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Government Health Insurance Schemes in Karnataka- A Study

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Abstract.

The strategies for inclusive growth in health insurance schemes are very necessary to everyone organized and unorganized employees with regards improve their life styles and which is inclusing for some of strategies to improve the own insurance companies potential even insurance companies are majorly help to the employees their health and family members. Insurance Corporation is a sector of Health Insurance that has emerged as a major growth driver and as the most prominent segment in the expansion of insurances space. The study highlighted that health insurance and health insurance schemes is one of the largest Social Security Schemes of the world where no upper limit on medical expenditure has been fixed for beneficiaries. The study was made on the overview of health insurance Corporation of India and tries to bring out the details of provisions available to insured persons and their dependents both in and outpatient's hospital facilities under the Employees of Karnataka state.

Key words: health insurance, strategies for health insurance schemes, benefits,

Introduction

The government health schemes are generally understood as health insurance schemes provided by governments to its citizens, especially to low and middle income populations. Most government health insurance schemes combine different sources of funds, with government often contributing on behalf of people who cannot afford to pay themselves. Government health insurance differs from 'tax based financing' which typically entitles all citizens (and sometimes residents) to services thereby giving universal coverage. However, government health insurance entitlement is linked to a contribution made by, or on behalf of, specific individuals in the population. Government health insurance pools both the health risks of its members, on the one hand, and the contributions of enterprises, households and government, on the other, and is generally organized by national governments.

The government is committed to provide 'Health for all' and adequate financing is critical to ensure it. Universal Health Coverage (UHC) which has subsequently replaced the "Health for All" agenda defines "ensuring that all people can use the promotive, preventive, curative and rehabilitative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship". The government of India has decided to increase its health spending to increase demand for healthcare and ensure equity in access to healthcare. To accomplish this in the wake of high out of pocket health spending is a challenging task. This in turn requires alternative security measures for those who cannot pay for healthcare. Coverage by other public and private health insurance is limited in India. Hence, to provide universal health coverage in a country like India, where most people are either unemployed, or employed informally in the unorganized sector, is not only challenging but also expensive. These challenges are further intensified due to the disparity in health systems across states and between rural and urban areas.

Reviews of Literature

Sodani (2001) investigated the community's preference on the various aspect of health insurance. For this the data has been collected from a sample of 300 households of Jaipur, Rajasthan. The study revealed a low level of awareness about health insurance. Quality of care and cost are two important factors affecting the community's decision to subscribe to any new health insurance plan. An integrated provider and insurer system is preferred as compared to public or private-based management. Hospitalization and maternity services are preferred among the given choices for benefits to be included under the plan. The study also suggested that there is a high level of willingness to join a health insurance plan in future, if designed carefully for the informal sector i.e. an innovative and feasible health insurance scheme at low cost for providing quality services to the informal sector of the community.

Aust (2002) study found that 75% of health resources and health infrastructure was concentrated in urban areas where only 27% of the population lives. The problem of rural health should be addressed both at macro and micro levels. A paradigm shift from the current biomedical model to socio culture model is required. It suggests that there is a current need of a health policy which will address the existing inequalities and work towards promoting long term perspective plan for rural health.

Ahuja (2004) the study analyzed that health insurance was emerging as an important financing tool in meeting the health care needs of the poor. The study found that households which have higher health expenditure and income have higher probability of renewing health insurance policy. The study suggests for improve the quality of health care service which is provided for the poor.

Objectives of the study

1. To study the government health insurance schemes in Karnataka;
2. To analyze the level of knowledge and awareness about government health insurance schemes;
3. To study the enrolment process of various government health insurance schemes;

Need of the study

In most developing countries including India, utilization of basic health services has remained poor. The situation is even worse in rural areas where both the living standards and the quality of healthcare services are low. Health risks pose the greatest threat to their lives and livelihoods. Even a minor health shock can cause a major impact on poor persons' ability to work and curtail their earning capacity. Moreover, there is a strong link between health and income at low income levels. A health shock usually affects the poor the most. Recent household-level studies carried out in India both at national and regional levels have indicated that the proportion, patients pay for healthcare services are quite high. Beside the direct costs for treatment and drugs, indirect costs have to be shouldered by the household. There is a growing awareness that access to healthcare cannot be free-of-charge, due to the low level of government spending on health, nor funded mainly OOP by care-seekers, due to the regressive effect of this financing mode.

Research methodology

The present study is engaged in a detailed understanding of existing government health insurance schemes in Karnataka state. An empirical study is being endeavored to capture the perceptions on government health insurance schemes – overall awareness, enrolment process, utilization status, and satisfaction level of its existing beneficiaries in Karnataka.

The following section covers the research methodology of the present thesis. It includes research Design, source of data, sampling design and statistical tools and techniques.

Data source

The present research will be carried out with the help of secondary sources of data.

a. Collection of Secondary Data:

The present study also gathers data from secondary sources. The data would be collected from various reports of Ministry of Labour and Employment, Census Survey reports, Economic Survey of Karnataka, ILO, Social Security plan documents pertaining to unorganized sector, plan documents of India, Karnataka State Government budget documents, Government of India budget documents, National Statistical Commission reports, NSSO Documents, Annual reports of social security schemes of various states, Newspapers, Journals, Magazines, thesis, dissertation reports, Books, etc. Furthermore, the required secondary data would also be gathered from electronic sources.

Scope of the study

The present study is focused on reviewing the existing government health insurance schemes mechanism and draws a road map for policy makers regarding amplifying the health insurance coverage for poor workers in Karnataka.

Statement of the problem

Health insurance is one scheme which recognizes the health and well-being of individuals as an asset in the society. While ill-health is a liability whose adverse effects reach beyond the individual into the society at large. To ensure good health to all the people of the country is the

responsibility of government irrespective of their income level. The high and medium income group people are capable of availing healthcare services on their own capacities whereas the poor people are incapable of availing the health care services as well as healthcare facilities in the form of health insurances. Hence, it is the responsibility of the government to provide health care services directly to the needy people at affordable prices and protect the health risk in the form of insurance to cover the poor.

Analysis:

Universal health insurance scheme (UHIS):

The four public sector general insurance companies have been implementing UHIS for improving the access to health care to poor families especially the ones living under the poverty line (BPL families). This scheme not only provides coverage to individuals but to the groups or families as well.

- **Eligibility –** The Universal Health Insurance Scheme (UHIS) has been redesigned targeting only the BPL families. The scheme is applicable to all individuals from 5 Years to 70 Years of age.

- **Cost –** The premium subsidy has been enhanced from Rs.100 to Rs.200 for an individual, Rs.300 for a family of five and Rs.400 for a family of seven, without any reduction in benefits.

- **Benefits –** The scheme provides for reimbursement of medical expenses up to Rs.30,000/- towards hospitalization floated amongst the entire family, death cover due to an accident @ Rs.25,000/- to the earning head of the family and compensation due to loss of earning of the earning member @ Rs.50/- per day up to maximum of 15 days.

Ayushman Bharat

Ayushman bharath which will cover over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage upto 5 lakh rupees per family per year for secondary and tertiary care hospitalization. Ayushman Bharat - National Health Protection Mission will subsume the on-going centrally sponsored schemes.

Features of Ayushman Bharat

- Ayushman Bharat - National Health Protection Mission will have a defined benefit cover of Rs. 5 lakh per family per year.

- Benefits of the scheme are portable across the country and a beneficiary covered under the scheme will be allowed to take cashless benefits from any public/private empanelled hospitals across the country.

- Ayushman Bharat - National Health Protection Mission will be an entitlement based scheme with entitlement decided on the basis of deprivation criteria in the SECC database.

- The beneficiaries can avail benefits in both public and empanelled private facilities.

- To control costs, the payments for treatment will be done on package rate (to be defined by the Government in advance) basis.

- One of the core principles of Ayushman Bharat - National Health Protection Mission is to co-operative federalism and flexibility to states.

- For giving policy directions and fostering coordination between Centre and States, it is proposed to set up Ayushman Bharat National Health Protection Mission Council (AB-NHPMC) at apex level Chaired by Union Health and Family Welfare Minister.

- States would need to have State Health Agency (SHA) to implement the scheme.

- To ensure that the funds reach SHA on time, the transfer of funds from Central Government through Ayushman Bharat - National Health Protection Mission to State Health Agencies may be done through an escrow account directly.

- In partnership a robust, modular, scalable and interoperable IT platform will be made operational which will entail a paperless, cashless transaction.

Aam Aadmi Bima Yojana (AABY):

A Social Security Scheme was initiated and excellently administered by the Government of India in the form of the Aam Aadmi Bima Yojana for the citizens settled under 48 identified

vocational/ occupational groups /rural areas with landless households. This group insurance scheme was introduced on 2nd October, 2007. It is also administered under the Life Insurance Corporation of India (LIC). The Aam Aadmi Bima Yojana offers insurance coverage to one earning member of the family or the family head.

Under the supervision of the Government of India, the Ministry of Finance made a proposal to merge the Social Security Schemes, 'Aam Aadmi Bima Yojana (AABY) and Janashree Bima Yojana (JBY). Post-merger, since January 1, 2013, the scheme was newly named as 'Aam Aadmi Bima Yojana.'

Eligibility Criteria for Aam Aadmi Bima Yojana (AABY)

- A person aged between 18 to 59 years can avail this insurance facility.
- Available only to the head of the family or the earning member of the family below the poverty line in the rural areas with landless households.

Documentation requirement should be fulfilled

Arogya Karnataka

The State Government, in order to provide health and emergency health services to everyone, introduced a new universal health coverage scheme 'Arogya Karnataka' on Mar.2, 2018 and now it has passed an order on July 9 to subsume 'Yeshasvini' health scheme under this new scheme.

The Health and Family Welfare Department has decided to provide for all residents of Karnataka State, primary health care, normal secondary health care, complex secondary health care, tertiary health care and emergency health care through this universal health coverage scheme.

Subsuming of existing schemes: In order to bring the previous health schemes under the universal health scheme, the existing schemes like Yeshasvini, Vajpayee Arogyashree Scheme, Rajiv Arogya Bhagya Scheme, Rashtriya Swasthya Bima Yojana (RSBY) including RSBY for senior citizens, Rashtriya Bal Swasthya Karyakram (RBSK), Mukhyamantri Santwana Harish.

Features of Arogya Karnataka

- All families falling under the BPL category can avail free treatment at empanelled hospitals. People in the APL category will have to pay 70% of the treatment costs while the rest will be borne by the state government.
- For specified healthcare treatments, the government will offer a financial assistance of up to Rs.30,000 in a year for a family comprising of 5 members.
- For tertiary treatments, the annual limit will be raised to Rs.1.5 lakh per year.
- Primary Health Institutes (PHI) will deliver primary healthcare treatments while tertiary healthcare facilities can only be availed at designated hospitals. Beneficiaries can avail secondary treatment at private hospitals only if the necessary procedure is unavailable at the government hospitals.
- Patients wishing to avail the benefits of the Arogya Karnataka scheme have to produce the UHC card issued by the Department of Health and Family Welfare.

Benefits.

Medical benefit

Medical Benefit is available to an Insured Person and his / her family from the day he /she enters insurable employment. There is a huge infrastructure comprising of Hospitals, Dispensaries, Annexes, Specialist Centre, IMP Clinics and arrangements with other institutions to provide medical care to beneficiaries. The range of services provided covers preventive, primitive, curative and rehabilitative services. Besides the out-patient services through Dispensaries of IMP Clinics, the in-patient services are provided through ESI Hospitals and private Hospitals. The provision of Super Specialty Services for beneficiaries is mainly through tie-up arrangements with reputed institutions, including services on Public Private Partnership

(a) Outpatient medical care

1. Insurance medical practitioner

2. Service dispensary

3. Hospital opd

1. Insurance medical practitioner

Private Medical Practitioners are appointed as panel doctors. A panel doctor is expected to have his own consulting room and dispensary. Each panel doctor is allowed to register up to 2000 Insure Persons family units. The IMP shall collect specified medicines from the designated earnest ESIS Dispensary for supplying the same to the beneficiaries and also provide the investigation facilities of Urine (albumin & sugar) Hemoglobin and Blood Sugar.

2. Service dispensary

The out-patient medical care including essential laboratory investigations in relatively heavy Dispensaries under the ESI Scheme is provided through the service system i.e., through Dispensaries established under the Scheme for the exclusive use of the Insured Persons and their dependents manned largely by full-time Medical Officers. There are 1418 service Dispensaries under ESI scheme all over the country.

3. Hospital opd

Outpatient services under various specialties and super specialties like Medicine, Surgery, Pediatrics, Gynecology, & Obstetrics, ENT, Eye, Cardiology, Nephrology, Neurology, Urology, CTVS etc. are being provided through ESI hospital OPDs all over the country and also in house laboratory, CT, MRI scans through Public Private Partnership.

(b) In patient medical care

In-patient services are provided through a chain of 151 ESI Hospitals spread across the country which includes 36 directly run ESIC Hospitals & 115 State ESI Hospitals with total bed strength of 23188. The provision for Super Specialty Services for beneficiaries is mainly through tie-up arrangements with reputed corporate Hospitals. Tie-up arrangement for super specialty treatment has been made with more than 1000 Hospitals across India.

Findings and suggestions:

Insurance sector in India are major contributing in India have registered considerable development and how it is growing panel wise with the onset of health care and health insurance sector reforms starting in the pre and post independence. It is beneficiaries to note that the development in these markets has been in a gradual and calibrated manner, sequenced in line with the reforms in the real sector. The impact of these reforms has been evident in the process discovery process, the easing of restrictions and the higher and lowering of transaction costs. Apart from these, there has been evidence of greater domestic educational system. The development of Higher education system is an on-going process and should not be considered as an event. It is important, therefore, that the authorities and participants should play proactive and complementary roles to sustain the future large deeds and needs of a growing country such as India.

Limitations of the study:

Therefore the some limitation is there in Health insurance schemes.

01. Lack of awareness regarding the Health insurance policies and practices of the sector

02. Unwillingness in expressing their frank opinion about the policies.

03. Due to the length of the questionnaire and other personal reason.

Conclusion:

Realization of the importance of social security in the country led to the promulgation of the health insurance schemes. It was a major legislation on social security for workers in independent India. The legislation on creation and development of a foolproof multidimensional social security system, when the country's economy was in a very fledgling state, was obviously a remarkable gesture towards the socio-economic amelioration of a workforce though limited in number and geographic distribution. As the administrator health insurance Scheme, IRDA Corporation provides social protection to employees in the organized sector and their dependents in contingencies such as sickness, maternity or death and disablement due to an employment injury or occupational disease.

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