of risk and uncertainty and hence prone to financial and income risks. Health-insurance is believed to work as a powerful risk management tool for low income and vulnerable groups by preventing them from falling into the poverty trap. The size and potential of Health -insurance market is enormous due a sizeable portion of poor and low income population who live without any formal insurance. Hence, this study has been carried out.

KEYWORDS: Absenteeism, Hospitalisation, Reimbursement, Supervision.

INTRODUCTION:

The Health facility in India is very costly and not easily available to the poor peoples. In order to face the health problems, the government has launched different schemes such as Yeshasvini, Rashtriyaswasthya Bima yojana, and, VajapeyeeArogyashreeyojana, for providing better health treatment facilities for the people. These schemes are specially introduced for the people who are unable to getting the benefits of the health related treatments due to the cost of treatment is very high in the super speciality hospitals. In order to face the health issues relating to the rural poor peoples, government of India and state government have been working together and launched the various health insurance schemes specially for the unorganized workers and rural poor peoples. But, the benefits of various health programmes have not reached the low levels as

desired by the government. The rural health care in most of the states is marked by absenteeism of doctors, low levels of skills, shortage of medicines etc...

LITERATURE REVIEW:

Many studies and researches have been conducted in this area and also numerous suggestions are given to increase the knowledge of role of Micro Insurance.

- **Mingwei Liu and Priti Jacob** in there paper in March 2005 "THE KARNATAKA YESHASVINI HEALTH INSURANCE SCHEME FOR RURAL FARMERS & PEASANTS: TOWARDS COMPREHENSIVE HEALTH INSURANCE COVERAGE FOR KARNATAKA?" Concluded that providing health security to large sections of the population in developing countries depends less on the resources, but, more on mobilizing capacity and organization. To be sure a health care Infrastructure is a necessary condition, but it is not a sufficient one. And, given a large enough subscriber base, that infrastructure can be built. This is an instance where India's large population, normally seen as a negative, can be a valuable resource increasing social health. Further, given that 70% of the World's population does not have any health security, schemes like this break valuable new ground in providing health security where it is sorely needed.
- **Ramachandra Kamath, Noore Sanah, Leonard M. Machado, Varalakshmi Chandra Sekaran** in there Article "Determinants of enrolment and experiences of Rashtriya Swasthya Bima Yojana (RSBY) beneficiaries in Udupi district, India" Published in International Journal of Medicine and Public Health on March 2014. They are studied about the RSBY beneficiaries using the qualitative method given some suggestions such as, 1) Extending the family limit of RSBY to more than five members of the household. 2) Empanel tertiary hospitals in network list of RSBY. 3) Increase the maximum coverage limit above INR 30,000. 4) Make sure the network hospitals under RSBY are functioning well.
- **Venkata Ramana Rao** "Life insurance awareness in rural India: Micro insurance lessons to learn and teach" (2008) the study reveals that micro insurance is not an opportunity but a responsibility and to serve this responsibility good awareness campaign is needed. Micro insurance is offering real solutions to the billions of rural poor that raises the awareness of micro insurance as a key issue in coming future.
- **Gopinath** (2009) in his article entitled "Rural and Social Sector Insurance Operational Management" pointed out that the insurer should conduct a 'Pilot' project before capturing

the rural markets for analyzing the mindset of the rural people to market their products and it would help them to reach the untapped market in the rural sector.

OBJECTIVES:

- ❖ To Study the Health insurance schemes in Karnataka.
- ❖ To analyse the opinion of beneficiaries with respect to Yeshasvini and Rasthriya Swasthya Bima Yojana schemes offered by Government.
- ❖ To give findings and suggestion based on analysis.

RESEARCH DESIGN

The Research design tells about the mode with which the entire article is prepared. My research design for this is based on the Primary and Secondary data.

The Primary data were collected through systematic questionnaire.

The secondary data were collected from available from the following

- Publications
- Articles in newspapers
- Journals and research papers and
- Websites.

SCOPE OF THE STUDY:

The study will focus on two health insurance schemes such as, RasthriyaSwastha Bima Yojana and Yeshasvini Yojana Covering 10 villages in Gundlupet Tq, Chamarajanagara Dist, Karnataka State. This study conduct the 150 respondents who are already registered to these two schemes. It also concentrates on the Awareness and Measure the level of Satisfaction regarding both the schemes.

LIMITATIONS OF THE STUDY

- The study and the analysis are limited to the only two schemes in Health insurance.
- The study and analysis are limited only to 136 respondents who are registered for both the schemes out of 150 respondents.
- The study period for one year i.e. 2016-17

HEALTH INSURANCE SCHEMES IN KARNATAKA: AN OVERVIEW

RASHTRIYA SWASTH BIMA YOJANA (RSBY)

RSBY was announced by Prime Minister Manmohan Singh in August 2007, but the scheme came into existence in Karnataka only from 2010 onwards. The aim of the scheme is to 'improve access of BPL [Below the Poverty Line] families to quality medical care for treatment of diseases involving hospitalization and surgery through an identified network of health care

providers' (RSBY 2009). In the second phase started from October 2011, households working for more than 15 days in MGNREGS and urban poor have been covered in Karnataka.

The scheme provides for annual cover of up to Rs 30,000 per household on floater basis for a family of five. The policy covers hospitalisation, day-care treatment and related tests, consultations and medicines, as well as pre- and post-hospitalisation expenses, for about 700 medical and surgical conditions and procedures. Pre-existing conditions are included. The other benefits include maternity care and provision for transport allowance subject to a cap of Rs 1000 per year. However, expenses related to outpatient treatment are not covered.

An insurance company, selected in a tender process, receives an annual premium per enrolled household from the government. The premium, which cannot exceed Rs 750 per household, is wholly subsidised by the central (75%) and state (25%) governments. The beneficiary household only pays an annual registration fee of Rs 30.

Each BPL household can register up to five members under the scheme. The names, ages, photographs and thumb impressions of enrolled members are stored on a smart card which is issued to the household. Beneficiaries can obtain cashless treatment by presenting the smart card at any participating ('empanelled') hospital. Hospitals are issued with the technology required to access the data stored in the cards. Treatment costs are reimbursed to the hospital by the insurance company according to fixed rates. The scheme aims to improve poor people's choice of care provider by empanelling both private and public hospitals. There is also a provision for 'splitting' a card so that migrant workers can avail of RSBY benefits from any empanelled hospitals in the country.

YESHASVINI CO-OPERATIVE FARMERS' HEALTH CARE SCHEME

The Yeshasvini Co-operative Farmers' Health Care Scheme (YCFHCS) is a pioneering health insurance scheme that was initiated by the Government of Karnataka in 2002, though came into operation with effect from 1 June 2003.. It is reported to be the largest self-funded healthcare scheme in the world as of 2006 and aims at meeting the healthcare requirements of farmer co-operators throughout the state of Karnataka. The success of the scheme is evident in the wide membership base it commands apart from the more telling fact that this social security scheme has been in operation for seven years now.

The Yeshasvini scheme is being implemented under the aegis of the Karnataka State Co-operative Department. It provides insurance cover primarily for surgical treatment, besides certain medical emergencies and free OPD treatment. The scheme places co-operative societies at the heart of the enrolment process, with members being enrolled through these and the societies playing the role of facilitators in securing the benefits under the scheme. The scheme is

administered by the Yeshasvini Trust and is implemented by a Third Party Administrator (TPA). Family Health Plan Ltd. (FHPL) was TPA since inception to 30-11- 2010 but subsequently this was replaced by Medi-Assist India. Healthcare is provided through an identified network of hospitals that meet certain prescribed standards and cashless treatment is envisaged. The cost of treatment and the reimbursement of medical expenses are the purview of the TPA and the Trust, for the range of treatments and surgical procedures covered under the scheme. Assessments of the performance of the Yeshasvini scheme have revealed that a large majority of stakeholders have expressed satisfaction with and appreciation of the scheme.

DATA ANALYSIS AND INTERPRETATION

This article covers a brief analysis and interpretation of data needed for the study. It involves the Utility analysis of the two health insurance schemes such as, RSBY and Yeshasvini Schemes. A study of the members who are already enrolled for both the schemes covers 10 villages in Gundlupet Tq, Chamarajanagara Dist, Karnataka. For this study we conducted the 150 respondents in the villages with the well-structured Questionnaire. This analysis is based on 136 respondents who are registered for both the schemes out of 150. Information's are briefly explained in tables and charts. This information's will be helpful for us in giving findings and suggestions. It contains tables and charts regarding various data's about as follows:

- Age group of the respondents.
- Gender.
- Occupation of respondents.
- Annual income of respondents.
- Land ownership.
- Number of respondents having awareness about micro insurance schemes.
- Percentage of respondents enrolled for the schemes.
- Level of publicity of schemes.
- Easy accessibility of schemes.
- Premium affordability.
- Level of claim settlement procedures.

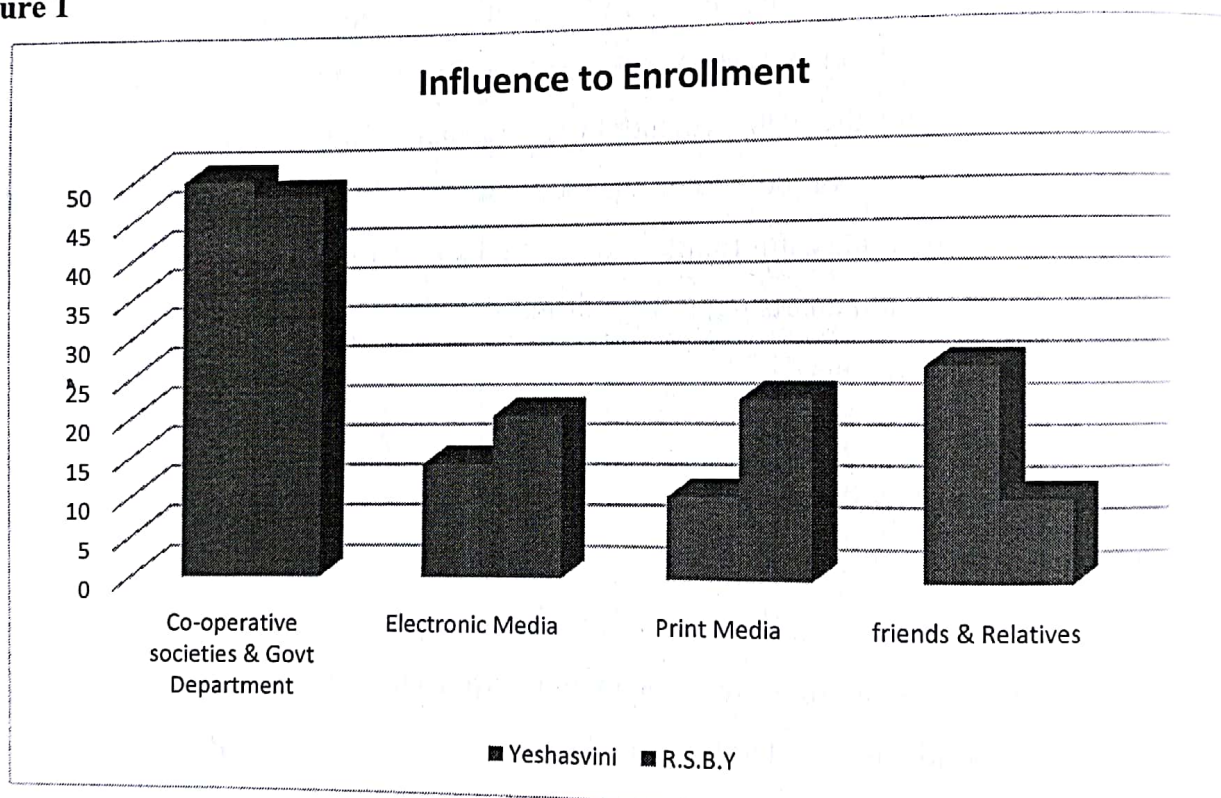
Influence to Enroll Yeshasvini and R.S.B.Y schemes

Table 1:- Influence to get Yeshasvini scheme

Scale	Yeshasvini		R.S.B.Y	
	No. of respondents	%	No. of respondents	%
Co-operative societies & Govt Department	68	50	65	48
Electronic Media	19	14	27	20
Print Media	14	10	30	22
friends & Relatives	35	26	14	10
Total	136	100	136	100

Source: Primary Data

Figure 1



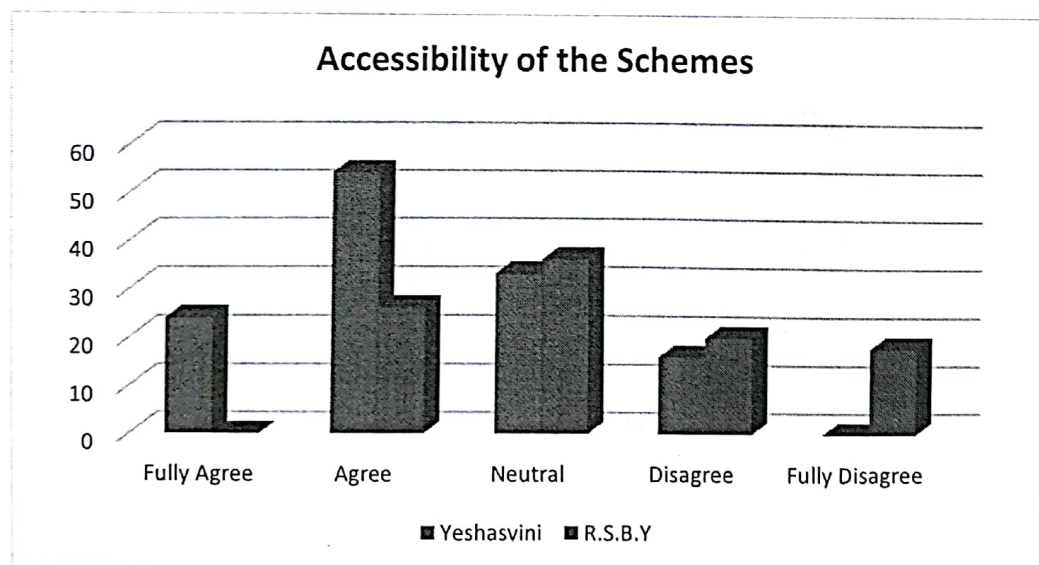
Source: Primary Data

Interpretation: The above table (1) represents that how the respondents influence to get the Yeshasvini & R.S.B.Y scheme. The co-operative societies and Govt. Departments have doing major role to influencing the peoples to get the schemes. Media such as Electronic and Print media also playing good role to influence the people. Friends and relatives suggestion is also influence to get the scheme.

Accessibility of the Schemes:**Table 2:- Accessibility of the Yeshasvini and R.S.B.Y schemes**

Scale	Yeshasvini		R.S.B.Y	
	No. of respondents	%	No. of respondents	%
Fully Agree	33	24	0	0
Agree	54	54	35	26
Neutral	33	33	49	36
Disagree	16	16	27	20
Fully Disagree	0	0	25	18
Total	136	100	136	100

Source: Primary Data

Figure 2

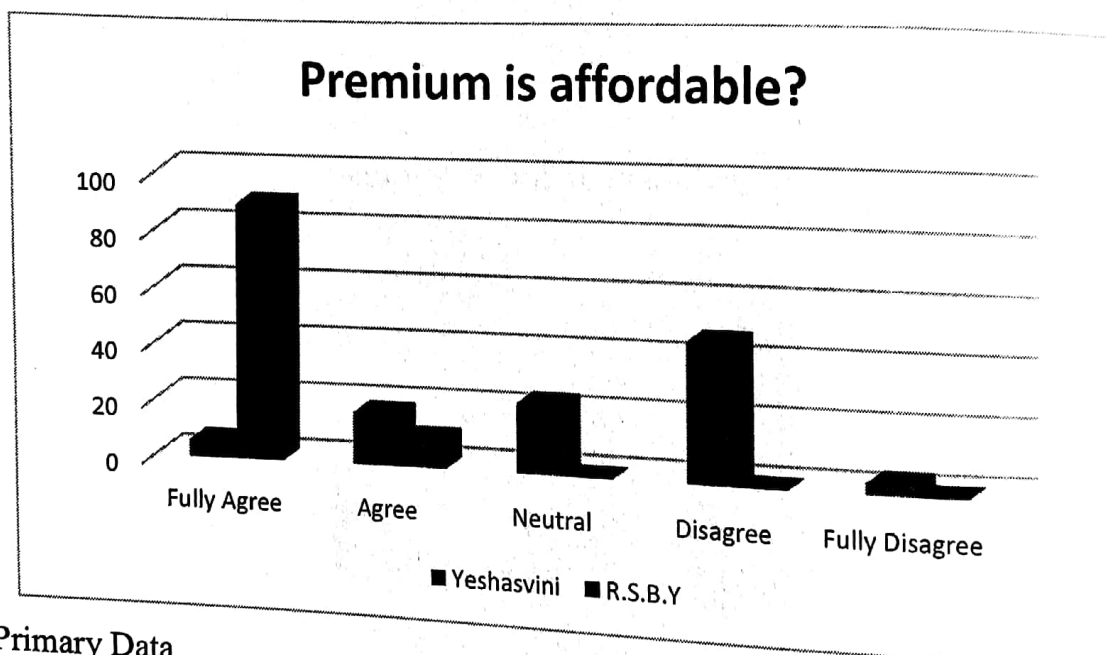
Source: Primary Data

Interpretation: The above table (2) shows that the Accessibility of the Yeshasvini & R.S.B.Y schemes. 24% of respondents are fully agree in the case of Yeshasvini schemes but no one is fully agree the accessibility of R.S.B.Y scheme, 40% peoples are only agree, 24% peoples are Neutral and 12% peoples are Disagree about the statement. It shows that compare to R.S.B.Y, Yeshasvini is more Accessible.

Premium is affordable?**Table 3:- Premium of the Yeshasvini& R.S.B.Y schemes**

Scale	Yeshasvini		R.S.B.Y	
	No. of respondents	%	No. of respondents	%
Fully Agree	8	6	122	90
Agree	25	18	14	10
Neutral	33	24	0	0
Disagree	65	48	0	0
Fully Disagree	5	4	0	0
Total	136	100	136	100

Source: Primary Data

Figure 3

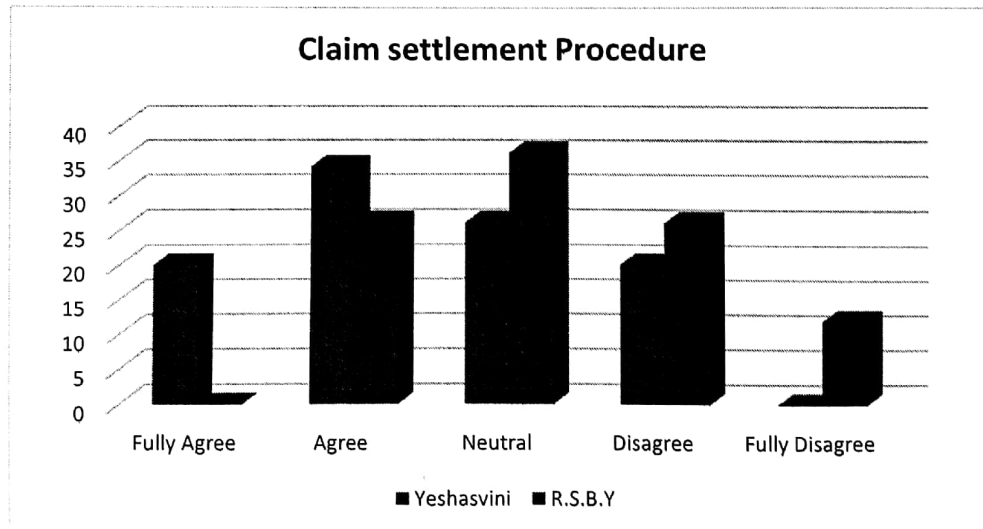
Source: Primary Data

Interpretation: The above table (3) shows about the premium of the Yeshasvini&R.S.B.Y schemes. Compare to Yeshasvini scheme, R.S.B.Y Premium (Processing Fee) is more affordable to the people. 90% of the respondents gives positive feedback regarding R.S.B.Y about premium.

Claim settlement Procedure:**Table 4:- Settlement procedure of the Yeshasvini& R.S.B.Y schemes**

Scale	Yeshasvini		R.S.B.Y	
	No. of respondents	%	No. of respondents	%
Fully Agree	27	20	0	0
Agree	46	34	36	26
Neutral	36	26	49	36
Disagree	27	20	35	26
Fully Disagree	0	0	16	12
Total	136	100	136	100

Source: Primary Data

Figure 4

Source: Primary Data

Interpretation: The above table (4) represents that the settlement procedures of the Yeshasvini & R.S.B.Y schemes. This analysis shows that most of the respondents are stood with the Yeshasvini scheme, compare to R.S.B.Y regarding the smooth settlement procedure while taking a benefits from both the schemes.

FINDINGS

We tried to know about the trends Health insurance schemes such as, RSBY and Yeshasvini schemes. Through our study we came to know about many challenges/problems that are facing by the people who are enrolled to these schemes. The Health insurance such as RSBY and Yeshasvini schemes Achieving there goals some problems are facing such as;

1. Awareness:- Lack of awareness on which hospital to be approached, and which illnesses are covered under the scheme.
2. Membership Procedure:- There has been enormous delay in the issue of RSBY smart cards and Yeshasvini ID cards, which are mandatory at the empanelled and registered hospitals for the households to utilise the benefits.
3. Delay in Settlement:- Several hospitals have reported delays in the settlement of claims by the insurance company.
4. Accessibility:- Compare to RSBY, Yeshasvini schemes is easily accessible to the people. RSBY is not easily accessible because it is controlled under the Government and it takes more time.
5. Lack of Supervision:- The Government as of now are concentrating only on launching new Health insurance schemes to the people. But, there is no good supervision to how the schemes are working, whether these schemes are reaching to the targeted people? Or Not?. So the Government should take the responsibility of providing the benefits to the targeted people.

SUGGESTIONS

We would like to suggest that the Government as of now are concentrating only on launching new Health insurance schemes to the people. But, do not concentrate on how to active already existing schemes.

This study suggest that:

- To create wide awareness about the scheme launched by the government.
- To make the easy membership procedure of the scheme.
- Premium should be affordable (like RSBY)
- Claim procedure should be simple and payment to the hospitals time to time.
- Adding more expensive treatments under this schemes.

CONCLUSION:

This study has discussed the two schemes of health insurance namely RSBY and Yeshasvini. These schemes are the part of Health insurance. Through our study, we find about the various

schemes are introducing by the central and state government. But, the practical experiences when the people getting the benefits from these schemes is not easy. When collecting the data regarding both the schemes, peoples are sharing there bad experience they faced in hospital when they getting the benefits from the RSBY and Yeshasvini schemes. Hospitals make these schemes as the business to make the profit. It should not happen the government take the responsibility about creating the awareness, enrolment procedure and supervising the schemes to provide good health facilities to the common people.

BIBLIOGRAPHY

JOURNALS AND ARTICLES

- A comparative study of the health insurance schemes in karnataka (december 2012)
- Microinsurance in india: an overview
- A study on awareness about micro insurancewith special reference to lic of india
- Micro insurance- a tool for upliftment of rural india
- The karnatakayeshasvini health insurance scheme for rural farmers & peasants: towards comprehensive health insurance coverage for karnataka?

Websites

www.indikosh.com

www.wikipedia.com

www.shodhaganga.com